

**DETERMINATION OF PATIENTS' PERCEPTION ON THE QUALITY OF NURSING
CARE AMONG POSTABORTAL CARE CLIENTS ATTENDED TO AT
KENYATTA NATIONAL HOSPITAL**

BY:

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DECLARATION

I, Mark Wambua Mulwa, wish to declare that this research dissertation is my own original work and that it has not been presented to any academic institution for the conferment of any degree.

Sign.....

Date.....

DEDICATION

My whole hearted dedication goes to my family, especially my wife Christine Wambua, and my two sons Max-Well Wambua and Mac-Donald Wambua, also not forgetting my loving mother and my late father, who supported me very much in both prayers and finances, during the compilement and completion this research work.

CERTIFICATE OF APPROVAL

This work has been submitted with our approval as university supervisors

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ABBREVIATIONS

D&C- Dilatation and Curettage

FMC- Family Medicine Centers

HFM- Hydatid Form Mole

KII – Key informants interview

KNH- Kenyatta National Hospital

MMR- Maternal Mortality Rate

MOEST - Ministry of Education Science and Technology

MOH - Ministry of Health

MVA- manual vacuum aspiration

PAC- Post Abortal Care

PHC - Primary Health Care

PTSD- post traumatic stress disorder

SPSS - Statistical package for social sciences

TMD-Total Maternal Deaths

TOP- Termination of pregnancy

UON - University of Nairobi

W1D- Ward 1D

WCBA-Women of Child Bearing Age

WHO- World Health Organization

WRA- Women of Reproductive Age

OPERATIONAL DEFINITIONS

Abortion: refers to termination of pregnancy before the age of foetal viability.

Termination of pregnancy: pregnancy interrupted before age of viability.

Age: age of the patients undergoing postabortal care in completed calendar years.

Religion: confessed faith of worship by the patient undergoing post-abortal care.

Marital status: as verbalized by the patients undergoing postabortal care.

Family size: number of persons living in one household.

Education level: the level of education completed by postabortal care client.

Employment status: formal or informal employment of the postabortal
Care client.

Accessibility to care: capability of care being available for use or reaching the place of care
without delay.

Occupation: type of work performed by postabortal care client.

Health care facility distance: distance of the health care facility from the place of residence of
the postabortal care client.

Abortion solutions: postabortal care client knowledge on the various
solutions to abortion care.

Lack of knowledge on quality nursing care: postabortal care client lack of
information on quality of nursing care.

Rating of abortion services: perception on the quality of nursing care provision by postabortal
care client.

Health seeking behaviour: patient's inclination to seek for health services when required.

Residence: place where the postabortal care client stays most of the time.

Social group: is a group of people with whom the postabortal care client socializes most of the time.

Counselling: technique of assisting postabortal care client to understand their circumstances and care needs so as for them to make informed decisions.

ABSTRACT

Abortions are serious public health problems with worldwide distribution. It affects all reproductive age groups. Despite this wide distribution, many patients don't seek for appropriate abortion care services for many reasons. This creates a big gap between actual abortion care needs of the population and the demand for postabortal care. Part of the reason for shortcomings in seeking for abortion services could have been either negative perception of quality of nursing services from the patient perspective, related to negative attitude of the nursing staff towards post abortal care. The postabortal care clients might fear criminalization of the abortion issue and also being notified to the police for arrest by the nursing staff.

Objectives: The broad objective was to determine the patients' perception on the quality of nursing care among postabortal care clients attended to at Kenyatta national hospital. Specific objectives were derived from the theoretical framework i.e. patients' perception, demographic factors, social-cultural factors, economic factors and health factors.

Methodology: This study was done in acute gynaecological ward at Kenyatta national hospital. It was able determine patients' perception on the quality of nursing care among postabortal care clients attended to at Kenyatta national hospital.

This was a descriptive cross sectional quantitative and qualitative study and data was collected by administering structured questionnaires under the research assistants' supervision. The questionnaires were written in English, for patients who had challenge in English the research assistants were able to translate it into Kiswahili using simple terms. Focused group discussion (FGD) and Key informant interview (KII) guides were used. Collected data was cleaned by going through all the filled questionnaires and collected information from Focused group

discussion (FGD) and Key informant interview (KII) for completeness and proper documentation.

Fischer's formula was used to determine sample size from a total population of 80 patients per month, according to KNH health information system 2016/2017; 66 postabortal care clients who were interviewed in the ward after evacuation. Simple random sampling method was used to select the first postabortal care client.

The data was then analyzed using statistical package for social sciences (SPSS) and the results presented in descriptive statistics such as frequency tables, bar charts and bar graphs. Inferential statistic was also presented in the form of significance tests and chi square. Verbatim reporting in qualitative findings was presented and other qualitative data were put into themes for further analysis. Ethical consideration and study limitations were addressed.

Results: the mean age for postabortal care client was 28 years. Most of the clients (78.8%) had secondary education and above. On comparing attitude and perception for postabortal care clients' attended to at KNH, the p-value was 0.03 which was statistically significant. (n=42;63.6%) of post-abortal care clients were advised on the safety of post-abortal care management. Were as (n=22;33.3%) reported that they were not advised on the safety of postabortal care management. (n=32;48.5) were not aware of the availability of post-abortal care services at the time when abortion started.

Majority, that is (n=20;56.6%) of the patients undergoing post-abortal care experienced pain during the care provided at Kenyatta National Hospital. (n=53;80.3%) of the post-abortal care clients reported that they were given counselling or health education during the care process, were as (n=13;19.7% were not given counselling or health education during the post-abortal care

process. (n=33;50%) have had a previous history of at least one case of previous incidence of an abortion.

Recommendations: the study suggested that awareness for post-abortal care clients' needs to be addressed. Nurses and midwives should also look for ways of sensitizing the community. The community should be sensitized on safe abortion management at hospitals like KNH for clients experiencing abortion. All postabortal care clients at Kenyatta National Hospital needs to undergo post-abortal care counselling, these will help in minimizing the number of unwanted pregnancies which in most cases leads to unsafe abortion. Pain needs to be taken care of, because it may discourage clients from seeking health care advice at KNH once they experience abortion.

CHAPTER ONE

INTRODUCTION AND BACKGROUND INFORMATION

1.1 Introduction

In Kenya quantitative study on induced unsafe abortion cases were 465,000 in the year 2012, those with complications were at least 120,000 which were attended to in health care facilities in Kenya. These numbers could have been increased by major acute post abortion complications because they were carried out in a poor environment and using crude methods of induction. Unsafe abortion affected women of all reproductive ages in Kenya with a country wide distribution (Republic of Kenya, 2012).

A cross-sectional descriptive study was used to determine the rate of abortion in Kenyan hospitals. A sample size of 809 patients with complications of unsafe abortion was used; data was entered from the patients file into a standardized questionnaire. 80% of hospital admissions were due to incomplete abortion, 34% of women were in second trimester. Young patients aged 14-19 years were estimated at 16%. The rate of abortion decreased with increase in age. There was great concern to address the issue of unsafe abortion in Kenya (Gabreselassie *et al.*, 2015).

Efforts have been made to standardize postabortal care management in the country for quite some time, noted is introduction of training nurses on postabortal care programs to improve and standardize quality of care for postabortal care clients. Nurses were identified to be key stake holders in effecting this quality care services in Kenya. Kenyatta national teaching and referral hospital receives a large number of those patients. Its standards are expected to give direction and guide expected levels of nursing care with respect to the quality of health care services for postabortal care clients (Kabiru *et al.*, 2016).

What had not been adequately explored is patient's perception on the quality of nursing care among postabortal care clients in Kenya. This gave more on the patient's experience of the perceived quality of care offered to those patients by care givers. It also gave a more objective way of evaluating quality of our services to postabortal care clients.

1.2 Background Information

About 120,000 unsafe abortions were treated in health care facilities in Kenya in 2015. 12 per 1,000 cases were managed for complications. Morbidity rates ranged from 5 per 1,000 in Eastern Kenya to 16 per 1,000 Rift Valley, Western and Nyanza regions of the country. Many abortion cases were not attended to in health institutions thus they were not reported (Mohamed *et al.*, 2015).

In recent years, Kenya has experienced an increase in incidences of unsafe abortion. In the year 2002 the rate was estimated to be 32 per 1000 among women of child bearing age (WCBA) (Yegon *et al.*, 2016). This drastically increased to 48 per 1000 in the year 2012, This made Kenya to experience the highest rates of abortions in sub-Saharan African countries (Yegon *et al.*, 2016).

Due to increase in documentation, reporting and also increase in staff training on postabortal care services and posting trained members of staff to lower levels of care. Women also discussed the facilities where they would seek help in case they were faced with unsafe abortion so as to seek care before worse complications occurred (Yegon *et al.*, 2016).

Quality of care had all along been evaluated from the professional point of view. Statistically many improvements had been noted; this had been seen, not only in this country, but also globally. This was more so in developed countries than developing ones because of advancement

in technology and training of many cadres of health workers to being able to facilitate postabortal care services (Republic of Kenya, 2013).

1.3 Problem Statement

Many patients in Kenya had experienced abortion, many of which were induced and unsafe. Kenyatta, being the largest referral hospital, received many of them per year. According to Kenyan constitution chapter four, article 26, sub article 2 states that life begins at conception, abortion is not permitted unless in the opinion of a trained health professional, there is need for emergency treatment, or the life or health of the mother is in danger (Republic of Kenya, 2012).

Approximately one in every ten women seeking abortion services in Kenya, have had a previous case of induced abortion. The legal framework had thus not effectively contained the abortion issue. If patients are not given effective postabortal counseling, they had a higher risk of experiencing the same problem again in the future. This good counseling partly depended on good quality nursing care (Kabiru *et al.*, 2016).

Despite this high level of postabortal care needs, patients' perception on the quality of nursing care offered to postabortal care clients had not been widely evaluated. This was important element in determining the quality of care thus needed to be established and brought on board.

1.4 Main Research question

What is the patients' perception on the quality of nursing care among postabortal care clients attended to at Kenyatta national hospital?

1.4.1 Specific Research questions

1. What is the patients' perception on the quality of nursing care for postabortal care clients

attended to at Kenyatta national hospital?

2. What are the demographic factors that influence patients' perception on the quality of nursing care for postabortal care clients attended to at Kenyatta national hospital?
3. What are the socio-cultural factors that influence patients' perception on the quality of nursing care for postabortal care clients attended to at Kenyatta national hospital?
4. What are the economic factors that influence patients' perception on the quality of nursing care for postabortal care clients attended to at Kenyatta national hospital?
5. What are the health factors that influence patients' perception on the quality of nursing care for postabortal care clients attended to at Kenyatta national hospital?

1.5 Broad objective

To determine the patients' perception on the quality of nursing care among postabortal care clients attended to at Kenyatta national hospital.

1.6 Specific objective

1. To establish the patients' perception on the quality of nursing care for postabortal care clients attended to at Kenyatta national hospital.
2. To determine the demographic factors that influence patients' perception on the quality of nursing care for postabortal care clients attended to at Kenyatta national hospital.
3. To determine the socio-cultural factors that influence patients' perception on the quality of nursing care for postabortal care clients attended to at Kenyatta national hospital.
4. To determine the economic factors that influence patients' perception on the quality of nursing care for postabortal care clients attended to at Kenyatta national hospital.

5. To determine the health factors that influence patients' perception on the quality of nursing care for postabortal care clients attended to at Kenyatta national hospital.

Hypothesis

There is a significant relationship between the patients' knowledge, attitude and practice with their perception on the quality of nursing care in postabortal care.

1.7 Study justification

Many studies have been conducted on the epidemiology and management of abortions. However little has been done on patients' perception on the quality of nursing care in postabortal care. Most studies also had focused on the client perception on the care provided by all health care workers but not specifically on nursing care (Kumbi *et al.*, 2008).

Nursing services was an extremely important element in the care of those patients who did not only have physical and physiological challenges but also had emotional and cognitive problems at hand. Since care provided by nurses in postabortal care is extremely important like the care provided by physicians, and the nurse spend most of the time with the patient it was therefore equally important to assess the quality of that care from the patients' perspective, these helped to ascertain the level of patients satisfaction in the nursing care provided (Makenzius *et al.*, 2017).

1.8 Purpose of the study

The findings of this study will be used in the training of better service providers who understands patients from their own point of view. It thus will give better quality of nursing services to the postabortal care clients. The results of the study will also inform on policy. This will guide nurse training for better care of such patients. It will also increase the understanding of nurses on the specific care needs of those patients.

1.9 Study benefits

Postabortal care, under the services of better trained and more informed service providers, resulting from the findings of the study, will benefit in improvement of quality nursing care for patients undergoing postabortal care. This improved the image of the Nursing profession and the need for it from the patients' point of view (Tilles *et al.*, 2016).

Results from the research findings will also improve the quality of nursing care in health facilities/hospitals. This will encourage more patients to take up the care provided by such institutions and thus get more direct benefits.

Furthermore, the resulting better services will improve the Nurse-patient relationship. This will give better advantage on the quality of care the patients receive in postabortal care. It will also create greater professional confidence between them and nurses.

CHAPTER 2 –LITERATURE REVIEW

2.1 Introduction

This chapter reviewed information on patients' perception on postabortal nursing care received locally and globally. It shades light on documented evidence relevant to the subject. Globally millions of patients' experience abortion. Out of these, about 56 million experience induced abortions per year. Restrictive abortion laws have not been able to contain the unsafe abortion to a lower rates (Polis *et al.*, 2017).

According to country wide study done in Malawi, with a sample size of 49 facilities specializing in post abortion care services. The facilities were randomly sampled and from the results abortion rate was estimated at 30% of all pregnant women. Countries with restrictive laws experience higher abortion rates than other countries that have legitimized abortions. Women living in restrictive settings were more likely to experience higher rates of maternal morbidity and mortality as a result of unsafe abortion. These increased the families burden and also had a negative impact to the countries health economic system (Polis *et al.*, 2017).

It is estimated that 6.4 million abortions occurred in Africa in 2012. 97% of those abortions were unsafe. The places in which they were done did not meet the minimum standards of care for safe abortion. Some were even done by unqualified people (Kabiru *et al.*, 2016).

In sub-Saharan Africa unsafe abortion was the top most cause of maternal morbidity and mortality (Kabiru *et al.*, 2016). In Kenya in 2012 it was estimated and associated with 35% of maternal deaths. Women between 10-24 years of ages were more susceptible to unsafe abortion compared to older women. Many ended up by being admitted in hospitals for surgical, medical and nursing management (Kabiru *et al.*, 2016).

Kenya has experienced increased incidences of unwanted pregnancies leading to higher numbers of unsafe abortion. Nationally, it was estimated that approximately five hundred thousand cases of induced abortions occurred in 2012. A country wide study conducted in Kenya in the same year revealed that the rate of induced abortion was 48 per 1000 population of women of reproductive age (Taylor *et al.*, 2013; Wallin L.*et al.*, 2015).

The ratio of induced abortion was 30 per 100 pregnancies. Young women with induced and unsafe abortions constituted almost half of the patients managed in Hospitals. Unsafe abortions was also one of the main causes of maternal death in Kenya (Taylor *et al.*, 2013; Wallin Lundell *et al.*, 2015).

In 2010, the Kenyan constitution was changed to include more provisions for abortion care services. These resulted to relative reduction in abortion stigma that may have led to steady increase in the number of reported cases of unsafe abortion in the country (Yegon *et al.*, 2016). This study was carried out at both Machakos and Transzoia counties in Kenya qualitative study was done using 26 focus group discussion which were randomly selected from the two counties, from regions with high and low incidences of abortion. From the findings both communities did not believe in safe ways of abortion (Yegon *et al.*, 2016).

From the study done in united states of America from six California health clinics four health systems in group A and two health systems in group B, using descriptive health survey, 92% women were satisfied with surgical methods used for termination of pregnancy in the first trimester. Each clinic however provides different levels of quality care despite there being a national policy and guideline. It led to women having different levels of satisfaction (Tilles *et al.*, 2016).

According to WHO, unsafe abortion was defined as a procedure for termination of pregnancy that was performed by unqualified personnel who lacked the necessary knowledge and skills. It was also unsafe when procedures were done in an unequipped environment that did not meet minimum medical surgical standards or both (Ganatraet *al.*, 2014).

Death of women from causes related to pregnancy remains high at 362 maternal deaths per 100,000 live births in Kenya (Anneceta G., 2016).

By 2030 it was expected that, as part of sustainable development goals objective, maternal death would reduce to 70 maternal deaths per 100,000 live births. In due respect, unsafe abortion remain a major concern (Anneceta G., 2016).

2.2 Quality of nursing care in postabortal care clients

Client perspective with respect to quality of services in abortion care were closely evaluated in objective assessment of the care provision standards. Satisfied Clients in abortion care services were more likely to come back for more services if they faced the same problems again in future. Such clients were also likely to comply with management (Kumbi *et al.*, 2008).

Patients visiting health care facility for abortion services were faced with a lot of problems. This includes unnecessary mistreatment and false misjudgment from service providers. This made them to have negative attitude towards care givers and thus misjudge quality of services (Kumbi *et al.*, 2008).

Among patients who received care from Family Medicine Centers (FMC), 93% were highly satisfied and their people had positive attitude towards nursing care that they received. A mean score of quality of care provided was excellent. This was 3.9 out of 4. Specialized institutions of

this nature could have contributed to the patients' satisfaction and positive attitude. However noted was that 0.1 were not and this formed a special group of patients that also needed to be understood (Wu *et al.*, 2015)

Patients-service provider relationship was still good despite clients' poor perception on some areas of services offered. Clients stated that pain management was neglected by the majority of health workers. Long waiting time led to low` levels of client satisfaction. Most patients were satisfied by the overall care given. When it came to occupation women who were employed were less satisfied compared to women who were unemployed (Tilles *et al.*, 2016)

2.3 Postabortal care patient's perception of quality of nursing care

Postabortal care patients' evaluation of abortion services offered by health workers in relation to client-staff relationship brought variable findings. Members of staff, who had respected and talked well to patients undergoing Postabortal care, were appreciated by clients for offering better care. On the other hand, patients who received judgmental treatment from members of staff harbored negative perception towards their care. Patients also desired improvement in patients' quality of care by focusing on the performance of all members of health care team (Bakar *et al.*,2008).

Dedicated abortion clinics and hospitals with experienced quality care towards patients undergoing postabortal care were much more likely to have had good Postabortal care client-service provider relationship than those who were not dedicated. They also had less referral needs which also improved patients' perception towards their services. (Kimportet *al.*, 2016)

Negative attitudes of health care providers towards abortion patients had led to poor client perception of the quality of care they provided. This could have had far reaching repercussions (Geary et al., 2012).

2.4 Demographic factors that influence patients' perception on the quality of nursing care for postabortal care clients

Establishing demographic factors experienced by postabortal care clients was important for offering quality care to the patients experiencing abortion. Information gathered, created an opportunity to improve the patient quality of nursing care. These could have been achieved through proper history taking. Collecting patient feedback reports was also very vital for creating and maintaining a good environment based on criticism from patients' perception in terms of access to services. This could have been both good and bad. Either way, they could all be used to improve and promote the system of management for postabortal care clients. Such information should not have been used to punish the patients undergoing postabortal care (Tilles *et al.*, 2016).

Patients were satisfied if they realized that someone had listened to their complaints and due action had been taken to correct the situation. Young clients who sought postabortal care services should have been handled with care because some might have come from long distances'.

Patients receiving pre procedure sedation before manual vacuum aspiration (MVA) had a higher level of satisfaction than those who didn't. clients who were accompanied by their partners experienced good prognosis than those who were not escorted to health facility despite poor roads to access health facility (Tilles *et al.*, 2016)

Studies have shown that an effectively monitored postabortal care service and short distance to health facility, especially in private health institutions, helped improve the overall quality of

services offered to patients. This had impact on the patients perception and future compliance with care needs (Mutua *et al.*, 2017).

According to most studies, abortion and postabortal complications resulted from unsafe abortions, poor access to health services in women with different demographic variables. Patients found challenges when they went for attention in public health institution. The relationship between nurses and patients differed from those attending private facilities. This affected the quality of Nursing care which the postabortal care patients received (Abdi *et al.*, 2011).

2.5 Social-Cultural factors that influence patient's perception on the quality of nursing care for postabortal care clients

From Tilles *et al* study, 92% of postabortal care patients were satisfied with the care services they received. These indicated good clinic performed index in meeting client satisfaction. These results were not affected by their social cultural backgrounds. However, it never evaluated the quality of care of the services offered. Neither did they evaluate the patients basic knowledge on which the satisfaction was judged (Tilles *et al.*, 2016).

Postabortal care patients with post-traumatic stress disorders, some were influenced by the social-cultural backgrounds and were more likely to have experienced dissatisfaction concerning quality of care being given to them by the health care providers. These type of patients also reported that they experienced more pain compared to other patients. Evaluation was however not specifically addressed to quality of nursing care (Wallin L.*et al.*, 2015).

2.6 Economic factors that influence patients' perception on the quality of nursing care for postabortal care clients

Postabortal care clients might not have had fully understood the requirements, the cost and nature of the procedures. Some of the clinical approach may have been strange to them especially where clients were required and expected to remove all their clothes. This was quite evident in abortion tailored procedures. The hospital may lack screens or uniform for patients privacy (Provacado *et al.*, 2017).

How patients portrayed health workers in their management was important in promoting patient-service provider relationship and co-operation. This was absolutely important and necessary in the conduct of procedures like those observed in abortion care which may be affordable. This was further enhanced by the quality and cost of care. Patients' perceptions had however still been negative due to either ignorance or inappropriate cost. This needed to be evaluated (Provacado *et al.*, 2017).

Some patients felt that they deserved mistreatment as a way of punishment for them initiating the termination of pregnancy. Postabortal care, clients may also have feared being exposed by health workers to the legal system and risked being jailed in case they didn't pay for the services. This may have made them tolerate mistreatment and avoided talking negatively against service care providers. By not being revealed, they at time reflected on that as quality in the care with due positive reward (Wamugi *et al.*, 2017).

Some patients experiencing abortion failed to seek health care services for fear of legal risks, which might have involved extra cost and complications. Many however overcame that fear and presented themselves for appropriate management. To them that might have been adequate care

needs satisfaction. It was not clear whether this was due to change of attitude or whether the severity of the worsening abortion condition forced them to come for services against their fears and attitudes. This needed to be established and might also have contributed to their attitudes towards health care service providers (Wamugi *et al.*, 2017).

Patients might have also had preferences in the choice of service providers for their abortion care due to cost variations. Some ended up in backstreet abortion. Fear of health care providers might have had an attributing factor. Even among health workers, patients had different preferences. Some might have wished to be attended to by nurses and midwives as preference or because they offered relatively cheaper services. Management by well-trained mid-wives, nurses or physician had however been found to be equally safe (Makenzius *et al.*, 2017).

Satisfaction and effectiveness from the care of nurses and midwives was also enhanced in low resource setting where physicians were not readily available. Systematic provision of contraceptives and counseling to patients in post abortion care clinics was also largely provided for by nurses and midwives. These were effective methods for reducing future occurrence of repeat abortion experiences which involves more cost. This efforts to prevent unsafe abortion increased client satisfaction and may have influenced their attitudes toward specific service providers (Makenzius *et al.*, 2017).

Staff attitudes towards medical surgical methods for patients were in some studies found to be friendly and helpful to woman in feeling comfortable thus reducing hospital expenses. They were also none judgmental towards patients. This staff attitudes, especially towards specific selected modes of managing abortion which might have also had influenced the patients' own cost (Slade *et al.*, 2001).

2.7 Health factors that influence patients' perception on the quality of nursing care for postabortal care clients

One of the benefits that postabortal care clients had, from their past experiences was their ability to obtain services, information and knowledge as required by them. Their questions can also have been easily answered by the health care providers(Tilles *et al.*, 2016).

According to Kenyan constitution chapter four, article 26, sub article 2 states that life begins at conception, abortion is not permitted unless in the opinion of a trained health professional, there is need for emergency treatment, or the life or health of the mother is in danger. These has impacted negatively to patients who wanted to perform abortion without posing a risk to their health or life as a reason (Republic of Kenya, 2012).

Postabortal care contraceptives use and counseling did not best influence their overall satisfaction to services. The comfort of waiting areas in the health institution was even less satisfying. The comfort in the recovery area and less waiting time was found to be the most satisfying and beneficial. Physical attractiveness and that of the health institution had also no matching satisfaction. Women were also better satisfied by being accompanied by their spouses to the health institution. Determinants of satisfaction and quality in the care received by patients from their perspective thus differed much from those of service providers (Tilles *et al.*, 2016).

In Tilles *et al* study, more than half of patients had prior experience with abortions and were attended to in a health institution. Such women had more ideas on the quality of care offered and expected in health institution than first time patients with abortion problem. This could have influenced their findings. It was yet to be seen what was situation is in our set up (Tilles *et al.*, 2016).

2.8 Gaps in literature review

Despite much work having been done and research performed on the quality of postabortal care clients receive; the perception of patients towards this care has not been adequately researched on. This is even more wanting with respect to quality of nursing care services. These are service provider who should always be the patients advocate. Their quality of care, from the patients' perspective, thus needs to be evaluated and put in perspective.

Influential factors that determine patients' perception on the quality of nursing care also need to be addressed. It is hoped that the finding from this study will answer some of these questions and concerns. It is also expected that the results will have stimulated interest in focusing on how services impact on clients rather than quality being evaluated purely from the professional point of view.

2.9 Theoretical framework

This study was based on the Health Belief Model (HBM) proposed by Rosentock, Hochbaum and Kegels in 1952 (Becker, 1974; Janz and Becker, 1984). The HBM stated that "the perception of a personal health behavior threat is itself influenced by at least three factors: general health values, which include interest and concern about health; specific health beliefs about vulnerability to a particular health threat; and beliefs about the consequences of the health problem. Once an individual perceived a threat to his/her health and is simultaneously cued to action, and his/her perceived benefits outweighs his/her perceived benefits, then that individual is most likely to undertake the recommended preventive health action. There may be some variables (demographic, socio-psychological, and structural) that can influence an individual's decision (Rosenstock, 1974).

The health belief model is further elucidated by the following key descriptors:

Perceived Susceptibility - Each individual has his/her own perception of the likelihood of experiencing a condition that would adversely affect one's health. Individuals vary widely in their perception of susceptibility to a disease or condition. Those at low end of the extreme deny the possibility of contracting an adverse condition. Individuals in a moderate category admit to a statistical possibility of disease susceptibility. Those individuals at the high extreme of susceptibility feel there is real danger that they will experience an adverse condition or contract a given disease. The knowledge of the susceptibility of a woman to lose her life during child birth if not properly taken good care of by health practitioners and severity of delivery complications motivate people to consult health practitioners during pregnancy.

Perceived Seriousness - refers to the beliefs a person holds concerning the effects a given disease or condition would have on one's state of affairs. These effects can be considered from the point of view of the difficulties that a disease would create. For instance, pain and discomfort, loss of work time, financial burdens, difficulties with family, relationships, and susceptibility to future conditions. It is important to include these emotional and financial burdens when considering the seriousness of a disease or condition.

Perceived Benefits of Taking Action - taking action toward the prevention of disease or toward dealing with an illness is the next step to expect after an individual has accepted the susceptibility of a disease and recognized it is serious. The direction of action that a person chooses was influenced by the beliefs regarding the action.

Perceived Barriers – action may not take place, even though an individual may believe that the benefits to taking action are effective. This may be due to barriers. Rosentock noted that there

were challenges (Money, proximity and environment) that influence people's decisions. He indicated that these perceived barriers could be suppressed when the knowledge of the severity of not complying outweighs the benefit. This may account for why many women in the rural areas did not access modern maternal health care service. Illiteracy and low awareness of its benefits in most rural areas could account for low usage of maternal health services. Other barriers include accessibility of the services, cultural influences and others.

Cues to Action - an individual's perception of the levels of susceptibility and seriousness provide the force to act. Benefits (minus barriers) provide the path of action. However, it may require a 'cue to action' for the desired behavior to occur. These cues may be internal or external.

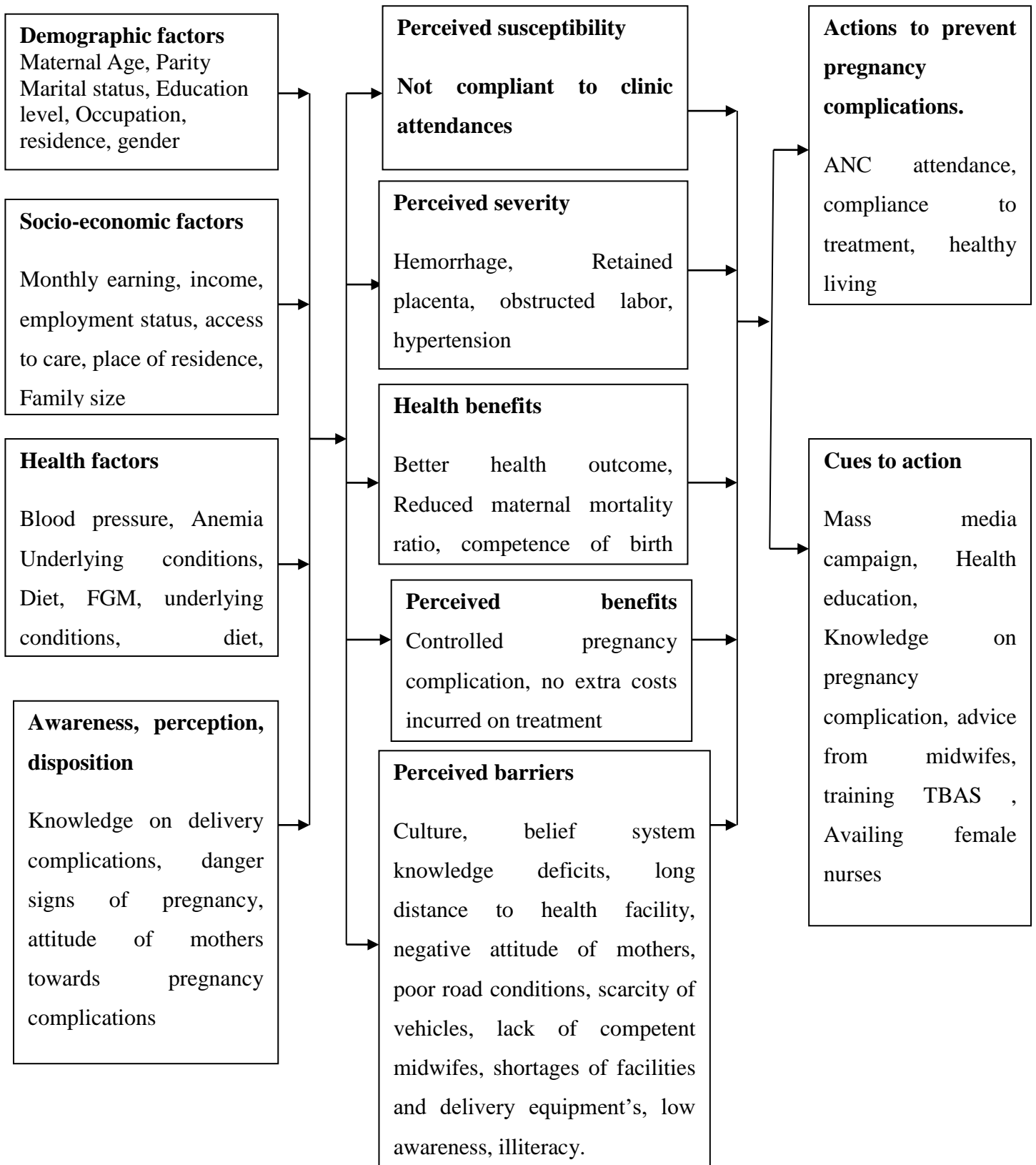
The theoretical model which was used for this study is shown diagrammatically in Figure 1 below. As shown in the diagram, demographic, social, economic and health factors are related to awareness. Cultural factors have also been found to be an important related variable from literature review and has therefore been added to the other independent variables.

In this study, awareness has been perceived to be the same as knowledge. Since attitude and practice in respect to patients' perception are important and closely related to knowledge, they have been added to dependent variables to add value to the credibility of the final research analysis. This has been done so that no important influential variable is left out.

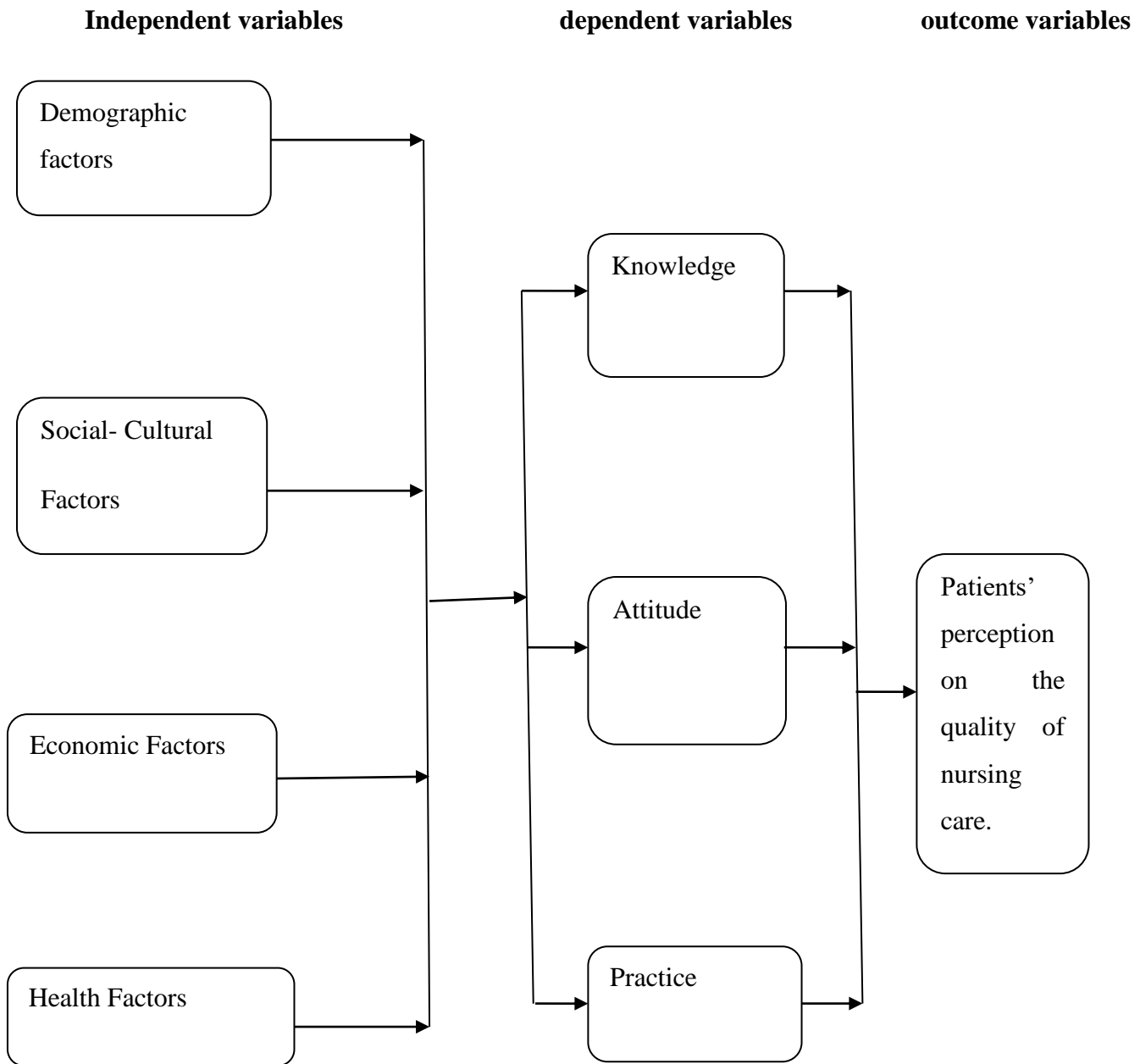
In this study, perception of clients on quality of care has been decided on as the desirable outcome for evaluation and directly reflects on clients' perception. The theoretical model has thus been modified to suit the purposes of this study as cited from literature review relationships.

All modifications were shown in the conceptual framework with indications of the appropriate relationships drawn from literature review.

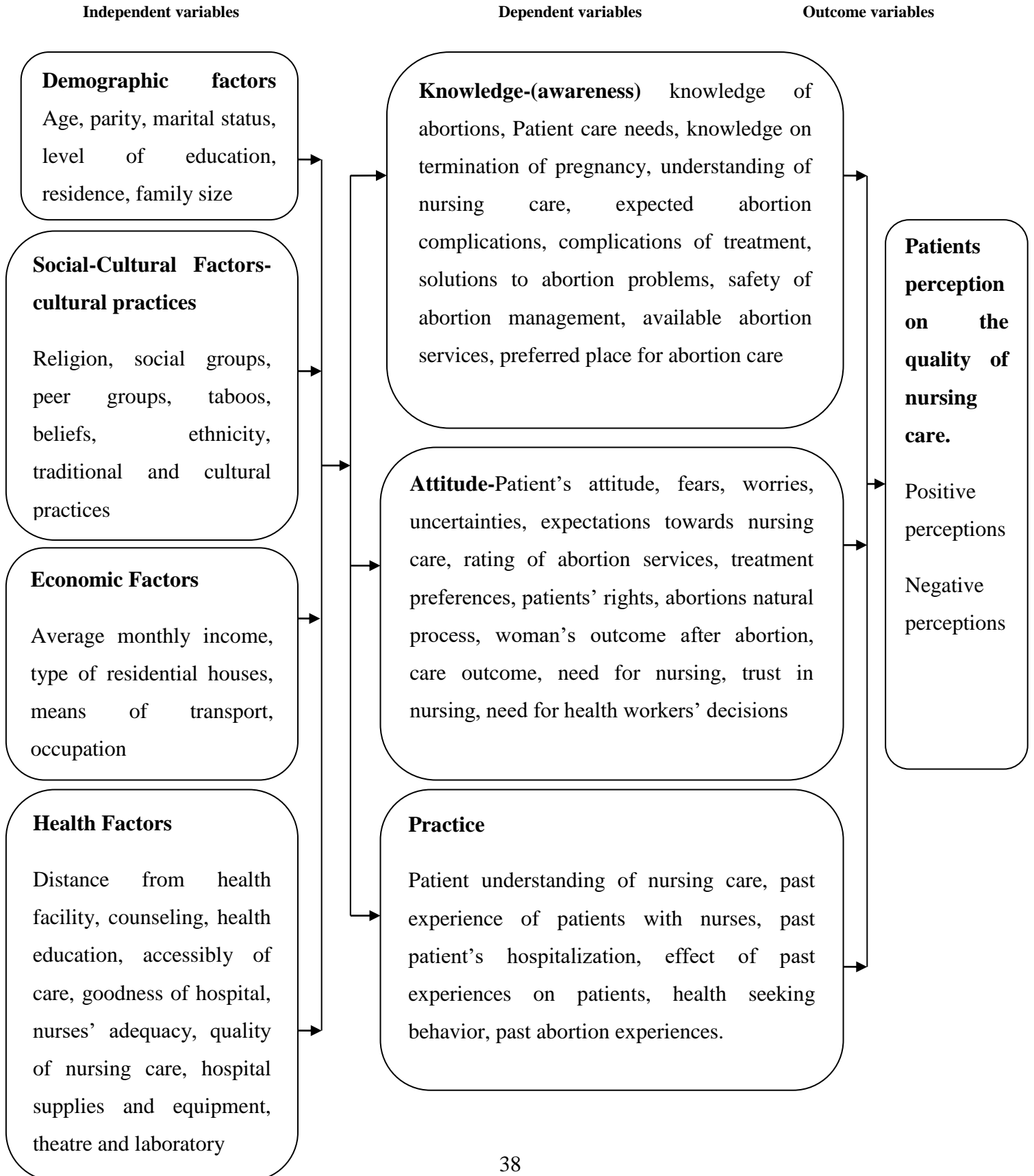
THEORITICAL FRAMEWORK HEALTH BELIEF MODEL(Rosenstock1974)



2.10 Conceptual framework



2.11 Operational framework



2.12 Definition of Key Variables

Demographics factors: these are factors that related to personal characteristics such as age, gender, family background, parity, marital status, Education level, Occupation, Area of residence, multiple partners in relation to post-abortal care clients.

Social factors: these are factors that relate to social characteristics such as social class, Religion, Women groups, Social groups, Community involvement and community ownership in relation to post-abortal care clients.

Cultural Factors: these are factors that relate to cultural characteristics such as way of life, race, ethnicity, Norms, Traditions, beliefs, taboos, values, cultural historical perspectives, cultural inheritance, cultural practices, cultural discipline, traditions, cultural corrective measures, cultural inhibitions, cultural enforcements, cultural barriers in relation to patients post-abortal care clients.

Economic factors: these are factors that relate to economic characteristics such as Employment, monthly earning, wealth, business, property, economic development, Environmental security, safety, sanitation, refuse disposal, roads, natural resources, public health, environmental facilities, stability, governance, natural disasters, Nutrition, food resources and security, food quality, nutritional values, food production and distribution, food hygiene, food safety in relation to post-abortal care clients.

Health Factors: these are factors that relate to health characteristics of post-abortal care clients such as health status, health care facilities, health service providers, accessibility of the health facility, cost of screening, counselling services, distance to health facility, Cost of treatment, availability of service, preventive and promotive services, supplies, health care management, services, organizations.

Knowledge: Ability of the post-abortal care client to determine the perception on the quality of nursing care.

Attitude: it is the way in which post-abortal care clients thinks feels or makes opinion about someone or something.

Practices: Refers to the way in which post-abortal care client will be able to determine the perception of the quality of nursing care offered to patients by Nurses.

Perception: One's view or opinion on an issue or event as seen or understood by the post-abortal care clients.

Quality of nursing care: level of satisfaction from the client's perspective with respect to the type of nursing care expected by the post-abortal care client.

CHAPTER 3- STUDY METHODOLOGY

3.1 Study design

This was a descriptive cross sectional qualitative and quantitative study to determine patients' perception on the quality of nursing care among postabortal care clients attended to at Kenyatta national hospital.

3.2 Study area

The study was conducted in ward 1D at KNH. This was acute gynaecological ward of the hospital where all acute gynaecological patients, including those with abortions were attended to. It was the main gynaecological admitting ward and had its own minor theatre. The ward operated under the management of the division of reproductive health in the hospital.

KNH is a 2000 bed national teaching and referral hospital that received patients and referrals from many parts of the country and beyond. It has inpatients, outpatients, emergency, accident, theatre and delivery services among many other specializations found in a hospital of such magnitude. These are placed under major divisions found in any other big public health institution. The hospital also had a complex management system that also house a private wing.

One of the divisions in the hospital is the division of reproductive health under the charge of a deputy director and divisional matron. This division majored on pregnancy and gynaecological care services both in the inpatient, outpatient, clinic and emergency settings. Among the acute wards in the hospital was the acute gynaecological ward where the study was conducted.

The acute gynaecological ward are places in the first flow of the hospital tower block for easy accessibility and management. The ward admits all acute gynaecological patients which include

ectopic pregnancy, acute severe pelvic inflammatory diseases and pelvic abscesses, complications of pregnancies and acute cancer conditions among others. Included among these were abortion cases for acute management.

Abortions is one of the most common conditions admitted in this ward and are attended to by ward nurses among others. The nurses ideally care for all aspects of pathophysiological problems of clients to add value and quality care to their problems. The quality of this care had not been effectively evaluated from the patients' perspectives. This was what made this study to be most suitable. This was even more relevant in the biggest national teaching and referral hospital that sets up quality nursing care standards for all other hospitals in the country.

When postabortal care clients had been managed, before discharge, they were recruited into the study while still in the wards. They had already rested enough so as to participate effectively in the study.

3.3 Study population

All abortion clients who were admitted and managed in KNH ward 1D formed the target population for this study. The targeted postabortal care clients in reproductive age between 15 and 49 years were interviewed.

3.4 Inclusion criteria

- All Patients who were undergoing postabortal care admitted in ward 1D after abortion management before discharge.
- All Patients who were undergoing postabortal care who have given informed consent.
- All patients who were undergoing postabortal care who are within 15 to 49 years of age.

3.5 Exclusion criteria

- All Patients who had gynecological conditions that were not related to abortion.
- All Patients who were undergoing postabortal care who had not given informed consent.
- All Patients who were undergoing postabortal care who were not within 15 to 49 years.

3.6 Sample Size Determination

The Fischer's formula illustrated below was used to determine sample size for patients undergoing postabortal care at ward 1D at KNH for the study.

$$n = \frac{Z^2 P(1 - P)}{I^2}$$

Where:

n = Sample size [where population > 10,000]

Z = Normal standard deviation at the desired confidence interval. In this case it will be taken at 95% confidence interval giving a **Z** value of 1.96.

P = Proportion of the proportion with the desired characteristic.

1- p = Proportion of the population without the desired characteristic.

I² = Degree of precision at 95% confidence interval which is 0.5

Since the proportion of the population with the characteristic is not known, 50% will be used.

$$\text{Therefore, } n = \frac{1.96 [0.5] [0.5]}{[0.05][0.05]} = 384$$

Since the target population in ward 1D at KNH was <10,000, the alternative formula was applied using the following formula.

$$nf = \frac{n}{1 + n/N}$$

Where:

nf = the desired sample size for population <10,000

N = total study population which is 80 per month

n= the calculated sample size.

$$nf = \frac{384}{1 + 384/80}$$

$$nf = 66.2$$

$$= \sim 66$$

The targeted sample size was therefore 66 patients.

3.7 Sampling Interval

Sampling interval = total study population

Sample size

$$= \frac{80}{66}$$

$$= 1.212$$

$$= 1.212$$

$$= \text{approximately } 1$$

Therefore, all patients were included in the study sample since sampling interval was approximately 1

3.8 Sampling Method

Simple random sampling method was used. Each participant in the study population had equal chances of being selected to participate in the study. A list of all patients was serialized on day 1 of the study. A table of random numbers was used to select the first patient. Every next patient was then included in the study until the sample size was obtained.

3.9 Recruitment and Training of Research Assistants

Research assistants were recruited from level two Bachelor of Science in Nursing (BScN) students from university of Nairobi nursing school. They were then trained for 2 days on how to distribute questionnaires and participate in data collection. They were informed about relevant issues in the study like conducting focus group discussions and key informant interviews. They were available to clarify any concept that was not clearly understood by the study subjects.

3.10 Development of Study Instruments

Data collection instruments were developed which included structured questionnaires. The questionnaires were written in English and administered by the research assistants. For patients who had difficulties in understanding English, the research assistant translated the questionnaires into Kiswahili using simple terms. The questionnaires also had both closed and open ended questions, Focused Group Discussion (FGD) and Key Informant Interview (KII) guides were used.

3.11 Pretesting of Study Instruments

Pretesting of study instruments was done at Mama Lucy Kibaki Hospital at Nairobi county. Which was at the same city just like Kenyatta National Hospital. The findings of the pretest helped in validating the specificity and sensitivity of the instruments and assisted in validating

them with due necessary adjustments and better research outcome. The questionnaires used for pretesting were not included as questionnaires for analysis of the study.

3.12 Data Collection, Cleaning and Entry

Data was collected using administered structured questionnaires filled by clients under the guidance of the research assistants. The questionnaires were written in English, for patients who had challenge in English the research assistant were able to translate it into Kiswahili using simple terms.

Collected data was then cleaned by going through all the filled questionnaires and collected information for completeness and proper documentation. There were no incomplete questionnaires. (Barbour *et al.*, 2005).

Focused Group Discussion guide (FGD) and Key Informant Interview (KII) guide were used during discussions in both situations. Both the FGD and KII study were conducted by the research assistant but were assisted by persons who were recording or taking appropriate notes (Kun *et al.*, 2013).

Focused groups were made up of 8 to 12 randomly selected participants composed of clients similar to those in the study group drawn after the study period was over in the same study area. The findings of FGD was given in qualitative findings which was used to verify the credibility of the findings drawn from the questionnaires. These FGD data was put into themes and further analyzed and compared with qualitative and quantitative findings in the study (Barbour *et al.*, 2005).

KII participants were selected from persons perceived to be experts in the area and subject of study. Data collection and analysis were treated the same way as the FGD situation. Relevant findings were also used to validate the findings in the questionnaire study (Kun *et al.*, 2013).

3.13 Data Analysis and Presentation

Quantitative data analysis was done using descriptive statistics such as pie charts, bar charts, Histograms, bar graphs and measurements of central tendency (mean, mode, median). Inferential statistics, such as test of significance and coefficient correlations, was used to compare variables. Frequencies for the numerical variables including age, level of education, parity, marital status, residence, family size, average monthly income and working experience was presented in frequency tables.

Presentation of qualitative data was done in themes and verbatim reporting. Thematic analysis was used to analyse qualitative data, this was done by putting together findings under common items into groups for easily analysis and interpretation.

3.14 Ethical Considerations

Before commencing the study, a written approval was sought from KNH/UON ethics and research committee. A written informed consent form was availed to all study participants. The study participants were informed of the benefits of the study and that the study was entirely voluntary. Participants were informed that they can withdraw from the study at any time if they feel uncomfortable. Special codes instead of names were used to represent the respondents so as to conceal their identity. Only the researcher was allowed to access the information collected.

The questionnaires are to be preserved in proper custody for 5 years for whatever queries that may arise. After this they will be destroyed under ethical guidance following the right principles and conduct of research ethics.

Participants were required to give written informed consent willingly before participating. This was done after they had fully understood the nature and implications of the study. This was fully explained to them before the consent. The purpose and objectives of the study was clearly explained to them. Before giving informed consent the participants were given participants information sheet and informed consent form. The research assistants were then personally helping them go through the contents and make sure that postabortal care clients had fully understood the requirements and implications of participation before signing the consent form. For persons under 18 years of age, consent was sort from their guardians. No person was forced or enticed to give consent. Any person who had given informed consent and later decided to withdraw from the study for whatever reasons was allowed to do so. This is even being more so because abortion studied was emotionally impacting on some clients and may have had invoked adverse effects. Whoever did not give a willing free informed consent did not participate in the study.

Confidentiality, privacy and dignity was ensured. Confidentiality was maintained and the information provided was only used for the intended purpose of the study. In addition, names were not required on any forms or used during publication of the final report thus ensuring anonymity of participants. All materials used during the study were under lock and key and only the personnel involved in this study were only who had access to them. Electronic files were saved on password and fire-wall protected computers.

3.15 Study Limitations

Being a sensitive topic, more than 90% of the subjects were interviewed. Non consenting subjects were kept to less than 10%. Clients were clearly given the purpose and importance of the research to participate freely without coarsing. To make this possible they were provided

with the necessary comfort, encouragement and privacy and clarification of all issues was done where necessary. Subject bias was minimized by the researcher using well trained research assistants to collect data. Needy patients were also assisted in participating in the research. Factors outside the nursing process causing limitation in patients' judgment of quality nursing care were identified to improve the nursing process itself for future quality nursing care.

3.16 Dissemination Plan

The result will be disseminated to the University of Nairobi, KNH reproductive division and the Ministry of health. Further dissemination will be done through publications and report prints.

CHAPTER 4: RESULTS

4.1 Introduction

This was a study to determine patient's perception on the quality of nursing care among postabortal care clients attended to at Kenyatta national hospital. This was a descriptive cross sectional qualitative and quantitative methods of research. The study focused on postabortal care clients. On comparing attitude and perception for postabortal care clients' attended to at KNH, the p-value was 0.03 which was statistically significant. Language barrier was encountered and these was sorted out through having a translator. Data cleaning was done by ensuring that all the questionnaires, Focused Group Discussion (FGD) and Key Informant Interview (KII) guides were complete. Collected data was entered in the computer software Statistical package for social sciences (SPSS) without changes for analysis. There were no incomplete questionnaires. Analysis was done using quantitative and qualitative methods. Presented below are the results obtained from data analysis of the research with appropriate discussions, conclusions and recommendation.

4.2 Section 1: Postabortal care clients at KNH demographic data:

Demographic factors	Mean	Standard Deviation	Median	Minimum	Maximum
Age of the patient undergoing post-abortal care	28	7	27	17	41
Number of children	1	2	1	0	6
Number of children delivered in total	2	2	1	0	6
Number of people in the household	4	2	4	1	8

66 clients were admitted for post-abortal care services at Kenyatta National Hospital for the study. The mean age was 28 years ranging from 17 to 41 years. Each client had an average of

one live child out of 2 deliveries on average. Most clients had small sized families with each having an average of 4 people living in one house.

Postabortal care clients’ at KNH more on demographic variables:

More demographic variables		n	%
Highest level of education (completed level) achieved by patients undergoing post-abortal care.	Primary level	13	19.7
	Secondary level	27	40.9
	College/university level	25	37.9
	Have no formal education	1	1.5
Marital status of the patients undergoing post-abortal care.	Single	25	37.9
	Married	36	54.5
	Separated	3	4.5
	Widowed	2	3.0
	Divorced	0	0

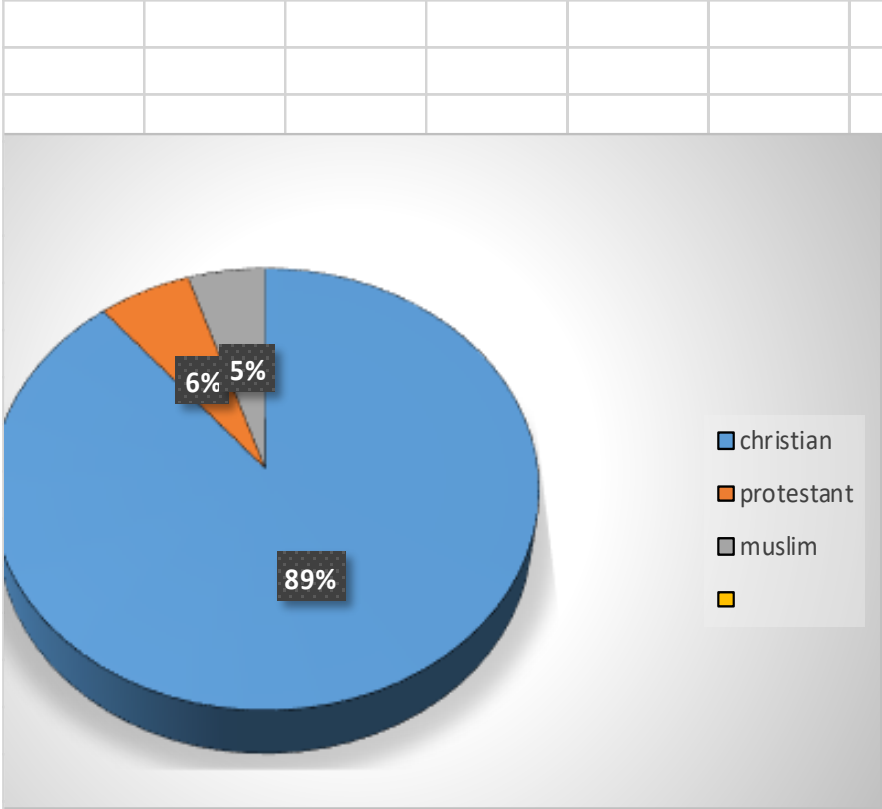
Most clients (78.8%) had secondary education and above. This was in keeping with Kenya’s policy on universal education for all. Only one client reporting had no formal education. Most of the clients were married (54.5%). It shows that abortions are concepts in all women and not just for single mothers.

4.3 Section II: Postabortal care clients’ socio-cultural factors:

Ethnicity	n	%
Kalenjin	5	7.6
Kamba	7	10.6
Kikuyu	19	28.9
Luhya	9	13.7
Luo	7	10.6
Meru	5	7.5
Others (Kisii, Embu, Somali, Kenyan, Kuria, Taita, Maasai, Unknown).	14	21.1
Total	66	100%

Majority of post-abortal care clients (n= 19;28.9%) was from kikuyu community which is the largest community in Kenya. The data however shows that the hospital has a national outlook with utility from people of multiethnic background.

Postabortal care clients’ religion:



The above pie chart shows that majority of clients were Christians (95%) with only 5% being Muslim. This reflects on the national factors that view the country as mainly a Christian country but with multiple spiritual lineage.

Postabortal care clients' community views towards quality nursing care at KNH:

postabortal care clients community Views towards nurses		N	%
Postabortal care clients community views towards nurses	Good	44	67.6
	Bad	15	21.7
	I don't know	7	10.7

2/3 of the client's (n=44;67.6%) reported that their people had a good attitude towards Nurses, (n=15;21.7%) reported that their people had a bad attitude towards Nurses. While (n=7;10.7%) reported that they did not know the attitude of their people towards nurses.

Postabortal clients' Cultural beliefs, taboos and practices relationship to quality nursing care:

Post-abortal care clients cultural beliefs, taboos and practices towards nursing care	Yes		No		Don't know	
	n	%	n	%	n	%
Specification of negative cultural beliefs, taboos and practices						
a) Cultural beliefs	5	7.6	57	86.4	4	6.1
b) Taboos	5	7.6	53	80.3	8	12.1
c) Cultural practices	5	7.6	54	81.8	7	10.6
Traditional practices conflicting with nursing practices	5	7.6	54	81.8	7	10.6
Average	5	7.6	54.5	82.6	6.5	9.8

Only (n=5;7.6% of clients on average had Negative cultural beliefs, taboos and traditional practices conflicting with nursing care. The majority had positive practices (n=54.5;82.6%) on average) in all categories. On average (n= 6.5;9.8 %) no knowledge of any of the indicators.

Postabortal care clients social or/and peer group:

Patient undergoing post-abortal care at Kenyatta National Hospital belonging to any social or/and peer group.	Yes		No	
	n	%	n	%
Social group	23	34.8	43	65.2
Peer group	20	30.3	46	69.7

(n=23;34.8%) of post-abortal clients were belonging to a social group while (n=20;30.3%) were belonging to a peer group. Majority of the post-abortal care clients that is (n=43;65.2%) did not belong to any social group. (n=46;69.7%) did not belong to any peer group.

4.4 Section III: Postabortal care clients' economic factors:

Economic factors for patients undergoing postabortal care at KNH		n	%
Occupation performed by post-abortal care clients.	Self-employed	23	34.8
	In formal employment	14	21.2
	Not-employed	15	22.7
	Student	12	18.2
	others	2	3.1
Means of transport used by post-abortal care clients to come to Kenyatta National Hospital.	Public	50	75.7
	Private	12	18.2
	Foot	4	6.1
Type of house in which post-abortal care clients stay.	Permanent	42	63.7
	Thatched	3	4.5
	Mabati	21	31.8
	Others	0	.0

(n=14;21.2%) were in formal employment. A total of (n=29;44%) of the post-abortal care clients were not in any income generating activity. (n=4;6.1%) were within walking distance from Kenyatta National Hospital. (n=42;63.7%) of the post-abortal care clients were staying in permanent houses. (n=3;4.5%) of the post-abortal care clients were staying in thatched houses.

Postabortal care clients' total earnings per month:

Monthly income	Mean	Standard Deviation	Median	Minimum	Maximum
Average monthly earnings in Ksh	12,366	10,518	10,000	0	45,000

The average monthly earnings were Ksh: 12,366 with a minimum of zero earnings and a maximum of Ksh: 45,000.

4.5 Section IV: Postabortal care clients' health factors:

Health factors affecting patients undergoing postabortal care at KNH.	Mean	Standard Deviation	Median	Minimum	Maximum
Distance of hospital from home (km)	15	11	13	1	60

The mean distance from Kenyatta National Hospital and the place of residence for post-abortal care client was 15 kilometers' (km). With a minimum distance of one kilometer and a maximum of 60 kilometers'.

Postabortal care clients' views about health factors affecting their care at KNH:

Clients views concerning post-abortal care at Kenyatta National Hospital		n	%
Post-abortal care clients opinion/ rating on the quality of Kenyatta National Hospital.	Good	55	83.4
	Bad	7	10.6
	Don't know	2	3.0
	Other	2	3.0
Availability of health service providers at Kenyatta National Hospital to take care of post-abortal care clients.	Yes	42	63.7
	No	21	31.8
	Don't know	3	4.5
Quality of health service providers at Kenyatta National Hospital.	Good	53	80.3
	Bad	7	10.6
	Don't know	4	6.1
	Other	2	3.0
Availability of everything needed at Kenyatta National Hospital for care of post-abortal care clients.	Yes	46	69.6
	No	10	15.2
	Don't know	10	15.2
Availability of a private area at Kenyatta National Hospital for abortion care.	Yes	47	71.2
	No	15	22.7
	Don't know	4	6.1
Availability of enough equipment's at Kenyatta National Hospital for abortion care.	Yes	47	71.2
	No	7	10.6
	Don't know	12	18.2
Availability of laboratory services at Kenyatta National Hospital for abortion care.	Yes	49	74.3
	No	9	13.6
	Don't know	8	12.1
Provision of counseling or health education concerning the care provided at Kenyatta National Hospital.	Yes	53	80.3
	No	13	19.7

(n=55;83.4%) of the post-abortal care clients rated the quality of Kenyatta National Hospital as being good. Were as (n=7;10.6%) rated the quality of Kenyatta National Hospital as being bad. (n=2;3.0%) of the post-abortal care clients did not know how the quality of services at Kenyatta national hospital was.

(n=42;63.7%) of the post-abortal care clients said that there were enough health care providers at Kenyatta National Hospital. Were as (n=21;31.8%) said that there were no enough health care providers at Kenyatta National Hospital. (n=3;4.5%) didn't know whether there were enough health service providers at Kenyatta National Hospital.

(n=53;80.3%) of the post-abortal care clients reported that the quality of health service providers at Kenyatta National Hospital was good. (n=7;10.6%) of the post-abortal care clients reported that the quality of health service providers at Kenyatta National Hospital was bad. (n=4;6.1%) did not know anything about the quality of nurses that were attending them.

(n=46;69.6%) of the post-abortal care clients reported that everything was available that they needed for post- abortal care at Kenyatta National Hospital. (n=10;15.2%) of the post-abortal care clients reported that some things were missing for post-abortal care at Kenyatta National Hospital. (n=10;15.2%) did not know anything about the what was supposed to be available for post-abortal care.

(n=47;71.2%) of post-abortal care clients reported that there was a private area during post abortal care provision. (n=15;22.7%) reported that privacy was lacking during post-abortal care provision. (n=4;6.1%) of the post-abortal care clients had no information concerning privacy during post-abortal care provision.

(n=47;71.2%) of post-abortal care clients reported that Kenyatta National Hospital had no enough equipment's for post-abortal care services. Were as (n=12;18.2%) had no idea concerning availability of instruments for post-abortal care.

(n=49;74.3%) of the post-abortal care clients reported that there were laboratory services available at Kenyatta National Hospital available for post-abortal care services. (n=9;13.6%) reported that there were no laboratory services at Kenyatta National Hospital for their care.

(n=8;12.1%) of the post-abortion care clients had no idea on the availability of laboratory services at Kenyatta National Hospital.

(n=53;80.3%) of the post-abortion care clients reported that they were given counselling or health education during the care process, were as (n=13;19.7% were not given counselling or health education during the post-abortion care process.

4.6 Section V: Postabortal care clients' knowledge on abortion:

Patients undergoing postabortal care knowledge on abortion		n	%
Advise on the safety of abortion management for patients undergoing post-abortion care.	Yes	42	63.6
	No	22	33.3
	Don't know	2	3.0
Post-abortion care clients awareness of the availability abortion services at KNH at the time when abortion started.	Yes	34	51.5
	No	32	48.5

(n=42;63.6%) of post-abortion care clients were advised on the safety of post-abortion care management were as (n=22;33.3%) reported that they were not advised on the safety of abortion management. (n=2;3.0%) of post-abortion clients were not aware whether they were advised on the safety of abortion management.

(n=34(51.5%) of the post- abortion care were aware of the availability of post-abortion care services at the time when abortion started. (n=32;48.5) were not aware of the availability of post-abortion care services at the time when abortion started.

Postabortal care clients source of advice for abortion care:

Source of advice for patients undergoing post-abortal care at KNH.	No		Yes	
	N	%	n	%
Doctors	31	47	35	53
Nurses	38	57.6	28	42.4
Mid-wives	61	92.4	5	7.6
Relatives	64	97.6	2	2.4
Friends	66	100.0	0	.0
Traditional medicine man	66	100.0	0	.0
Traditional birth attendant	66	100.0	0	.0
Other	66	100.0	0	.0

Majority of patients were advised by Doctors, that is (n=35;53%) while (n=33;49.6%) were advised by Nurses and Mid-wives on safety of post-abortal care. Despite the fact that more patients trust Doctors it shows that post-abortal care clients are also trusting Nurses and Mid-wives.

Postabortal care client knowledge on risks/dangers and benefits of abortion care at KNH:

Patients undergoing post-abortal care knowledge about the following with respect to abortions.	Nothing		Little		Enough		Much		Very much	
	n	%	n	%	n	%	n	%	n	%
a) Risks or dangers involved	8	12.1	28	42.5	23	34.8	6	9.1	1	1.5
b) Possible complications	6	9.0	30	45.5	20	30.3	8	12.1	2	3.1
c) Benefits of good abortion care	6	9.0	28	42.5	19	28.8	12	18.2	1	1.5
Average	6.6	10.0	28.7	43.5	20.7	31.3	8.7	13.1	1.3	2.0

On average patients undergoing post-abortal care (n=6.6;10.0%) had no knowledge on risk or dangers involved in abortion, possible complications of abortion and benefits of good abortion care.

Postabortal care clients more exploration knowledge on abortion issue at KNH:

Patients undergoing postabortal care knowledge on abortion	Nothing		Little		Enough		Much		Very much	
	n	%	n	%	n	%	n	%	n	%
Patient undergoing post-abortal care at Kenyatta National Hospital what they know about termination of pregnancy.	23	34.8	22	33.4	14	21.2	6	9.1	1	1.5
Patient undergoing post-abortal care at Kenyatta National Hospital what they know about quality of nursing care.	23	34.8	24	36.4	17	25.8	2	3.0	0	.0
Patient undergoing post-abortal care at Kenyatta National Hospital what they know about complications of abortion treatment	23	34.8	16	24.2	21	31.9	6	9.1	0	.0
Patient undergoing post-abortal care at Kenyatta National Hospital what they know about solutions to abortion problems.	24	36.3	16	24.2	19	28.9	6	9.1	1	1.5
Average.	23.3	35.2	19.5	29.6	17.6	26.95	5	7.6	0.5	0.8

On average (n=42.6;64.95%) of post-abortal care client's had some knowledge on termination pregnancy, what quality Nursing care means to them, complications of abortion problem and solutions for abortion. Only an average of (n=23.3;35.2%) had no knowledge on the same topics.

4.7 Section VI: Postabortal care clients' attitude towards nurses at KNH:

Participants attitudes' towards nurses	Strongly agree		Agree		Disagree		Strongly disagree		Not sure	
	n	%	n	%	n	%	n	%	n	%
Nurses can't advise me on preferred mode of abortion care.	0	.0	7	10.6	26	39.4	32	48.5	1	1.5
Patients have a right to decide without nurses on their abortion care needs	1	1.5	15	22.7	19	28.8	28	42.4	3	4.6
Abortion is a natural phenomenon and only needs a doctors attention and not nurses	3	4.5	3	4.5	24	36.4	31	47.0	5	7.6
Women will regain their health status with only the doctors care and not nurses	4	6.1	1	1.5	22	33.4	36	54.5	3	4.5
Without nursing care the outcome of abortion care will still be at its best	2	3.0	7	10.7	19	28.8	36	54.5	2	3.0
Nurses don't need to be involved in abortion care	1	1.5	4	6.1	21	31.8	35	53.0	5	7.6
I don't trust nurses with my abortion care needs	3	4.5	5	7.6	19	28.8	34	51.5	5	7.6
Health workers, including nurses, can't decide on how I will be managed when I have an abortion	2	3.0	6	9.1	26	39.4	29	44.0	3	4.5
Only doctors can make me overcome my fears and worries on abortions and not nurses	5	7.6	3	4.5	19	28.8	34	51.5	5	7.6
There are a lot of uncertainties about abortions that nurse don't know	4	6.1	10	15.0	19	28.8	29	44.0	4	6.1
I have very little faith in nursing care where abortion is concerned	4	6.1	7	10.7	18	27.0	31	47.0	6	9.1

Abortion is a difficult problem that can't be managed by nurses	3	4.5	8	12.1	22	33.4	27	40.9	6	9.1
Average	2.7	4.0	6.3	9.6	21.2	32.1	31.8	48.2	4	6.1

32.1% disagreed and 48.2% strongly disagreed with negative attitudes towards nurses; a total of 80.3%. This shows that majority of postabortal care clients had positive perception towards nursing care.

4.8 Section VII: Postabortal clients practice towards abortion care:

Cases of abortion(s) in the past, and the place(s) of attention.	No		Yes	
	n	%	n	%
Home	34	51.5	32	48.5
Hospital	32	48.5	34	51.5
On the way	66	100.0	0	.0
Others (state)	63	95.5	3	4.5

About 50% of patients undergoing post abortal care had past experience, at least one previous case of abortion occurring either at home or at a health care facility.

Patients' undergoing postabortal care and practices on the past pregnancies:

Post-abortal care clients practices concerning previous cases of abortions	n	%
Patient undergoing post-abortal care at Kenyatta National Hospital who had an abortion(s) in the past, and if they attend post-abortal care clinic.	Yes	22 66.7
	No	11 33.3
Patient undergoing post-abortal care at Kenyatta National Hospital who had an abortion(s) in the past, and the abortion care services they had.	Health education	11 33.3
	Counseling	7 21.2
	Clinical services	9 27.2
	None	5 15.2
	Others	1 3.1
Patient undergoing post-abortal care at Kenyatta National Hospital who had an abortion(s) in the past, and how satisfied were they with the services they had.	Not satisfied	10 30.3
	Little satisfied	9 27.3
	Satisfied	12 36.4
	Very satisfied	2 6.0
	Extremely satisfied	0 .0

Patient undergoing post-abortal care at Kenyatta National Hospital who had an abortion(s) in the past, and the effect of past abortion(s) to them.	Nothing	3	9.0
	Only slightly disturbing	15	45.5
	Bad	10	30.3
	Very bad	5	15.2
	Extremely bad	0	.0
	Others	0	.0
Patient undergoing post-abortal care at Kenyatta National Hospital understanding on why they were given the services they had.	Yes	48	72.7
	No	18	27.3
Patient undergoing post-abortal care at Kenyatta National Hospital past experience with nurses in their practice.	None	16	24.3
	Very little	19	28.8
	Little	15	22.7
	Enough	14	21.2
	Much	1	1.5
	Very much	1	1.5
Patient undergoing post-abortal care at Kenyatta National Hospital who have been hospitalized in the past.	Yes	21	31.8
	No	45	68.2
Patient undergoing post-abortal care at Kenyatta National Hospital who have had an abortion, what they would do if you had an abortion again.	Nothing	12	18.2
	Only slightly disturbing	19	28.8
	Bad	2	3.0
	Very bad	4	6.1
	Extremely bad	8	12.1
	Others	21	31.8

Out of 66 patients who were undergoing post-abortal care (n=33;50%) have had a previous history of at least one case of previous incidence of an abortion. (n=22;66.7%) of the clients attended a post-abortal care clinic were as (n=11;33.3%) of the post-abortal care clients didn't attend any post-abortal care clinic. (n=11;33.3%) of those post-abortal clients who attended post-abortal care clinic were given health education.

(n=10;30.3%) of the clients were not satisfied with the post-abortal care services that they were provided with during previous abortion management. (n=50;75.7%) of the patient undergoing post-abortal care at Kenyatta National Hospital had at least some past experience with nurses.

4.9 Section VIII: Postabortal care clients' perception factors on abortion at KNH:

participants perceptions		n	%
Patient undergoing post-abortal care understanding about abortion care.	Nothing	14	21.2
	Little	23	34.9
	Enough	21	31.8
	Much	8	12.1
	Very much	0	.0
Patient undergoing post-abortal care rating on the quality of abortion care obtained during treatment at Kenyatta National Hospital.	Excellent	13	19.7
	Very good	17	25.8
	Good	33	50.0
	Bad	1	1.5
	Very bad	2	3.0
Patient undergoing post-abortal care dislike in the care given during your treatment at Kenyatta National Hospital.	Yes	36	54.5
	No	30	45.5
Patient undergoing post-abortal care dislike in the care given during your treatment at Kenyatta National Hospital (specified).	Rudeness	2	5.6
	Unfriendly service	2	5.6
	Delay in service	6	16.7
	Discomfort	4	11.1
	Poor understanding of health workers	2	5.6
	Pain during service provision	20	55.6
	Others	0	.0
Patient undergoing post-abortal care likes in the care given during treatment at Kenyatta National Hospital.	Yes	51	77.3
	No	15	22.7
Patient undergoing post-abortal care likes in the care given during treatment at Kenyatta National Hospital (specified).	Kindness	7	13.7
	Friendly service	23	45.1
	Timely service	7	13.7
	Comfort provision	6	11.8
	Good understanding of health workers	8	15.7
	Others	0	.0

(n=52;78.8%) of the patients undergoing post-abortal care had some understanding about abortion care services. (n=63;95.5%) of the patient undergoing post-abortal care rating on the quality of abortion care obtained during treatment at Kenyatta National Hospital, said that it

ranges from good to excellent. Majority, that is (n=20;56.6%) of the patients undergoing post-abortal care disliked pain during the care provided at Kenyatta National Hospital. All the patients undergoing post-abortal care at least liked something in the care given during treatment at Kenyatta National Hospital. Majority, that is (n=23;45.1%) said that the services were friendly.

4.10 Comparison of attitude and perception for postabortal care clients’ attended to at KNH:

	Attitude						p-value
	Negative attitude		Positive attitude		Total		
	n	%	n	%	n	%	
Negative perception	8	100.0	30	51.8	38	57.6	0.03
Perception Positive perception	0	.0	28	48.2	28	42.4	
Total	8	100.0	58	100.0	66	100.0	

(n=38;57.6%) of the patients have a negative perception about post-abortal nursing care services at Kenyatta National Hospital. Only 8 had negative attitudes (12.1%) towards nurses at KNH. This was significant. It shows that most clients never really understood what is involved in nursing care. Despite this they still held nurses with positive attitude. There could have therefore been other factors influencing their attitudes other than knowledge of expected nursing care. This needs to be explored further.

More on attitude and perception for postabortal care clients' attended to at KNH:

Patient category	N	%
Either attitude or perception is poor	38	57.6
Both attitude and perception are acceptable	28	42.4

(n=28;42.4%) had both positive perception and positive attitude.

Comparison and contrast between attitude and perception for postabortal care clients' attended to at KNH:

Attitude and perception for post abortal care clients on various issues		Mean	Std. Deviation	p-value
Age of patient undergoing post-abortal care (in completed years).	Either attitude or perception is poor	27.28	6.523	0.412
	Both attitude and perception are acceptable	28.74	7.497	
Number of live children of the patient undergoing post-abortal care.	Either attitude or perception is poor	1.47	1.576	0.946
	Both attitude and perception are acceptable	1.50	1.532	
Number of children that post-abortal care client has delivered in total.	Either attitude or perception is poor	1.50	1.577	0.959
	Both attitude and perception are acceptable	1.48	1.563	
Number people living in the same house with post-abortal care client.	Either attitude or perception is poor	4.03	1.599	0.411
	Both attitude and perception are acceptable	3.70	1.436	
average monthly earnings in Ksh, for post-abortal care client.	Either attitude or perception is poor	9837.50	6513.452	0.213
	Both attitude and perception are acceptable	13324.12	11088.294	
Distance in kilometers' from Kenyatta National Hospital to post-abortal care clients home (In approximate No of km).	Either attitude or perception is poor	13.33	10.301	0.207
	Both attitude and perception are acceptable	17.16	13.101	

None of the variations between poor and acceptable attitude or perception was statistically significant although attitude and perception was more associated with higher mean age, less number of children and deliveries, smaller households and higher monthly income, association

with longer distance from the hospital had positive association but this could have been related to higher income and thus an easier way of reaching the hospital.

More on comparison and contrast between attitude and perception for postabortal care clients attended to at KNH:

Attitude and perception for post abortal care clients on various issues		Patient category				p-value
		Either attitude or perception is poor		Both attitude and perception are acceptable		
		n	%	n	%	
Highest level of education (completed level) achieved by post-abortal care client.	Primary level	8	21.1	7	25	0.250
	Secondary level	18	47.4	8	28.6	
	College/university level	11	28.9	13	46.4	
	Have no formal education	1	2.6	0	.0	
Marital status of the patient undergoing post-abortal care.	Single	17	44.7	10	35.7	0.515
	Married	18	47.4	17	60.7	
	Separated	2	5.3	0	.0	
	Widowed	1	2.6	1	3.6	
	Divorced	0	.0	0	.0	
Religion of the patient undergoing post-abortal care.	Muslim	2	5.3	1	3.6	0.703
	Christian	33	86.8	26	92.8	
	Protestant	3	7.9	1	3.6	
	Hindu	0	.0	0	.0	
	Traditional African	0	.0	0	.0	
	Others	0	.0	0	.0	
Cultural beliefs practiced by patient undergoing post-abortal care.	Yes	5	13.2	2	7.1	0.734
	No	31	81.5	24	85.8	
	Don't know	2	5.3	2	7.1	
Taboos practiced by patient undergoing post-abortal care.	Yes	5	13.2	2	7.1	0.734
	No	31	81.5	24	85.8	
	Don't know	2	5.3	2	7.1	

Cultural practices practiced by patient undergoing post-abort care.	Yes	5	13.2	2	7.1	0.734
	No	31	81.5	24	85.8	
	Don't know	2	5.3	2	7.1	
Traditional practices that are not in keeping with nursing practices', practiced by patient undergoing post-abort care.	Yes	5	13.2	2	7.1	0.527
	No	28	73.6	23	82.2	
	Don't know	5	13.2	3	10.7	

Although there was no statistical significance between the variables, positive relations were noted among the married, Christian and less educated. This was also noted among those without conflicting cultural beliefs, taboos and practice. The same was also noted in those without conflicting traditional practices. All this point to the fact that cognitive values, marital status and traditional/cultural practices have special relationship to the perceptions and attitudes that people harbor with respect to concepts and situations related to them.

CHAPTER 5 – DISCUSSION

5.1 Introduction

In this discussion presentation of various issues was done and comment on issues emanating from the presented results of the study as cited above. Comparative and contradicting reference were provided with due interpretations that were based on the discussion. Appropriate conclusions and recommendations were discussed and presented.

5.2 Quality of nursing care in postabortal care clients

From study findings, it shows that Majority of the patients undergoing post-abortal care experienced pain during the care provided at Kenyatta National Hospital. This is one of the factors that might have led to clients' negative perception towards the quality post-abortal nursing care. These results concurred with (Tiles et al.,2016) Clients stated that pain was not well managed by the majority of health care providers. This led to clients' negative perception towards quality of nursing care.

Post-abortal care clients attending Family Medicine Centers (FMC), 93% were highly satisfied and had positive attitude towards the nursing care offered. Quality of care provided was excellent. This contribute to the patients' satisfaction and positive attitude. (Wu *et al.*, 2015). These results concurred with this study that 2/3 of the client's reported that their people had a good attitude towards Nurses. Which led to post-abortal care clients' having positive perception towards quality nursing care.

Clients visiting abortion care centers are faced with a lot of problems. Which includes unnecessary mistreatment and false misjudgment from service providers. This may lead to negative attitude towards care givers and clients have negative quality of services (Kumbi *et al.*, 2008). According to these findings fewer clients reported that their people had a bad attitude

towards Nurses. This might have been because of mistreatment and false misjudgment from service providers. Which might have impacted to negative perception towards quality nursing care.

5.3 Postabortal care patient's perception on quality of nursing care

Nurses who have respect and talk well to post-abortal care clients are appreciated by those clients for offering better care and clients have positive perception towards quality of care (Bakar et al.,2008).

Dedicated post-abortal care clinics and hospitals have experienced high quality care towards post-abortal care clients, they were more likely to have good Postabortal care client – service provider relationship. They also experienced less referral number of cases for patients undergoing postabortal care, which also improved patients' perception towards their services. (Kimport *et al.*, 2016). Almost half of the post-abortal care clients had both positive perception and positive attitude towards the quality of nursing care they received from Kenyatta National Hospital.

Negative attitudes of health care providers towards abortion patients have led to poor client perception of the quality of care they provide. This can have far reaching negative repercussions (Geary et al., 2012). In this study more than half of patients had a negative perception towards post-abortal nursing care services at Kenyatta National Hospital. This shows that post-abortal care clients negative attitude towards nurses, which might have caused higher number of clients having negative perception towards quality nursing care.

Post-abortal care clients receiving judgmental treatment from nurses displayed negative perception towards care (Bakar et al.,2008).

5.4 Demographic factors that influence patient perception on the quality of nursing care for postabortal care clients

Most of the clients had secondary education and above. This was in keeping with Kenya's policy on universal education for all. Only one client did not have formal education. More than half of the clients were married. It shows that abortions are concepts in all women of reproductive age and not just in single mothers. The results differed with (Kabiru *et al.*, 2016) which indicated that Women between ages 10-24 years of ages are more susceptible to unsafe abortion compared to older women.

Young women undergoing post-abortal care constituted almost half of the patients managed in Hospitals. (Taylor *et al.*, 2013; Wallin Lundell *et al.*, 2015). These results concurred with these findings that the mean age was 28 years.

Research studies have shown that with an effectively monitored postabortal care service and short distance to health facility improves the overall quality of services offered to patients. This has impact on patients perception and future compliance with care needs (Mutua *et al.*, 2017). That means according to this study distance from Kenyatta National Hospital and the place of residence for post-abortal care client was 15 kilometers' (km). Which is not a long distance to KNH. That means post-abortal care clients who had positive perception towards quality nursing care was due to available means of transport, short distances and few clients just walked to Kenyatta National Hospital.

5.5 Social-Cultural factors that influence patient perception on the quality of nursing care for postabortal care clients

From Tilles et al study, 92% of postabortal care clients were satisfied with the post-abortal care they received. These indicated good clinic performed index in meeting client satisfaction. These results were not affected by their social cultural backgrounds. (Tilles *et al.*, 2016).

In this study although there was no statistical significance between the variables, positive relations were noted among the married, Christian and less educated. This was also noted among those without conflicting cultural beliefs, taboos and practice. The same was also noted in those without conflicting traditional practices. All this point to the fact that cognitive values, marital status and traditional/cultural practices have special relationship to the perceptions and attitudes that people harbor with respect to concepts and situations related to them. This affects quality of nursing care.

Patients undergoing postabortal care were influenced by social-cultural backgrounds and were more likely to experience dissatisfaction concerning quality of nursing care being provided. These led to negative perception towards the quality of nursing care provided (Wallin L.*et al.*, 2015).

5.6 Economic factors that influence patients' perception on the quality of nursing care for postabortal care clients

Patients undergoing postabortal care have different preferences. Some wish to be attended to by nurses and midwives as a preference or because they offer relatively cheaper services than physicians'. Management by well-trained mid-wives and nurses however has been found to be equally safe as the care provided by physicians'. (Makenzius *et al.*, 2017).

The above findings concur with the findings in this study, many of the patients disagreed and strongly disagreed with negative attitudes towards nurses. This shows that majority of the post-abortion care clients appreciate the services and contributions offered by nurses and midwives towards nursing care. The services offered to post-abortion care clients at KNH are also cheaper. This shows that majority of clients had positive perception towards quality nursing care in their attitudes.

This is absolutely important and necessary in the conduct of procedures like those observed in abortion care. This is further enhanced by the quality and cost of care. Patients' perceptions may however still be negative due to either ignorance or inappropriate cost. This needs to be evaluated (Provacado *et al.*, 2017). Very few patients were in formal employment, Majority of the post-abortion care clients were not in any income generating activity. This leads to clients not able to afford the post-abortion care services, which led to negative perception towards nursing care. Some post-abortion care clients were also staying in grass thatched houses despite the fact that majority of the patients said that they lived in permanent houses.

Some clients experiencing abortion problem failed to seek abortion services due to fear of legal risks, which needs extra cost. Majority overcame this fear and sought abortion services. It is not clear whether this was due to change of attitude or whether the severity of the worsening abortion condition forced them to come for services against their fears and attitudes. This needs to be established because it may contribute to their attitudes towards health care service providers (Wamugiet *et al.*, 2017). In this study findings average monthly earnings were Ksh: 12,366. That means majority of those patients could not afford for postabortal care services and this led to those clients remaining in ward 1D at KNH as discharged in-patients for many days. Which also led to postabortal care clients having negative perception towards quality nursing care.

Most patients were satisfied by the overall care given. (Tilles *et al.*, 2016). Majority of post-abortion care clients rated the quality of Kenyatta National Hospital as being good. That means these patients had positive perception towards quality nursing care at KNH.

5.7 Health factors that influence patients' perception on the quality of nursing care for postabortal care clients

According to (Tilles *et al.*, 2016) Young clients seeking postabortal care services should be handled with care because some might have come from long distances' or they may be fearing to seek postabortal care services due to their tender age because they don't want to be associated with abortion. These results concurred with the outcome of this study, that the mean distance from Kenyatta National Hospital and the place of stay for post-abortion care client was 15 kilometers. With a minimum distance of one kilometer and a maximum of 60 kilometers'. The mean distance might seem to be short but majority of post-abortion care clients experienced traffic jam which lead to delay for hours before accessing Kenyatta National Hospital.

In Tilles *et al* study, more than half of patients had prior experienced with abortions and were attended to in a health institution. Such women had more ideas on the quality of care offered and expected in health institution than first time patients with abortion problem. (Tilles *et al.*, 2016). About 50% of patients undergoing postabortal care had experienced at least one previous case of abortion occurring either at home or at a health care facility.

Since care provided by nurses in postabortal care is extremely more or less like the care provided by physicians and the nurse spends most of the time with the patient it will be therefore equally important to assess the quality of this care from the patients' perspective, these will help to ascertain the level of patients satisfaction in the nursing care provided (Makenzius *et al.*, 2017).

The above study concurs with the findings of this study that, despite majority of patients undergoing post-abortal care were advised by Doctors. Nurses and mid-wives also have a significant number of post-abortal care clients that they advised on safety of post-abortal care. Despite that slightly higher number of patients trust Doctors it shows that post-abortal care clients are also trusting Nurses and mid-wives. That means almost 50% of postabortal care patient's had positive perception towards the quality of nursing care.

One of the benefits that patients' undergoing postabortal care has from their past experiences is their ability to obtain services, information and knowledge as required by them. Their questions can also be easily answered by the health care providers (Tilles *et al.*, 2016). On average small number of patients undergoing post-abortal care had no knowledge on risk or dangers involved in abortion, possible complications of abortion and benefits of good abortion care. This means that nurses and mid-wives did not offer necessary education to patients undergoing post-abortal care. This might have led to postabortal care patients' negative perception towards quality nursing care.

5.8 Conclusion

Post-abortal care are services that should be provided to women of reproductive age (WRA), from 15 to 49 years who are experiencing abortion. This is because abortion affects both the young and older women of reproductive age. The study also found out that abortion affects all WRA despite the level of education or even if women are single or married.

Many women experience abortion due to various reasons such as they may not want to deliver more children or they may be experiencing life threatening medical condition which can lead to termination of pregnancy. According to this study the two groups of people (those who had negative or/and positive perception or/and attitude) were similar in terms of demographic,

economic social and cultural practice's. Women sought post-abortal care services due to various reasons such as incomplete abortions, miscarriages, haemorrhage, other women reported that they wanted to save their lives or because they had experienced cases of septic abortions in the current abortion.

Despite the fact that post-abortal care clients obtain health advices/information from various sources such as doctors, nurses, mid-wives, friends and relatives, concerning the availability of post-abortal care services at KNH. Majority of postabortal care clients were advised by doctors, midwives and nurses.

Different cultural beliefs/practices, taboos and traditional practices interfered with post-abortal care services and also various social and peer groups. Majority of post-abortal care clients who attended KNH also had low income because KNH services are cheap. Rich clients may have sought for services at private institutions such as Marie stops- Kenya, which are more expensive.

Few post-abortal care clients came to KNH on foot and majority of patients used public means of transport. This is because they could not afford private means of transport to KNH. Thus very few patients used private means of transport. In general, the quality of post-abortal care was good at KNH, despite the fact that many clients did not know that these services existed at KNH before they were advised to come or referred from other health facilities. Majority of post-abortal care clients when asked if they had the same problem where would they seek for post-abortal care services they said KNH was the hospital of their choice.

Very few post-abortal care clients did not know how the quality of services at KNH was. Majority of the post-abortal care clients said that there were enough health care providers at KNH and that there was no gap in terms of nurses' availability. Were as few post- abortal care

clients report indicate that there were no enough health care providers at KNH. Majority of the post-abortal care clients reported that the quality of health service providers at Kenyatta National Hospital was good.

Many of the post-abortal care clients reported that everything was available that they needed for post- abortal care at Kenyatta National Hospital. Only very few post-abortal care clients reported that some things were missing for post-abortal care at Kenyatta National Hospital. Many post-abortal care clients reported that there was a private area during post abortal care provision. Very few patent's undergoing post-abortal care reported that privacy was lacking during post-abortal care provision. This is because some patients experienced a lot of students who wanted to witness the procedure of manual vacuum aspiration and learn the skill.

Majority of the post-abortal care clients reported that there were laboratory services available at KNH for post-abortal care services. Few patients undergoing post-abortal care reported that there were no laboratory services at KNH for their care. Slightly more than half of the post-abortal care clients reported that they were given counselling or health education during the care process, and also after the procedure health message before they were discharged home.

Less than half of post-abortal care clients were advised on the safety of post-abortal care management. This means that more than 50% of the postabortal care clients had no knowledge on safe abortion care management.

About half of the post-abortal care clients were aware of the availability of post-abortal care services at the time when abortion started, despite the fact that some patients didn't know about whether these services existed at KNH.

Majority of post-abortal care clients had some understanding about abortion care services. These patients also rated the quality of abortion care obtained during treatment at KNH, said

that it ranged from good to excellent. Most of post-abortion care clients experience pain during the care provision at KNH and these led to clients having negative perception towards nursing care. At least all post-abortion care clients liked something in the care given during treatment at Kenyatta National Hospital, these included things like kindness, friendly service, timely services, comfort provision and good understanding of health care workers.

5.9 Recommendations

The study suggested that awareness for post-abortion care clients' needs to be addressed. Nurses and midwives should also look for ways of sensitizing the community. The community should be sensitized on safe abortion management at hospitals like KNH for clients experiencing abortion problem. These should be done through community mobilizations.

All postabortal care clients at Kenyatta National Hospital needs to undergo post-abortion care counselling, these will help in minimizing the number of unwanted pregnancies which in most cases leads to unsafe abortion. These leads to overcrowding in KNH therefore impacting negatively towards quality nursing care offered to postabortal care clients.

Nurses and mid-wives at KNH should be advised to improve their services which they provide to post-abortion care clients, this will help in promoting positive perception of post-abortion care clients towards nurses thus enhance quality nursing care to these patients.

Pain needs to be taken care of, since majority of post-abortion care clients disliked the services because they experienced a lot of pain during management at KNH. This is one of the main reasons which might have led to patients having negative perception towards quality nursing care.

The study illustrated that most of post-abortal care clients at KNH never really understood what is involved in nursing care. Despite this they still held nurses with positive attitude. There could have been therefore other factors that influence their attitudes other than knowledge of expected quality nursing care. This needs to be explored further and further conclusions will be arrived at.

KNH needs to reorganize their waiver system, because postabortal care clients especially the in-patients' majority remain in the ward (ward 1D) as discharge in, these makes these patients feel neglected by nurses, which leads to these clients having negative perception towards quality nursing care. They even have very negative comments towards nurses. Such postabortal care Client's should be waived on time to avoid keeping them at the KNH for no genuine reason.

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APPENDICES

Appendix 1 – Planning - Time Frame (Ghant chart)

Duration in Weeks / Activity	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	
Problem Identification																	
Proposal Writing																	
Seeking consent from Ethical committees																	
Recruitment and training of research assistants																	
Pre-testing of study tools																	
Administration of tools																	
Data cleaning and entry																	
Data analysis																	
Report writing and presentation																	
Compilation of final report and dissemination																	

Appendix 2: Budget

<i>ITEM</i>	<i>UNIT COST</i>	<i>QUANTITY</i>	<i>TOTAL COST</i>
HUMAN RESOURCE			
<i>Research assistants allowance (2)</i>	<i>500</i>	<i>2×2×500</i>	<i>2,000.00</i>
<i>Principal researcher (1)</i>	<i>1,000</i>	<i>1×2×1000</i>	<i>2,000.00</i>
<i>(a) Pre-testing of questionnaire</i>			
<i>Research assistants (2)</i>	<i>500</i>	<i>2×2×500</i>	<i>2,000.00</i>
<i>Principal researcher (1)</i>	<i>1,000</i>	<i>1×2×1000</i>	<i>2,000.00</i>
<i>Data collection</i>			
<i>Research assistants (2)</i>	<i>500</i>	<i>2×5×4×500</i>	<i>20,000.00</i>
<i>Principal researcher (1)</i>	<i>1,000</i>	<i>1×5×4×1000</i>	<i>20,000.00</i>
<i>Sub-total</i>			<i>48,000.00</i>
MATERIALS AND SUPPLIES			
<i>Biro pens (1 dozen)</i>	<i>180</i>	<i>180×1</i>	<i>180.00</i>
<i>Pencil (1 dozen)</i>	<i>60</i>	<i>60×1</i>	<i>60.00</i>
<i>Rubbers (3)</i>	<i>10</i>	<i>10×3</i>	<i>30.00</i>
<i>Folders (3)</i>	<i>100</i>	<i>100×3</i>	<i>300.00</i>
<i>File books(3)</i>	<i>65</i>	<i>65×3</i>	<i>195.00</i>
<i>Stapler and staples</i>	<i>600</i>	<i>600</i>	<i>600.00</i>
<i>Sub-total</i>			<i>1,365.00</i>
PROPOSAL AND THESIS			
<i>Proposal typing and printing (50 pages)</i>	<i>35</i>	<i>50×35</i>	<i>1,750.00</i>
<i>Photocopying 3 copies(250 pages)</i>	<i>3</i>	<i>250×3</i>	<i>750.00</i>
<i>Photocopying of questionnaires</i>	<i>3</i>	<i>66×3×5</i>	<i>990.00</i>
<i>Data analysis</i>	<i>30,000</i>	<i>30,000</i>	<i>30,000.00</i>
<i>Typing and printing of final copy</i>	<i>35</i>	<i>60×35</i>	<i>2,100.00</i>
<i>Photocopying final copy (3 copies)</i>	<i>3</i>	<i>60×3×3</i>	<i>540.00</i>
<i>Binding of final report(3 copies)</i>	<i>700</i>	<i>700×3</i>	<i>2,100.00</i>
<i>Sub-total</i>			<i>38,230.00</i>
GRAND TOTAL			87,595.00

Appendix 3: Participant Information Sheet and Information Sheet Consent Form

Investigator: Mark Wambua Mulwa Tel.: 0712458866

School of Nursing Sciences,

University of Nairobi

P.O. Box 19676, Nairobi.

Introduction: I am a student at the School of Nursing Sciences, University of Nairobi pursuing a Master of Science Degree in Nursing (midwifery and obstetric nursing). I am conducting a study titled: **determination of patient's perception on the quality of nursing care among postabortal care clients attended to at Kenyatta national hospital.**

The purpose of this information is to give you details pertaining to the study that will enable you make an informed decision regarding participation. You are free to ask questions to clarify any of the aspects we will discuss in this information and consent form. I will also ask you questions regarding the study before you sign the consent form to ascertain your comprehension of the information provided.

Background and objective: The purpose of this study is determination of patients' perception on the quality of nursing care among postabortal care clients attended to at Kenyatta national hospital. Patients may have different perceptions on the quality of nursing care. The findings from this study could be used to help understand the impact of nursing on the quality of postabortal care from the patients' own perspectives.

Participation: Participation in the study will entail answering questions which will be filled by the interviewer in the semi-structured questionnaire. You will not be subjected to any invasive procedure.

Benefits: There is no direct benefit in participating in this study. However, the results of the study will be useful in facilitating the understanding of the quality of nursing care needed for postabortal care clients.

Risks: There are no economic or physical risks to participating in the study. However, you will take some time off your schedule to respond to questions from the research assistants administered questionnaire. Also during the interview, some questions will require you to disclose some personal information that might trigger some negative feelings and possible

anxiety. If this happens, the researcher will refer you to the hospital counselor. The research assistant will also endeavor to spend approximately 10- 20 minutes with you for the purpose of data collection.

Confidentiality: Confidentiality will be maintained and the information you provide will only be used for the intended purpose of the study. In addition, your name will not be required on any forms or used during publication of the final report thus ensuring your anonymity. All materials used during the study will be under lock and key and only the personnel involved in this study will have access to them. Electronic files will be saved on password and fire-wall protected computers.

Voluntary participation: Participation in this study is voluntary. Refusal to take part will not attract any penalty. You retain the right to withdraw from the study without any consequences. You are free not to answer any question during the interview.

Compensation: There is no compensation for participating in the study.

Conflict of interest: The researcher and the supervisors confirm that there is no conflict of interest amongst them.

For any Clarification, please contact

Mark Wambua Mulwa

Researcher

Mobile Number: 0712458866

Email: markbscn@gmail.com

Or

The supervisors

1. Dr. Blasio Osogo Omuga

Mobile Number: 0722256080

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Mobile Number: 0727466460

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Or

The Secretary,

PROF. M.L. CHINDIA

Kenyatta National Hospital University of Nairobi- Ethics and Research Committee

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Twitter: @UONKNH_ERC https://twitter.com/UONKNH_ERCs

Appendix 4: Consent form

If you Consent to Participate in the study, please sign below:

I hereby consent to participate in this study. I have been informed of the nature of the study being undertaken and potential risks explained to me. I also understand that my participation in the study is voluntary and the decision to participate or not to participate will not affect my patient status in this facility in any way whatsoever. I may also choose to discontinue my involvement in the study at any stage without any explanation or consequences. I have also been reassured that my personal details and the information I will give will be kept confidential. I confirm that all my concerns about my participation in the study have been adequately addressed by the investigator and the investigator have asked me questions to ascertain my comprehension of the information provided.

Participants Signature (or thumbprint)Date.....

I confirm that I have clearly explained to the participant the nature of the study and the contents of this consent form in detail and the participant has decided to participate voluntarily without any coercion or undue pressure.

Investigator Signature.....Date.....

For any Clarification, please contact

Mark Wambua Mulwa

Researcher

Mobile Number: 0712458866

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Or

The supervisors

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Twitter: @UONKNH_ERC https://twitter.com/UONKNH_ERCs

Appendix 5: Study Questionnaire

Questionnaire for the study on “**determination of patients’ perception on the quality of nursing care among postabortal care clients attended to at Kenyatta national hospital**”

Serial number..... Date of interview.....

Instructions: Thank you for your willingness to respond to the following questions and participate in the study. The session will take 20 – 30 minutes. You will be interviewed by the research assistant who will fill the questionnaire for you. Your responses will be recorded just the way you put them. You are encouraged to be as accurate in your responses as possible. All gathered information will be kept confidential and will only be used for the purposes of this study.

Thank you.

SECTION 1: DEMOGRAPHIC DATA

For demographic data, please respond to the following questions most appropriately

1.1 What is your age (in completed years)?

1.2 Which is your highest level of education (completed level)?

- a) Primary level [] b) Secondary level [] c) College/university level []
d) Have no formal education []

1.3 What is your marital status?

- a) Single [] b) Married [] c) separated [] d) Widowed [] e) Divorced []

1.4 How many live children do you have? (Indicate numbers)

1.5 How many children have you ever delivered in total? (Indicate numbers)

1.6 Where do you stay?

1.7 How many people do you live within the house?

SECTION II: SOCIO- CULTURAL FACTORS

For socio- cultural data, please respond to the following questions as most appropriate

2.1 What is your religion?

- a) Muslims 2) Christian 3) Protestant d) Hindu d) Traditional African
- e) Others (specify).....

2.2 What is your ethnicity? (State).....

2.3 What is the view of your people towards nurses?

- a) Good b) bad c) I don't know

If bad, state why? (Specify).....

2.4 Do you have any cultural beliefs, taboos and practices that are negative towards nursing care?

- a) Cultural beliefs Yes b) No c) I don't know

If yes, state the reason?

- b) Taboos Yes b) No c) I don't know

If yes, state the reason?

- c) Cultural practices Yes b) No c) I don't know

If yes, state the reason?

2.5 Do you have traditional practices that are not in keeping with nursing practices'?

- a) Yes b) No c) I don't know

If yes, which ones? (Specify)

2.6 Do you belong to any social or peer group?

social group Yes ----- No----- If yes, which one? (Specify).....

peer group Yes----- No-----If yes, which one? (Specify).....

2.7 If yes to 2.6 how has the social or peer group influenced your attitude towards nurses? (Specify).....

SECTION III: ECONOMIC FACTORS

For economic data, please respond to the following questions as most appropriate

3.1. What is your occupation?

- a) Self-employed [] b) In formal employment [] c) Not-employed []
d) Student [] e) others (specify).....

3.2 How much is your average monthly earnings in Ksh? (State)

3.3 What type of transport do you use to come to hospital?

- (a) Public [] (b) Private [] (c) Foot []

3.4 What type of house do you stay in?

- (a) Permanent [] (b) Thatched [] (c) Mabati [] others (specify)-----

SECTION IV: HEALTH FACTORS

For health data, please respond to the following questions as most appropriate

4.1 How far is the hospital from your home? (In approximate No of km).....

4.2 How do you, in your opinion, rate the quality of your hospital?

- a) Good [] b) bad [] c) I don't know [] d) others (specify).....

4.3 Are there enough health service providers in your hospital to take care of you?

- a) Yes [] b) No [] c) I don't know []

4.4 What quality of health service providers are in your hospital?

- a) Good [] b) bad [] c) I don't know [] d) others (specify).....

4.5 Was there everything available that you needed in your hospital for your abortion care?

- a) Yes [] b) No [] c) I don't know []

4.6 Was there a private area in your hospital for abortion care?

- a) Yes [] b) No [] c) I don't know []

4.7 Were there enough equipment's in your hospital for abortion care?

- a) Yes [] b) No [] c) I don't know []

4.9 Was there a laboratory in your hospital for abortion care?

- a) Yes [] b) No [] c) I don't know []

4.10 Were you given counseling or health education in your care? Yes [] No []

SECTION V: KNOWLEDGE

For knowledge data, please respond to the following questions as most appropriate

1.1 During care were you advised on the safety of abortion management?

Yes [] b) No [] c) I don't know []

If yes, what advise were you given? (Specify).....

If yes, who gave you the advice? (Indicate more than 1 if applicable)

a) Doctors [] b) Nurses [] c) Midwives [] d) relatives [] (specify the relative).....

e) Friends [] f) Traditional medicine man [] g) Traditional birth attendant []

d) Other [] (specify).....

1.2 Were you aware of the availability abortion services at the time when abortion started?

Yes [] b) No []

If yes, who gave you the information? (Specify).....

1.3 Which was your preferred place of care before you came?

State why?

1.4 How much do you know about the following with respect to abortions?

a) risks or dangers involved

Nothing [], little [] enough [] much [] very much []

If you have knowledge, what do you know (specify).....

b) possible complications

Nothing [], little [] enough [] much [] very much []

If you have knowledge, what do you know (specify).....

c) benefits of good abortion care

Nothing [], little [] enough [] much [] very much []

If you have knowledge, what do you know (specify).....

d) normal expected outcome of abortion care

Nothing [], little [] enough [] much [] very much []

If you have knowledge, what do you know (specify).....

1.5 What do you know about postabortal care needs?

Nothing [], little [] enough [] much [] very much []

If you have knowledge, what do you know (specify).....

1.6 What do you know about termination of pregnancy?

Nothing [], little [] enough [] much [] very much []

If you have knowledge, what do you know (specify).....

1.7 What do you know about quality of nursing care?

Nothing [], little [] enough [] much [] very much []

If you have knowledge, what do you know (specify).....

1.8 What do you know about complications of abortion treatment?

Nothing [], little [] enough [] much [] very much []

If you have knowledge, what do you know (specify).....

1.9 What do you know about solutions to abortion problems?

Nothing [], little [] enough [] much [] very much []

If you have knowledge, what do you know (specify).....

SECTION VI: ATTITUDE

Indicate the level of agreement concerning perceived quality of nursing care

Statement	Strongly agree	Agree	Disagree	Strongly disagree	Not sure
Nurses can't advise me on preferred mode of abortion care?					
Patients have a right to decide without nurses on their abortion care needs					
Abortion is a natural phenomenon and only needs a doctors attention and not nurses					

Women will regain their health status with only the doctors care and not nurses					
Without nursing care the outcome of abortion care will still be at its best					
Nurses don't need to be involved in abortion care					
I don't trust nurses with my abortion care needs					
Health workers, including nurses, can't decide on how I will be managed when I have an abortion					
Only doctors can make me overcome my fears and worries on abortions and not nurses					
There are a lot of uncertainties about abortions that nurse don't know					
I have very little faith in nursing care where abortion is concerned					
Abortion is a difficult problem that can't be managed by nurses					

Section VII: Practice

For practice data, please respond to the following questions as most appropriate

7.1 If you had an abortion(s) in the past, where was your place(s) of attention? (Indicate more than 1 if applicable)

- a) Home b) hospital c) on the way d) others (state).....

7.2 If you had an abortion(s) in the past, did you attend postabortal clinic?

- a) Yes b) No

If no, why did you not?

7.3 If you had an abortion(s) in the past, which abortion care services did you have?

- a) Health education b) counseling c) clinical services none others
(specify).....

7.4 If you had an abortion(s) in the past, how satisfied were you with the services you had?

Not satisfied little satisfied satisfied very satisfied extremely satisfied

7.5 If you had an abortion(s) in the past, what effect did it have on you?

- a) Nothing b) only slightly disturbing c) bad (d) very bad (e) extremely bad
(f) others (specify).....

7.6 Did you understand why you were given the services you had?

- a) Yes b) No

If yes, what was the reason?.....

7.7 How much past experience have you had with nurses in their practice?

- a) None b) very little c) little (d) enough (e) much (f) very much

7.8 Have you ever been hospitalized in the past?

- a) Yes b) no

If yes, what was its effect on your experience?

Not satisfied little satisfied satisfied very satisfied extremely satisfied

7.9 Now that you have had an abortion, if you had an abortion again what would you do?

- a) Nothing b) only slightly disturbing c) bad (d) very bad (e) extremely bad
(f) others (specify).....

SECTION V111: PERCEPTION FACTORS

8.1 How much understanding do you have about abortion care?

Nothing , little enough much very much

If you understand, what do you understand (specify).....

8.2 How do you rate the quality of abortion care you obtained during your treatment?

Excellent [] very good [] good [] bad [] very bad []

8.3 Do you have anything you disliked in the care you were given during your treatment?

Yes [] no []

8.4 If yes to question 8.3 which ones?

Rudeness [] unfriendly service [] delay in service [] discomfort [] poor understanding of health workers [] pain during care provision []

Others (specify).....

8.5 Do you have anything you particularly liked in the care you were given during your treatment?

Yes [] no []

8.6 If yes to question 8.5 which ones?

Kindness [] friendly service [] timely service [] comfort provision [] good understanding of health workers [] others (specify).....

Thankyou for your participation, may almighty God bless you.

Appendix 6: Key Informant Interviews guide

Dear participant,

You are hereby invited to participate in a Key Informant Interview for a study on **determination of patients' perception on the quality of nursing care among postabortal care clients attended to at Kenyatta national hospital.**

You have been chosen purposively due to the expected level of information and knowledge you have on the study topic. The details of the research are as per the information sheet for participants. Requirements for informed consent are as specified in the informed consent form which you will be expected to fill for proof of consent to participate. Be honest, free and active in your participation in responding to the questions given for due response. Participation will be guided by use of Key Informant Interviews Guide shown below. There will be an observer, moderator and note taker for your Key Informant Interview information. Recordings will also be made by use of tape recorders to store information as presented. All information gathered will be held under strict confidentiality and will be used only for purposes of the research.

6. What is the patients' perception on the quality of nursing care for postabortal care clients attended to at Kenyatta national hospital?
7. What are the demographic factors that influence patients' perception on the quality of nursing care for postabortal care clients attended to at Kenyatta national hospital?
8. What are the socio-cultural factors that influence patients' perception on the quality of nursing care for postabortal care clients attended to at Kenyatta national hospital?
9. What are the economic factors that influence patients' perception on the quality of nursing care for postabortal care clients attended to at Kenyatta national hospital?
10. What are the health factors that influence patients' perception on the quality of nursing care for postabortal care clients attended to at Kenyatta national hospital?

Thank you very much for your participation.

Appendix 7: Focused Group Discussion Guide

Dear participant,

You are hereby invited to participate in a focused Group Discussion for a study on **determination of patients' perception on the quality of nursing care among postabortal care clients attended to at Kenyatta national hospital.**

You will be one of the members of a focused discussion group made up of 8 to 12 participants. The details of the research are as per the information sheet for participant. Requirements for informed consent are as specified in the informed consent form which you will be expected to fill for proof of consent to participate. Be honest, free and active in your participation in responding to the questions given for due response. Participation will be guided by use of Focused Group Discussion Guide shown below. There will be an observer, moderator and note taker for your focused group discussion. Recordings will also be made by use of tape recorders to store information as presented. All information gathered will be held under strict confidentiality and will be used only for purposes of the research

1. What is the patients' perception on the quality of nursing care for postabortal care clients attended to at Kenyatta national hospital?
2. What are the demographic factors that influence patients' perception on the quality of nursing care for postabortal care clients attended to at Kenyatta national hospital?
3. What are the socio-cultural factors that influence patients' perception on the quality of nursing care for postabortal care clients attended to at Kenyatta national hospital?
4. What are the economic factors that influence patients' perception on the quality of nursing care for postabortal care clients attended to at Kenyatta national hospital?
5. What are the health factors that influence patients' perception on the quality of nursing care for postabortal care clients attended to at Kenyatta national hospital?

Thank you very much for your participation.

Appendix 8: Letter to Ethics and Research Committee

Mark Wambua Mulwa
University of Nairobi
College of Health Sciences
School of Nursing Sciences
P.O. Box, 19676-00200
KNH - Nairobi
Tel.: 0712458866

To: The Secretary
PROF. M.L. CHINDIA
Ethical and research committee
K.N.H./University of Nairobi
P.O. box 20723
Nairobi.

Dear Sir,

RE: PERMISSION TO CONDUCT A STUDY AT KENYATTA NATIONAL AND TEACHING HOSPITAL.

I'm a second year student at the University of Nairobi, School of Nursing Sciences.

I hereby request for your permission to carry out a research on **determination of patients' perception on the quality of nursing care among postabortal care clients attended to at Kenyatta national hospital.**

This is a requirement in partial fulfillment of the award for Master's Degree of Science in Nursing (Midwifery/Obstetric Nursing). The research shall take a period of 4 months. Find attached is the introductory letter from the University. I look forward to a positive reply from you.

Thanks in advance.

Yours faithfully

Mark Wambua Mulwa

Appendix 9: letter to KNH deputy director of clinical services

Mark Wambua Mulwa
University of Nairobi
College of Health Sciences
School of Nursing Sciences
P.O. Box, 19676-00200
KNH - Nairobi
Tel.: 0712458866

To: **KNH deputy director of clinical services**
KENYATTA NATIONAL TEACHING AND REFERRAL HOSPITAL
P.O. Box 20723 – 00202
KNH –Nairobi

Dear Sir/ Madam,

**RE: PERMISSION TO CONDUCT A STUDY AT KENYATTA NATIONAL TEACHING
AND REFERRAL HOSPITAL**

I'm a second year student at the University of Nairobi, School of Nursing Sciences. I hereby request for your permission to carry out a research on **determination of patients' perception on the quality of nursing care among postabortal care clients attended to at Kenyatta national hospital.**

This is a requirement in partial fulfillment for the award of Master's Degree of Science in Nursing (Midwifery/Obstetric Nursing). The research shall take a period of 4 months. Find attached is the introductory letter from the University I do look forward for a positive reply from you.

Thanks in advance.

Yours faithfully,

Mark Wambua Mulwa

Appendix 10: Letter to Ministry of Education, Science and Technology

Mark Wambua Mulwa
University of Nairobi
College of Health Sciences
School of Nursing Sciences
P.O. Box, 19676-00200
KNH - Nairobi
Tel.: 0712458866

To: The Ministry of Education
National Commission for science technology and innovation
Tel: 2219420, 2241349, 310571/2218655
Nairobi

Dear Sir/ Madam

RE: PERMISSION TO CONDUCT A STUDY AT KENYATTA NATIONAL TEACHING AND REFERRAL HOSPITAL

I'm a second year student at the University of Nairobi, School of Nursing Sciences. I hereby request for your permission to carry out a research **determination of patients' perception on the quality of nursing care among postabortal care clients attended to at Kenyatta national hospital.**

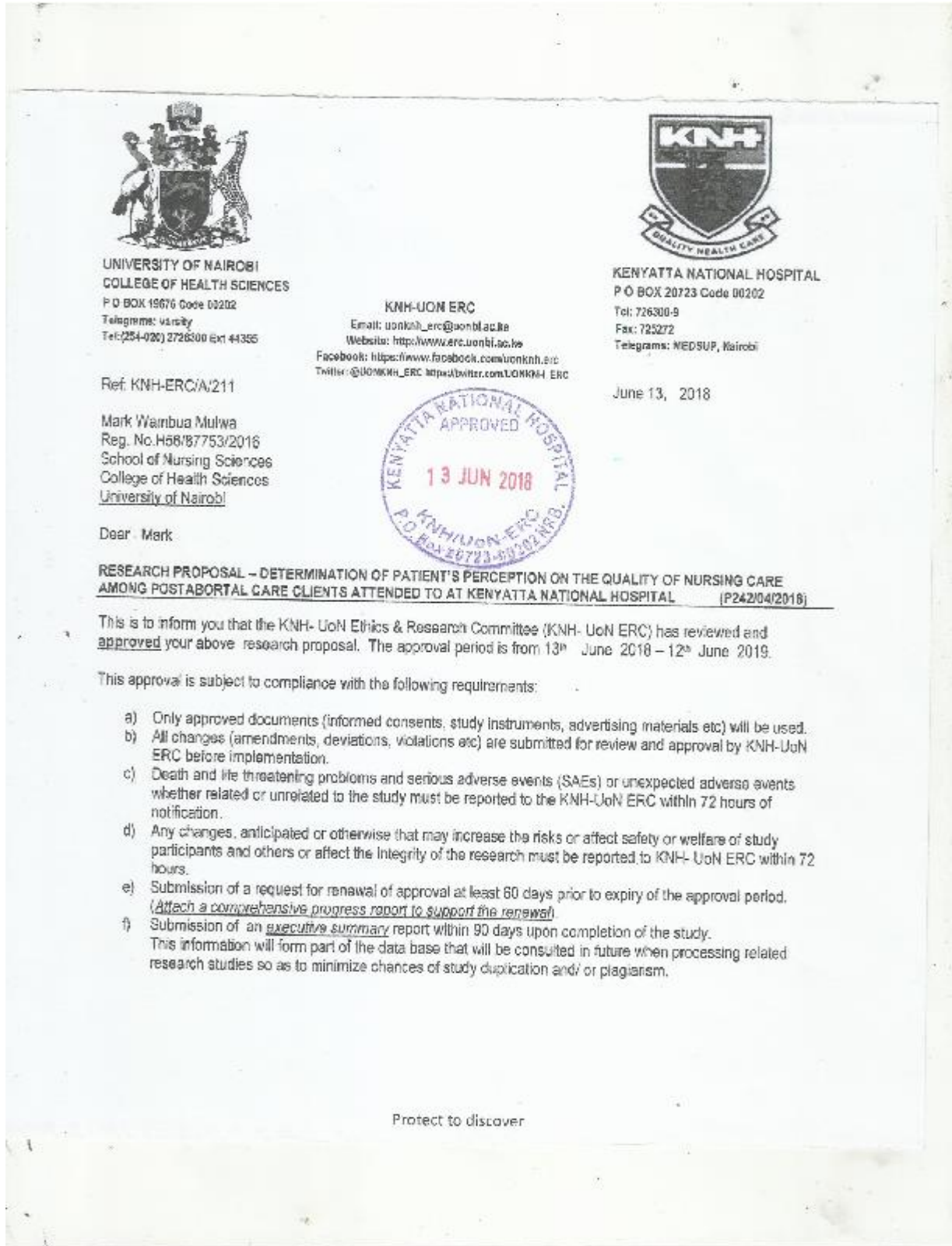
This is a requirement in partial fulfillment of the award of Master's Degree of Science in Nursing (Midwifery/Obstetric Nursing). The research shall take a period of 4 months. Find attached is the introductory letter from the University. I look forward to a positive reply from you.

Thanks in advance.

Yours faithfully,

Mark Wambua Mulwa

Appendix 11: Approval letter from KNH-UON Ethics Research Committee:



For more details consult the KNH- UoN ERC website <http://www.erc.uonbi.ac.ke>

Yours sincerely,



PROF. M. L. CHINDIA
SECRETARY, KNH-UoN ERC

- c.c. The Principal, College of Health Sciences, UoN
 The Deputy Director, CS, KNH
 The Chairperson, KNH-UoN ERC
 The Assistant Director, Health Information, KNH
 The Director, School of Nursing Sciences, UoN
Supervisors: Dr. Blasio O. Omuga, Prof. Grace Omondi

Protect to discover

Appendix 12: Permission letter from Department of Obstetrics and Gynaecology-KNH:



KENYATTA NATIONAL HOSPITAL,
P. O. BOX 20723-00202, NAIROBI
Tel: 2726300-9/2726450/2726550
Fax: 2725272
Email: knhadmin@knh.or.ke

KNH/OBS/GYN/16/VOL.1

DATE: 22nd June, 2018

To

MARK WAMBUA MULWA
Reg. No.H56/87753/2016
School of Nursing sciences
College of Health Sciences
University of Nairobi

RE: RESEARCH PROPOSAL: DETERMINATION OF PATIENTS' PERCEPTION ON THE QUALITY OF NURSING CARE AMONG POST ABORTAL CARE CLIENTS ATTENDED TO AT KENYATTA NATIONAL HOSPITAL (P242/04/2018)

This is to inform you that the department has given you permission to conduct the above study which has been approved by ERC. Liase with the Senior Nursing Officer in ward 1D to facilitate your study.

You will be expected to disseminate your results to the department upon completion of your study.

DR. PETER MICHOMA
ACTING HEAD OF DEPARTMENT
OBSTETRICS & GYNAECOLOGY SERVICES



CC: ACN – OBS& GYN
Incharge ward 1D

Appendix 13: Permission letter from Mama Lucy Kibaki Hospital to pre-test research tools:



Appendix 14– glossary

Kenyatta national teaching and referral hospital (KNH) was established in 1901. It is the largest health facility in Kenya. Within it is provision of all specialized care services, training of health staff and conduct of research work.

KNH is the second biggest referral facility in the African continent. It serves patients from all areas of Kenya and surrounding regions/countries in Africa and beyond. It has many personnel of varying categories. Among these are nurses working in various Nursing departments. The department include Accident and Emergency department, Radiotherapy department, Gynecology and Obstetrics department, Pediatric department, Operating Theatres, Surgical department, Ear Nose and Throat department, Orthopedic department, Ophthalmology department, private wing, Doctors plaza, patients' health education department, Pathology department, Administration and many others.

KNH has a bed capacity more than 2,000 beds. Ward 1D is an acute gynecological ward which deals with acute cases of gynecology. It operates 24 hours throughout the year. The ward has a bed capacity of 40.

Appendix 15 – Picture of KNH hospital



Appendix 16: Directional map of KNH hospital

