Quality of Care at Primary Health Care Facilities: Perceptions of TB and HIV Co-Infected Patients

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Disclosure slide

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Learner Objectives
• To understand patients’ co-infected with TB and HIV’s perception about the quality of service they receive.
• To outline the patients’ perceived quality of care in relation to IOM model.
• To critique the notion of QoC in relation to the recipients of care expectation.
OUTLINE

• Background
• Problem statement
• Study Purpose
• Theoretical lens
• Study setting
• Method
• Results
• Conclusion
Background

• Re-emergence of TB
  – declared a global emergency
  – In South Africa a national emergency over two decades ago.

• Impact of TB
  – leading opportunistic infection worldwide
  – primary cause of mortality among PLHIV
  – SA; more than 65% patients living with TB & HIV comorbidity
  – Its combination with Tuberculosis and HIV result in deaths (over 4 million/annum)
Cont...

• Challenges/ Opportunities
  – Loss to follow up
  – Adherence to treatment
  – Increase patient awareness (Litigations)
• Changes needed
  – Provision of quality health care services
  – Adequate resources (structural, human, financial)
• Impact of change
  – Prevention of poor health outcomes
  – Restoration of patients and staff confidence in the health system
Problem statement

In attempt to improve the quality of TB and HIV care, the SA national department of health launched the National strategy plan which was implemented for the period 2012-2016. Also there has been medical interventions to curb the burden of these diseases. However despite these achievements treatment outcome are still not improving. With the treatment success rate for all HIV infected at 73% compared to 85% standard rate (who,2015). Little attention has been given to TB and HIV co-infected patients’ contribution to health outcomes which implies that their perceptions of quality of care have been ignored. )
Study Purpose

• To explore and describe the perceptions of patients co-infected with TB and HIV regarding the quality of care at primary health care facilities in the Eastern Cape Province of South Africa.
Theoretical lens

• Institute of Medicines (IOM) model of quality
• Achievement of Quality of care =
  ❖ healthcare dimensions
  ❖ safe,
  ❖ effective,
  ❖ efficient,
  ❖ patient-centered,
  ❖ timely,
  ❖ equitable.
Study setting

• Lukhanji Sub District which is one of the eight local municipalities in the Chris Hani District Municipality in the Eastern Cape.
Method

<table>
<thead>
<tr>
<th>Category</th>
<th>Details</th>
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</thead>
<tbody>
<tr>
<td>Design</td>
<td>Qualitative, Exploratory</td>
</tr>
<tr>
<td>Population and Sampling</td>
<td>Patients co-infected with TB &amp; HIV, 18 purposively selected patients</td>
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<tr>
<td>Data collection</td>
<td>Ethics approval from UWC ethics review board, Semi structured interview guide</td>
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<tr>
<td>Data Analysis</td>
<td>Tesch’s method</td>
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<tr>
<td>Trustworthiness</td>
<td>Credibility, Conformability, Transferability, dependability</td>
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Results

• Two main themes were generated:
• Satisfaction with delivered services
• Impediment to quality care
## Results

<table>
<thead>
<tr>
<th>Themes</th>
<th>IOM Domain</th>
<th>Sub-themes</th>
<th>categories</th>
</tr>
</thead>
</table>
| 1. Satisfaction with delivered service | ✓ Patient centred | Positive-patients relationship                | • Nurses are supportive  
• Nurses are caring being  
• Nurses listen to patients |
|                                 | ✓ Equitable      | Non – discriminatory behaviour                | • Nurses ’positive attitude                                                 |
|                                 | ✓ Effectiveness  | Health promotion                              | • Education role played by nurses in patients health literacy               |
|                                 | ✓ Efficiency     | Availability of resources                     | • Continuous availability of medications                                   |
# Results

<table>
<thead>
<tr>
<th>Themes</th>
<th>IOM Domains</th>
<th>Sub-theme</th>
<th>categories</th>
</tr>
</thead>
<tbody>
<tr>
<td>Impediment to quality care</td>
<td>(x) Safety</td>
<td>Lack of privacy and confidentiality</td>
<td>• The number of nurses in a consulting room</td>
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<td>(x) Timely</td>
<td></td>
<td>prolonged waiting time</td>
<td>• Delayed attention to patients</td>
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<td></td>
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<td>• Tendency</td>
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</tbody>
</table>
RESULTS

Theme 1: Satisfaction with delivered services

❖ Positive nurse-patient relationship

“They give me a lot of support and there is a woman staying closer to my home who works here in the clinic at the TB side. She is the one who is really supportive and looks after me all the time…She assists me in taking my treatment at the right time.” (P 10)

“I am well cared for…They are very caring…We as patients push them away but they are always willing to help.” (P 10)

“I don’t have a problem with them, we get along well…They listen to me when I have a problem especially the Sister who does HIV.” (P 15)
RESULTS

Theme 1: Satisfaction with delivered services

❖ Non-discriminatory behaviour

“I would be lying, we are the same here...They treat us the same way...Everybody here is treated the same way.” (P 13)

“We are the same. We are the same, there is no difference...They do not discriminate us” (P 10)

“We all sit there ready to be called in...There is no discrimination” (P11)
RESULTS

Theme 1: Satisfaction with delivered services
❖ Health promotion

“…The last time was when they told me how to take my treatment and what are the side effects of the tablets that they gave me.” (P 18)

“Yes my sister I can say so because it was explained to me how I should take the treatment,” (P 17)
RESULTS

Theme 1: Satisfaction with delivered services
❖ Resources Availability

“I always get my treatment, I’m on Rifinah and ARVs, and I’m also taking pyridoxine and also Bactrim. There has never been a time whereby I didn’t get my treatment” (P 16)

“I would be lying if I say there was a time I didn’t get my medicines here… I always get my medication. I even get panado for headache. I get all of them, TB treatment and ARVs”

“Medicine is available...Sometimes it is because the truck didn’t deliver the medicines. They then write referral letters for us to go and collect the medication from the hospital.” (P 10)
RESULTS

Theme 2: Impediments to quality of care
❖ Lack of privacy and confidentiality

“Yes though, the nurses interact with people with TB and HIV… they are still disclosing peoples statuses with other people, and they are talking about other people that’s why some people they don’t want to come to this clinic… it’s not necessary for other people to know, but now the people at the clinic who are supposed to keep it confidential are telling other people, it’s just, it’s just totally wrong… I know a lot of people who defaulted their treatment because they know if you go to Room X, you will be discussed” (P 14)

“They can give you medicine in the presence of other people. For an example, if I have high blood pressure, they say that in the midst of other people. I feel that they are disclosing people’s disease in the presence of others”(P 18)
RESULTS

Theme 2: Impediments to quality of care

“They don’t lock the doors or they don’t close the door… they like to sit a lot of nurses, like in one room. They won’t excuse themselves to their department where they are working and they are sitting there… I mean, why are they sitting there? They have their own rooms where they are working but now they are sitting there when you must draw blood and hear that you are HIV positive” (P 14)

“They are having conversations in the consulting rooms. Whilst helping me, the others are having a conversation. They like being a group in one room” (P15)
RESULTS

Theme 2: Impediments to quality of care

❖ Prolonged waiting time

“They don’t attend to you promptly…You arrive here in the morning before the clinic opens at 7…At 10, you’ll still not be attended to when they go for tea break, they’ll attend to you at that time…You see even now I arrived at 8:30, last time I left the clinic at 12…” (P 15)

“Sometimes I find myself sitting for 3-4 hours” (P 6)
RESULTS

Theme 2: Impediments to quality of care

❖ Prolonged waiting time

“You’ll find the nurses going up and down or find them in one of the rooms... You don’t even know what is happening, we are sitting and the queue is not moving” (P 17)

“When you arrive, they are having a conversation, in those rooms they are talking to each other... You are waiting, they neglect you whilst you are there” (P 4)
Conclusion

• Participants ‘perception of quality of care are closely linked to their perception of nurses behaviour and the systemic dynamic.
• It is therefore important for nurses to be respectful and responsive to patient individual need to enable them to provide quality patient- centered care.
• TB and HIV co-infected patients are “relatively” satisfied with the services that are provided at the facilities from where they seek healthcare.
Conclusion

- TB and HIV patients are treated equally as any other patient in this context.

In contrast,
- patients were given care in an unsafe environment that did not protect their private information from individuals that were not supposed to have access to it.
- the prolonged periods that patients had to wait for treatment and medication have a negative impact on the quality of care.
Recommendations

• The study shows that four out of six elements that defines QoC according to MOI model were attained.
• It is therefore important for nurses to be respectful and responsive to patient individual need to enable them to provide quality patient- centered care. Issues of unauthorised disclosure by nurses is unethical
• Improvement measures for reduction of patients’ waiting times need to be considered
Thank you
References


