DETERMINANTS OF PERCEPTIONS ON NURSING CARE AMONG CANCER PATIENTS ADMITTED IN ONCOLOGY WARDS AT KENYATTA NATIONAL HOSPITAL, NAIROBI COUNTY, KENYA.

TABITHA KARIMI NTARANGWI

A THESIS SUBMITTED IN PARTIAL FULFILMENT OF THE REQUIREMENTS FOR THE AWARD OF MASTERS OF SCIENCE IN NURSING (MEDICAL/SURGICAL) DEGREE OF

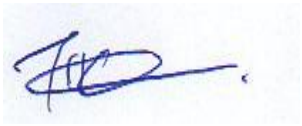
MOUNT KENYA UNIVERSITY

APRIL 2021

DECLARATION AND APPROVAL

Declaration by the Student

This thesis is my original work and has not been presented for a degree in any other University or for any other award.

Signature:  Date...1/4/2021.....

Tabitha Karimi Ntarangwi

MSCN/2016/57279

Approval by the Supervisors

We confirm that the work reported in this thesis was carried out by the candidate under our supervision

Signature:  Date...1/4/2021.....

Dr. Catherine Mwenda

School of Nursing

Mount Kenya University

Signature:  Date...1/4/2021.....

Ms. Beatrice Nkoroi

School of Nursing

Mount Kenya University

DEDICATION

I dedicate this work to my loving husband Robert and our beautiful daughters Joy and Favor. You are all very special to me.

ACKNOWLEDGEMENT

I thank the Almighty God for his amazing grace that enabled me conduct this Research. I sincerely thank my supervisors Dr. Catherine Mwenda and Ms. Beatrice Nkoroi and other Faculty members of MKU school of Nursing for their input and guidance in order to develop a good piece of scientific work. I also thank the management of MMCT- ST. Marys School of Nursing for the financial support during my studies. I am greatly indebted to my loving husband, our daughters, my entire family and friends for their overwhelming moral and spiritual support. I really value you all. May the Almighty God richly bless all off you!!

ABSTRACT

Nursing care is meeting both physical and psychosocial needs of patients. Cancer patients experience more biopsychosocial needs than other patients, hence they require more nursing care. An oncology nurse therefore provides physical, psychosocial and spiritual care to cancer patients. The purpose of this study was to assess the determinants of perceptions on nursing care among cancer patients admitted in oncology wards. The research objectives were to determine cancer patient characteristics that influence their perceptions on nursing care, determine cancer patient expectations on nursing care and lastly cancer patient satisfaction with the nursing care provided while in the ward. The study design was descriptive cross-sectional, using quantitative approach. The sample size was 91 patients who were selected using purposive sampling technique. The target were adult patients (both males and females) aged 18 years and above admitted in oncology wards at KNH (GFD and 8C), with a confirmed diagnosis of cancer and who had received care for at least 48 hours. Data collection tool was a standardised researcher administered, semi structured questionnaire and Likert scale in English and Kiswahili version. This tool was adopted from the caring assessment questionnaire (care-Q) by Larson, and modified as per research objectives and literature review. The tool was pretested in Nakuru PGH. Data was analysed using SPSS version 21 using both descriptive and inferential statistics. Ethical clearance was obtained from MKU, and KNH-UoN ERC, Permit from NACOSTI. Participation in the study was voluntary. Residence and hospital length of stay affected positively the perception on nursing care at p =0.022 and p=0.004 respectively. Cancer Patients, 92.3% (84) had high expectations on nursing care. There was a significant association between patient expectation with perception on physical nursing care, p=0.028. 53.8% of the patients were not satisfied with psychosocial care with 97.8% (89) having their expectations on psychosocial care partially met. A high score, 97.8% (89) of the cancer patients identified emotional support as the priority psychosocial need, with 82.4% (75). Majority (76.5%) had a neutral position with regard to satisfaction status with physical care. Treatment was rated as a priority physical need by most patients (37.4 %= 34). Majority, 52.7% (48) recommended assessment of patient needs to improve physical care. A higher percentage, 59.3% (54) felt both psychosocial care and physical care were important. Generally, 94.5% (88) were satisfied with care in the ward with 96.7% (84) reporting that physical care was most satisfying. In conclusion, cancer patients' characteristics, expectations, and satisfaction with nursing care had a positive association with their perceptions on nursing care offered in the ward. Psychosocial care was less satisfying to the cancer patients. The researcher recommends that oncology nurses should be keen to meet all patient needs to promote care satisfaction with emphasis to psychosocial care.

TABLE OF CONTENTS

DECLARATION AND APPROVAL ii

DEDICATION iii

ACKNOWLEDGEMENT iv

ABSTRACT v

TABLE OF CONTENTS v

LIST OF TABLES ix

LIST OF FIGURES x

LIST OF ABBREVIATIONS AND ACRONYMS xi

CHAPTER ONE: INTRODUCTION 1

1.1 Background to the Study 1

1.2 Statement of the Problem 3

1.3 Research Objectives 4

1.3.1 Broad Objective 4

1.3.2 Specific Objectives 5

1.4 Research Questions 5

1.5 Null Hypothesis 5

1.6 Justification of the Study 6

1.7 Significance of the Study 6

1.8 Limitations 7

1.9 Delimitations 7

1.10 Theoretical Framework 7

1.11 Conceptual Framework 9

1.12 Operational of Definitions 11

CHAPTER TWO: LITERATURE REVIEW 12

2.1 Introduction 12

2.2 Nursing Care of a Cancer Patient 12

2.3 Cancer Patient Expectations on Nursing Care 15

2.4 Cancer Patient Satisfaction with Nursing Care 18
2.5 Cancer Patient Characteristics Influence on Perceptions on Nursing Care 20
2.6 Summary 21
CHAPTER THREE: RESEARCH METHODOLOGY 23
3.1 Research Design 23
3.2 Study Variables 23
3.3 Study Area 23
3.4 Study Population 24
3.5. Selection Criteria 24
3.5.1 Inclusion Criteria 24
3.5.2 Exclusion Criteria 24
3.6 Sample Size Determination 24
3.7 Sampling Procedure 26
3.8 Data Collection Tool 26
3.9 Recruitment Strategy/ Data Collection Technique 27
3.10 Research Assistants Training 27
3.11 Data Quality Assurance 27
3.12 Data Management 28
3.12.1 Data Cleaning 28
3.12.2 Data Analysis 28
3.13 Data Presentation 29
3.14 Ethical Consideration 29
3.14.1 Consenting Procedure 30
CHAPTER FOUR: RESULTS AND DISCUSSIONS 32
4.1 Introduction 32

4.2 Questionnaire Response Rate 32

4.3 Patient Related Characteristics that Influenced Perception on Nursing Care..... 33

4.4 Expectations on Nursing Care Offered in the Ward 42

4.5 Satisfaction with Nursing Care Offered in the Ward..... 45

4.6 Discussions of Study Findings..... 56

4.6.1 Patient Related Characteristics that Influence Perception on Nursing Care..... 56

4.6.2 Expectations on Nursing Care Offered in the Ward 58

4.6.3 Level of satisfaction with nursing care offered in the ward 59

CHAPTER FIVE: SUMMARY, CONCLUSIONS AND RECOMMENDATIONS 63

5.1 Introduction..... 63

5.2 Summary of the Major Findings..... 63

5.3 Conclusions..... 65

5.3.1 Patient Related Characteristics That Influence Perception on Nursing Care 65

5.3.2 Relationship between Cancer Patient Expectations and Their Perceptions on Nursing Care..... 66

5.3.3. Relationship between Cancer Patient Level of Satisfaction and Their Perception on Nursing Care..... 66

5.4 Recommendations..... 66

5.4.1 Patient related characteristics that influence perception on nursing care 66

5.4.2 Expectations on Nursing Care Offered in the Ward 66

5.4.3 Level of satisfaction with nursing care offered in the ward 67

5.5 Suggestions for Further Research..... 67

REFERENCES 68

APPENDICES..... 72

Appendix I: Consent Explanation, English Version..... 72

Appendix II: Consent Explanation, Kiswahili Version 73

AppendixIII: Questionnaire for Data Collection, English Version 75

Appendix IV: Questionnaire for Data Collection, Kiswahili Version..... 82

Appendix V: Dummy Tables..... 91

Appendix VI- Introduction Letter..... 97

Appendix VII: Certificate of Ethical Clearance-MKU/ERC..... 98

Appendix VIII- Research Authorization from NACOSTI 99

Appendix IX-NACOSTI Research Permit 100

Appendix X-Approval Letter from KNH-UON ERC 101

Appendix XI- Study Registration Certificate 103

Appendix XII –Map of KNH..... 104

Appendix XIII: Similarity Index Report..... 105

LIST OF TABLES

Table 1: Socio-Demographic Characteristics (Gender, Age, Religion, Marital Status) . 34

Table 2: Socio-demographic Characteristics (Occupation, Level of Education and Area of Residence) .....

35 Table 3: County of Residence .....

36

Table 4: Association between Area of Residence and Physical Care Perception 37

Table 5: Illness Related Characteristics (Cancer Type) 37

Table 6: Illness Related Characteristics (Treatment Modality) 39

Table 7: Illness Related Characteristics (Duration since Cancer Diagnosis)..... 40

Table 8: Illness Related Characteristics (Hospital Length of Stay) 41

Table 9: Association between Hospital Lengths of Stay with Perception 41

Table 10: Summary of Significant Patient Characteristics Influencing Perception on Nursing Care 42
Table 11: Expectations on Nursing Care Offered In the Ward 43
Table 12: Association between Expectations and Perception on Physical Care..... 45
Table 13: Satisfaction Status for Psychosocial Care 46
Table 14: Relationship between Satisfaction Status & Perception on Psychosocial Care 48
Table 15: Level of Satisfaction with Physical Nursing Care 50
Table 16: Association between Satisfaction Status and Perception on Physical Care 52
Table 17: Regression model summary for satisfaction as predictor of perception on psychosocial care 54
Table 18: Regression Model Summary for Satisfaction as Predictor of Perception on Physical Care 55

LIST OF FIGURES

Figure 1: Conceptual model on Theory of human Caring 9
Figure 2: Illness Related Characteristics (Stage of Cancer) 38
Figure 3: Illness Related Characteristics (Average Percentage of Treatment Modality)40
Figure 4: Illness Related Characteristics (Previous Number of Admissions) 42
Figure 5: Expectations on nursing care provided in the ward..... 44
Figure 6: Satisfaction Status for Psychosocial Care Offered in the Ward 47
Figure 7: Recommendations for Improvement of Psychosocial Care 49
Figure 8: Satisfaction status of physical care offered in the ward 51

LIST OF ABBREVIATIONS AND ACRONYMS

ANOVA Analysis of Variance

GFD- Ground Floor D

ICN- International Council of Nurses

KDHS- Kenya Demographic Health Survey

KNH- Kenyatta National Hospital

MKU- Mount Kenya University

NACOSTI- National Commission for Science, Technology and Innovation

PGH- Provincial General Hospital

SPGS- School of Postgraduate Studies

SPSS- Statistical Package for Social Sciences

UoN- University of Nairobi

US- United States

WHO- World Health Organization

CHAPTER ONE: INTRODUCTION

1.1 Background to the Study

Oncology Nursing is application of nursing assessment skills in offering oncology care to facilitate cancer patient's recovery or improvement in health, coping with physical and psychosocial problems, hence a better life, regardless of the stage of disease and accompanying effects until death (Taylor, Lillis & Lemone, 2014). The role of oncology nurses is to physically, emotionally, culturally and spiritually support the cancer patients and their families (Smeltzer & Bare, 2014). The recognition of cancer patient physical and psychosocial needs in a timely manner as been ranked as one of the best approach to promoting cancer patient quality care that leads to total patient satisfaction. This goes a long way to helping cancer patient cope with life and the effects of treatment (Jacobsen, 2017). Cancer patients who are newly diagnosed present with many physical and psychosocial needs which keep changing from time to time. This ends up affecting their overall functioning and well-being. Meeting these needs early enough promote cancer coping mechanism and enhance healing and self- image (Goshal et al, 2016).

Perception refers to the way something is regarded, understood or interpreted; a belief, opinion or view held by people based on how things seem.The nature of care cancer patients receive from nurses affect their perception on care (Shoemaker, Estfan, Induru &Walsh, 2011).The way the patient anticipates the nursing care to be and the care they receive based on their needs determine patient satisfaction which is a major way to explain patients' perceptions on nursing care. A patient expectation on nursing care is what the patient anticipates the nursing care offered to him or her to be (Schmidt et al, 2007). Nursing care and patient satisfaction therefore have a positive association.

Literature has showed increased global interest on patient satisfaction, with an aim to boost quality of care (Senarath et al, 2013). Patient perceptions on nursing care should be given much considerations and nursing care accorded as per the patient views. The nurse needs to be aware of patient anticipations regarding their health needs and ensure that all of them are met (Daniel, 2012).This will enable a more sensitive and individualised care by the nurse leading to patient satisfaction. According to Taylor et al, (2014), individuals' perception on nursing care is also associated to the social-economic level, age, cognitive capacity, culture, beliefs and tribe.

This concurs to a study by Yim, Shin-Lin & Shing-Yee, (2010), among breast cancer patients that showed that perceptions on nursing care are influenced by age, gender, education, ethnic background, religious beliefs, financial status, expectations, stage of cancer and care information awareness among others.

Great effects of cancer on patient's life due to the treatment and the disease have brought the need to improve global care which entails taking into account various aspects of nursing care most importantly physical and psychosocial health (Mahendranet al, 2017). According to Balogh et al, (2011), global care of cancer patients has demonstrated unmet care needs. Most of these have to do with providing physical care and psychological attention to cancer patients. This underscores the need for patient centered care that is timely and takes into account cancer patient priority needs and expectations. In a report on holistic cancer patient care by US institute of medicine, Adler & Page (2008), it showed that cancer care must consider physical and psychosocial needs. Flagg, (2015), shares his sentiments that the approach to cancer patient care, needs to be holistic. Health care team needs to provide both physical and psychosocial needs as per patient's wishes

and capabilities. According to Thorarinsdottir & Kristjansson, (2013), implementation of timely, holistic and sensitive nursing care to cancer patients increases patient satisfaction. However, despite the global scientific and technological advancement in cancer care, cancer patients remain with many problems that require comprehensive, sensitive and individualized nursing care (Smeltzer et al, 2014).

Failure to meet Psychosocial and physical problems of cancer patients has contributed to increased mortality. This supports the need for much nursing assistance required for cancer patients. According to a study by La cava, Schwartz & Asselin, (2010), patients reported that nurses concentrated much of their energy in meeting their physical needs but unfortunately were unaware of their psychosocial needs. In other studies, nurses were found to give more emphasis on psychosocial care whereas patient valued the physical care.

In oncology wards, studies indicate most cancer patient problems remain unmet because nurses do not often identify cancer patient needs and solve them (Thorsen, Gjerset, Loge &Kiserud, 2011). Understanding determinants of cancer patients' perceptions on nursing care is therefore vital for a patient centred, prioritised care

1.2 Statement of the Problem

According to Smeltzer et al, (2014), globally cancer patients remain with many problems that require comprehensive, sensitive and individualized nursing care.

Studies from other countries have indicated that most cancer problems are still not met in oncology wards because nurses often miss to identify individual cancer patient's needs and solve them (Thorsen et al, 2011).The Lance Armstrong Foundation of cancer survivors in their report in 2010, 45% of patients reported their emotional needs were

unmet, 29 % had their physical needs unmet, 46% lacked grieving care, while 39% missed attention for their low mood. This study shows that there was dissatisfaction among cancer patients in meeting both their psychosocial and physical needs. In a study done in oncology wards in Australia on missed care, talking to patients was the most common missed care (88.2%), followed by developing and updating care plans (76.5%) and thirdly educating patients and family (64.7%). Psychological care was also identified as the first to be missed (Marven, 2016).According to WHO, globally 1 in 6 deaths is due to cancer, with more deaths being reported from less developed countries. Cancer comes third after infectious and cardiovascular causes of death in Kenya. The statistics approximate an incidence of 39,000 cases yearly and a mortality rate of greater than
27,000 deaths per year with cancer death rate set to double by 2026 (KDHS 2014- 2015) . Unmet Psychosocial and physical problems due to the disease and treatment have been found to contribute to high mortality rate among cancer patients than other patients (La cava, Schwartz & Asselin, 2010). Kenyan studies on how cancer patients perceive their nursing care are missing despite the huge disease burden. KNH admits an average of 120 cancer patients in oncology wards from the entire country hence their views regarding nursing care offered to them will make generalisation of findings realistic.

This study will therefore assess determinants of perceptions on both psychosocial and physical care among cancer patients leading to a more holistic and sensitive patient centred nursing care hence improved outcomes in cancer care.

1.3 Research Objectives

1.3.1 Broad Objective

To assess the determinants of perceptions on nursing care among cancer patients admitted in oncology wards at Kenyatta National Hospital

1.3.2 Specific Objectives

1. To determine patient related characteristics that influence perceptions on nursing care among cancer patients admitted in oncology wards at Kenyatta National Hospital
2. To determine the expectations on nursing care among cancer patients admitted in oncology wards at Kenyatta National Hospital
3. To assess satisfaction with nursing care among cancer patients admitted in oncology wards at Kenyatta National Hospital

1.4 Research Questions

1. What are the patient related characteristics that influence perceptions on nursing care among cancer patients admitted in oncology wards at Kenyatta National Hospital?
2. What are the expectations on nursing care among cancer patients admitted in oncology wards at Kenyatta National Hospital?
3. What is the level of satisfaction with nursing care among cancer patients admitted in oncology wards at Kenyatta National Hospital?

1.5 Null Hypothesis

1. There is no statistically significant relationship between cancer patient related characteristics and perceptions on nursing care.
2. There is no statistically significant relationship between cancer patient expectations and their perceptions on nursing care.
3. There is no statistically significant relationship between cancer patient level of satisfaction and their perceptions on nursing care.

1.6 Justification of the Study

From the clinical experience in oncology wards, the researcher observed that nurses focused more on physical care giving less attention to psychosocial care. According to Goshal et al, (2016), addressing the physical and psychosocial needs of cancer patients needs in a timely and sensitive manner promote coping mechanism and overall quality of life. Many research reports done in other countries indicate that most cancer needs in the oncology wards remain unmet by the nurse. Despite global scientific and technological advancement in cancer care, cancer patients remain with many problems that require comprehensive, sensitive and individualized nursing care (Smeltzer et al, 2014).

In Kenya, studies on how cancer patients perceive their care is lacking despite experiences in oncology wards revealing more focus on physical care with less attention to the psychosocial care by the nurse. Unmet Psychosocial and physical problems due to the disease and treatment have been found to contribute to high mortality rate among cancer patients than other patients. The huge disease burden in the country with a death rate of 27,000 cases per year and the figure set to double by 2026 according to WHO points a need for this research. Understanding the perception of cancer patients on nursing care will help determine their level of satisfaction. This will assist the oncology nurse to offer more holistic, quality and individualistic care to cancer patients hence improved cancer care outcomes.

1.7 Significance of the Study

This study will add knowledge to the body of Nursing which will inform the stake holders in nursing education (Nursing schools, Nursing council of Kenya and the Government of Kenya) on areas of emphasis during training.
This will produce a nurse fully prepared to provide both psychosocial and physical care to cancer patients. The research findings will benefit KNH and other hospitals on quality

improvement in nursing care of cancer patients. The study will be a source of reference for other scholars. The policy makers on health will also use the new knowledge to develop and modify policies and guidelines on nursing care of cancer patients. This will eventually promote the quality of nursing care to cancer patients.

1.8 Limitations

The study was limited to generalizability since it was targeting one hospital only.

1.9 Delimitations

The fact that KNH is a National referral Hospital that attracts patients from the entire country, the information from these patients and their perceptions can represent a wider geographical locality.

1.10 Theoretical Framework

This study was founded on Jean Watson's, (2010) theory of human caring which highlights Caring as the fundamental component of nursing achieved from the interaction between the patient and the nurse. Watson's science of caring emanates from 10 "carative'' factors, which form building block of nursing care. The carative factors revolve around providing physical care, and psychosocial care while taking into account the patients' needs and the expectations. These include, emotional support, being sensitive to patient needs, respecting patient's privacy, and being informative.

The care should be individualized and sensitive considering patient's characteristics like gender, age, marital status, cultural background, education, and illness needs. According to the theory, optimal health is the attainment of all needs. Even when from the medical point of view nothing can be done for a patient, the nurse can provide care by assisting in activities of daily living and emotional support.

Jean Watson continues to clarify that caring is the mechanism by which nurse help patients improve, maintain health, or die peacefully. Holistic, sensitive, individualized care is therefore basic to nursing and is both an art and a science.

An oncology nurse needs to utilize the 10 “carative” factors in Jean Watson theory to meet all the individual needs of a cancer patient. This is achieved through therapeutic patient-nurse interaction which gives nurse an opportunity to understand expectations of patient and needs and address them accordingly leading to patient satisfaction. Therefore, even when doctor’s report say nothing can be done for a cancer patient, the presence of a nurse just to instill hope is quite beneficial in a cancer patients’ life.

1.11 Conceptual Framework

Independent variables

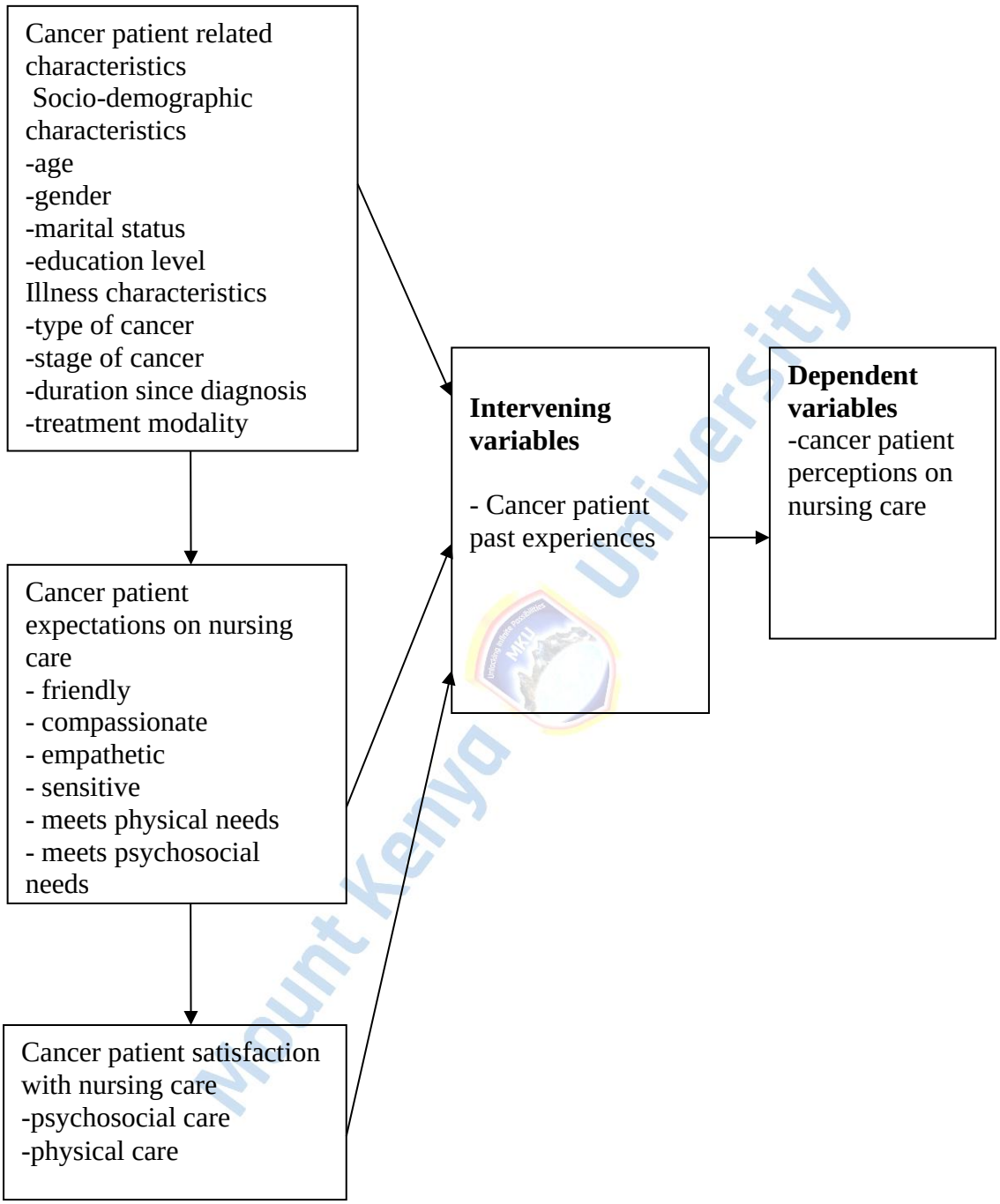


Figure 1: Conceptual model on Theory of human Caring Source:

Adopted and modified from Jean Watson (2010).

Cancer patient characteristics, expectations on nursing care and satisfaction with nursing care (independent variables), will influence their perceptions on nursing care (dependent variable).

1.12 Operational of Definitions

Cancer- A deadly disease resulting from uncontrolled abnormal growth of cells in the body producing many physical and psychosocial manifestations in a patient.

Nursing care- Meeting the psychosocial and physical needs of the patient by the nurse

Oncology ward- A ward that admits cancer patients requiring psychosocial and physical care

Patient Expectations- How the patient anticipates the nursing care provided to him/her while in the ward to be so as to achieve satisfaction.

Patient Perceptions- Patient views and opinions regarding the nursing care provided

Patient Satisfaction- Being contented with the nursing care provided

Physical care- Nursing interventions that meet the physical needs of the patient

Physical needs of cancer patient- includes pain, fatigue, alopecia, oral mucositis, low immunity, nausea, lack of appetite, vomiting, malaise and altered appearance

Psychosocial care- nursing interventions that meet the psychosocial needs of the patient

Psychosocial needs of cancer patient- includes distress and emotional changes, changes in domestic, working lives, finances, employment and problems with daily living.

CHAPTER TWO: LITERATURE REVIEW

2.1 Introduction

Literature review was founded on the study objectives. This included nursing care of a cancer patient, cancer patient's expectations, cancer patient care satisfaction and how cancer patient characteristics influence their perceptions on nursing care. Related studies done were also reviewed. Cancer patients seek both psychosocial and physical care when admitted in the hospital. Perceptions on nursing care among cancer patients will help determine level of satisfaction with nursing care and work towards improving nursing care delivery to cancer patients.

2.2 Nursing Care of a Cancer Patient

According to Senarath et al, (2013), nursing care is a key health care service that majorly contributes to the recovery process of a patient. Despite the presence of a qualified and skillful physician in a clinical unit, without appropriate nursing care it is in vain. Most of the nurses' hours are devoted to the patients, which give the nurse an opportunity to display a caring behavior by being sensitive to patient needs. Nursing proffession is therefore at per with other professions and is a calling to service.

According to Watson, (2010) theory of human caring, Caring is the most significant component of nursing demonstrated through a helpful patient-nurse interaction. This is supported by a researcher notion on caring that helping patient with a major or a minor aspect of physical need is an essential caring component. (Darawad, Hussami, Saleh &Sutari, 2014). This implies that the service of a nurse is vital to humanity and promotes recovery.

Through research, expressive and instrumental types of caring have been discovered.

Offering patient psychosocial assistance with a bias on emotional aspect is essentially expressive care. On the other hand, Instrumental care entails assisting with activities of daily living, and physical related illness needs (Watson, 2010).

According to Goshal et al, (2016), cancer impacts both physical and psychosocial effects on the patient. These needs require to be addressed early enough by the health care team to enhance coping and better patient outcomes. The authors further summarises psychosocial needs experienced by cancer patients as; distress and emotional changes, changes in domestic, working lives, finances, employment and problems with daily living. According to Adler & page, (2008), psychosocial care entails the psychological and social interventions that the nurse uses to solve psychosocial needs of patient thus promoting optimal heath in a patient. Holistic cancer care must embrace the physical and psychosocial care. Solving the physical effects of a cancer patient is therefore as equally important as solving their psychosocial needs. On the other hand, Smeltzer et al, (2014), identifies physical manifestations of cancer illness and its therapies as pain, fatigue, alopecia, oral mucositis, low immunity, nausea, lack of appetite, vomiting, malaise and altered appearance. The nurse should be able to identify and meet these needs in a timely manner.

Cancer disease affects a patient's well-being in a big way (Smeltzer et al, 2014). Psychological distress will always accompany a cancer diagnosis even if it has good prognosis and requires no radical therapy. The fact that one is diagnosed with cancer therefore has an enormous effect on the psychosocial well being (Akina & Durna, 2013). A cancer with unknown prognosis is accompanied by treatments with disturbing effects. Even more traumatizing is risk of death and adverse effects of therapies. Cancer patients therefore form a special group that needs more nursing assistance than other patients

(Russel, 2016). This implies that a nurse needs to go extra mile in meeting the needs of the cancer patient holistically.

Studies indicate that cancer patients have more physical and psychosocial unmet needs compared to other groups. Majority of the cancer patient problems are still not met in their care units because nurses often miss to identify and solve cancer patients' needs. A prioritized, comprehensive nursing care plan was also noted to be lacking in most oncology wards. (Thorsen et al, 2011). A nursing care plan is a tool that forms the basis of scientific care hence a vital tool for the nurse universely.

According to Friese, Kalisch & Lee, (2013), oncology nursing requires attention and skill, physical, emotional, and spiritual components of care. This includes having knowledge, positive attitude and skills to achieve favorable outcomes in cancer patients' care. On the other hand, according to La Cava et al, (2010), availability of an oncology nurse to be with the patient is vital in psychological care. This signifies the ministry of presence which in itself is healing.

Cancer patients therefore, have many illness and treatment accompanying symptoms that require the attention of a nurse. The physical and psychosocial supports they receive from nurses affect their perception on nursing care. (Shoemaker et al, 2011).

The realization of the great effect of cancer on patients life due to treatment and the disease have brought the need to improve global care which involves consideration of physical and psychosocial care.(Mahendran et al, 2017).

In a study by Iversen, Holmboe & Berjernaes, (2012), in South Florida, nurses who had experience in nursing patients with advanced cancer, more than 80% agreed that an

integrated management of cancer patients should include physical and psychological support for the patient and family members.

2.3 Cancer Patient Expectations on Nursing Care

Cancer patient expects all their needs to be met by the nurse, but in most cases their psychosocial needs are partially met. (Daniel, 2012).Cancer patient expects their care to be individualised, respectful to their values, timely, sensitive, and address their priority physical and psychosocial needs (Baloghet al, 2011). According to Flagg, (2015), listening keenly and responding to patient concerns, and sharing them to the close family members and significant others as the patient wishes is key to what the patient will rate as quality care.

Psychosocial and physical manifestations in a cancer patient deteriorate their quality of life, making them to expect a lot of nursing care. The nursing care should fully respond to the physical and psychosocial needs of the cancer patient to promote satisfaction with the care offered (Eman, Aide, Nagwa & Ahmed, 2013). In a study done in Singapore on psychosocial concerns for cancer patients, 82%, n=44, cases reported psychosocial needs. Among these needs, emotional concerns were top in the list, 60%, followed by practical concerns (Insurance and finance), 20% (Mahendran et al, 2017)

Another study by Alaca et al, (2011), cancer patients expressed that nurses devoted most of their time meeting their physical needs unaware of the psychosocial needs they had and which they perceived to be more important. Eman et al, (2013), in his study on the contrary points out that nurses emphasized more on psychosocial care while patients valued the physical care more. This implies that the views of patients are different and so they need to be treated as individuals and not a group.

In a study by Zhao et al, (2011), oncology patients argued that one of the fundamental tasks of a nurse is to offer psychological support to cancer patients and their families at all times. This includes providing appropriate care to cancer patient throughout the diagnosis period. For this reason, Miller, (2012), clarifies that competence in skills, knowledge and a positive attitude are basic for an oncology nurse to be able to offer psychosocial and physical support needed by cancer patients.

In a study by Charalamous, Radwin &Berg, (2016), cancer patients, defined nursing care as a significant and valuable contribution. Nurses were reported to be knowledgeable, with a positive attitude and appropriate skills. On the other hand, the care was termed as sensitive and individualistic, respecting patients' privacy which promoted therapeutic interaction.

Rchaidia et al, (2009) noted the oncology nurses had poor interpersonal skills, whereas cancer patients pointed out that the nursing care offered to them influences their perceptions. On the same vein, according to Burhans & Alligood, (2010), patients are likely to be concerned more about the general attitude of the nurses providing care to them.

According to a study in oncology wards in Australia by Marven, (2016), cancer patients expressed that psychological care was the first to be missed by nurses. This may have been attributed to the fact that psychosocial care was left to social worker and pastoral team. Nurses however are expected to interact closely with cancer patients to understand their psychosocial needs besides the physical needs that can easily be identified. In the same study, in a focus group discussion, cancer patients attributed the missed care to inadequate nursing skills, failure to organize nursing work and nurses performing duties that are meant for other staff, distracting them from their assigned nursing duties.

Markides, (2011), clearly spells out that health outcome benefits are achieved through skilled interaction between the patient and the nurse but instead nurses concentrate on other unnecessary tasks lacking time to listen to patient's concerns. According to Alashek, (2011), nurses provide the main connection with patients, act as patient advocate with other health care providers, and provide physical care and emotional support to patient and families. The patient therefore has a right to expect quality care from nursing staff who are ever in constant contact with patients.

Christopher et al, (2010), notes that nurses should not assume that they are meeting patients' expectations in their care and so they should always strive to confirm with patients that their needs are being met and that they are satisfied with the care provided. This can implies close monitoring and interaction with the patient forms the basis of patient support and satisfactory care. Thorarinsdottir & Kristjansson, (2013), noted that due to the diagnosis of cancer and treatment modalities that accompany its treatment, cancer patients need frequent contact with nurses for close monitoring of their progress. However, research in many settings has showed that cancer patients often feel that their expectations are not being met in the care offered in the ward. This is due to nurses being unresponsive to both psychosocial and physical needs that the cancer patients undergo throughout the diagnosis period. This is worsened by the treatment of the cancer disease.

A study by Sadjadian et al, (2012) in Iranian center for breast cancer, majority of the patients were satisfied with interpersonal skills of the nurse, 87% of the participants said nurses were polite, 89% said nurses were helpful and compassionate. They also possessed scientific knowledge coupled with expertise in their practical work.

2.4 Cancer Patient Satisfaction with Nursing Care

Patient satisfaction by Schmidt et al, (2007), is how patients' view the care provided to them based on their knowledge of ideal nursing care. According to Miller, (2012), increased focus on patient centred care which entails considering patient views has made patient satisfaction to gain global interest as a key indicator of quality nursing care. Russel, (2016) adds that in a health set up, nursing care is the major determinant of patient satisfaction. The nursing care needs to consider patient as an individual with specific needs and unique values. With this understanding, a nurse can offer care that is satisfying to the patient.

Rejab, (2012), points out that a positive caring attitude towards patient and assisting with activities of daily living are basic to promoting patient satisfaction by the nurse. This implies the little aspects of care not seen important have great impact in the care nurse offer.

In an oncology ward, cancer patients' admission is a lengthy one to achieve treatment goal. Assessing level of patient care satisfaction is therefore paramount to improving their quality of care by the nurse. This calls for meeting both physical and psychosocial needs of cancer patient in a timely, respective and sensitive manner (Tremblay, Roberge & Berbiche, 2015).

The Lance Armstrong Foundation of cancer survivors in their report in 2010, 45% of patients reported that their emotional needs were unmet, 29% had physical needs unmet, 46% lacked grieving care, while 39% missed attention for their low mood. This study shows that there was some dissatisfaction among cancer patients in meeting both their psychosocial and physical needs. In another study done in oncology wards in Australia and Victoria to identify factors contributing to missed care, talking to patients was rated

the most common missed care(88.2%), followed by failure to update nursing care plans (76.5%) and educating patient and family (64.7%). This study showed that cancer patients were most dissatisfied with psychosocial care (Jacosben, 2017). This showed how interacting with the patient is fulfilling to them.

Akhtari-Zavarel et al, (2012), report showed that 81.1% of patient satisfaction as to do with the care offered by the nurse which is expected to be of high quality hence meeting all patient needs. Similarly, Senarath et al, (2013) study revealed that the highest satisfaction level was related to nursing care, and the lowest to the service quality at the health facility. In another study conducted in Bialystok comprehensive cancer centre, 96% of patients reported that nurses knew their needs, 82% of patients said nurses acted professionally and did a good work, 66% said nurses were experienced, 66% had advanced qualifications and 82% had satisfying interpersonal skills. Generally, the nursing care provided by the department was rated as excellent leading to complete satisfaction with care among the cancer patients. On the contrary, a report by Canadian partnership against cancer (CPAC, 2017), out of the 88% of the cancer patients that were examined for clinical manifestations, 44.3% had depression, 50% pain, 56.2% had anxiety and 75.1% fatigue. This reflected poor outcome of cancer patient care leading dissatisfaction with the care offered in the ward.

According to Eman et al, (2013), cancer patients were also less satisfied with their interactions with nurses taking care of them. Decreased satisfaction level was observed in care continuity, waiting time to receive medical investigation results and to obtain a doctor's appointment.

According to Salam et al, (2010), despite numerous trials and achievements with evaluation of patient satisfaction, research has showed the need for more exploration of

level of patient satisfaction especially in regard to the interpersonal relationship between the nurse and cancer patient

In conclusion, according to Mahendrin et al, (2017), being able to identify patient physical and psychosocial needs in a timely manner and offer the appropriate care is the main promoter of quality nursing care and patient satisfaction among the cancer patients. Oncology nurses therefore needs to be vigilant and sensitive to cancer patient needs to promote satisfaction with the nursing care offered.

2.5 Cancer Patient Characteristics Influence on Perceptions on Nursing Care

According to Taylor et al, (2014), individuals' perception on nursing care is associated to social-economic level, age, cognitive capacity, culture, beliefs and tribe. Johansson, Olemi, & Fridlund, (2012), review on patient care satisfaction, it indicated that patient socio-demographic characteristic is a factor influencing patient perception on nursing care. On the other hand, Yim et al, (2010), highlights factors that influence perceptions on nursing care as, age, gender, education, and ethnic background among others. In his study on breast cancer patients satisfaction level, he found age, religion, income, stage of disease, patient level of education and awareness as some of the factors affecting patient satisfaction.

Another study by Bozdogan, Yeslot & Fatma, (2017), in Ankara, found that perceptions on nursing care decreased with age of patient. Individual experiences increased with their ages and the way they met with their needs and coped with issues differed. Patients who are helpless were dissatisfied with spiritual support which showed a gap in nursing skills on patient spiritual care, but generally satisfied with psychosocial and physical support.

According to Johansson et al, (2012), research on patient demographic characteristics influence on perceptions on nursing care, older females >80years valued physical care more than younger males.

This may be supported by the fact that older patients require more physical assistance. According to Georgaki et al, (2012), as the cancer disease period last longer, nurses may become more insufficient in managing the interpersonal needs. This is because the individual needs change and patients learn to manage their own needs and so expectations on nurse patient relationship change.

In a different study done in Ontario Canada to measure perceptions of patients on quality of care, cancer patients on chemotherapy, radiotherapy and chemo radiotherapy were analysed. The results showed that all the three categories of patients had different perceptions on nursing care. Patient on chemotherapy were reported to be the majority (Guillermo, Sandoval & Brown, 2006).

In a comparative study by Henoch et al, (2011) in California on care views, both lung cancer patient and family reported low level of care. This showed that the type of cancer has an influence on how the patient perceives the care offered.

According to Flagg, (2015), individual differences among cancer patients in terms of their health, illness and needs point out the need to provide individualized, sensitive and holistic care. The study suggested further research in the oncology ward with clear distinction between patients and their phases of disease.

2.6 Summary

From the review literature, Nursing care is a major contributor to patient's recovery and hence a vital service. It entails physical and psychosocial care. Cancer patients expect all

their needs to be met by the nurse though in most cases this is not the case. Psychosocial care has been found to miss most of the time. The nature of nursing care cancer patients receive therefore has been found to influence their level of satisfaction. Making it clear what influences cancer patient perceptions on nursing care will boost care of cancer patient hence better outcomes. Cancer patient expectations, care satisfaction, sociodemographic and illness related characteristics all play a big role. Kenyan studies on how cancer patients perceive nursing care however, are lacking despite numerous studies on the same in developed countries, hence a great need to conduct this research.

CHAPTER THREE: RESEARCH METHODOLOGY

3.1 Research Design

This was a descriptive cross-sectional study, since it involved data collection at one point in time. Quantitative approach was used to assess determinants of perceptions on nursing care among cancer patients admitted in oncology wards at Kenyatta National Hospital.

3.2 Study Variables

Independent variables were cancer patient related characteristics (age, gender, marital status, educational level, type of cancer, stage of cancer, duration since diagnosis and treatment modality), cancer patient expectations on nursing care and cancer patient satisfaction with nursing care. Cancer patient related characteristic referred to a quality that a cancer patient possess which is either socio-demographic or cancer related. Cancer patient expectation on nursing care meant how cancer patient anticipates the nursing care provided to be. Cancer patient satisfaction with nursing care was defined as the contentment with nursing care provided as a result of meeting patient needs/expectations.

Dependent variable was cancer patients' perceptions on nursing care. This referred to the patient's rating of psychosocial and physical care they received during their stay in the ward. The ratings were poor, good, very good or excellent.

3.3 Study Area

The study was conducted at KNH. KNH is the largest National referral and teaching hospital in Kenya and a regional referral Hospital in East Africa. It is located in Nairobi County off Mbagathi road. The hospital has 50 wards, 22 outpatient clinics, Accident and Emergency Department and 24 theatres (16 specialised). The bed capacity is 2000 with over 1700 nurses and 200 doctors. On average, bed occupancy is greater than 300%.

The study was conducted in the oncology wards; GFD and 8C each of which has a capacity of 32 patients, but number of patients at times may spill over to up to 60. Major admission is Monday with an average of 20 admissions. A total admission in a month therefore on average is 120 patients. The total number of nurses is 10.

3.4 Study Population

The study population was adult cancer patients aged 18 years and above, admitted in the oncology wards at KNH.

3.5. Selection Criteria

3.5.1 Inclusion Criteria

- The patients above 18 years of age both males and females since they were able to answer sufficiently questions asked.
- Those who had received care for at least 48 hours due to their experience in being in the ward and had to have a confirmed cancer diagnosis.
- Those who consented to participate in the study

3.5.2 Exclusion Criteria

- The patients who were unable to communicate, and in unstable condition.

3.6 Sample Size Determination

The following formula was used to determine sample size (Mugenda and Mugenda, 2003)

$$n = \frac{z^2 pq}{d^2}$$

where: n= the desired sample size for population > 10,000 z= standard normal deviate (1.96), corresponding to 95% confidence level p= estimated proportion taken as 50% (0.5), since cancer patient perceptions on nursing care was not known

q= 1-p d= degree of accuracy usually set at 0.05

$$n = \frac{1.96^2 \times .50 \times .50}{384^2}$$

= 384

The study was adjusted for finite population as follows (Fishers' et al (1998)

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

where: nf= desired sample size for population < 10,000 n= desired sample size for population > 10, 000

N= estimate of the population size = 120

Therefore nf= 384/1+ (384/120)

$$nf = \frac{384}{1 + \frac{384}{120}}$$

= 91.4

= 91+ 9(10% non-respondents) = 100

3.7 Sampling Procedure

Purposive sampling technique was used. This involves use of the participants that have the required information and possess the required characteristics based on the objectives of the study and the criteria set by the researcher (Polit & Beck, 2014).Before selecting potential participants, the researcher sought permission from the ward in charges to access the participants. The researcher used the nurses in the ward to quickly identify those patients above 18 years (male and female), who had been in the ward for a minimum of 48 hours, with a confirmed diagnosis of cancer, were able to communicate and were willing to consent to participate in the study. The researcher and the assistants also reviewed patient files/notes and orally interviewed patients twice a week to see if they met inclusion criteria until a sample of 100 participants was reached.

3.8 Data Collection Tool

A semi-structured, researcher administered questionnaire in both English and Kiswahili version was used to collect data. It was divided into three parts:

Part 1: Cancer patient characteristics, both socio demographic and illness related characteristics

Part 2: Patient expectations on nursing care

Part 3: Patient satisfaction with nursing care

The questionnaire had a 5-point Likert scale which was used to determine patient expectations on nursing care with 1 for strongly disagree and 5 for strongly agree. A 3point Likert scale, was used to assess level of satisfaction with the nursing care provided for each psychosocial and physical need, with 1 for not satisfied and 3 for satisfied. The score for each response category was used to determine patient perception on the nursing care.

3.9 Recruitment Strategy/ Data Collection Technique

- After seeking permission from the ward in charges, the researcher used the nurses working in the respective wards to assist in identifying the potential cancer patients that met the above criteria.

- The researcher and the research assistants also reviewed the patient's files twice a week to identify those patients who met the inclusion criteria.

- Among those identified, only those who consented to participate in the study were further interviewed and issued with a questionnaire.

Data collection was done over a period of one month.

3.10 Research Assistants Training

Two research assistants were recruited with the assistance of the ward in charges. The recruitment criteria involved registered nurses with experience in nurse-patient interaction. Once they agreed to assist in the research, the researcher arranged with them on an agreed time for training. The information shared included the study purpose, the objectives of the study, ethical legal issues relevant to the study, consenting procedure and how to answer the questionnaire.

3.11 Data Quality Assurance

The standardised data collection tool was adopted from the Caring Assessment Questionnaire (Care- Q) by Larson (1981, 1984). This is a most frequent used instrument for assessing caring in the world, as offered by the nurse. Originally it consisted of 50 caring behaviours of the nurse categorised in 6 subscales; being accessible-6 items, explains and facilitates-6 items, comforts-9 items, anticipates-5 items, trusting relationship-16 items, monitors and follows through-8 items. Based on the literature

review and study objectives, the researcher modified the tool to be able to assess determinants of perceptions on nursing care among cancer patients admitted in oncology wards. The data collection tool was reviewed and approved by MKU ERC and KNHUoN ERC.

The selected research assistants were qualified and with experience in nurse-patient interactions.

Patient details remained anonymous and confidential to protect their privacy.

A biostatician assisted with data analysis.

3.11.1 Data Collection Tool Reliability and Validity

The tool was pretested with nine (10% of sample size) cancer patients admitted in Nakuru County Hospital which is also a referral hospital for the county and admits a large number of cancer patients. The tool was then amended accordingly. The cronbach's alpha coefficient was 0.819 which meant a high degree of internal consistency.

3.12 Data Management

3.12.1 Data Cleaning

The data collected from the study was checked for completeness, cleaned, coded and entered into the computer as soon as it was generated.

3.12.2 Data Analysis

Data analysis was done using SPSS version 21. The quantitative data was analysed using descriptive statistics (frequencies, percentages, mean and standard deviation) to summarise and score the various cancer patient characteristics, rating of patient expectations, and level of satisfaction with nursing care. In determining patient

expectations with nursing care, a variable dubbed “expectation score” was computed based on the total sum of all responses where those whose score was < 40, were considered to have low expectations those who scored 40 were considered to have high expectations and those who scored >40, were considered to have very high expectation. Level of satisfaction was assessed through likert statements with 3 sets of responses, 1- not satisfied, 2- neutral, and 3- satisfied. Perception was based on rating of the nursing care (psychosocial care and physical care) as either poor, good, very good or excellent.

Inferential statistics (chi-square test and odds ratio) was used to find the association between independent and dependent variable.

Regression analysis was done for the various variables influencing level of satisfaction (based on chi-square results) using forward selection method to eliminate confounding variables. Regression was done in two phases where phase one involved those variables influencing satisfaction with psychosocial care followed by those variables influencing satisfaction with physical care.

3.13 Data Presentation

Data was presented by use of tables, pie charts and bar graphs.

3.14 Ethical Consideration

Before data collection, the researcher got ethical clearance from MKU/ERC, Ref. No. MKU/ERC/0855, NACOSTI research Permit No: NACOSTI/P/18/61097/23284, Approval from KNH-UoN ERC (P531/07/2018), and a Study Registration Certificate endorsed by KNH head of Oncology Department. Ward in charge was asked for permission to access the participants. Respect for individual participants was expressed by recognising their autonomy and right to self-determination. Confidentiality and

anonymity was ensured by assuring the participants that the information they give would not be shared with other people without their permission. Their identity would also not be revealed since their name would be coded. The nature and purpose of the research was explained to participants to enable them give consent.

3.14.1 Consenting Procedure

- Researcher obtained approval/permission from the above levels of authority
- Researcher approached nurses working in the respective wards to assist in recruiting potential participants
- Researcher and the assistants reviewed patient files and developed a list of potential study participants.
- The researcher and the assistants approached the selected participants individually, introduced self and then explained all the contents of the consent form. For the participants who were not competent in either English or Kiswahili, the researcher/assistants sought for a translator among the relatives, willing stable patients or nurses in the ward.

  The consent explanation included; nature and purpose of the research, research approval, potential benefits, possible risks/discomfort and how they were to be handled, assurance of anonymity and confidentiality, right to self-determination, number of subjects targeted and procedures.
- When a patient agreed to participate he/she signed the statement of consent then the researcher/assistants guided him or her to a set room in the ward to answer the questionnaire if their privacy was compromised. For those who were not able to get out of the bed, the bed was screened for privacy then they proceeded to answer the questions while in bed.

- On completing the questionnaire the researcher/ assistant picked the filled questionnaire, thanked the participant, guided him/her back to bed comfortably and then proceeded with the next. This continued until a sample of 91 was reached.

CHAPTER FOUR: RESULTS AND DISCUSSIONS

4.1 Introduction

In this chapter, results were presented according to the findings from the questionnaire. The chapter was organized starting from the overall questionnaire response rate and the rest of the data was presented based on the specific objectives of the study i.e. patient related characteristics that influenced perception on nursing care, expectations on nursing care, and satisfaction with nursing care. Inferential statistics were also used to test for association between expectations and perception on nursing care and also between satisfaction level and perception, at a significance level of <0.05. Chi square and odds ratio were used to test for the strength of association. Multiple regression was used to eliminate variables in the level of satisfaction whose association was due to chance hence remaining with the true influencing variables on perception.

4.2 Questionnaire Response Rate

A total of 91 questionnaires were duly filled out of a calculated sample size of 100 participants. This represented a response rate of 91%.

In actual sense, this was a 100% representation since the sample size of 100 was arrived at by adding 10% (non-respondents). Since purposive sampling was used which involved careful selection of subjects that met the inclusion criteria, there were no nonrespondents. In addition, data collection was through a researcher administered questionnaire which ensured all questionnaires were fully filled until a sample of 91 was reached.

4.3 Patient Related Characteristics that Influenced Perception on Nursing Care

The null hypotheses were analysed separately starting with the first one, which stated that, there was no relationship between cancer patient related characteristics and perception of nursing care offered in the wards.

Patient related characteristics were divided into two i.e. socio-demographic characteristics (gender, age, religion, marital status, occupation, level of education, province of residence and area of residence) and illness-related characteristics i.e. type of cancer, stage of cancer, treatment modality, duration since diagnosis, hospital length of stay and previous number of admissions.

On the other hand, perception on nursing care referred to the patient's rating of psychosocial and physical care given by the nurses during the patient's hospital stay. On perception of psychosocial care, 94.5% (86) rated it as good while 5.5% (5) rated it as very good. On perception on physical care, 86.8% (79) rated it as good while 13.2% (12) rated it as very good. The rating of perception was the dependent variable and therefore no statistical tests that were performed on it. However, some patient related characteristics and other independent variables had statistically significant associations with perception as demonstrated in the subsequent pages.

Table 1: Socio-Demographic Characteristics (Gender, Age, Religion, Marital Status)

Characteristic	Frequency(n)	Percentage (%)
Gender		
• Male	49	53.8
• Female	42	46.2
Total	**91**	**100**

Age in years		
• 18-29	15	16.5
• 30-39	15	16.5
• 40-49	16	17.6
• 50-59	27	29.7
• >60	18	19.8
Total	**91**	**100**
Religion		
• Christian	90 1	98.9
• Muslim	**91**	1.1
Total		**100**
Marital status		
• Single	19	20.9
• Married	64	70.3
• Separated	5	5.5
• Widowed	3	3.3
Total	**91**	**100**

Source: Researcher (2018)

Table 1 above shows that 53.8% (49) were males while 46.2% (42) were females. The ages of the respondents were evenly distributed with 16.5% (15) aged between 18-29, 16.5% (15) between 30-39, 17.6% (16) between 40-49, 29.7% (27) between 50-59 and 19.8% (18) aged above 60 years. Majority were Christians with 98.9% (90) while 1.1% (1) were Muslims. Most of the respondents were married with 70.3% (64), 20.9% (19) were single, 5.5% (5) were separate and 3.3% (3) were widowed.

Chi squared tests revealed no significant association between genders, age, religion, and marital status with perception on nursing care. (p=>0.05)

Table 2: Socio-demographic Characteristics (Occupation, Level of Education and Area of Residence)

Characteristic	**Frequency (n)**	**Percentage (%)**

Occupation		
• None	1	1.1
• Professional	26	28.6
• Business	20	22
• Farmer	28	30.8
• Housewife	8	8.8
• Student	5	5.5
• Juakali	3	3.3
Total	**91**	**100**
Highest Level of education		
• No school	6	6.6
• Primary	39	42.9
• Secondary	31	34.1
• Tertiary	15	16.5
Total	**91**	**100**
Area of residence		
Urban	6	6.6
• Semi-urban	23	25.3
• Rural	62	68.1
Total	**91**	**100**

Source: Researcher (2018)

Table 2 above shows that, 28.6% (26) were professionals, 22% (20) were business persons, and 30.8% (28) were farmers, while the other occupations had each less than 10%. On level of education, 42.9% (39) had primary education, 34.1% (31) had secondary education, 16.5% (15) had tertiary education and 6.6% (6) had no formal education. Finally, majority i.e. 68.1% (62) were rural dwellers, 25.3% (23) were semiurban dwellers and 6.6% (6) were urban dwellers.

Table 3: County of Residence

County	Frequency	Percentage

Nyandarua	5	5.5
Vihiga	1	1
Kiambu	18	19.7
Machakos	3	3.2
Nyeri	11	12.1
Nakuru	5	5.4
Homabay	2	2.1
Kitui	5	5.5
Makueni	4	4.3
Baringo	2	2.1
Kisii	3	3.2
Bungoma	3	3.2
Nairobi	3	3.2
Muranga	5	5.4
Nyamira	2	2.1
Meru	3	3.2
Siaya	3	3.2
Uasin gishu	2	2.1
Kakamega	3	3.2
Kirinyaga	6	6.5
Laikipia	2	2.1
Total	**91**	**100**

Source: Researcher (2018)

Table 3 shows that most respondents i.e. 49.2% (45) came from the central part of Kenya. These were Kiambu, Muranga, Nyeri, Kirinyaga and Nyandarua County. Other counties recorded low numbers of respondents with the lowest being Vihiga County.

Area of residence significantly affected perception on physical nursing care offered in the ward (χ^2=5.219, df=1, p=0.022, OR=0.118) where those from urban areas were likely to rate physical care as “very good”.

Table 4: Association between Area of Residence and Physical Care Perception

Physical care (perception)	Urban	Nonurban	Significance level			
			χ^2	Degrees of freedom	Pvalue	OR
• Good	50%(3)	89.4%(76)	5.219	1	0.022	0.118
• Very good	50%(3)	10.6%(9)				

Source: Researcher (2018)

Table 5: Illness Related Characteristics (Cancer Type)

Type of cancer	Frequency (n)	Percent (%)
Brain/head/neck	10	11.0
Breast	4	4.4
Cervix/uterine/ovarian	4	4.4
Prostate/testicular	1	1.1
Colorectal/bowel	16	17.6
Lung	2	2.2
Haematology/lymphoma	37	40.7
Sarcoma/bone	5	5.5
Skin	5	5.5
Pancreas	2	2.2
Gastric	2	2.2
Jaw	1	1.1
Gall bladder	1	1.1
Oral	1	1.1
Total	**91**	**100.0**

Source: Researcher (2018)

Table 4 above shows that the haematology/lymphoma cancers were the most common with 40.7% (37), followed by colorectal/bowel cancers with 17.6% (16) and brain/head/neck cancer with 11% (10). The other types of cancers accounted for less than

10% each. Chi square analysis revealed no significant association between type of cancer and the perception on nursing care (p=>0.05)

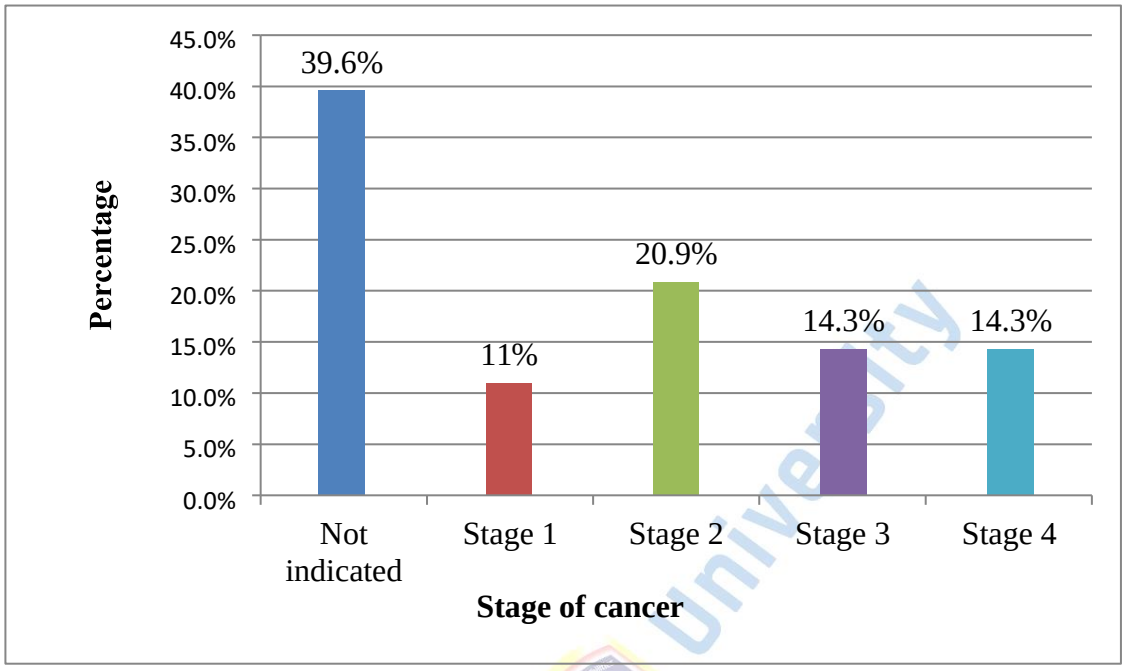


Figure 2: Illness Related Characteristics (Stage of Cancer)

Source: Researcher (2018)

Figure 2 above shows that 39.6% (36) of the cancer cases were not yet staged, 11% (10) were stage one, 20.9% (19) were stage two, 14.3% (13) were stage three and 14.3% (13) were stage four. Stage of cancer was categorized as stage two and below, including unstaged, and stage three and four. There was no statistically significant relationship between stage of cancer and perception on psychosocial nursing care offered in the ward (χ^2=2.463, df=1, p=0.117, OR=4.364) and physical nursing care (χ^2=1.304, df=1, p=0.254, OR=2.107)

Table 6: Illness Related Characteristics (Treatment Modality)

Treatment modality	Frequency (n)	Percent (%)
Chemotherapy	78	85.7
Radiotherapy	2	2.2

Chemotherapy & radiotherapy	6	6.6
Chemotherapy & surgery	4	4.4
Haematinics	1	1.1
Total	**91**	**100.0**

Source: Researcher (2018)

Table 6 above shows that the commonest treatment modality was chemotherapy with 85.7% (78), radiotherapy had 2.2% (2), chemotherapy and radiotherapy had 6.6% (6), chemotherapy and surgery had 4.4% (4) and haematinics had 1.1% (1). Treatment modality was categorized at chemotherapy and other modalities. Chi squared tests revealed no significant association between treatment modality and perception on psychosocial nursing care (χ^2=0.129, df=1, p=0.72, OR=1.542) or physical nursing care (χ^2=0.451, df=1, p=0.502, OR=0.508) offered in the wards.

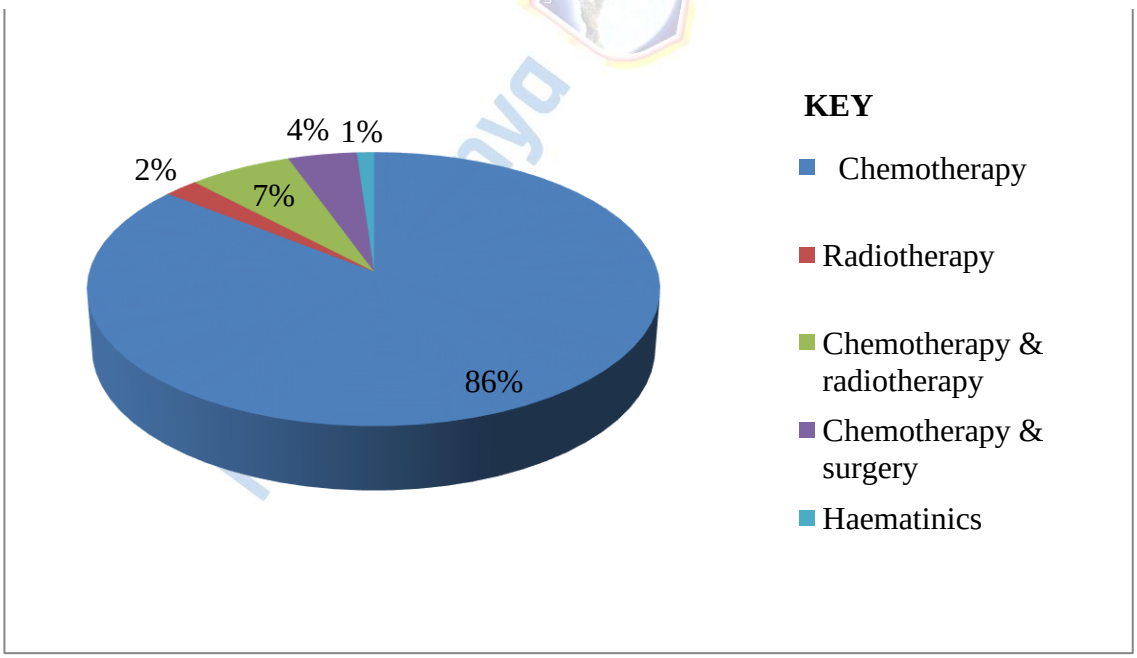


Figure 3: Illness Related Characteristics (Average Percentage of Treatment Modality)

Source: Researcher (2018)

Table 7: Illness Related Characteristics (Duration since Cancer Diagnosis)

Duration	Frequency (n)	Percent (%)
Less than 6 months	25	27.5
6 months to 5 years	62	68.1
6 years to 10 years	3	3.3
Over 10 years	1	1.1
Total	**91**	**100.0**

Source: Researcher (2018)

Table 7 above shows that 27.5% (25) had stayed for less than six months since cancer diagnosis, 68.1% (62) had stayed for six months to five years, 3.3% (3) had stayed for six to ten years and 1.1% (1) had stayed for over ten years. Duration since diagnosis was categorized as below six months and six months and more. Chi squared tests revealed no significant association between duration since cancer diagnosis with perception of psychosocial nursing care (χ^2=0.388, df=1, p=0.533, OR=0.548) and physical nursing care (χ^2=0.230, df=1, p=0.631, OR=0.724) given in the wards.

Table 8: Illness Related Characteristics (Hospital Length of Stay)

Hospital length of stay	Frequency (n)	Percent (%)
48 hours(2 days)	50	54.9
3-5 days	16	17.6
6-10 days	2	2.2
Above 10 days	23	25.3
Total	**91**	**100.0**

Source: Researcher (2018)

Table 8 above shows that majority of the respondents i.e. 54.9% (50) stayed for 48 hours in hospital, 17.6% (16) stayed for 3-5 days, 2.2% (2) stayed for 6-10 days and 25.3% (23) stayed for more than 10 days. Chi squared test of association revealed that, hospital length

of stay influenced perception of nursing care with regard to physical care (χ^2=8.380, df=1, p=0.004) where those with ≤5days of admission were likely to rate the care as "very good"

Table 9: Association between Hospital Lengths of Stay with Perception

Perception of physical care	≤5days	>5 days	χ^2	p-value	icance vel of Degrees freedom
• Good	68.4%(54)	31.6%(25)	8.384	0.004	1
• Very good	100%(12)	0%			

Source: Researcher (2018)

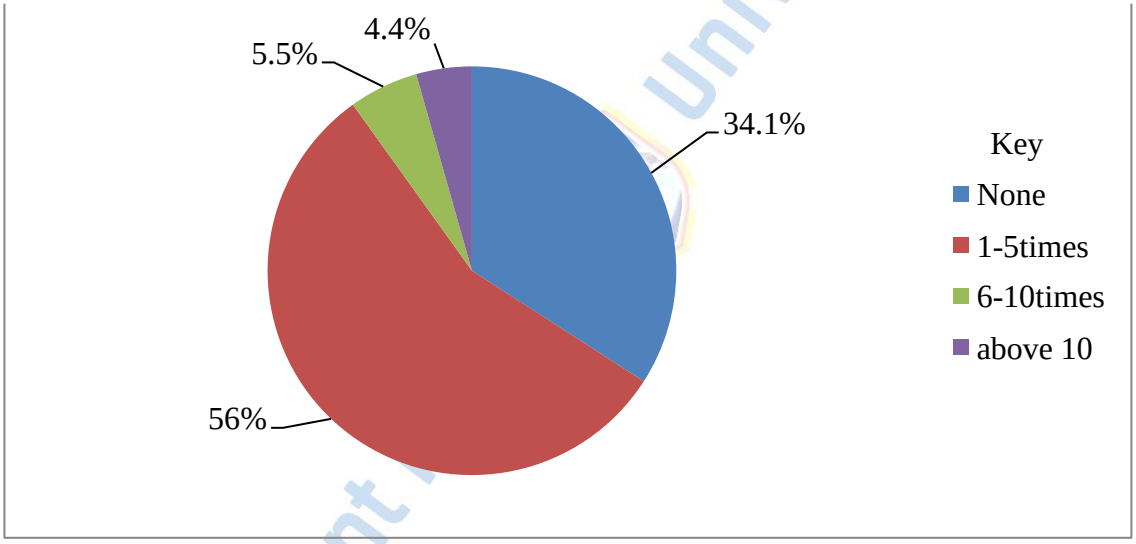


Figure 4: Illness Related Characteristics (Previous Number of Admissions)

Source: Researcher (2018)

Figure 4 above shows that 34.1% (31) had no previous admissions, 56% (51) had 1-5 admissions, 5.5% (5) had 6-10 admissions and 4.4% (4) had above 10 admissions. Previous admissions were grouped into none and one and above. There was no statistically significant association between previous admission and perceptions on

psychosocial nursing care (χ^2=2.734, df=1, p=0.098, OR=1.091) and physical nursing care (χ^2=1.863, df=1, p=0.172, OR=2.900) offered in the ward.

Table 10: Summary of Significant Patient Characteristics Influencing Perception on Nursing Care

Variable	Category	Perception of care		df	**Statistical values**
		Good	Very good		
Residence	Urban	3(50%)	3(50%)	1	P=0.022
	Non-urban	76(89.4%)	9 (10.6%)		χ2=5.219
Hospital length of stay	≤5days	54(68.4%)	12(100%)	1	P=0.004
	>5days	25(31.6%)	0%		χ2=8.384

Source: Researcher (2018)

Table 10 shows that residence and hospital length of stay influenced perception on nursing care offered in the wards (p=<0.05). Thus, null hypothesis that there was no relationship between cancer patients' characteristics and perception on nursing care was rejected.

4.4 Expectations on Nursing Care Offered in the Ward

In order to determine the expectations on nursing care offered in the wards, the researcher used a set of 10 likert statements, against which responses were rated on a scale of 1-5. On this scale, 1 represented "strongly disagree", 2 represented "disagree", 3 represented "neutral", 4 represented "agree" and 5 represented "strongly agree".

Table 11: Expectations on Nursing Care Offered In the Ward

Patient's expectation of the nursing care	**S.D**	**D**	**N**	**A**	**S.A**
To be friendly	0	0	1.1% (1)	97.8%(89)	1.1% (1)
To be empathetic	0	0	2.2% (2)	96.7% (88)	1.1% (1)
To be compassionate	0	0	2.2% (2)	95.6% (87)	2.2% (2)

To be sensitive	0	0	2.2% (2)	95.6% (87)	2.2% (2)
To meet my physical needs	0	0	1.1% (1)	97.8% (89)	1.1% (1)
To meet my psychosocial needs	0	0	2.2% (2)	96.7% (88)	1.1% (1)
To treat me as an individual	0	0	2.2% (2)	95.6% (87)	2.2% (2)
To respect my beliefs and values	0	0	2.2% (2)	96.7% (88)	1.1% (1)
To inform me and my family about the disease, treatment and the side effects	0	1.1% (1)	1.1% (1)	96.7% (88)	1.1% (1)
To involve frequent checking of my progress	0	0	1.1% (1)	94.5% (86)	4.4% (4)

Key: S.D-Strongly disagree, D-Disagree, N-Neutral, A-Agree, S.A-Strongly agree

Source: Researcher (2018)

Table 11 above shows that most responses were “agree” which had 96.4% (877) of the total responses, “strongly agree” had 1.8% (16), “neutral” had 1.8% (16), “disagree” had 0.1% (1) and “strongly disagree” had 0%. This indicated that the respondents had generally high expectations on nursing care offered in the ward. A variable dubbed “expectation score” was computed based on sum total of all responses whereby S.D=1, D=2, N=3, A=4 & S.A=5 where those who scored<40 were considered to have low expectations, those who scored 40 were considered to have high expectations and those who scored >40 were considered to have very high expectations.

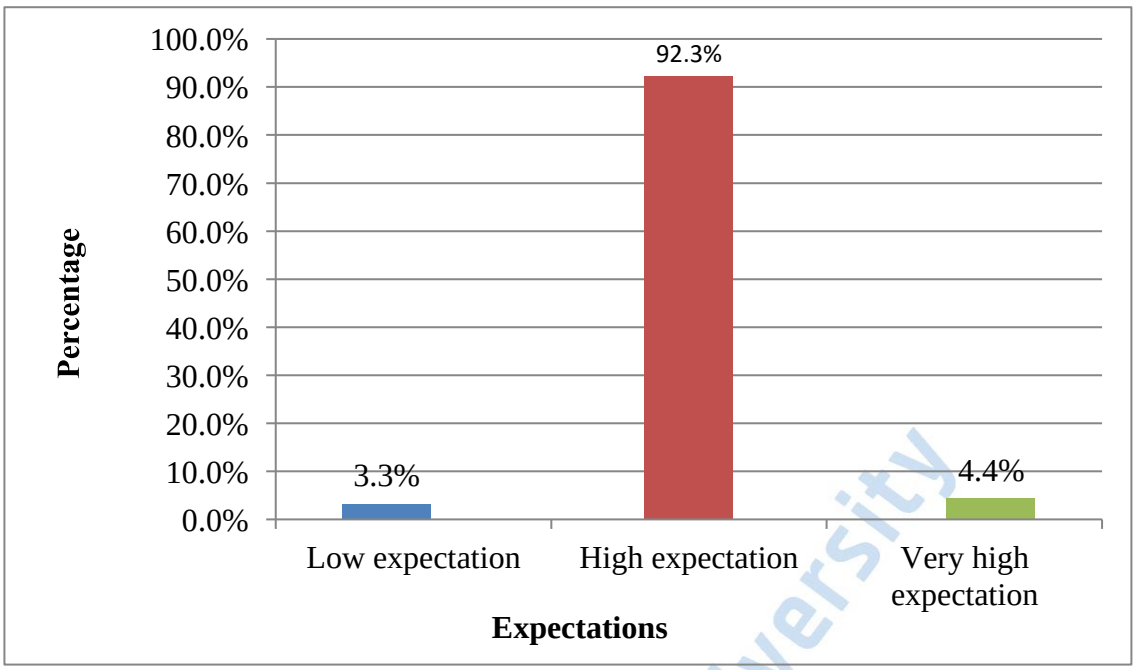


Figure 5: Expectations on nursing care provided in the ward

Source: Researcher (2018)

Figure 5 shows that majority i.e. 92.3% (84) had high expectations, 4.4% (4) had very high expectations and 3.3% (3) had low expectations. Chi squared tests revealed an association between patient expectation and perception on physical nursing care (χ^2=4.834, df=1, p=0.028, OR=0.064) whereby those with low expectations were likely to rate physical care as "very good".

Table 12: Association between Expectations and Perception on Physical Care

Expectation	Perception of care		Significance level			
	Good	Very good	χ^2	Df	p-value	Odds ratio
• Low	33.3% (1)	66.7% (2)	4.834	1	0.028	0.064
• High & Very high	88.6% (78)	11.4% (10)				

Source: Researcher (2018)

Table 12 demonstrates that there was a significant association between cancer patients' expectations and perception on nursing care (p=<0.05) and therefore, the null hypothesis that there was no significant relationship between cancer patients expectations with perception on nursing care was consequently rejected.

4.5 Satisfaction with Nursing Care Offered in the Ward

Satisfaction statuses were assessed through Likert statements with three sets of responses i.e. "not satisfied, neutral and satisfied". Satisfaction was also assessed by analyzing the patients' priority needs, whether or not their expectations were met and the recommendations they gave. Satisfaction was assessed first on psychosocial care and then on the physical care patients were offered while in the ward. Descriptive statistics were applied for priority needs; expectations and recommendations while inferential statistics (chi square was applied for the likert statements)

Table 13: Satisfaction Status for Psychosocial Care

Psychosocial care	NS	N	S
Nurse is available when I need him/her	7.7%	31.9%	60.4%
Nurse encourages me to verbalize fears and concerns	5.5%	39.6%	54.9%
Nurse educates me and my family on cancer disease e.g. cause, treatment, prevention	73.6%	24.2%	2.2%
Nurse educates me on coping strategies e.g. joining cancer support groups, involving family members, and getting a medical insurance cover	69.2%	28.6%	2.2%
Nurse respects my privacy	8.8%	83.5%	7.7%
Nurse involves spiritual adviser as I desire	72.5%	24.2%	3.3%
Nurse organizes counselling for me and my family	74.7%	22%	3.3%
Nurse emotionally supports me on anticipatory grieving, altered appearance, altered sexual function, hair loss and changes in family role	70.3%	24.2%	5.5%

Nurse addresses my employment needs	78%	17.6%	4.4%
Nurse addresses my financial needs	78%	16.5%	5.5%
Average satisfaction level	53.8%	31.2%	14.9%

Key: NS=Not satisfied, N-Neutral, S-Satisfied

Source: Researcher (2018)

Table 13 shows that most responses i.e. 53.8% (490) were for "not satisfied", 31.2% (284) were for "neutral" and 14.9% (136) were for satisfied.

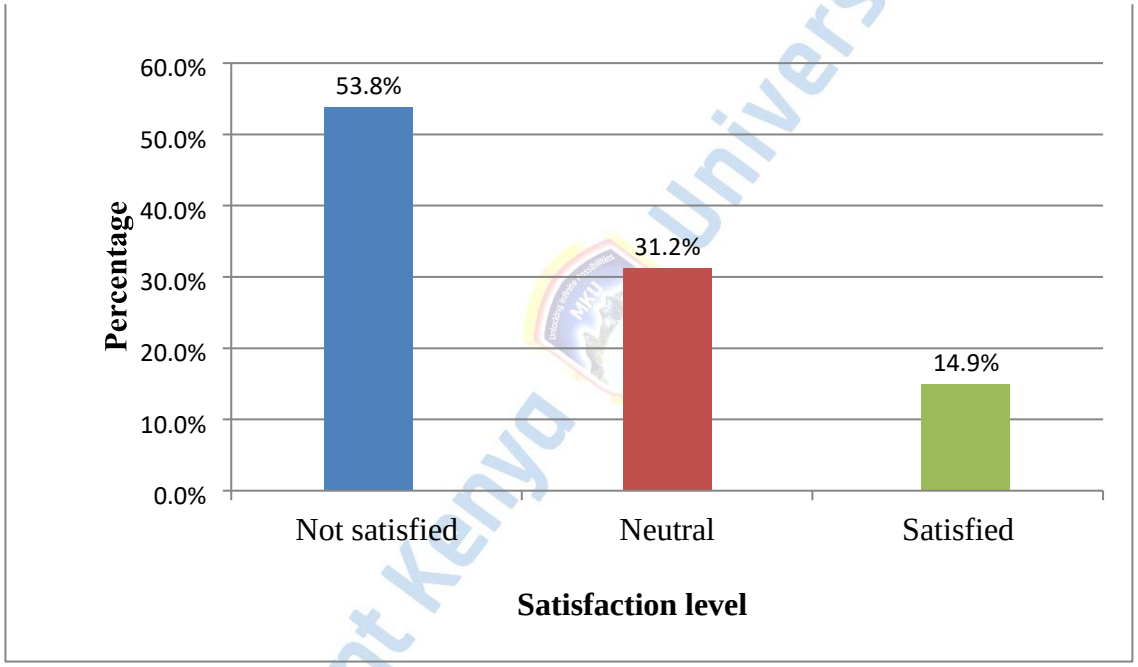


Figure 6: Satisfaction Status for Psychosocial Care Offered in the Ward

Source: Researcher (2018)

Chi squared tests of association demonstrated that the status of satisfaction with patient and family education on cancer cause, treatment and prevention affected perception on psychosocial nursing care positively (χ^2=8.042, df=2, p=0.018, OR=11.1) where those who were satisfied were likely to rate the care as "very good".

Satisfaction with nurse education on coping strategies positively affected perception of psychosocial care (χ^2=7.095, df=2, p=0.029, OR=22.2) where those who were satisfied were likely to rate the care as "very good". Satisfaction with spiritual adviser as patient desired affected perception of psychosocial care (χ^2=11.147, df=2, p=0.004, OR=19.71), where those satisfied were likely to rate the care as "very good"

Satisfaction with nurse organizing counselling for patient and family affected perception of psychosocial care (χ^2=11.488, df=2, p=0.003, OR=19.71) where those who were satisfied were likely to rate the care as "very good". Satisfaction with nurse offering emotional support affected perception of psychosocial care (χ^2=8.298, df=2, p=0.016, OR=11.76) where those who were satisfied were likely to rate the care as "very good".

Table 14: Relationship between Satisfaction Status & Perception on Psychosocial Care

Care item	Satisfaction status	Perception		Significance level			
		Good	V. good	χ^2	Df	P - value	OR
Nurse educates me & family on cancer	Not satisfied	98.5%	1.5%	8.042	1	0.018	11.1
	Satisfied	50%	50%				
Nurse educates me on coping strategies	Not satisfied	98.4%	1.6%	7.095	1	0.029	22.2
	Satisfied	50%	50%				
Spiritual adviser involvement as desired	Not satisfied	98.5%	1.5%	11.17	1	0.004	19.71
	Satisfied	33.3%	66.7%				

Nurse organizes counselling for me and family	Not satisfied	98.5%	1.5%	11.48	1	0.003	19.71
	Satisfied	33.3%	66.7%				
Nurse supports me emotionally	Not satisfied	98.4%	1.6%	8.298	1	0.016	11.76
	Satisfied	60.0%	40.0%				

Source: Researcher (2018)

The patients' priority needs were analyzed whereby the researcher picked the number one need on the list. Majority i.e. 97.8% (89) had emotional support as the priority need while 2.2% (2) had no priority psychosocial need. On whether expectations for psychosocial care had been met, 97.8% (89) reported that the expectations were partially met while 2.2% (2) said the expectations were fully met.

Respondents gave several recommendations on improvement of psychosocial care whereby 48.4% (44) recommended patient and family education, 82.4% (75) recommended improvement of emotional support, 15.4% (14) recommended frequent assessment of patient's needs, 2.2% (2) recommended that nurse be available as needed and 2.2% (2) recommended improvement of NHIF efficiency.

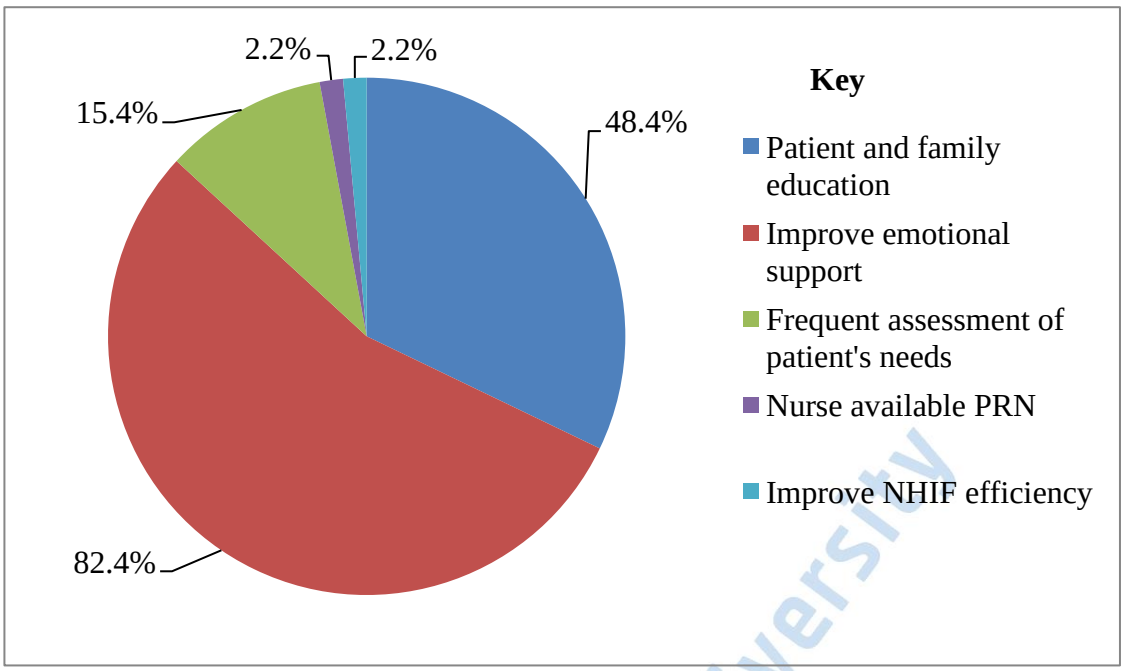


Figure 7: Recommendations for Improvement of Psychosocial Care

Source: Researcher (2018)

Table :

15 Level of Satisfaction with Physical Nursing Care

Physical care item	NS	N	S
Nurse checks my vital signs every 4 hours	82.4%	15.4%	2.2%
Nurse cleans the wound daily and when need be	7.7%	91.2%	1.1%
Nurse assesses oral cavity & provides care daily	17.6%	80.2%	2.2%
Nurse asks me for signs of nausea and vomiting and gives me antiemetic as need be	11%	81.3%	7.7%
Nurse keeps away unpleasant sights and odours	9.9%	86.8%	3.3%
Nurse ensures I have enough rest	4.4%	91.2%	4.4%
Nurse encourages me to take small frequent, high calorie and high protein meals	9.9%	85.7%	4.4%
Nurse assesses my pain and discomfort frequently and gives me pain medications as need be	9.9%	70.3%	19.8%
Nurse teaches me on non-pharmacological pain relief methods e.g. distraction ,imagery and relaxation	11%	85.7%	3.3%
Nurse assists me with daily activities such as bed making, hygiene, grooming, elimination and ambulation	4.4%	76.9%	18.7%
Average satisfaction level	16.8%	76.5%	6.7%

Key: NS-Not satisfied, N-Neutral, S-Satisfied

Source: Researcher (2018)

Table 15 above shows that, majority of the responses i.e. 76.5% (696) indicated a neutral position with regard to satisfaction status, 16.8% (153) indicated “not satisfied” and 6.7% (61) indicated satisfaction with physical care.

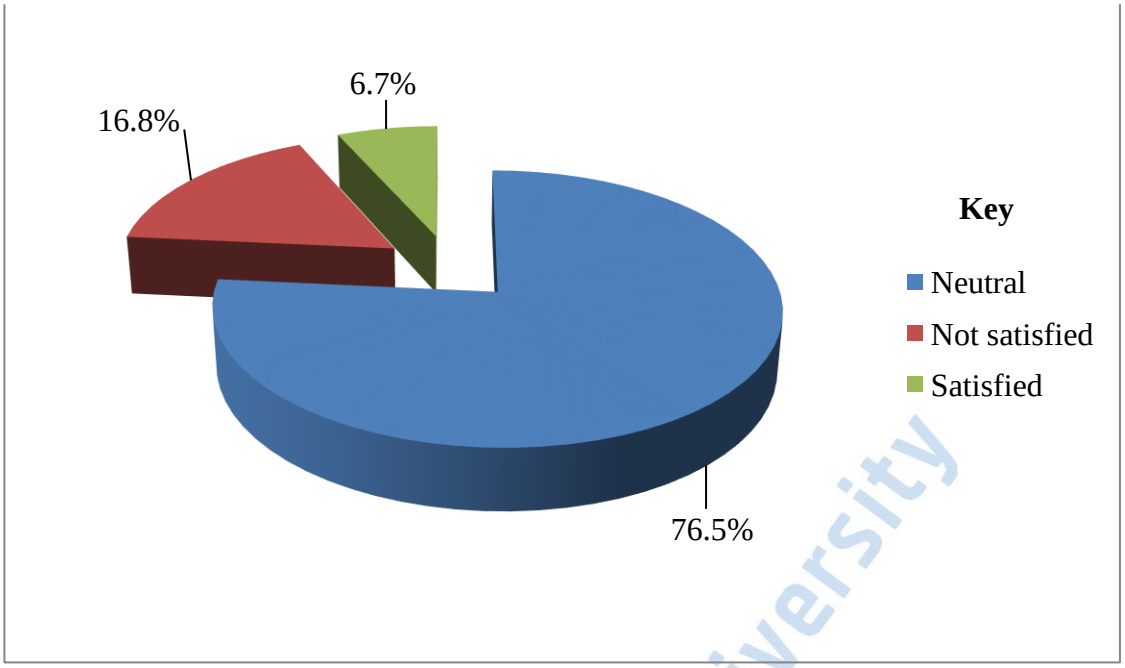


Figure 8: Satisfaction status of physical care offered in the ward

Source: Researcher (2018)

Chi squared test revealed that satisfaction with nurse checking vital signs every four hours affected positively perception on physical care (χ^2=8.129, df=1, p=0.017,OR=4.17) where those who were satisfied were likely to rate the care as "very good". Satisfaction with nurse ensuring that the patient got enough rest affected positively perception of physical care (χ^2=9.491, df=1, p=0.009) where those satisfied were likely to rate the care as "very good". Finally, satisfaction with nurse assisting the patient with daily activities positively affected perception of physical care (χ^2=7.940, df=1, p=0.0196) where those satisfied were likely to rate the care as "very good"

16 Association between Satisfaction Status and Perception on Physical Care

Care item	Satisfaction status	Perception on physical care		Significance			
		Good	V.good	χ^2=	Df	P	OR

Table :

Nurse checks my vital signs 4 hourly	Not satisfied	92%	8%	8.129	1	0.017	4.17
	Satisfied	50%	50%				
Nurse ensures I have enough rest	Not satisfied	100%	0%	9.491	1	0.009	-
	Satisfied	25%	75%				
Nurse assists me with daily activities	Not satisfied	100%	0%	7.940	1	0.019	-
	Satisfied	64.7%	35.3%				

Source: Researcher (2018)

The respondents had different priority physical needs whereby 26.4% (24) stated pain management as the priority need, 37.4% (34) stated treatment, 7.7% (7) nausea and vomiting, 1.1% (1) drug administration monitoring/physiotherapy/physical exam/basic needs/nutrition/uniform/rest/fever management, 2.2% (2) stated dizziness/drug side effect management/health education, 3.3% (3) stated wound care/specimen collection and 4.4% (4) stated completion of chemotherapy.

Majority of the respondents i.e. 96.7% (88) felt that their expectation on physical care had been partially met, 2.2% (2) felt they had been fully met, while 1.1% (1) felt the physical care expectations had not been met. Respondents had recommendations for improvement of physical care whereby 52.7% (48) recommended assessment of patient's needs, 4.4% (4) recommended medication administration monitoring, 24.2% (22) recommended prompt intervention with respect to drug administration and blood transfusion, 6.6% (6) recommended nurse availability when needed, 4.4% (4) recommended nurse to be more sensitive to physical needs/monitoring of patients' progress, 2.2% (2) avail chemotherapy drugs and 1.1% (1) recommended food

improvement/monitoring of drug side effects/inform patient of his progress/avail hospital uniform/provision of holistic care.

Between psychosocial and physical care, 59.3% (54) felt both were important, 20.9% (19) felt psychosocial care was more important while 19.8% (18) felt that physical care was more important. On general level of satisfaction, 94.5% (86) were satisfied with the care in the ward while 5.5% (5) were not. Among those who were generally satisfied, 97.6% (84) said they found physical care most satisfying while 2.3% (2) found psychosocial care most satisfying.

Regression analysis was done for the various variables influencing level of satisfaction using forward selection method. Regression was done in two phases where phase one involved those variables influencing satisfaction with psychosocial care followed by those variables influencing satisfaction with physical care. The variables included in each phase were those that were significant ($p<0.05$) according to chi squared tests performed earlier in this chapter.

17 Regression model summary for satisfaction as predictor of perception on psychosocial care

Model	R	R Square	Adjusted R Square	Std. Error of the Estimate	Change Statistics			
					R Square Change	F Change	Df	Sig F change
1	.898[a]	.807	.804	1.6	.807	371.07	1	0.000

a Predictors: (Constant), Nurse organizes counselling for me and my family

ANOVA[a]

Model	Sum of Squares	df	Mean Square	F	Sig.

Table :

1	Regression	966.978	1	966.978	371.075	.000[b]
	Residual	231.924	89	2.606		
	Total	1198.901	90			
2	Regression	1010.017	2	505.009	235.281	.000[c]
	Residual	188.884	88	2.146		
	Total	1198.901	90			
3	Regression	1018.363	3	339.454	163.581	.000[d]
	Residual	180.538	87	2.075		
	Total	1198.901	90			

a. Dependent Variable: Psychosocial care satisfaction

b. Predictors: (Constant), Nurse organizes counseling for me and my family

c. Predictors: (Constant), Nurse organizes counseling for me and my family, Nurse educates me on coping strategies e.g. joining cancer support groups, involving family members, and getting medical insurance

d. Predictors: (Constant), Nurse organizes counseling for me and my family, Nurse educates me on coping strategies e.g. joining cancer support groups, involving family members, and getting medical insurance, Nurse educates me and family on cancer cause, treatment and prevention

Table 17 shows that nurse organizing counselling for patient and family was a significant predictor of perception on psychosocial care offered in the ward. It was the main predictor and it accounted for 80.7% of the total positive change of perception.

Table 18: Regression Model Summary for Satisfaction as Predictor of Perception on Physical Care

Model	R	R Square	Adjusted R Square	Std. Error of the Estimate	Change Statistics			
					R Square Change	F Change	Df	Sig F change
1	.334[a]	.111	.101	.323	.111	11.160	1	.001

2	.419[b]	.176	.157	.312	.065	6.892	1	.010

a. Predictors: (Constant), Nurse checks vital signs 4hourly

b. Predictors: (Constant), Nurse checks vital signs 4hourly, Nurse ensures I have enough rest

ANOVA[a]

Model		Sum of Squares	df	Mean Square	F	Sig.
1	Regression	1.161	1	1.161	11.160	.001[b]
	Residual	9.257	89	.104		
	Total	10.418	90			
2	Regression	1.833	2	.917	9.395	.000[c]
	Residual	8.585	88	.098		
	Total	10.418	90			

a. Dependent Variable: physical care rating

b. Predictors: (Constant), Nurse checks vital signs 4hourly

c. Predictors: (Constant), Nurse checks vital signs 4hourly, Nurse ensures I have enough rest

Table 18 shows that nursing checking the vital signs and also ensuring the patient got enough rest were significant predictors of perception on physical care offered in the wards with nurse checking vital signs being the main predictor.

Therefore, based on the findings in Table 17 and Table 18, the null hypothesis that there were no statistically significant relationship between satisfaction and perception of care was rejected. (p=<0.05)

4.6 Discussions of Study Findings

4.6.1 Patient Related Characteristics that Influence Perception on Nursing Care

On patient related socio-demographic characteristics, most respondents were males (53.8%), the ages were evenly distributed, most respondents (98.9%) were Christians and majority (70.3%) were married. Most respondents (30.8%) were farmers, with 42.9% of the respondents having primary education level. There was no significant association between patient socio-demographic characteristics (gender, age, religion, marital status, occupation and level of education) and perception on nursing care. This findings contrast with a number of studies. One study is by Johansson et al, (2012) which reviewed patient care satisfaction and found that socio-demographic characteristic is a factor influencing patient perception on nursing care. Yim et al, (2010) also highlights factors that influence perception on nursing care as age, gender, education, ethnic background among others. In his study among breast cancer patients on patient satisfaction level, he found age, religion, income, patient level of awareness and education as factors affecting patient satisfaction. These differences in the outcome would have been affected by the cultural setting, education level and the context. Another study by Bozdogan, et al, (2017) in Ankara, found out that perceptions on nursing care decreased with the age of the patient. Older females were also found to value physical care more than younger females.

Majority of the participants in this study were however not very elderly hence the variation in results.

Most respondents (49.2%) came from counties within the central part of Kenya with majority coming from Kiambu County. This may be due to the proximity of Kiambu County to Nairobi County where Kenyatta National Hospital is located. Majority (68.1%) were rural dwellers. This may be supported by the fact that rural dwellers delay to seek treatment due to lack of awareness and also infrastructure. In addition, Kenyatta being a National referral Hospital, with affordable and specialised care, it attracts most rural dwellers in Kenya. Area of residence significantly affected perception on nursing care ($p=0.002$), whereby urban dwellers were likely to rate the care as very good. According to the researcher's point of view, urban dwellers are generally busy people and in most cases seek assistance to perform certain tasks. For such people therefore to meet a nurse willing to spare their time to offer care is likely to translate to appreciation of the care, hence rating it as very good.

On illness related characteristics, haematology/lymphoma cancers were the most common (40.7%). This was attributed by the fact that the research was conducted in ward 8C, which admits mainly haematology/lymphoma cancer cases and also has a higher bed capacity than ward GFD. The main treatment modality was chemotherapy with 85.7%. This is similar to a study by Mahendran et al, (2017), which had majority of the cancer patients under chemotherapy treatment modality. Most respondents (68.1%) had been diagnosed in the last 6 months to 5 years. Majority (54.9%) had been admitted for 48 hours, and 56% had 1-5 previous admissions. These findings reflect the aggressive period of cancer treatment. For chemotherapy treatment, in most cases patient need to be admitted for a minimum of 48 hours. Most of those of who stayed for more than 48 hours

had a challenge of finance to acquire the chemotherapy drugs as reported to the researcher. Hospital length of stay significantly affected positively perception on nursing care (p=0.004). Those who stayed in hospital for less than 5 days were likely to rate the care as very good. This may be due to first impression whereby as nurses get used to a patient, they tend to give less attention. These findings concur with a study by Georgaki et al, (2012), which found that as the cancer disease period last longer, nurses may become more insufficient in managing interpersonal needs. This is because the individual needs change and the patients learn to manage their own needs.

There was however no association between illness related characteristics (type of cancer, stage of cancer, treatment modality, duration since diagnosis, and previous number of admissions) with the perception on nursing care. This contrasts with a study among breast cancer patients by Yim et al, (2010) that found stage of disease to affect perception on nursing care. This may due to the diagnosis and the gender perceptions, since most patients in the study had haematological cancers common in all genders as compared to breast cancer common in female gender. In another study done in Ontario Canada to measure perceptions of patients on quality of care, cancer patients on chemotherapy, radiotherapy and chemo radiotherapy all had different perceptions on nursing care (Guillermo et al, 2006). Other differing findings are in a comparative study by Henoch et al, (2011) in California whereby lung cancer patients reported low level of care. This may be due to differences in culture and context.

4.6.2 Expectations on Nursing Care Offered in the Ward

On expectation of nursing care offered in the ward, majority (92.3%) had high expectations. This is similar to a study by Daniel, (2012), which revealed that cancer patients expected all their needs to be met by the nurse. In contrast, a study by Zhao et al,

(2011), oncology patients argued that one of the fundamental tasks of a nurse is to offer psychological support to cancer patients and their families. Most cancer patients agreed that the nursing care should be friendly, empathetic, compassionate, and sensitive respecting patient beliefs and values. This finding is similar to that of a study by Miller, (2012) that clarified that competent skills, knowledge and a positive attitude are basic for an oncology nurse to be able to provide the nursing care that meets cancer patient needs. Similarly in another study by Charalamous et al, (2016), cancer patients expected nursing care to be sensitive, individualistic, respect patient's privacy and be informative. In another study by Russel (2016), oncology patients argued that both psychosocial and physical care is expected of cancer care. The findings further reported that the nursing care should be interactive to be able to meet cancer patient needs. According to Alashek, (2011), nurses provide the main connection with patients, act as patient advocate and provide both physical and emotional support to patient and families. The patient therefore has a right to expect quality nursing care. These findings agree with the findings of this study. Expectation significantly affected perception on physical nursing care offered, (p=0.028), whereby those with low expectations were likely to rate the physical care as very good. This can be interpreted to mean that if the patient has low expectations on the nursing care, he/she is likely to take every care offered as good even when it is not.

4.6.3 Level of satisfaction with nursing care offered in the ward

4.6.3.1 Level of satisfaction with psychosocial care

Majority (53.8%) of the patients were not satisfied with psychosocial care offered in the ward. This compares with other studies done to include a study by Alaca et al, (2011), whereby cancer patients expressed that nurses devoted most of their time meeting their physical needs unaware of the psychosocial needs they had and which they perceived to be more important. Similarly in a study done in oncology ward in Australia by Marven,

(2016), cancer patients expressed that the psychological care was the first to be missed by nurses. This may have been attributed to the fact that psychosocial care was left to social worker and pastoral team. Still in another study done in oncology wards in Australia and Victoria talking to patients was rated the most common missed care(88.2%), followed by failure to update care plans(76.5%), and educating patient and family (64.7%). This study showed that cancer patients were most dissatisfied with psychosocial care. In this study, the main priority psychosocial need was emotional support which was mentioned by 97.8%. This agrees with a study by Mahendran et al, (2017), in Singapore which highlights emotional concerns as a priority psychosocial need of a cancer patient. Smeltzer et al, (2014) also agrees that psychological distress will always accompany a cancer diagnosis even if it has good prognosis and requires no radical therapy. The fact that one is diagnosed with cancer therefore has enormous effect on psychosocial well being (Akina & Durna, 2013). Still the Lance Armstrong Foundation of cancer survivors in their report in 2010, 45% of the patients reported their emotional needs were unmet, 46% lacked grieving care, while 39% missed attention for the low mood. These unmet needs at the end of it reflected on incomplete psychosocial care. Majority of cancer patients, 97.8% therefore felt that their expectations on psychosocial care were partially met. This agrees with a study by Daniel, (2012), where cancer patient were found to expect all their needs to be met by the nurse, but in most cases their psychosocial needs were partially met. On recommendations for psychosocial care, majority (82.4%) recommended improvement of emotional support.

Further analysis demonstrated that the level of satisfaction with nurse encouragement of patient to verbalize fears and concerns affected perception on physical nursing care where those who were satisfied were likely to rate the physical care as “very good”. Satisfaction with patient and family education on cancer cause, treatment and prevention affected

perception of psychosocial nursing care and physical nursing care where those who were satisfied were likely to rate the care as “very good”.

Satisfaction with nurse education on coping strategies affected perception of psychosocial care and physical care where those who were satisfied were likely to rate the care as “very good”. Satisfaction with spiritual adviser as patient desired affected perception on psychosocial care and physical care.

Satisfaction with nurse organizing counselling for patient and family affected perception of psychosocial care and physical care where those who were satisfied were likely to rate the care as “very good”. Satisfaction with nurse offering emotional support affected perception of psychosocial care and physical care where those who were satisfied were likely to rate the care as “very good”. Satisfaction with nurse addressing the employment needs affected perception of physical care where those who were satisfied were likely to rate the care as “very good”. The level of satisfaction with psychosocial care significantly affected perception on nursing care offered in the ward ($p=<0.05$)

This agrees with a study by Rejab, (2012) which indicated that a positive caring attitude towards patient promotes patient satisfaction with care. Similarly according to Alashek, (2011), nurses provide the main connections with patients by acting as patient advocate, and provide both physical care and emotional support to patient and family. This in the long run promotes patient satisfaction with care affecting their overall perception on care. Similarly, availability of an oncology nurse to be with the patient is vital in psychosocial care (La cava et al, 2010).

4.6.3.2 Level of Satisfaction with physical care

On satisfaction with physical care, majority of respondents (76.5%) held a neutral position. These cancer patients felt that nurses were different in that there those who

provided physical care satisfactorily whereas others did not hence making the participants take a neutral position. They also expressed that most nurses are females hence sometimes experience mood changes affecting the quality of care. The main priority physical needs were treatment, which was mentioned by 37.4% and pain management mentioned by 26.4%. In contrast, according to Smeltzer et al, (2014), pain is ranked as the priority physical need for a cancer patient. Majority (96.7%) felt their expectations on physical care were partially met. This contrasts with a study by Alaca et al, (2011) where cancer patients expressed that nurses devoted most of their time meeting their physical needs unaware of the psychosocial needs which they perceived to be more important. Similarly, a study by Eman et al, (2013), pointed out that nurses emphasized more on psychosocial care while patient valued the physical care more. Most of them (52.7%) recommended that nurses improve on need assessment. This agrees with a study by Thorsen et al, (2011) which noted that a prioritized, comprehensive nursing care is lacking in most oncology wards. The same study noted that cancer patients have more physical and psychosocial unmet needs compared to other patients. Most cancer patient problems are not met in the ward because nurses often miss to identify and solve cancer patient needs. Further analysis revealed that satisfaction with nurse checking vital signs every four hours affected perception of physical care where those who were satisfied were likely to rate the care as "very good". Satisfaction with nurse ensuring that the patient got enough rest affected perception of physical care where those satisfied were likely to rate the care as "very good". Finally, satisfaction with nurse assisting the patient with daily activities affected perception of physical care where those satisfied were likely to rate the care as "very good". The level of satisfaction with physical care significantly affected perception of nursing care ($p=<0.05$).This agrees with a researcher notion on caring that helping patient with a major or a minor aspect of physical need is an essential caring component

and affects patient's perception on nursing care (Darawad et al, 2014). Similarly, a study by shoemaker et al, (2011) showed that the physical and psychosocial care cancer patients receive from nurses affect their perception on nursing care.

Majority (59.3%) felt that both physical and psychosocial care was equally important. This agrees with a 2007 report on holistic cancer care which showed that cancer care must embrace the physical and psychosocial care. Solving the physical effects of a cancer patient therefore is as equally important as solving their psychosocial needs. On general level of satisfaction, 94.5% were satisfied with care in the ward out of whom 97.6% found physical care most satisfying. This is similar to a study by Alaca et al, (2011), where cancer patients expressed that they were most satisfied with physical care.

CHAPTER FIVE: SUMMARY, CONCLUSIONS AND RECOMMENDATIONS

5.1 Introduction

This chapter includes an interpretation of the aforementioned results and synthesis of the discussed empirical results against literature review findings. It begins with the specific research objectives. These are patient related characteristics (socio-demographic and illness related characteristics) that influence perception on nursing care, cancer patient expectations on nursing care and level of satisfaction with nursing care offered in the ward (psychosocial and physical care). This chapter also contains summary of the major findings, conclusions, recommendations and suggestions for future research in line with research objectives

5.2 Summary of the Major Findings

The overall response rate was 91%. On patient related socio-demographic characteristics, most respondents were males (53.8%), the ages were evenly distributed, most

respondents (98.9%) were Christians and majority (70.3%) were married. Most respondents (30.8%) were farmers, with 42.9% of the respondents having primary education level. Most respondents (49.2%) came from counties within the central part of Kenya, with majority (19.7%) being from Kiambu county, followed by Nyeri county (12.1). Vihiga County had the lowest percentage (1%). Majority (68.1%) were rural dwellers. Area of residence significantly affected positively perception of nursing care (p=0.022), whereby most urban dwellers were likely to rate the care as very good.

On illness related characteristics, haematology/lymphoma cancers were the most common (40.7%), most cancers (39.6%) were not staged, the main treatment modality was chemotherapy with 85.7%, most respondents (68.1%) had been diagnosed in the last 6 months to 5 years, majority (54.9%) had been admitted for 48 hours, and 56% had 1-5 previous admissions. Hospital length of stay significantly affected positively perception on nursing care (p=0.004).

On expectation of nursing care offered in the ward, majority (92.3%) had high expectations. Expectation significantly affected perception on physical nursing care offered (p=0.028).

Majority (53.8%) of the patients were not satisfied with psychosocial care offered in the ward. Their main priority psychosocial need was emotional support which was mentioned by 97.8% and 97.8% felt that their expectations on psychosocial care were partially met. On recommendations for psychosocial care, majority (82.4%) recommended improvement of emotional support. The level of satisfaction with psychosocial care significantly affected perception of nursing care offered in the ward (p=>0.05).

On satisfaction with physical care, majority (76.5%) held a neutral position. The main priority physical need was treatment, which was mentioned by 37.4% and pain

management mentioned by 26.4%. Majority (96.7%) felt their expectations on physical care were partially met and most of them (52.7%) recommended that nurses improve on need assessment. The level of satisfaction with physical care significantly affected perception on nursing care (p=<0.05).

Majority (59.3%) felt that both physical and psychosocial care were equally important and on general level of satisfaction, 94.5% were satisfied with care in the ward out of whom 97.6% found physical care most satisfying.

5.3 Conclusions

Conclusions were based on the major findings in line with the specific objectives of the study.

5.3.1 Patient Related Characteristics That Influence Perception on Nursing Care

Socio- demographic characteristic (gender, age, religion, marital status, occupation and level of education) had no significant association with perception on nursing care (p=>0.05).

Area of residence however significantly affected perception of nursing care (p=0.022), whereby most urban dwellers were likely to rate the care as very good.

Illness related characteristics (type of cancer, stage of cancer, treatment modality, duration since diagnosis and previous number of admissions) had no significant association with perceptions on nursing care. However, hospital length of stay influenced perception on nursing care whereby those who stayed in Hospital less than 5 days were likely to rate the care as very good.

5.3.2 Relationship between Cancer Patient Expectations and Their Perceptions on Nursing Care

There was a significant relationship between patient expectations and their perception on nursing care. Cancer patients had generally high expectations on nursing care offered in the ward. Those with low expectations had high rating of care.

5.3.3. Relationship between Cancer Patient Level of Satisfaction and Their Perception on Nursing Care

The level of satisfaction with psychosocial care and physical care significantly affected perception on nursing care offered in the ward. Most cancer patients were not satisfied with psychosocial care because their psychosocial needs were not met. The priority psychosocial need was emotional support.

Cancer patients maintained a neutral position regarding level of satisfaction with physical care. Physical needs were partially met with provision of treatment being the priority physical need, followed by pain. Cancer patients were generally satisfied with nursing care offered in the ward with physical care being most satisfying.

5.4 Recommendations

Recommendations were based on conclusion derived from major findings in line with specific research objectives.

5.4.1 Patient related characteristics that influence perception on nursing care

Nurses should provide quality comprehensive nursing care to all cancer patients regardless of their stay in the ward or where they come from.

5.4.2 Expectations on Nursing Care Offered in the Ward

Nurses should aim at meeting patient expectations by assessing their needs frequently to ensure that their needs are met which leads to satisfaction with care given. Nurses should

also be aware that cancer patients have high expectations with nursing care (both psychosocial care and physical care) hence work at meeting these needs.

5.4.3 Level of satisfaction with nursing care offered in the ward

There is a great need for oncology nurses to implement psychosocial care with the same emphasis as physical care. This will call for the nurse to interact closely with patient to identify psychosocial needs and be able to meet them adequately. Emotional support to cancer patients needs to be emphasized.

Nursing training institutions needs to emphasize psychosocial care in cancer patient plans of care.

Oncology nurses need also to improve the physical care by periodic assessment of patient needs and working at meeting them fully and timely.

Treatment for cancer patient when admitted in the ward needs to be availed on time and monitored closely.

Policy makers on cancer care should emphasize psychosocial care and timely, subsidized, affordable cancer treatment.

5.5 Suggestions for Further Research

There is need to further investigate the challenges that nurses may be facing in delivery of psychosocial care to cancer patients. This is because according to this study, most cancer patients were not satisfied with psychosocial nursing care offered to them while admitted in the ward. Further research also needs to focus on a model that can be used by nurses to boost quality psychosocial nursing care to cancer patients admitted in the oncology wards.

REFERENCES

Adler , N.E., & Page, A. E (eds.). (2008). Cancer care for the whole patient: Meeting psychological Health needs. National academics press. National Academy of Sciences: Accessed from www. nap.edu

Akhtari- Zavare M., Yunus Abdullah M., Syed Hassan S.T, Binti Said S., & Kamali M. (2012). Cancer patients satisfaction with communication and information given by nurses at teaching Hospitals of Telran, Iran. *Medical Journal of the Islamic republic of Iran* (MJIRI), *24* (4), 212-220

Akina S., & Durna Z. (2013).A comparative descriptive study examining the perceptions of cancer patients, family care givers, and nurses on patient symptom severity in Turkey. *European Journal of Oncology Nursing , 17*: 30-32

Alaca C, Yigit R., & Ozcan A. (2011). Comparison of nurses and patients opinions about their experiences during disease process. *Psycho-oncology, 20*: 2450-2456

Balogh, E.P., Ganz, P.A., Murphy, S.B., Nass, S.J, Ferall, B.R., & Stovall, E. (2011). Patient centered cancer treatment planning: Improving the quality of oncology care. *The Oncologist,16* (12), 1800-1805

Bozdogan Yeslot & Fatma OZF (2017). Cancer patient perceptions of nursing presence. *Journal of Psychiatric Nursing, 8* (3) 150-156

Burhans, L.M. & Alligood, M.R. (2010). Quality Nursing Care in the words of Nurses: *Journal of Advanced Nursing, 66*(8) 1689-1697

Canadian partnership against cancer (CPAC): Patient experiences and patient reported outcomes Initiative, Toronto, ON: CPAC; 2017

Charalambous, A., Radwin, L., & Berg, A. (2016).An international study of Hospitalised cancer patients health status, nursing care quality, perceived individuality in care and trust in nurses: A path analysis. *International Journal Nursing studies, 61*: 176-186

Christopher K.A., & Hegedus K. (2010). Oncology patients and oncology nurses' perceptions of nurse caring behaviours. *European Journal of Oncology Nursing*, *4* (4) 196-200

Daniel, L. (2012). The relationship between nurse staffing and patient satisfaction in an Emergent Department (Doctoral Dissertation University of Toronto)

Darawad, M.W, AL-Hussami, M., Saleh, A.M., & AL-Sutari, M. (2014). Jordanian patient satisfaction with pain management nursing, 15: 116-125

Eman, M.A., Aide, E.G., Nagwa, M.A., & Ahmed, A.S. (2013. Oncology Nurses versus oncology patient perception of caring behaviours given to patients in oncology units. *Medicine Journal Cairo University*. *8*(2) 11-20

Flagg, A.J., (2015). The Role of Patient centered care in Nursing. *Nursing clinics of North America 50*(1)

Friese, C.R., Kalisch, B.J., & Lee K.H. (2013). Patterns and correlates of Missed Nursing care in inpatient Oncology units. *Cancer Nursing, 30* (6) 51-57

Georgaki, S., Kalaidopoulou, O., Liarnakopoulo,s I., & Mystakidou, K. (2012). Nurses attitude towards truth communication with patients with cancer. A greek study. Cancer Nursing, 25: 436-441

Ghoshal, S., Miriyala, R., Elangovan, A., & Rai, B. (2016). Why newly diagnosed cancer patients require supportive care. *Indian Journal of palliative care22* (3) 326

Guillermo, A., Sandoval, A.D, & Brown, T.S. (2006). Factors that influence cancer patients overall perception of the quality of care. *International Journal for quality health care18* (4) 266-274

Henoch, I., Lovgren, M., Wilde-Larsson, B., & Tishelman (2011). Perception of quality of care: Comparison of the views of patients with lung cancer and their family members. *Journal of clinical nursing* 21: 585-594

Iversen, H.H., Holmboe, O., & Bjertnaes, O.A. (2012). The cancer patient experiences questionnaire (CPEQ): Reliability and construct validity following a national survey to assess Hospital cancer care from patient perspective. BMJ open, *2* (5) 743-751.

Jacobsen P.B., (2017). A Health care delivery, dissemination and implementation research model to promote Psychosocial care in routine cancer care. *Psychooncology27* (16) 419-423

Johansson, P., Olemi, M., & Fridlund, B. (2012). Patient satisfaction with nursing care in the context of health care: A literature study . *Scandinavian Journal of caring sciences, 16*(4): 337-344

La Cava Osterman, P., Schwartz Barcott, D., & Asselin, M. E. (2010)An exploratory study of Nurses presence in daily care on an Oncology unit. Nursing forum, 45: 197-205
Lance Armstrong Foundation (2010). " I learned to live with it" is not good enough: Challenges reported by post-treatment cancer survivors in the LiveStrong Surveys. Retrieved from http//livestrong org/pdfs/3-0Ils –survivor survey reportfinal

Mahendran R. Lim A. Chua J., Kua H., Waun E. (2017). Psychosocial concerns of cancer patients. *Asia-Pac J. Clin Oncol13*: 96-103

Markides, M. (2011). The importance of good communication between patient and health professionals. *Journal of Pediatric Hematology/Oncology, 33*(Supplement 2), S123-S125.

Marven A. (2016). Missed nursing care – a nurse's perspective. an exploratory study into the who, what and why of missed care. A thesis submitted for Master of Advanced Nursing Practice, The University of Melbourne.

Miller, A.J. (2012). Hospice Nurses Attitudes and knowledge about pain management (Doctoral dissertation, University of South Florida)

Mugenda A., & Mugenda, O (2003). Research Methods: Qualitative and Quantitative approaches (1st edition). Nairobi: Act Press

Polit, D.F., & Beck, C.T. (2014). Nursing Research: Generating and assessing evidence for Nursing Practice. Philadelphia, PA: Lippincott Williams & Wilkins.

Rchaidia, L., Bernadette, D.C., Liesbeth, D.B., & Chris, G. (2009). Cancer patient perception of good nurse. Oncology Nursing. *16* (5) 20-22

Rejab, L.B.A (2012). Conceptual framework of the relationship between service quality and patient satisfaction in public and private Hospitals in Tripoli, Libya.

Russel, K. (2016). Perceptions of burnout, its prevention and its effect on patient care as described by Oncology nurses in Hospital setting. *Oncology Nursing Forum*, *43*(1) 103-109

Sadjadian, A., Kaviani, A., Yunesian, M., & Montazeri, A. (2012). Patient satisfaction: A descriptive study of a breast care clinic in Iran. *European Journal of Cancer Care,13*(2), 163-168. doi:10.1111/j.1365-2354.2004.00459.x

Salam, A.A., Alshekteria, A.A., Alladi, H.A., Ahmed, M., & Mohammed, A. (2010). Patient satisfaction with quality of primary health care in Benghazi Libya. Libyan Journal of medicine *5*(1) 45-50

Senarath, N.S., Gunawardena, B.S., Arosha, S., Sachintha, L., Ahushka, S., Madushan, J., & Dilshan, W. (2013). Patient satisfaction with nursing care and related Hospital services at the National Hospital of Sri Lanka. Leadership in health services, *26* (1) 63-67

Shawa E., (2012). Patient perception regarding nursing care in the general surgical wards at Kenyatta National Hospital. *Virginia Henderson Global Nursing*. http://hdl.handle.net/10755/621210

Shoemaker, L.A., Estfan, B., Induru, R., Walsh, T.D., (2011). Symptom management : An important part of cancer care. *Cleveland Clinic Journal of Medicine, 78* (1) 25-34

Smeltzer, S.C., & Bare, B.G. (2014). Brunner and Suddarths Texbook of Medical Surgical Nursing . 13th edition . Lippincott William and Wilkins, Philadelphia.

Taylor, C., Lillis, C.,& Lemone, P. (2014). Fundamentals of Nursing: the art and science of nursing care. Lippincott Williams & Wilkins.

Thorarinsdottir, K. & Kristjansson, K. (2013). Patient perspectives on patient-centred participation in health care. *Nursing ethics18*(3) 400-416

Thorsen, L., Gjerset, G.M., Loge, S.H., & Kiserud, C.E. (2011). Cancer patients needs for rehabilitation services. *Acta oncology50*:212- 222

Tremblay, D., Roberge, D., & Berbiche, D. (2015) Determinants of patient reported experiences of cancer services responsiveness. *BMC Health service* 15: 425

Watson, J. (2010). Nursing : Human Science and human care. *A Theory of nursing* . New York: National League for Nursing.

Yim S. L, Shin-Lin, C. & Shing-Yee, L. (2010) Physical Activity and Women with Breast Cancer: Insights from Expert Patients*Asian Pacific Journal of Cancer Prevention*, Vol 11,

Zhao, S.H., & Akkadechanunt, T. (2011). Patient perceptions of Quality Nursing care in a Chinese Hospital: *International Journal of Nursing and Midwifery*,*3*(9) 145149

APPENDICES

Appendix I: Consent Explanation, English Version

1. **Identification**

   My name is Tabitha Karimi Ntarangwi, I am a Master of Science student at Mount Kenya University. I intend to carry out a research among cancer patients admitted in oncology wards at Kenyatta National Hospital (KNH).

2. **Purpose of the Research**

   To assess determinants of perceptions on nursing care among cancer patients admitted in oncology wards at KNH.

3. **Research Approval**

   The study has been reviewed and approved by the relevant boards; MKU and KNHUON Research Ethics and Review committee, NACOSTI, KNH Hospital administration and the ward in charge.

4. **Potential Benefits**

   The information you provide on your opinions, views and recommendations on nursing care while in the ward will help nurses to provide a more holistic, quality and sensitive care to cancer patients. This will enhance coping with the condition, prolong life and reduce further complications.

5. **Potential risks/discomforts**

   The study may cause some psychological distress. The investigator/research assistant will therefore be vigilant enough to assess for this and if present will immediately involve a professional counselor or spiritual leader. The ward in charge and other nurses working in the ward will also be notified for close observation of the patient.

   There may also be some slight fatigue since the questionnaire will require your concentration/time in answering the questions asked. The researcher or research assistants will however be with you to guide you through the questionnaire and assist you where necessary.

6. **Anonymity and confidentiality**

   The information you provide will not be linked to your name as the data will be coded and so you do not need to indicate your name. Your identity will not be revealed at any time during the reporting or publishing of the study results. The information you provide will also not be shared with any individual without your permission.

7. **Participation/withdrawal**

   You being a subject in this study is out of your own volition. You are at liberty to leave without victimization at the time of your choice. This will not affect your relationship with the health care personnel or the care you deserve while in the ward.

8. **Number of subjects**

The study is targeting around 100 cancer patients in oncology wards.

9. Procedures

The study involves answering a few questions by completing a questionnaire on patient characteristics, expectations on nursing care, satisfaction and recommendations on the nursing care you have received. This will take about 15 to 20 minutes, and the researcher will guide you through.

10. Offer to answer questions

In case of any questions about the study or being a subject, do not hesitate to ask or contact the investigator through the following contacts:

Tabitha Karimi Ntarangwi (Principal Investigator)

Mobile no. 0723 950 779

Email: ntarangwitkkarimi@yahoo.com

11. Declaration

I have read/listened to the explanation of this consent form and voluntarily consent to participate in this study.

Subject's Signature_____ Date_____

I have explained this study to the above subject and have sought his/her understanding for the informed consent.

Investigator's Signature_____ Date_____

Appendix II: Consent Explanation, Kiswahili Version

MAELEZO YA RIDHIA

1. Kujitambulisha

Jina langu ni Tabitha Karimi Ntarangwi, mwanafunzi kutoka chuo kikuu cha Mount Kenya(MKU), ambapo nasomea shahada ya pili katika uuguzi. Nafanya utafiti miongoni mwa wangonjwa wenye ugonjwa wa saratani ambao wamelazwa katika hii Hospitali ya Kenyatta

2. Lengo kuu la Utafiti huu

Kupata mtazamo wa wagonjwa wa saratani kuhusu huduma ya uuguzi wanaopokea kwa wodi waliolazwa.

3. Ruhusa ya kufanya Utafiti huu

Ruhusa ya kufanya utafiti huu umepeanwa na chuo kikuu cha MKU, KNH-UoN ERC, NACOSTI ambalo ni shirika la Serikali, viongozi wa Hospitali hii ya Kenyatta na wodi zinazousika.

4. Faida itakayotokana na utafiti huu

Maoni utakayopeana kuhusu huduma ya uuguzi itasaidia kuboresha hududma hiyo zaidi na hivyo kusaidia afya ya wagonjwa wa saratani kuimarika zaidi.

5. Madhara yanayoweza kutokea kupitia utafiti huu

Kusumbuka kimawazo sababu ya maswali yoyoguza moyo zaidi. Mtafiti mkuu na wazaidizi wake wataangalia kwa makiniwangonjwa ambao watahadhirika na kuwatafutia mtaalamu wa maswala ya syokolojia ama kasisi wa kanisa.

Pia kuna uwezekano wa kuchoka kiasi kimwili kwa sababu ya kusoma kwa makini na kufikiri juu ya majibu ya maswali ambayo umeulizwa. Kuzuia hii, mtafiti mkuu na wasaidizi wake watakuwa karibu kukusaidia kuelewa maswali na jinsi ya kujibu.

6. Siri ya Mtazamo Wako

Habari ambayo utatoa kwa utafiti huu, haitaelezwa mtu yeyote na pia hautatambuliwa kwa hali yeyote ile. Kwa sababu hii, hauitajiki kuandika jina lako mahali popote.

7. Uhuru wa Kujiondoa

Wakati wowote ambao utajihisi kutoendelea kama muhusika wa utafiti huu, uko hurukujiondoa. Hii haitahathiri huduma yako ukiwa kwa wodi na pia katika hospitali nzima.

8. Idadi ya Wanaohusika

Utafiti huu unalenga wagonjwa mia wenye saratani ambao wamelazwa kwa wodi hapa hosipitali ya Kenyatta .

9. Utaratibu wa Mambo

Utahitajika kujibu maswali kuhusu matarajio yako kuhusu huduma ya uuguzi na kama yametekeleza, na pia kurithika kwako na huduma ya uuguzi ambao umepokea kwa wodi. Hii itachukua kati ya dakika kumi na tano na ishirini. Mtafiti mkuu na wazaidizi wake watakusaidia mahali utaitaji usaidizi.

10. Uhuru wa kuuliza maswali

Ukiwa na swali lolote kuhusu utafiti huu ama kuwa muhusika, usisite kuuliza ama kuwasiliana na mtafiti mkuu kupitia :

Nambari ya simu 0723 950 779

Barua pepe ntarangwitkarimi2001@yahoo.com

11. Kutangaza

Nimesoma na kusikiza maelezo yote kuhusu utafiti huu na nakubali kuhusika kwa hiari.

Sahihi ya muhusika_____ Tarehe_____

Nimeeleza muhusika kuhusu utafiti huu na ameelewa na kukubali kuwa muhusika kwa hiari yake

Sahihi ya mtafiti_____

Tarehe_____

AppendixIII: Questionnaire for Data Collection, English Version

A questionnaire on cancer patient characteristics, expectations, and satisfaction with nursing care

Instructions - Tick (√) in the boxes provided

- Do not indicate your name

Ward----------Participant code ----------Researcher Name----------

Researcher Assistant Name----------

PART 1: CANCER PATIENT CHARACTERISTICS

A) SOCIO-DEMOGRAPHIC CHARACTERISTICS

1. Gender

a) Male ☐

b) Female ☐

2. Age in years

a) 18-29 ☐

b) 30-39 ☐

c) 40-49 ☐

d) 50-59 ☐

e) >60 ☐

3. Religion

a) Christian ☐

b) Muslim ☐

c) Others (specify)…… ……..

4. Marital status

a) Single ☐

b) Married

c) Divorced ☐

d) Separated

e) Widowed ☐

5. Occupation

a) Professional ☐

b) Businessperson ☐

c) Farmer ☐

d) Others
(specify)……

6. Level of education

a) Not attended school ☐

b) Primary ☐

c) Secondary ☐

d) Tertiary ☐

7. County of residence……

8. Area of residence

a) Urban ☐

b) Semi-urban ☐

c) Rural ☐

B) ILLNESS-RELATED CHARACTERISTICS

9. Type of cancer

a) Brain/head/neck ☐

b) Breast ☐

☐

☐

☐

☐

c) Cervix/uterine/ovarian

d) Prostate/testicular

e) Colorectal /bowel

f) Lung ☐

☐

g) Haematology/lymphoma

h) Sarcoma/bone

i) Other (specify)……..

10. Stage of cancer

a) Stage I ☐

b) Stage II ☐

c) Stage III ☐

d) Stage IV ☐

11. Treatment modality

a) Chemotherapy ☐

b) Radiotherapy ☐

c) Chemotherapy and radiotherapy ☐

☐

d) Surgery

e) Other (specify)…….

12. Duration since the diagnosis of cancer

a) Less than 6 months ☐

b) 6 months to 5 years ☐

c) 6 years to 10 years ☐

d) Over 10 years ☐

13. Hospital length of stay

a) 48 hours(2 days) ☐

b) 3 to 5 days ☐

c) 6 to 10 days ☐

d) Above 10 days ☐

14. Previous number of admissions

a) None ☐

b) 1 to 5 ☐

c) 6 to 10 ☐

d) Above 10 ☐

PART 2: PATIENT EXPECTATIONS ON NURSING CARE

What are your expectations on nursing care? Tick one box against each Phrase/statement according to the scale below:

KEY: Scale: 1- Strongly disagree 2- Disagree 3- Neutral 4- Agree 5- Strongly agree

NO.	Phrase/statement	1	2	3	4	5
1	To be friendly					
2	To be empathetic					
3	To be compassionate					
4	To be sensitive					
5	To meet my physical needs					
6	To meet my psychosocial needs					

7	To treat me as an individual					
8	To respect my beliefs and values					
9	To inform me and my family about the disease, treatment and the side effects					
10	To involve frequent checking of my progress					

PART 3: PATIENT SATISFACTION WITH NURSING CARE

A) PATIENT SATISFATION WITH PSYCHOSOCIAL CARE

1. Indicate level of satisfaction with psychosocial care offered by the nurse during the admission period by ticking the box provided against each statement. Key: scale: 1- Not Satisfied 2-Neutral3- Satisfied

NO.	Statements	1	2	3
1	Nurse is available when I need him/her			
2	Nurse encourages me to verbalize my fears and concerns			
3	Nurse educates me and my family on cancer disease e.g. cause, treatment, prevention			
4	Nurse educates me on coping strategies e.g. joining cancer support groups, involving family members, and getting a medical insurance cover			
5	Nurse respects my privacy			
6	Nurse involves spiritual adviser as I desire			
7	Nurse organizes counseling for me and my family			
8	Nurse emotionally supports me on anticipatory grieving, altered appearance, altered sexual function, hair loss and changes in family role			
9	Nurse addresses my employment needs			
10	Nurse addresses my financial needs			

2. What is your one priority psychosocial need you would wish to be met by the nurse while in the ward…….

3. How would you rate the psychosocial care provided to you by the nurse while in the ward?

a) Poor ☐ b) Good ☐ c) Very good ☐ d) Excellent ☐

4. Have your expectations on psychosocial care been met?

a) Not met ☐ b) Partially met ☐ c) Fully met ☐

5. What are your recommendations on psychosocial care offered by the nurse……

……

……

B) PATIENT SATISFACTION WITH PHYSICAL CARE

1. Indicate level of satisfaction with physical care offered by the nurse during the admission period by ticking the box provided against each statement.

Key: scale: 1- Not Satisfied 2-Neutral 3- Satisfied

NO.	Statements	1	2	3
1	Nurse checks my vital signs every 4 hours			
2	Nurse cleans the wound daily and when need be			
3	Nurse assesses my oral cavity and provides oral care daily			
4	Nurse asks me for signs of nausea and vomiting and gives me antiemetics as need be			
5	Nurse keeps away unpleasant sights and odors from me			
6	Nurse ensures I have enough rest			
7	Nurse encourages me to take small frequent, high calorie and high protein meals			
8	Nurse assesses my pain and discomfort frequently and gives me pain medications as need be			
9	Nurse teaches me on non-pharmacological pain relief methods e.g. distraction, imagery, relaxation			

10	Nurse assists me with daily activities such as bed making, hygiene, grooming, elimination, ambulation			

2. What is your one priority physical need you would wish to be met by the nurse while in the ward……

3. Have your expectations on physical care while in the ward been met?

a) Not met ☐ b) Partially met ☐ c) Fully met ☐

4. How would you rate the physical care provided to you by the nurse while in the ward?

a) Poor ☐ b) Good ☐ c) Very good ☐ d) Excellent ☐

5. What are your recommendations on the physical care offered by the nurse……..

……

……

6. Between psychosocial and physical care, which one is most important to you?

a) Psychosocial care ☐ b) Physical care ☐

c) Both psychosocial and physical care ☐ d) None ☐

7. In general, are you satisfied with the nursing care you have received while in the ward?

a) Yes ☐ b) No ☐

If yes, which care was most satisfying?

a) Psychosocial care ☐ b) Physical care ☐

End….

Thank you for taking your time!!

Appendix IV: Questionnaire for Data Collection, Kiswahili Version

MASWALI KUHUSU HULKA YA MSHIRIKI, MATARAJIO, NA KURIDHIKA NA

HUDUMA YA UUGUZI

Maagizo - Weka alama (√) kwa kisanduku ulichopewa

- Usiandike jina yako

Wodi_____ Nambari ya muhusika_____

Jina la mtafiti_____Jina la mtafiti msaidizi_____

SEHEMU YA KWANZA: HULKA YA MSHIRIKI

A) KIBINAFSI

1. Jinsia

a) Mume ☐

b) Mke ☐

2. Miaka

a) 18-29 ☐

b) 30-39 ☐

c) 40-49 ☐

d) 50-59 ☐

e) >60 ☐

3. Dini

a) Mkristo ☐

b) Mwisilamu ☐

c) Zingine (eleza)…….
.

4. Kuoa

a) Sijaolewa ☐

b) Nimeolewa ☐

c) Nimetalakiwa ☐

d) Tumeachana ☐

e) Mjane ☐

5. Shughuli

a) Mtaalamu ☐

b) Mwanabiashara ☐

c) Mkulima ☐

d) Zingine (eleza)……

6. Kiwango ya elimu

a) Sijaenda shule ☐

b) Shule ya msingi ☐

c) Shule ya upili ☐

d) Chuo ☐

7. Kaunti unayoishi……

8. Makaazi

a) Mjini ☐

b) Mji mdogo ☐

c) Kijijini ☐

B) HALI INAYOHUSIKA NA UGONJWA

9. Aina ya saratani

a) Ubongo/kichwa/shingo ☐

b) Matiti ☐

c) Njia ya uzazi ☐

d) Sehemu ya kiume ☐

e) Matumbo ☐

f) Mapafu ☐

g) Damu ☐

h) Mfupa ☐

i) Zingine
(eleza)……..

10. Kiwango cha saratani

a) Kiwango cha kwanza ☐

b) Kiwango cha pili ☐

c) Kiwango cha tatu ☐

d) Kiwango cha nne ☐

11. Aina ya matibabu

a) Madawa ☐

b) Kuchomwa ☐

c) Madawa na Kuchomwa ☐

d) Upasuaji ☐

e) Zingine
(eleza)…….

12. Muda tangu ungunduliwe na saratani

a) Chini ya miezi sita ☐

b) Miezi sita hadi miaka tano ☐

c) Miaka sita hadi miaka kumi ☐

d) Zaidi ya miaka kumi ☐

13. Muda uliokaa hospitalini

a) Masaa arobaini na nane ☐

b) Siki tatu hadi siku tano ☐

c) Siku sita hadi siku kumi ☐

d) Zaidi ya siku kumi ☐

14. Mara ngapi umelazwa hospitalini

a) Sijawailazwa ☐

b) Mara moja hadi tano ☐

c) Mara sita hadi kumi ☐

d) Zaidi ya mara kumi ☐

SEHEMU YA PILI: MATARAJIO YA MGONJWA KUHUSU HUDUMA YA UUGUZI

Matarajio yako kuhusu huduma ya uuguzi ni yapi? Weka alama (√) kwa kisanduku cha maelezo kulingana na maagizo uliopewa.

Kionyeshi: 1- sikubali kabisa 2- sikubali 3- katikati 4- nakubali 5- nakubali kabisa

Nambari	Matarajio ya huduma ya uuguzi	1	2	3	4	5
1	Ikuwe ya urafiki					
2	Ijali hali yangu kama mgonjwa					
3	Iwe ya huruma					
4	Ijali fikira zangu					

5	Itimize mahitaji yangu ya kimwili					
6	Itimize mahitaji yangu ya kisaikolojia					
7	Inichukulie kama mtu binafsi					
8	Iheshimu imani na tamaduni zangu					
9	Ieleze mimi na familia yangu kuhusu ugonjwa, matibabu na madhara inayotokana na matibabu					
10	Iangalie mara mingi vile ninavyoendelea					

SEHEMU YA TATU: MGONJWA KURIDHIKA NA HUDUMA YA UUGUZI A) KURIDHIKA NA HUDUMA YA KISAIOKOLOJIA

1. Onyesha kiwango cha kuridhika na huduma ya kisaikolojia uliyopewa na wauguzi ukiwa kwa wodi kwa kuweka alama ya (√) kwa kisanduku ulichopewa kando ya maelezo.

Kionyesho: 1- sijaridhika 2-katikati 3- nimeridhika

Nambari	Maelezo	1	2	3
1	Muuguzi huwa karibu ninapomuhitaji			
2	Muuguzi unihimiza kusema yanayonisumbua			
3	Muuguzi ufunza mimi na familia kuhusa ugonjwa wa saratani			
4	Muuguzi unifunza jinsi ya kuishi na ugonjwa wa saratani kama vile kujiunga na vikundi za watu wenye saratani, kuhusisha watu wa familia na kupata bima ya matibabu			
5	Muuguzi uheshimu siri zangu			
6	Muuguzi uhusisha mshauri wa kiroho ninapotaka			
7	Muuguzi unitafuatia mushauri wangu na jamii yangu			
8	Muuguzi ushughulikia hali yangu ya hisia kuhusu uwezokano wa kuomboleza, kubadilika kwa maumbile kama vile kushindwa kushirikiana ngono, nywele kuisha.kupungua na kutoweza kufanya kazi kama hapo mbeleni			
9	Muuguzi anaguuzia mahitaji yangu ya kazi			
10	Muuguzi anaguuzia mahitaji yangu ya fedha			

2. Ni itaji gani la kisaikolojia muhimu zaidi ungetaka muuguzi ashughulikie ukiwa kwa

wodi……
…

3. Kwa msimamo wako, unachukulia huduma ya kisaikolojia uliopewa na muuguzi ukiwa kwa wodi aje?

   a) mbaya ☐ b) mzuri ☐ c) mzuri sana ☐ d) Bora ☐

4. Matarajio yako kuhusu huduma ya kisaikolojia yametimizwa?

   a) hapana ☐ b) kiasi ☐ c) yametimizwa yote ☐

5. Ungependekeza nini kuhusu huduma ya kisaikolojia uliyopata ukiwa kwa wodi?.....
   .....
   .....

B) KURIDHIKA NA HUDUMA YA KIMWILI

1. Onyesha kiwango cha kuridhika na huduma ya kimwili uliyopewa na wauguzi ukiwa kwa wodi kwa kuweka alama (√) kwa kisanduku ulichopewa kando ya maelezo.

Kionyeshi: 1- sijaridhika 2-katikati 3- nimeridhika

Nambari.	Maelezo	1	2	3
1	Muuguzi ananipima mwili kila baada ya masaa nne			
2	Muuguzi ananiosha kidonda kila siku na wakati inahitajika			
3	Muuguzi uangalia mdomo wangu kila siku na unisaidia kuuosha			
4	Muuguzi uniuliza kama najihisi kutapika na unisaidia na dawa ya kuzuia kutapika ikihitajika			
5	Muuguzi uweka mbali vitu vinavyoleta harufu ambayo inaweza kunifanya kutapika			
6	Muuguzi uhakikisha nimepumzika			
7	Muuguzi unihimiza kula chakula kidogo kidogo lakini iliyo na maadini inayotakikana na mwili			

8	Muuguzi uangalia hali yangu ya uchungu na kunipa dawa kama niko na uchungu			
9	Muuguzi unifunza njia zingine za kupungua uchungu kando na dawa kwa mfano kupumzika, kuangalia kama televisheni na kusikiza musiki			
10	Muuguzi unisaidia na kazi za kila siku kama kutandika kitanda, kuoga, kuvaa nguo, kuenda choo na kutembea			

2. Ni itaji moja la kimwili muhimu zaidi ungetaka muuguzi ashughulikie ukiwa kwa wodi…….

3. Matarajio yako kuhusu huduma ya kimwili yametimizwa?

   a) hapana ☐ b) kiasi ☐ c) yametimizwa yote ☐

4. Kwa msimamo wako unachukulia huduma ya kimwili uliyopewa ukiwa kwa wodi kuwa aje?

   a) mbaya ☐ b) mzuri ☐ c) mzuri sana ☐ d) bora ☐

5. Ungependekeza nini kuhusu huduma ya kimwili uliyopewa ukiwa hapa kwa wodi……
   ……
   ……
   ……

6. Kati ya huduma ya kisaikolojia na ya kimwili, ni gani muhimu zaidi kwako?

   a) huduma ya ☐ kisaikolojia

   b) huduma ya kimwili ☐

   c) huduma ya kisaikolojia nay a kimwili

   d) hakuna ☐

7. Kwa ujumla, umeridhika na huduma ya uguuzi ambayo umepata ukiwa kwa wodi?

a) ndio ☐ b) hapana ☐

Kama ni ndio, ni gani imekuridhisha zaidi?

a) huduma ya kisaikolojia ☐ b) huduma ya kimwili ☐

Mwisho…..….

Asante kwa muda wako!

Appendix V: Dummy Tables

Cancer patient characteristics

Parameter	Frequency		Mean	Variance	SD
Gender	Male	Female			
Age 18-29 30-39 40-49 50-59 >60					
Religion Christian Muslim Others					
Marital status Single Married Divorced Separated Widowed					
Occupation Professional Businessperson Farmer Others					
Level of education Not attended school Primary Secondary Tertiary					
County					
Area of residence Urban Semi-urban Rural					

Type of cancer Brain/head/neck Breast Cervix/uterine/ovarian Prostate/testicular Colorectal/bowel Lung Haematology/lymphoma Sarcoma/bone Others					
Stage of cancer Stage I Stage II Stage III Stage IV					
Treatment modality Chemotherapy Radiotherapy Chemotherapy and radiotherapy Surgery Others					
Duration since the diagnosis Less than 6 months 6 months to 5 years 6 years to 10 years Over 10 years					
Hospital length of stay 48 hours (2 days) 3 to 5 days 6 to 10 days Above10 days					
Previous number of admissions None 1 to 5 6 to 10 Above 10					

Patient Expectations on Nursing Care

KEY: Scale: 1- Strongly disagree 2- Disagree 3- Neutral 4- Agree 5- Strongly agree

NO.	Phrase/statement	1	2	3	4	5
1	To be friendly					
2	To be empathetic					
3	To be compassionate					
4	To be sensitive					
5	To meet my physical needs					
6	To meet my psychosocial needs					
7	To treat me as an individual					
8	To respect my beliefs and values					
9	To inform me and my family about the disease, treatment and the side effects					
10	To involve frequent checking of my progress					

Patient satisfaction with psychosocial care

Key: scale: 1- Not Satisfied 2-Neutral 3- Satisfied

NO.	Statements	1	2	3
1	Nurse is available when I need him/her			
2	Nurse encourages me to verbalize my fears and concerns			
3	Nurse educates me and my family on cancer disease e.g. cause, treatment, prevention			

4	Nurse educates me on coping strategies e.g. joining cancer support groups, involving family members, and getting a medical insurance cover			
5	Nurse respects my privacy			
6	Nurse involves spiritual adviser as I desire			
7	Nurse organizes counseling for me and my family			
8	Nurse emotionally supports me on anticipatory grieving, altered appearance, altered sexual function, hair loss and changes in family role			
9	Nurse addresses my employment needs			
10	Nurse addresses my financial needs			

Patient satisfaction with physical care

Key: scale: 1- Not Satisfied 2-Neutral 3- Satisfied

NO.	Statements	1	2	3
1	Nurse checks my vital signs every 4 hours			
2	Nurse cleans the wound daily and when need be			
3	Nurse assesses my oral cavity and provides oral care daily			
4	Nurse asks me for signs of nausea and vomiting and gives me antiemetics as need be			
5	Nurse keeps away unpleasant sights and odors from me			
6	Nurse ensures I have enough rest			

7	Nurse encourages me to take small frequent, high calorie and high protein meals			
8	Nurse assesses my pain and discomfort frequently and gives me pain medications as need be			
9	Nurse teaches me on non-pharmacological pain relief methods e.g. distraction, imagery, relaxation			
10	Nurse assists me with daily activities such as bed making, hygiene, grooming, elimination, ambulation			

Parameter	Psychosocial care	Physical care
	Frequency	
Priority need		
Rating the care Poor Good Very good Excellent		
Whether expectations have been met Not met Partially met Fully met		
Recommendations		

Most important care		
Most satisfying care		

Appendix VI: Introduction Letter

Mount Kenya University

30/07/2018

Kenyatta National Hospital,

Dear Sir/Madam,

RE: TABITHA KARIMI NTARANGWI MSCN/2016/57279

Greetings from Mount Kenya University, School of Nursing.

Above named is our Master of Science in Nursing student. This is to kindly request your administration to allow her take collect data in order for her to complete her research.

Thank you for your continued support.

MOUNT KENYA UNIVERSITY
DEAN SCHOOL OF NURSING
DATE

Dr. Jane Karonjo
Dean,School of Nursing.

Main Campus, General Kago Road, P.O. Box 342-01000 Thika. Tel: +254 67 2820 000,
Cell: +254 720 790 796, 0709 153 000
Email:info@mku.ac.ke, Web: www.mku.ac.ke
Chartered and ISO 9001 : 2008 Certified Institution.
Unlocking Infinite Possibilities

Appendix VII: Certificate of Ethical Clearance-MKU/ERC

Mount Kenya University

MAY 29, 2018

Ref. No. MKU/ERC/0855

CERTIFICATE OF ETHICAL CLEARANCE

This is to certify that the proposal titled **"PERCEPTIONS ON NURSING CARE AMONG CANCER PATIENTS ADMITTED IN ONCOLOGY WARDS AT KENYATTA NATIONAL HOSPITAL, NAIROBI COUNTY, KENYA"**, Whose Principal Investigator is Ms Tabitha Karimi Ntarangwi (MScN/2016/57279) has been reviewed by Mount Kenya University Ethics Review Committee (ERC), and found to adequately address all ethical concerns.

Mr Francis W. Makokha
Secretary, Mount Kenya University ERC

Sign: _____ **Date:** 29.05.2018

Prof. Francis W. Muregi
Chairman, Mount Kenya University ERC

Sign: _____ **Date:** 30.05.2018

The Chairman
Mount Kenya University
Ethics Review Committee
P. O. Box 342 - 0100, Thika

Appendix VIII: Research Authorization from NACOSTI

NATIONAL COMMISSION FOR SCIENCE, TECHNOLOGY AND INNOVATION

Telephone:+254-20-2213471, 2241349,3310571,2219420
Fax:+254-20-318245,318249
Email: dg@nacosti.go.ke
Website : www.nacosti.go.ke
When replying please quote

NACOSTI, Upper Kabete
Off Waiyaki Way
P.O. Box 30623-00100
NAIROBI-KENYA

Ref: No. **NACOSTI/P/18/61097/23284**

Date: **17th July, 2018**

Tabitha Karimi Ntarangwi
Mount Kenya University
P.O. Box 342-01000
THIKA

RE: RESEARCH AUTHORIZATION

Following your application for authority to carry out research on ***"Perceptions on nursing care among cancer patients admitted in oncology wards at Kenyatta National Hospital, Nairobi County, Kenya"*** I am pleased to inform you that you have been authorized to undertake research in **Nairobi County** for the period ending **17th July, 2019.**

You are advised to report to **the Chief Executive Officer, Kenyatta National Hospital, the County Commissioner, the County Director of Education and the County Director of Health Services, Nairobi County** before embarking on the research project.

Kindly note that, as an applicant who has been licensed under the Science, Technology and Innovation Act, 2013 to conduct research in Kenya, you shall deposit **a copy** of the final research report to the Commission within **one year** of completion. The soft copy of the same should be submitted through the Online Research Information System.

BONIFACE WANYAMA
FOR: DIRECTOR-GENERAL/CEO

Copy to:

The Chief Executive Officer
Kenyatta National Hospital.

Appendix IX: NACOSTI Research Permit

THIS IS TO CERTIFY THAT:
MS. TABITHA KARIMI NTARANGWI
of MOUNT KENYA UNIVERSITY,
168-20116 GILGIL,has been permitted to
conduct research in *Nairobi County*

on the topic: *PERCEPTIONS ON NURSING CARE AMONG CANCER PATIENTS ADMITTED IN ONCOLOGY WARDS AT KENYATTA NATIONAL HOSPITAL, NAIROBI COUNTY, KENYA*

for the period ending:
17th July,2019

Permit No : NACOSTI/P/18/61097/23284
Date Of Issue : 17th July,2018
Fee Recieved :Ksh 1000

.....
Applicant's Signature

.....
Director General
National Commission for Science, Technology & Innovation

CONDITIONS

1. The License is valid for the proposed research, research site specified period.
2. Both the Licence and any rights thereunder are non-transferable.
3. Upon request of the Commission, the Licensee shall submit a progress report.
4. The Licensee shall report to the County Director of Education and County Governor in the area of research before commencement of the research.
5. Excavation, filming and collection of specimens are subject to further permissions from relevant Government agencies.
6. This Licence does not give authority to transfer research materials.
7. The Licensee shall submit two (2) hard copies and upload a soft copy of their final report.
8. The Commission reserves the right to modify the conditions of this Licence including its cancellation without prior notice.

REPUBLIC OF KENYA

NACOSTI

National Commission for Science, Technology and Innovation

RESEARCH CLEARANCE PERMIT

Serial No.A 19471

CONDITIONS: see back page

Appendix X: Approval Letter from KNH-UON ERC

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

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

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

Ref: KNH-ERC/A/382

31st October 2018

Tabitha Karimi Ntarangwi
Reg. No. MSCN/2016/57279
School of Nursing
Mount Kenya University

Dear Tabitha,

RESEARCH PROPOSAL – ASSESSMENT OF PERCEPTIONS ON NURSING CARE AMONG CANCER PATIENTS ADMITTED IN ONCOLOGY WARDS AT KENYATTA NATIONAL HOSPITAL, NAIROBI COUNTY, KENYA (P531/07/2018)

This is to inform you that the KNH- UoN Ethics & Research Committee (KNH- UoN ERC) has reviewed and **approved** your above research proposal. The approval period is 31st October 2018 – 30th October 2019.

This approval is subject to compliance with the following requirements:

a) Only approved documents (informed consents, study instruments, advertising materials etc) will be used.
b) All changes (amendments, deviations, violations etc) are submitted for review and approval by KNH-UoN ERC before implementation.
c) Death and life threatening problems and serious adverse events (SAEs) or unexpected adverse events whether related or unrelated to the study must be reported to the KNH-UoN ERC within 72 hours of notification.
d) Any changes, anticipated or otherwise that may increase the risks or affect safety or welfare of study participants and others or affect the integrity of the research must be reported to KNH- UoN ERC within 72 hours.
e) Submission of a request for renewal of approval at least 60 days prior to expiry of the approval period. (*Attach a comprehensive progress report to support the renewal*).
f) Submission of an *executive summary* report within 90 days upon completion of the study. This information will form part of the data base that will be consulted in future when processing related research studies so as to minimize chances of study duplication and/ or plagiarism.

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 Director, CS, KNH
The Chairperson, KNH-UON ERC
The Assistant Director, Health Information, KNH
Supervisors: Dr. Catherine Mwenda (MKU, School of Nursing),
Ms. Beatrice Nkoroi (MKU, School of Nursing)

Appendix XI: Study Registration Certificate

KNH/R&P/FORM/01

KENYATTA NATIONAL HOSPITAL
P.O. Box 20723-00202 Nairobi

Tel.: 2726300/2726450/2726565
Research & Programs: Ext. 44705
Fax: 2725272
Email: knhresearch@gmail.com

Study Registration Certificate

1. Name of the Principal Investigator/Researcher
   TABITHA KARIMI NTARANGWI
2. Email address: ntarangwitkarimi2018@kemri.go.ke Tel No. 0723950779
3. Contact person (if different from PI) N/A
4. Email address: ..... Tel No. .....
5. Study Title
   ASSESSMENT OF PERCEPTIONS ON NURSING CARE AMONG CANCER PATIENTS ADMITTED IN ONCOLOGY WARDS AT KENYATTA NATIONAL HOSPITAL
6. Department where the study will be conducted CANCER WARD (GYNAE & BC)
   (Please attach copy of Abstract)
7. Endorsed by Research Coordinator of the KNH Department where the study will be conducted.
   Name: ..... Signature ..... Date .....
8. Endorsed by KNH Head of Department where study will be conducted.
   Name: Dr A. NDIRAN Signature ..... Date 05/11/18
9. KNH UoN Ethics Research Committee approved study number P531/07/2018
   (Please attach copy of ERC approval)
10. I TABITHA KARIMI NTARANGWI commit to submit a report of my study findings to the Department where the study will be conducted and to the Department of Research and Programs.
    Signature ..... Date 5/11/18
11. Study Registration number (Dept/Number/Year) CIC / 49 / 2018
    (To be completed by Research and Programs Department)
12. Research and Program Stamp

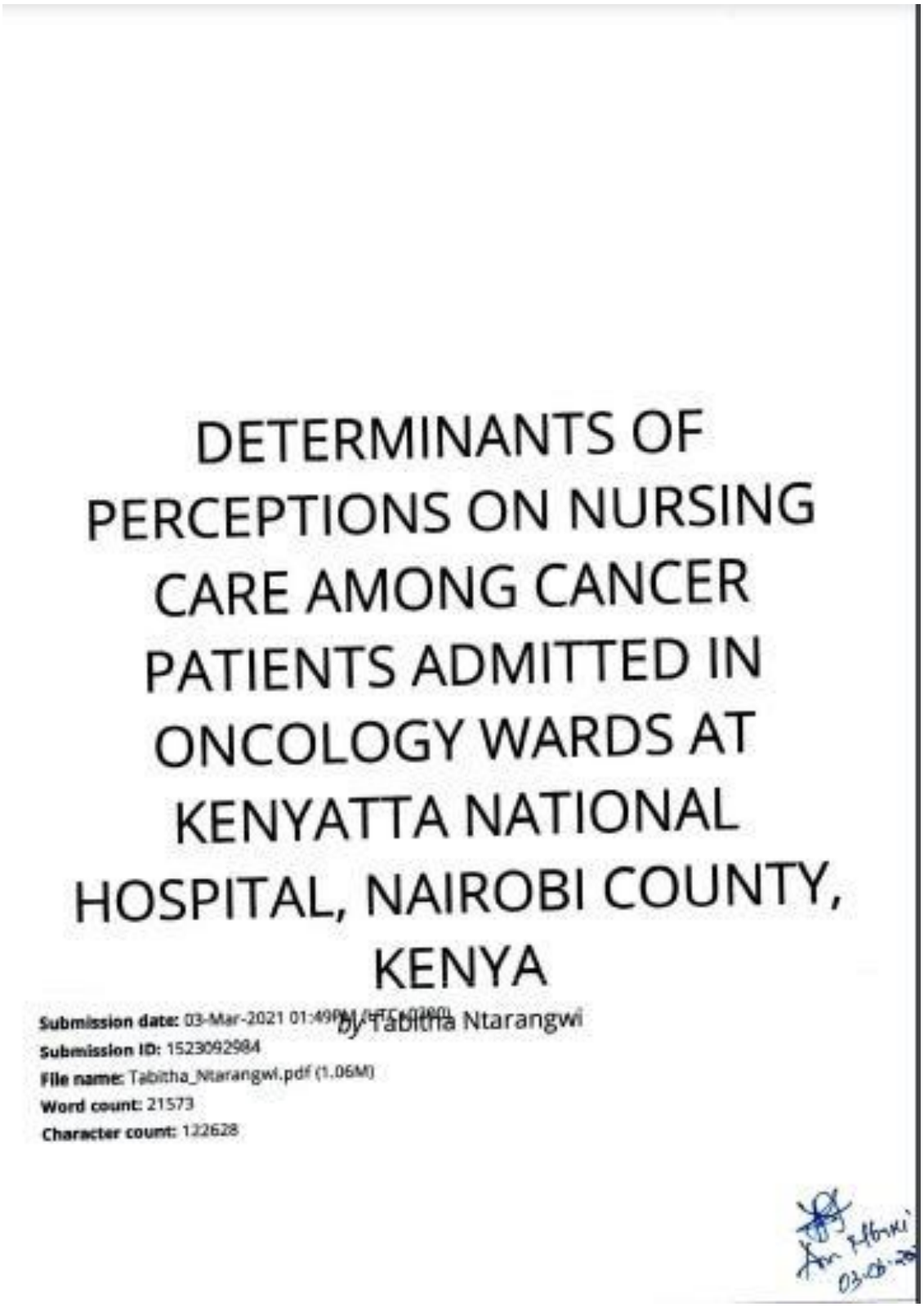
KENYATTA NATIONAL HOSPITAL P.O. Box 20723 - 00202 NAIROBI Research Resource Centre
05 NOV 2018

All studies conducted at Kenyatta National Hospital **must** be registered with the Department of Research and Programs and investigators **must commit** to share results with the hospital.

Version 2: August 2014

Appendix XII: Map of KNH

Appendix XIII: Similarity Index Report



DETERMINANTS OF PERCEPTIONS ON NURSING CARE AMONG CANCER PATIENTS ADMITTED IN ONCOLOGY WARDS AT KENYATTA NATIONAL HOSPITAL, NAIROBI COUNTY, KENYA

by Tabitha Ntarangwi

Submission date: 03-Mar-2021 01:49PM (UTC+0300)
Submission ID: 1523092984
File name: Tabitha_Ntarangwi.pdf (1.06M)
Word count: 21573
Character count: 122628

DETERMINANTS OF PERCEPTIONS ON NURSING CARE AMONG CANCER PATIENTS ADMITTED IN ONCOLOGY WARDS AT KENYATTA NATIONAL HOSPITAL, NAIROBI COUNTY, KENYA

ORIGINALITY REPORT

16%	13%	8%	8%
SIMILARITY INDEX	INTERNET SOURCES	PUBLICATIONS	STUDENT PAPERS

MATCH ALL SOURCES (ONLY SELECTED SOURCE PRINTED)

3%

★ onlinelibrary.wiley.com

Internet Source

Exclude quotes	Off	Exclude matches	Off
Exclude bibliography	Off		