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A survey to determine the perceptions of nurses in the eThekwini region, SA towards homeopathy

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A survey method was employed to investigate the perception of nurses in the eThekwini towards homeopathy. The aim of this study was to answer the following questions: What does the nursing community in eThekwini ken of homeopathy? Does homeopathy have a role to play in a hospital setting in South Africa? The study population was all nurses with 5 years of experience or more working in hospitals in eThekwini region. The sample was drawn from 6 public and 5 private hospitals and included staff and professional nurses. A total of 330 questionnaires were distributed and a total of 93 nurses (46.5%) responded from the public sector and 107 nurses (53.5%) from the private sector. The data was analyzed utilizing descriptive statistics, frequency tables and bar charts. The Pearson???s Chi Square Tests was utilized on culled data. The majority of respondents (70.06%) perceived that homeopathy does have a role to play in a hospital setting. This betokens that many respondents believe that integrated medicine is needed in a hospital setting in SA. The study reveals that the respondents had a positive view of homeopathy in general and were open to learning more about it and to cooperate with homeopaths. The finding that the erudition of homeopathy is low can be addressed through publicity and edification program.

Keywords

Quality, Bes practices Patientcare, Patientrights, and Supportervices.

1. Exordium and background

This study offers incipient erudition of the current quality and patient safety initiatives undertaken at private hospitals in eThekwini district. There is a two-tier health care system in South Africa with an immensely colossal public sector and a minute but very high quality private sector. In an endeavor to narrow the gap between the two sectors, the South African regime is endeavoring to phase in an incipient National Health Indemnification system across South Africa, which promises more preponderant funding for sundry forms of healthcare (Republic of South Africa, 2017a). South Africa is confronted with a quadruple encumbrance of disease because of HIV and AVAILS and TB; high maternal, neonatal and child morbidity and mortality; ascending disease encumbrance of non-communicable disease; and high calibers of violence and trauma. According to census figures, TB is the most astronomically immense contributor to years of life lost followed by pneumonia and influenza; intestinal infectious diseases; other forms of heart diseases, cerebrovascular disease; diabetes mellitus; HIV and AVAILS; hypertensive disease; chronic lower respiratory tract disease and lastly other viral diseases (Republic of South Africa, 2017a). According to the National Health Act 61 of 2003, “quality of care is the safe, efficacious, patient-centred, timely, efficient and an equitable provision of healthcare accommodations to achieve desired health outcomes” (Republic of South Africa, 2003). The National Health Act takes into account patient safety, betokening the aversion of harm to patients and advocates clinical governance processes to assure quality.

2. Research methodology

2.1. Study design

Quantitative research methodology guided the research process. The study utilized a non-experimental exploratory research design, utilizing a structured survey to accumulate data. Survey research is often utilized in nursing research as exploratory, descriptive or explanatory research (Creswell, 2014). Surveys are generally utilized with much more immensely colossal populations, utilizing probability sampling techniques. The results may then be generalised to the more astronomically immense population that the sample was drawn from. The survey was divided into 4 sections which explored and quantified sundry themes; namely section: (a) biographical data, (b) The evidence of policies and procedures cognate to (1) Patient Rights domain, (2) Patient Care domain (3) Clinical Support Accommodations domain (c) Assessment of the quality of care (d) Assessment of the reporting culture (e) Assessment of incident reporting (f) Recommendations. The documentation review consisted of secondary data which was derived from documents such as the organisational categorical policies, procedures and directives.

Note : This work is partly presented at Joint Event On 2nd World Congress on Traditional & Complementary Medicine & 2nd International Conference on Herbal & Traditional Medicine Kirasha Allopi, Durban University of Technology, South Africa.

2.2. Study setting

The research setting was a group of four private hospitals situated in the eThekwini district. The group comprises 650 beds with average bed occupancy of about 80%. It has 17 operating theatres and 60 adult intensive care unit (ICU) and 20 neonatal ICU beds. The group has an average intake of 5700 inpatients and 2000 outpatient visits per month. The clinical governance of the hospital is fortified by a well-established Quality System, Health and Safety Committee, Infection Control Committee, Pharmaco-therapeutics Committee and an Ethics Committee.

2.3. Sampling and sampling technique

A purposive, non-probability sampling strategy was employed to recruit nurses to participate in the study. The study included nursing staff in direct contact with the patients. The total population of nurses across the 4 hospitals was 569 of which 270 were sampled for the study. Consenting professional nurses, enrolled nurses and enrolled nursing auxiliaries registered with the SANC and able to verbalize English were included in the study. The researcher had obtained the advice of an expert statistician on population and sampling. Omission criteria included agency staff, nurses that were not registered with the South African Nursing Council, non-clinical staff and staff that were utilized for the pre-testing of data accumulation instruments. Sampling technique refers to the researcher's process of culling the sample from a population in order to obtain information regarding a phenomenon, in a way that represents the population of interest (Brink, van der Walt, & van Ransburg, 2012). During documentation review, sundry policy and procedures were reviewed pertinent to the quality and patient safety standards as cognate to the NCS and the Batho Pele principles.

2.4. Pre-testing of the instrument

Data accumulation in the quantitative phase was through a survey questionnaire. The data amassment instrument was developed following an exploratory sequential commixed method research design, from the themes identified in the qualitative phase of the study .A pre-test was conducted afore the commencement of the main study in order to establish reliability and validity of the data amassment instruments. No vicissitudes were implemented in the data accumulation instruments.

2.5. Data amassment

The researcher during her hebdomadal visits to the research sites invited the participants to take part after briefing them utilizing the information letter. Data amassment took place between September and December 2016. All the participants who concurred to take part in the study signed an apprised consent form. Apprised consent included an explication of the consent form, confidentiality issues and anonymity procedures for participants, and the option to withdraw at any time. Once apprised consent was obtained, all participants were handed the questionnaires in sealed envelopes and on completion was handed back to the researcher for safe keeping.

Data analysis

The researcher utilized the SPSS version 24.0 for data analysis. The data was captured by the researcher into an electronic spread sheet. The assistance of an expert statistician was included during the data capture and analysis phase of the study. Four of the six steps of quantitative data analysis as described by Burns & Grove, 2011 were followed. These included: preparation of data for analysis, description of the sample, testing of reliability of quantification and descriptive analysis of the data. All data accumulated were examined descriptively in order to become as familiar as possible with the nature of the data. Each variable was examined in order to establish that data were mundanely distributed and not skewed (Burns & Grove, 2011).,

2.7. Validity and reliability

The research rigour in the quantitative phase of the study was ascertained through validity and reliability of the methods utilized for data accumulation and data analysis. Validity and reliability of the study refer to its trustworthiness and are both concerned with quality of research (Gerrish & Lacey, 2006). The validity of the research instrument denotes to quantify the truth or precision of scientific findings. In this study, the questionnaire was validated by face, content, construct and criterion validity. External validity refers to the extent to which results of a study can be generalised beyond the sample (Polit & Beck, 2014). The participants were sampled congruously to accurately represent the total study population utilizing purposive sampling in order for the results to be generalizable. Internal validity is about the conclusions made in the study accurately reflecting what is being studied and no other variables (Polity & Beck, 2014). The researcher conducted a pre-test on a neutral population with the same characteristics as the study population in order to assess the instrument and make amendments if indispensable.

2.8. Ethical considerations

Burns and Grove (2011) highlight that nursing research not only requires expertise and diligence in the research process but additionally veracity and integrity, thus the consequentiality of conducting research ethically. The researcher has the responsibility of ascertaining that the research is conducted in an ethical manner. Auspice of the rights of the participants is a paramount factor to consider when orchestrating the research. In South Africa, ethical issues relating to a proposed research are evaluated by an accredited research ethics committee, who are additionally responsible for granting sanction to proceed with the study. Ethics clearance was obtained from the Durban University of Technology, Ethics Committee (IREC 113/16). Sanction was obtained from the Manager and Ethics Committee of the Group of hospitals in the study afore distribution of questionnaires commenced.

3. Results

In this section of the study, the participants responded to 16 questions of evidence-predicated best practices that subsist in the form of policies, directives or protocols that guide their nursing practice relating to the Patient Rights sub-domains. A one sample t-test was applied to test the average acquiescent score, if significantly different from a neutral score of 4. The results of the study showed that the following mean score replications were received for the evidence-predicated practice policies, directives or protocols that guide staff practice towards quality and patient safety across all four hospitals and coded as Best Practice, Patient Rights (BPPR 1–16). Participant responded to applying best practice policy guidelines of the clinical domains to ameliorate quality and patient safety in their hospital with a mean score of 6.15% (n = 233). In optically canvassing the Batho Pele principles during nursing practice, 6.18% (n = 233). Acknowledging that patients have rights and responsibilities, 6.31% (n = 232). Visually examining the hospitals mission verbal expression in daily practice, 6.18% (n = 233). Guided by the hospitals quality objectives, 6.23% (n = 233). Adhering to the customer complaints policy, 6.19% (n = 232). Cognizance of fundamental life support training policy, 6.25% (n = 233). Adhering to the staff compulsory apparel policy, 6.26% (n = 233). Adhering to the patient identification policy, 6.36% (n = 232). Adhering to the patient consent policy, 6.33% (n = 233). Taking care of the patients' property and valuables, 6.18% (n = 234). Applying the triage policy, 6.09% (n = 234). Implementing the resuscitation policy, 6.23% (n = 233). Applying the patient restraint policy, 6.11% (n = 234). Ascertaining that patients receive a discharge summary, 6.09% (n = 231), and ascertaining that accommodation operating times and visiting hours are optically canvassed, the mean score was 5.44% (n = 234).