



*Full Length Research Paper*

# Evaluation of patients' perception of nursing care in selected health institutions in Edo state, Nigeria

<sup>\*1</sup>Mohammed M.A. and <sup>2</sup>Odetola Titilayo Dorothy

<sup>1</sup>Lecturer, Department of Nursing, Ambrose Alli University, Ekpoma, Edo State

<sup>2</sup>Lecturer, Department of Nursing, University of Ibadan, Oyo State

\*Corresponding author's e-mail: [odetolatitilayo@yahoo.com](mailto:odetolatitilayo@yahoo.com)

## Abstract

The health care delivery system in any nation is designed and set up to meet the health care needs of target populations by providing health services that are accessible, affordable, safe, effective and qualitative to consumers (patients). Studies have shown that patient's satisfaction is an important indicator of quality health care. Also, literature to date has shown nursing care to be an important indicator of patient's total hospital satisfaction. It indicates that quality nursing care should be viewed and practiced from the patient's perspective. This is a challenge because nursing research is low in this area even though nursing is central to health care. The purpose of this study was to evaluate patients' satisfaction with the care they received through their interaction with nurses. A convenient sample of two hundred and fifty patients participated in the study. Using Pearson *r* correlation statistical methods, findings revealed a strong, direct and positive correlation between nurse-patient communication and nursing care. This implied that, where a good nurse-patient communication was maintained, nursing care would equally be evaluated positively and satisfactorily by patients.

**Keywords:** Nurse-patient communication, patients' satisfaction, quality nursing care, Nigeria.

## INTRODUCTION

Communication is a critical skill in nursing. It is a dynamic process used to gather assessment data, teach, persuade, and express caring and comfort from clients. It is an integral part of the nurse-patient relationship. As the largest group of health care professionals, nurses face a great challenge on how to generate estimates of quality nursing care (Royal college of nursing (2007). A few studies have been undertaken to evaluate the nursing outcomes for patients or the specific interventions that they may provide (Corner et al., 2003). In other words, improvements in nursing care can be attributed to interventions by nurses and this includes the way in which those interventions are delivered, and how nurses use their communication skills to maximize impact on patient outcomes (Royal college of nursing (2007).

There has been an increasing interest in evaluating outcomes of nursing interventions (Corner et al., 2003; Hall et al., 2003). There is also the recognition of both the paucity of nursing research and the difficulties inherent in

evaluating outcomes that may result from the disparate actions of nurses, particularly, the difficulty that nurses may be only one influence amongst many health professionals on the outcome of a patient's encounter with health care (Corner et al., 2003). There is also the problem of representing the complexity of nursing intervention, so that all aspects of outcome for patients are identified (Royal college of nursing 2007; Corner et al., 2003; Hall et al., 2003). Everything nurses do, say or present requires good communicative skills and conveys meanings which are culturally determined and perceived.

It was against this background that this study focused on one area of nursing care: nurse-patient communication, as a specific intervention of nurses in order to identify quality nursing care.

## Statement of the problem

Informal observations revealed that some patients

glaringly showed preference for certain nurse(s) not because the preferred nurse(s) were more 'skillful' or 'experienced' than the other nurses, but because the patients perceived the preferred nurse(s) as being 'friendly' and 'approachable' thus concluding that they render quality care. This attitude exhibited by some patients served as the impetus for this study.

### Objectives of the study

- To determine patients' perception of nurse-patient communication in evaluating quality nursing care
- To determine any significant difference between male and female patients' perception of nurse-patient communication in evaluating quality nursing care.
- To investigate the correlation between nurse-patient communication and quality nursing care.

### Research hypotheses

1. There is no significant difference in patients' perception of nurse-patient communication and patients' evaluation of quality nursing care.
2. There is no significant difference between male and female patients' perception of nurse-patient communication and evaluation of quality nursing care.
3. There is no significant correlation between nurse-patient communication and quality nursing care.

### Significance of the study

The findings of this study will provide information on patients' perception of nurse-patient communication and patients' evaluation of nursing care. It will provide insight on what patients perceive as quality nursing care based on their nurse-patient interaction, thus helping in enhancing culturally acceptable nurse-patient communication in Nigeria in general. Finally the study will also add to already existing body of knowledge on nurse-patient communication and evaluation of nursing care.

### Review of related Literature

Communication is a critical skill in nursing. It is an integral part of the nurse-patient relationship. There is no generally accepted definition of communication. However, contextually, it can be defined as any means of exchanging information or feelings between two or more people. It is a 2-way process involving the sending and the receiving of a message. Since communication is intended to elicit a response, the process is an ongoing one as the receiver becomes the sender of the response, and the original sender becomes the receiver.

There are three modes of communication: Verbal, non-verbal and electronic media. Verbal communication is the use of spoken or written word. When choosing

words to say or write, there is need to consider pace, intonation, simplicity, clarity, brevity, timing, relevance, adaptability, credibility, and humour. Non-verbal communication is also referred to as body language. It includes gestures, facial appearance, body movements, use of touch, personal appearance including mode of dressing (nurse's uniform) and adornments. Non-verbal communication often tells more about what a person is feeling than what a person actually said, because non-verbal behaviour is controlled less consciously than verbal behaviour. Therefore, observing and interpreting the patient's non-verbal behaviour is an essential skill for nurses to develop. Electronic communication i.e. the use of computer is playing a major role in practice, where nurses document their assessments and nursing care. Computers are used to schedule and confirm appointments, report laboratory results, conduct patient education and follow up discharged patients (Austin, 2006). The advent of tele nursing (e-nursing) is becoming a fast, legible and efficient way of communication which enhances continuity of patient care (Mohammed, 2010; Odetola, 2010).

### Nurse-patient Communication

This has been referred to by some as interpersonal relationship, by others as therapeutic relationship or therapeutic nurse-patient relationship, and still by others as helping relationships. Unlike the social relationship where there may be no specific purpose or direction, the therapeutic relationship is both patient- and goal-oriented. Attentive or active listening is a vital skill that nurses need to develop for an effective therapeutic nurse-patient communication. Apart from physical attendance- which is, "being present to another, or being with another", and which also conveys a sense of "involvement"; active listening is what a nurse does while attending to a patient (Berman et al., 2008; John, 2009).

The biggest historical and commonest barrier to therapeutic nurse-patient communication was "distancing" oneself from the patient, associated with lack of involvement. Back in the 1970's, nurses were advised to distance themselves psychologically from clients, so as to concentrate on the tasks in hand without allowing their feelings get in their way. Unfortunately, this impression or ideology still exists till date. The problem of distancing oneself from clients presents with insufficient exploration of possible correlates of the existing problems; a situation which might do more harm than good (Royal college of nursing, 2007; Faulkner and Laschinger, 2008; Faulkner, 1998; Okodua, 1991). Health practitioners have been criticized for the patriarchal approach of "sieving" information and informing clients with what is "perceived" as appropriate (Walsh, 2005). The constant movements of hospital personnel in and out of the ward with their often short, professional and superficial visits referred to as "people, people everywhere and not one to care",

connotes ineffective communication (Faulkner, 1998; Ogbonnaya, 2008) because the nurse is “seen as just one more, and this could be confusing and exhausting for patients who might not be able to differentiate the particular contributions of individuals (Royal college of nursing, 2007)”.

It's been observed that it is sometimes difficult for one medical practitioner to communicate about a serious disease with poor prognosis to a client, but would not hesitate when the health outcome is perceived to be good. It might take a collaborated effort between doctors and nurses to decide on how and when the patient and/or family should be informed (Okodua, 1991; Walsh, 2005). The patient is the only person able to decide where a conversation should be directed, and question(s) must be answered honestly, rather than avoided (Ogbonnaya, 2008).

A nurse meeting a patient for the first time needs to look beyond the patient on first meeting speaks volume about the nurse. Apart from the nurse's safety and convenience, the professional uniform conveys important messages to the patient as a tidy, organized and corporate appearance will generate a sense of trust in the patient of a competent nurse.

Excessive formality with emphasis on status on the part of the nurse, like sitting behind the barrier of a desk with patient on the other side is an example of distancing from the patient, associated with lack of involvement resulting in ineffective therapeutic nurse-patient communication. Brusqueness, hurrying the patient, and lack of eye contact makes things worse.

Another study (Mohammed, 2007) gives credence to Walsh's assertion in a study conducted for analysis of nurse-patient interaction. The results of this study showed “an asymmetry in the interaction – a fact that qualifies the nurse-patient interaction as one of control, domination and effacement of individuality. These factors show that the ideology of the hospital (institution), with respect to the patient is characterised by imposition of authority and alienation”. Over 50 years ago, Eldred reminded nurses that, “words are but a part of the process of communication; therefore nurses must be aware of what their gestures, inflections and movements say to patients” (Carvalho and Scochi, 2007). Today, this concept remains valid. In fact, every behavior is communication.

A Canadian study which explored the process of partnership concluded that the nurse-patient relationship embodies power sharing and negotiation and leads to patient empowerment, because empowerment allows the patient to act on his or her own behalf (Gallant et al., 2002). Patients and their relatives are often aware of this practice, but often keep quiet, in order not to risk being victimized, or fear of being neglected (Eldred, 1960).

Some studies conducted revealed that nursing services in Nigeria are really declining, where only 36% implemented the nursing care plan which would have

enhanced and improved nurse-patient communication skill and nursing care (John, 2007; Ofi et al., 2004; Conference of Heads of Nursing Services, 2007; John, 2009).

**Patients' evaluation of quality nursing care:** - Nursing, a caring profession has been defined in different ways by several authors. Nursing today is far different from what was practiced years ago, and it is expected to continue to change, due to the influence and contribution of the science of caring to nursing philosophy and practice. The most recent definition of professional nursing is broader and states: “Nursing is the protection, promotion, and optimization of health and abilities, prevention of illness and injury, alleviation of suffering, through the diagnosis and treatment of human response, and advocacy in the care of individuals, families, communities and populations” (Mohammed, 2010). The “caring” aspect of nursing activities is the core of quality nursing care, as, it is this aspect that patients value and expect. Patients' perceptions of having a caring nurse seem proportional to their expectations of quality nursing care. Quality nursing care is defined as measures in meeting patients' ideas that are important to their healthcare needs (American Nurses Association (ANA) (2003). Patients have a perception of the nursing care they need and its quality, hence attention should be paid to validating this information with the patients. This is so because a study found a positive relationship between patients' satisfaction with nursing care and the quality of service with the whole institution (hospital) (Lambert and Lambert (1999).

Caring promotes health more than does curing (Oshodi, (2004). Roach, 2002, identified six C's of caring in nursing: - **Compassion**- (participating in the experience of another; sharing their joys, sorrows, pain and accomplishment); **Competence** (having the knowledge, judgment, skills, energy, experience and motivation to respond adequately to others within the demands of professional responsibilities); **Confidence** (comfort with self, patient and family, the quality that fosters a trusting nurse-patient relationship); **Conscience** (morals, ethics and an informed sense of right and wrong); **Commitment** (convergence between one's desires and obligations and the deliberate choice to act in accordance with them); **Comportment** (appropriate bearing, demeanor, dressing and language that are in harmony with a caring situation, presenting oneself as someone who respects others and demands respect).

A study (Aguerd et al., 2001) which evaluated the quality of nursing care in Morocco, revealed some problems which hinder the provision of quality nursing care as follows; shortage of necessary materials; a lack of plan for ongoing nursing staff training; the absence of an ongoing method of evaluating quality nursing care; a lack of dialogue between the nurse and the patient, and the human aspect of services; a lack of structure and site

for intake; the quality of intake; dressing and urine sampling does not respect the norms; negligence of rules in the execution of care in the area of communication, information and well-being of the patient; the non-existence of supervision, training and motivation of the nurses. Based on these results, the study proposed the efficient use of available resources to reduce the gap between reality and the norms, such as better patient care management (from admission to discharge); evaluation and the supervision of nursing activities; continuing education and training of health care personnel, the establishment of an information and communication system and finally, the development of a good caregiver-patient relationship. Another study reviewed the impact of negative communicative skills where patients were dissatisfied especially with the indirect care rendered by nurses. These activities included charting, shift to shift report, checking physician's orders, and other desk work. These activities translate into lack of time with the nurse (Wichowski et al., 2003) "because hospitals are facing a severe nursing shortage, nurses are spending less time with patients due to workload stress (Doran et al., 2004)". A similar situation occurred in a study where some patients were grossly dissatisfied with the care they received to the extent that the patients took 'pro-active action' in order to obtain the required services (Abbott et al., 2001). The paper revealed that nurses' communication skills have a great effect on outcomes for patients. It concluded that there are probably no skills, which are as critical in nursing, as communication skills.

In 1991, in Bendel State University (now Ambrose Alli University) health centre, patients rated the nursing care they received as just "fair" – neither good nor bad (Faulkner (1998). Also, the advent of SERVICOM (a. Servicom (2008); b. Servicom (2008) (Service Compact with All Nigerians), in June 2003, has not only enhanced, but empowered patients to evaluate the care rendered them by nurses in Nigeria. For example, evaluation report of some health care institutions revealed as follows: - Asokoro General Hospital, Federal Capital Territory – (47.5%; fair); National Hospital, Abuja (Out-Patient Department) – (45%; fair); Ahmadu Bello University Teaching Hospital, Zaria (52.5%; commendable); and the Federal Medical Centre, Keffi – (37.5%; fair) (a. Servicom (2008); b. Servicom 2008; Aguerd et al., 2001).

## METHODOLOGY

### Study design

This explorative study was designed to evaluate patients' satisfaction with nursing care. The settings for this study were 4 health centers which were randomly selected in Edo State of Nigeria. These health centers provide health

services to students, staff (academic, senior non-teaching and junior staff), their dependant relatives and the general populace. The study population consisted of adult male and female patients within the ages of 18-60 years and above, who had been attending the selected facilities consistently for over one year and volunteered to participate in the study.

A purposive sampling technique was used to identify patients who utilized the health centre and who fell within the target age group as documented in their health centre records. Out of these, and to ensure a valid sample about 30% of the accessible populace comprising 250 patients (male =100; female =150) were chosen for the study, using convenient sampling. A self structured 5-point Likert type scaled and thoroughly validated questionnaire was administered to each of the respondent.

## FINDINGS

This section discusses the findings of the study. This was done in-line with the question raised from the identified problem, objectives and hypotheses. The study set out to evaluate patients' satisfaction with nursing care.

Table 1 shows a highly positive perception of nurse-patient communication. Using the standard deviation computational analysis, respondents who 'strongly agreed'/'agreed' to the positively stated statements (i.e. 1, 2, 3, 4, 5, 6, 8, 9), and those who 'disagreed'/'strongly disagreed' with the negatively stated statements (i.e. 7 and 10) were considered as having positive perception which was 21.55 or 43.19%. Those who 'disagreed'/'strongly disagreed' with the positively stated statements and 'strongly agreed'/'agreed' with the negatively stated statements were regarded as having negative perception. They were 1.8 or 3.6%. Those who were undecided or ambivalent in their perception were 1.7 or 3.4%.

In table 2, using the standard deviation computational method, respondents who rated the care rendered them by the nurses in Ambrose Alli University health centre as 'excellent'/'very good'/'good' were regarded as having a satisfactory evaluation which was 15.8 or 31.7%, while 0.5 or 1% rated the nursing care as 'fair'/'poor' indicating an unsatisfactory evaluation.

For the positively stated statements (i.e. 1,2,3,4,5,6,7,8 and 9), the scores for male patients' perception was 170, compared to female patients' perception which was 169. Using  $\chi^2$  (chi-square) statistical analysis at df (degree of freedom) =1, there was no significant difference between male and female patients' perception. i.e.  $\chi^2_{cal} = 0.170$  (P= 0.680).

For the negatively stated statements, (i.e. 7 and 10), the scores for male patients' perception was 39, compared to female patients' perception of 45; i.e.  $\chi^2_{cal} = 2.679$  (P= 0.102), indicating no significant difference. This implies that both male and female patients attending the

**Table 1.** Patients' perception of nurse-patient communication N

S/N	Possible behaviors of nurses in this health center towards you	Sex	Strongly agree	Agree	Undecided	Disagree	Strongly disagree	Statements un-answered
1	The nurse(s) explained my health problems to me	M	40(20%)	28(14%)	8(4%)	8(4%)	12(6%)	4
		F	42(14%)	84(28%)	6(2%)	12(4%)	6(2%)	—
2	The nurse(s) informed me before hand about the treatment I was to be given	M	32(16%)	40(20%)	4(2%)	8(4%)	8(4%)	2
		F	42(14%)	78(26%)	12(4%)	12(4%)	6(2%)	—
3	I was told the reason(s) for any examination carried out on me	M	48(24%)	36(18%)	-	4(2%)	4(2%)	2
		F	48(16%)	90(30%)	-	12(4%)	-	—
4	The nurse(s) was/were friendly with me	M	52(26%)	44(22%)	-	-	-	4
		F	78(26%)	66(22%)	-	-	6(2%)	—
5	The nurse(s) listened to all my complaints	M	60(30%)	32(16%)	4(2%)	-	-	4
		F	78(26%)	60(20%)	-	-	6(2%)	6
6	I was treated with respect when I came in contact with the nurse(s)	M	80(40%)	12(6%)	-	-	4(2%)	1
		F	84(28%)	60(20%)	6(2%)	-	-	—
7	The nurse(s) addressed me in an insulting manner	M	12(6%)	-	4(2%)	20(10%)	56(28%)	8
		F	-	18(6%)	6(2%)	78(26%)	48(16%)	—
8	The nurse(s) showed concern while attending to me	M	44(22%)	52(26%)	-	-	-	4
		F	42(14%)	96(32%)	6(2%)	-	-	6
9	The nurse(s) appear(s) to be person(s) who are likely to keep one's secret(s)	M	44(22%)	36(18%)	16(8%)	-	-	4
		F	24(8%)	90(30%)	12(4%)	18(6%)	-	6
10	The nurse(s) mode of dressing put me off	M	8(4%)	8(4%)	-	36(18%)	44(22%)	4
		F	6(2%)	-	-	84(28%)	60(20%)	—

Ambrose Alli University Health centre, have a positive perception of the nurse-patient communication (see table 1).

#### **Difference between male and female patients' evaluation of quality nursing care**

The scores for male patients' evaluation were 95, compared to 96 for female patients.  $\chi^2_{cal} = 0.116$  ( $P = 0.733$ ). This indicates no significant difference between male and female patients' evaluation of quality nursing care. This implies that both the male and female patients attending the Ambrose Alli University health centre, were satisfied with the nursing care rendered them.

#### **Correlation between patients' perception of nurse-patient communication and quality nursing care**

Analysis of the data using the Pearson  $r$  statistical method, revealed a strong, direct, and highly positive correlation i.e.  $r = 0.255$  ( $P \leq 0.05$ ). This implies that if patients have a positive perception of nurse-patient communication, nursing activities/care will be evaluated positively and satisfactorily.

## **DISCUSSION**

Table 1 shows a highly positive perception of nurse-patient communication. Although the 10<sup>th</sup> statement (negatively stated) showed that 88% of the patients 'disagreed'/'strongly disagreed' that the nurse(s) mode of dressing put them off, only 10% of the patients 'strongly agreed'/'agreed' with this statement. This negative perception (10%), though insignificant, lays credence to assertions that the nurse's appearance to the patient on first meeting is very important, because first impression counts (Odetola, 2010; Okodua, 1991; Walsh, 2005; Mohammed, 2007). Also in the 7<sup>th</sup> statement (negatively stated), although 80% of the patients 'disagreed'/'strongly disagreed', 12% of the patients 'strongly agreed'/'agreed' that the nurse(s) addressed them in an insulting manner. Although an insignificant negative perception (12%), this further portrays the stereotypical negative image the public has about nurses (Walsh, 2005; Ogbonnaya, 2008; John, 2007). A negative perception of even one patient about the nurse(s) carries a lot of implications.

Table 2 shows a positive evaluation where respondents rated the care they received at Ambrose Alli University health centre as "satisfactory". This is an

**Table 2.** Patients' evaluation of quality nursing care

S/N	The care rendered by nurses in this health centre	Sex	Excellent	Very good	Good	Fair	Poor	Statements un-answered
1	The care you received on arrival at the health centre	M	28(14%)	60(30%)	4(2%)	4(2%)	-	4
		F	18(6%)	60(20%)	66(22%)	-	-	6
2	The care you received when you were being examined or tested by the nurse(s)	M	24(12%)	64(32%)	8(4%)	-	-	4
		F	24(8%)	48(16%)	60(20%)	12(4%)	6(2%)	-
3	The care you received during the nurse(s) intervention towards your health	M	24(12%)	60(30%)	18(6%)	-	-	4
		F	30(10%)	60(20%)	60(20%)	-	-	-
4	The care you received on discharge (while leaving the health centre)	M	28(14%)	52(26%)	16(8%)	-	-	4
		F	24(8%)	90(30%)	36(12%)	-	-	-

improvement of their evaluation 20 years ago when they rated the nursing care they received in Ambrose Alli University health centre as neither good nor bad – just “fair” indicating an unsatisfactory evaluation (Faulkner, 1998). Recent positive evaluation may be due to acquisition of enhanced nurse-patient communication skills by the nurses over the years through improvement knowledge or continuous education. Improvement knowledge as opposed to discipline-specific or professional knowledge, include four areas: - systems theory, variation theories, psychological theories and learning theories (Batalden and Stoltz, 1993). Also increased awareness/enlightenment of the populace in general may be a contributory factor.

Both the male and female patients in this study had a positive perception of the nurse –patient communication. This result has further shown an improved male patients' perception of nurse-patient communication as against what obtained 20 years ago where the male respondents had a negative perception (Faulkner, 1998). Again, this may be attributed to acquisition of improved nurse-patient communication skill by the nurses over time, through continuous education; and the increased awareness/enlightenment of the populace in general.

There was a strong, direct and positive correlation between patients' perception of nurse-patient communication and quality nursing care. This shows that an effective and therapeutic nurse-patient communication is indicative of quality nursing care. Therefore where a nurse-patient communication is good, nursing care would equally be evaluated by patients as good or qualitative.

### Limitations

The study used a convenient sample size of 250 patients which is not representative of all patients attending the selected health centers. Also, the study focused on only

one aspect of care: nurse-patient communication. A study with a larger sample using evaluation tools like SERVICOM and patient satisfaction survey indices is hereby advocated.

### RECOMMENDATION

Every behavior is communication. From the findings in this study, it is evident that an effective and therapeutic nurse-patient communication is indicative of quality nursing care. This study has revealed that nurse-patient communication is a valuable yardstick for patients to evaluate quality nursing care. It has also revealed positive patients' perception and general satisfaction with nursing care.

In the light of the above, the principles of human relations are also embedded in the nursing process which provides an opportunity for patients to evaluate the care rendered them by nurses. The patient centeredness or orientedness nature of the nursing process enables the patient to partake in the provision of nursing care from assessment, through prioritizing of identified problems, setting objectives, implementing the plan and evaluating the care rendered. Nursing care for the very sick or dying patient should not overlook simple actions that may have a profound impact on recovery. Quietly touching a hand or stroking the head, reading aloud a favorite book or passage of the scripture (depending on the patient's religious inclination), or just being there (without having to say anything in particular) may provide more relief than the most sophisticated nursing/medical therapy or the most insightful counseling (Barker, 1992).

### CONCLUSION

This study supports several views (Royal college of

nursing, 2007; Corner et al., 2003; Hall et al., 2003) that nursing outcomes are complex to evaluate especially from patients' point of view where there are multiple inputs into patient care of which the activities of a nurse are just a part. This study has also revealed that over the years, there has been an improvement in the nurse-patient communication and nursing care rendered. This is attributed to acquisition of improvement in knowledge and communication skills by the nurses over time. This has also buttressed the assertion that, for an organization to be successful in the future, the key elements of excellence, innovation and anticipation, must become an integral part of the culture (Gbadamosi, 2007). Finally, "if knowing what to do is the science of nursing, and knowing how, and when, to do it is the art, then, nurse-patient communication is the essential underpinning of both science and art of nursing (Okodua, 1991)".

## REFERENCES

- Abbott S, Johnson L, Lewis H (2001). Participation in arranging continuing health care packages: experiences and aspirations of service users. In Carney, M. (2009): Public health nurses perception of clinical leadership in Ireland: narrative descriptions. *J. Nursing Manage.*, 17, 435-445.
- Aguerd A, Chaouqui R, Haddadi A, Tounssi R (2001). "Attempt to evaluate nursing care quality in Urology "B" Department, Ibn Sina Hospital – Rabat, Morocco. Accessed 31/12/08
- American Nurses Association (ANA) (2003). "Nursing's social policy statement." In Berman, A.; Synder, S.; Kozier, B.; and Erb, G. (2008). *Kozier and Erb's Fundamentals of Nursing: Concepts, Process and Practice*. New Jersey. Pearson Prentice Hall.
- Austin S (2006). E-mail: so fast, so convenient, so...risky? In Berman, Synder, Kozier and Erb (2008). *Kozier and Erb's Fundamentals of Nursing: Concepts, Process and Practice*. New Jersey, Pearson Prentice Hall.
- a. Servicom (2008). Servicom compliance evaluation report. Accessed 31/12/08
- b. Servicom (2008). Servicom report of Health care Institutions. Accessed 31/12/08.
- Barker J (1992). "Future edge: Discovering the new paradigms of success". In Venegoni, S. (1996). "Changing environments of Health Care". In Hickey, J.; Quimette, R.; and Venegoni, S.; (1996). *Advanced Practice Nursing: Changing Roles and Clinical Applications*. New York. Lippincott.
- Batalden and Stoltz (1993). "A framework for the continual improvement to health care: Building and applying professional improvement knowledge to test changes in daily work." In Conway–Welch, C. (1996). "Empowerment: Activism in professional practice". In Hickey, J.; Quimette, R.; and Venegoni, S. (1996). *Ibid*.
- Berman A, Synder S, Kozier B, Erb G (2008). *Kozier and Erb's Fundamentals of Nursing: Concepts, Process and Practice*. New Jersey. Pearson Prentice Hall.
- Conference of Heads of Nursing Services (2007). 11<sup>th</sup> Biennial Conference, organized by the Nursing and Midwifery Council of Nigeria, held at Lokoja, Kogi State. 17 – 21 Sept. 2007.
- Corner J, Halliday D, Haviland J, Douglas H, Bath P, Clark D, Normand C, Beech N, Hughes P, Marples R, Seymour J, Skilbeck J, Webb T (2003). Exploring nursing outcomes for patients with advanced cancer following intervention by Macmillan specialist palliative care nurses. *J. Advanced Nursing* 41(6), 561-574.
- Doran D, McCutcheon A, Evans M, MacMillan K, Hall L, Pringle D, Smith S, Valente A (2004). Impact of the Manager's span of control on leadership and performance. Canadian Health services research foundation. [www.chrsf.ca](http://www.chrsf.ca). accessed 13/4/2010
- Eldred S (1960). "Improving Nurse-patient communication". *American Journal of Nursing*. 60(11). 1600 – 1602. Accessed 31/12/08.
- Faulkner (1998). "Effective interaction with patients." In Walsh, M. (2005). *Watson's Clinical Nursing and Related Sciences*. Edinburgh. Baillière Tindall.
- Faulkner J, Laschinger H (2008). The effects of structural and psychological empowerment on perceived respect in acute care nurses. In Carney, M. (2009) Public health nurses perception of clinical leadership in Ireland: narrative descriptions. *Journal of nursing management* 17, 435-445.
- Gallant M, Beaulieu M, Carnvale F (2002). Partnership: an analysis of the concept within the nurse patient relationship. In Carney, M. (2009). *Op.cit*.
- Gbadamosi A (2007). "Servicom: Implications for the nursing profession." A lecture delivered at the Conference of Heads of Nursing, organized by the Nursing and Midwifery Council of Nigeria, held at Lokoja, Kogi state. 17 – 21 Sept. 2007
- Hall L, Doran D, Tregunno D, McCutcheon A, O'Brien-Pallas L, Tranmer J, Rukholm E, Patrick white, P, and Thomson, D. (2003). "Indicators of nurse staffing and quality nursing work environment: A critical synthesis of the literature (Executive summary)". [www.health.gov.on.ca/english/provider](http://www.health.gov.on.ca/english/provider). accessed 14/4/2010.
- Hunkuyi D (2004). *Mental Health and treatment of Mental illness*. Kaduna – Nigeria. Labari Communications.
- John M (2007). "Declining Nursing Services Delivery in Nigeria: A challenge to Nurse Leaders". A paper presented at the Conference of Heads of Nursing Services at Lokoja, Kogi State. 19<sup>th</sup> Sept. 2007.
- John M (2009). "Repositioning health care delivery in Nigeria: The roles of the nurse". A keynote address presented at the workshop organized by West African College of nurses (WACN), Oyo State branch on 11/9/2009.
- Lambert V, Lambert C (1999). "Role theory and effective role acquisition in the health care system." In Wichowski... et al (2003). Patients' and nurses' perception of quality nursing activities. *British Journal of nursing* 12(19) 1122-1136.
- Mohammed M (2007). "Societal view of the Nigerian Nurse: A challenge to the Nursing profession". In Omoregie E (2007). *The Christian Woman and the challenges of present day Nigeria*. Ekpoma. Alltime Publishing Company.
- Mohammed M (2010). "Implementation challenges of the nursing care plan". *Afr. J. Nursing and Health Issues*, 1(1)9, May/June 2010.
- Mohammed M (2010). Information Technology in Nursing. A term paper (unpublished) presented to the Department of Nursing, University of Ibadan.
- Odetola TD (2010). The Emergence of Tele-health in Nigeria: Implication for Community Health Nurses. *West Afr. J. Nursing*. Accepted for publication in June.
- Ofi B, Kujore O, Olubiyi K, Nwana O (2004). *Nature of Nursing*. Wusasa – Zaria. Tamaza Publishing Co. Ltd.
- Ogbonnaya R (2008). "Nigeria: British Hospital suspends Nigerian Nurse for chatting on phone at work". In *This Day (Lagos)*. 29/10/2008. Accessed 12/11/08.
- Okodua M (1991). "Relationship between patients' rating of nurse-patient communication and nursing care", In the University Health Services of Bendel State (now Ambrose Alli) University, Ekpoma, Edo State. A project presented to the Department of Nursing, University of Ibadan.
- Oshodi T (2004). "Clinical skills: an evidence – based approach to preoperative fasting." *British Journal of Nursing*. 13(16). 958
- Peters D (1987). "Development and Testing of a Community Health Nursing Intensity Rating Scale for Patient classification" Accessed 31/1/08.
- Reisser P (1995). "Coping with family illnesses." In Barton, B.; Galvin, J.; Veerman, D.; Taylor, L.; Lucas D, Elliot B (1995). *Parents Resource Bible: A life application Bible*. Colorado springs – USA. Tyndale House Publishers p. 933
- Roach M (2002). "Caring, the Human mode of Being". In Berman...et al. (2008). *Op. cit*.
- Royal college of nursing (2007). "Productivity and nursing workforce. RCN policy briefing, 09/2007." RCN institute and policy unit. In <http://www.rcn.org.uk>. Accessed 23/3/10.

Tfouni de Carvalho E, Scochi C (2007). "Nurse-patient communication".  
[http://www. AcaDemon.org](http://www.AcaDemon.org) Accessed 31/12/08  
Walsh M (2005). *Watson's Clinical Nursing and Related Sciences*.  
Edinburgh. Baillière Tindall.

Wichowski H, Kubsch S, Ladwig J, Torres C (2003). " Patients' and  
nurses' perceptions of quality nursing activities." *British Journal of  
Nursing* 12(19)1122-1136

How to cite this article: Mohammed M.A. and Odetola T.D.  
(2014). Evaluation of patients' perception of nursing care in  
selected health institutions in Edo state, Nigeria. *J. Med.  
Med. Sci.* 5(1):12-19