Assessment and Management of Patients in Public Hospitals: An Empirical Study of the Female Nurses Roles in Akwa Ibom State

BY

Hannatu C. EKONG
Department of Nursing Science
Faculty of Health Sciences and Technology
University of Nigeria, Enugu

AND

Emem Ifiok UKANA
Department of Physical and Health Education
Faculty of Education
University of Uyo

ABSTRACT

The study sought to examine the assessment and management of patients in public hospitals. Descriptive survey design was adopted for the study. The study was conducted in Akwa Ibom State. The population of the study comprised of all nurses and patients within the three senatorial districts in Akwa Ibom State. Stratified sampling technique was used to select 60 patients from the three senatorial districts making a total of 180 patients and 10 nurses from each senatorial district giving a total of 30 constituting the total of 210 respondents that constituted the sample size for the study. The Instrument used in this study for data collection was a questionnaire titled "Management of Patients in Public Hospitals and Female Nurses Roles in Akwa Ibom State Questionnaire (MPPHFNRAKSQ)." Descriptive and content validation of the instrument was carried out by an expert in test, measurement and evaluation from University of Uyo to ensure that the instrument has the accuracy, appropriateness and completeness for the study. Stratified sampling technique was used to determine the level of reliability of the instrument. The reliability coefficient obtained was 0.80 and this was high enough to justify the use of the instrument. The researcher subjected the data generated for this study to appropriate statistical techniques such as independent t-test analysis. The test for significance was done at 0.05 alpha levels. The study concluded that public hospital, or government hospital, is a hospital which is government owned and is fully funded by the government and operates solely off the money that is collected from taxpayers to fund healthcare initiatives. Public hospitals are increasingly important institutions for communities with vulnerable dwellers even as they faced fundamental changes in their service delivery patterns. One of the recommendations was that to meet the needs of the people, health educators, physicians, social workers, nurses and all other categories of health personnel must constantly evaluate their roles and be ready to modify them for the common good and modify the programmes that prepare them for their work.

KEYWORDS: Management, Patients, Hospitals, Female, Nurses and Akwa Ibom State

Introduction

How health is defined or understood is important for both health professionals and patients to plan healthcare interventions and health promotion programs. However, health concept is considered complex and includes multiple dimensions (Amzat & Razum, 2014). A

person in balance is a healthy person. That is, the various parts of the human body and mind and their functions are harmoniously connected and keep each other in check (Nordenfelt, 2007). Health is one of the central concepts in nursing discipline (Johansson, Weinehall, & Emmelin, 2009; Reynolds, 1988). It is one of the nursing metaparadigms and the basic concept in nursing theories (Lyon, 2012b). The World Health Organization's (WHO's) definition of health is the most commonly used and cited definition in the literature (Awofeso, 2005; Hwu, Coates, & Boore, 2001; Johansson et al., 2009). The WHO provides a definition of health that is holistic: "a state of complete physical, mental, and social well-being, and not merely the absence of disease and infirmity" (WHO, 1948). The definition includes three interconnected components of health. First, the physical component reflects the physiological or biological component of the definition. It is used to imply the homoeostasis maintenance and a soundness of the body. Unhealthy people can be identified by physical problems that may be detected by a series of laboratory tests or clinical examinations. Second, the social component represents the behavioral aspect of health. Social health means that a person is able to participate in the network of social interaction and fulfill social roles and expectations. Social abnormality can be determined if the individual is inactive in the social network and detached from the norms and values of society. The social component of health also includes the spiritual dimension. Finally, the mental component indicates the psychological, emotional, and mental status of the individual. Any problem that affects the mental component can lead to mental illness. Examples of manifestations of mental illness may include emotional apathy, fixation, and maladjusted personality (Amzat & Razum, 2014). Public hospitals in Akwa Ibom State specialize on different health conditions including physical and mental illness with the help of some health personnel known as the nurses who treat and look after patients affected by critical health issues. On the other hand, medicine has traditionally held the objective view of health. The biomedical model is the most popular and widely used view of health in which health is operationalized as the absence of disease (Lyon, 2012b).

Statement of the Problem

Although health is a central concept in nursing, health is defined inconsistently in nursing and other disciplines. Additional concept development and clarification is needed. Health should be defined in a consistent manner in order to help nurses and other healthcare professionals provide healthcare services and interventions. How health is defined can help the nurse with assessing and managing the patient's health and identifying health problems and patient's needs. In addition, the nurse will be able to develop nursing diagnosis that provides the basis for nursing intervention to achieve health outcome.

Objectives of the Study

The study exposes the assessment and management of patients in public hospitals in Akwa Ibom State. Specifically, the study sought to:

1. To examine the extent to which female nurses effectively carry out assessment of patients in public hospitals in Akwa Ibom State.

2. To find out the extent to which female nurses effectively carry out effective management of patient in public hospitals in Akwa Ibom State.

3. To find out the factors which are constraints to effective assessment and management of patients in public hospitals Akwa Ibom State.

4. To examine the relationship between assessment and management of patients in public hospitals in Akwa Ibom State.

Research Questions

1. To what extent do nurses effectively carry out assessment of patients in public hospitals in Akwa Ibom State?

2. To what extent do female nurses effectively carry out effective management of patient in public hospitals in Akwa Ibom State?

3. What are the factors that are constraints to effective assessment and management of patients in public hospitals Akwa Ibom State?

4. What is the relationship between assessment and management of patients in public hospitals in Akwa Ibom State?

Research Hypothesis

$H0_1$: There is significant relationship between assessment of patients and management of patients in public hospitals in Akwa Ibom State.

Concept of Patients

According to Charles Patrick Davis (2020), a patient is a person under health care. The person may be waiting for this care or may be receiving it or may have already received it. There is considerable lack of agreement about the precise meaning of the term "patient." The term patient is diversely defined as, a person who requires medical care, a person receiving medical or dental care or treatment, a person under a physician's care for a particular disease or condition, a person who is waiting for or undergoing medical treatment and care, an individual who is receiving needed professional services that are directed by a licensed practitioner of the healing arts toward maintenance, improvement or protection of health or lessening of illness, disability or pain. A patient is most often ill or injured and in need of treatment by a physician, nurse, psychologist, dentist, veterinarian, or other health care provider. A patient is any person receiving medical treatment from licensed health practitioner or unlicensed health caregiver, taking into consideration of some environmental differences, factors and individual class. These environmental differences can be traced in rural communities where there is no licensed health caregiver. The nature of our economy and standard of live in the society has made it clear that all fingers are not equal, sequel to the failed promise of a better health care by our present government. Hence, they seek their own medical attention abroad. Patients vary from each other depending on the level of health challenge one is facing that particular time.

Concept of Nurses

The nurse is a person who has completed a program of basic, generalized nursing education and is authorized by the appropriate regulatory authority to practice nursing in his/her country (ICN, 2002). Nursing, as an integral part of the health care system, encompasses the promotion of health, prevention of illness, and care of physically ill, mentally ill, and disabled people of all ages, in all health care and other community settings. Within this broad spectrum of health care, the phenomena of particular concern to nurses are individual, family, and group "responses to actual or potential health problems" (ANA, 1980). These human

responses range broadly from health restoring reactions to an individual episode of illness to the development of policy in promoting the long-term health of a population.

However, nursing has a unifying ethos: In assessing a patient, nurses do not just consider test results Walker and Avant (2004). Through the critical thinking exemplified in the nursing process, nurses use their judgment to integrate objective data with subjective experience of a patient's biological, physical and behavioral needs. This ensures that every patient, from city hospital to community health center; state prison to summer camp, receives the best possible care regardless of who they are, or where they may be. All nurses complete a rigorous program of extensive education and study, and work directly with patients, families, and communities using the core values of the nursing process. In the United States today, nursing roles can be divided into three categories by the specific responsibilities they undertake.

The Registered Nurses

Registered nurses (RN) form the backbone of health care provision. The RNs provide critical health care to the public wherever it is needed.

Key Responsibilities

- Perform physical exams and health histories before making critical decisions
- Provide health promotion, counseling and education
- Administer medications and other personalized interventions
- Coordinate care, in collaboration with a wide array of health care professionals (Rodgers, 2019).

The Advanced Practice Registered Nurses

Advance Practice Registered Nurses (APRN) hold at least a Master's degree, in addition to the initial nursing education and licensing required for all RNs. The responsibilities of an APRN include, but are not limited to, providing invaluable primary and preventative health care to the public. APRNs treat and diagnose illnesses, advise the public on health issues, manage chronic disease and engage in continuous education to remain at the very forefront of any technological, methodological, or other developments in the field.

The APRNs Roles

- Nurse Practitioners prescribe medication, diagnose and treat minor illnesses and injuries
- Certified Nurse-Midwives provide gynecological and low-risk obstetrical care
- Clinical Nurse Specialists handle a wide range of physical and mental health problems
- Certified Registered Nurse Anesthetists administer more than 65 percent of all anesthetics

The Licensed Practical Nurses

Licensed Practical Nurses (LPN), also known as Licensed Vocational Nurses (LVNs), support the core health care team and work under the supervision of an RN, APRN or MD. By providing basic and routine care, they ensure the wellbeing of patients throughout the whole of the health care journey.

Key Responsibilities

- Check vital signs and look for signs that health is deteriorating or improving
- Perform basic nursing functions such as changing bandages and wound dressings
- Ensure patients are comfortable, well-fed and hydrated
- May administer medications in some settings.

No matter what their field or specialty, all nurses utilize the same nursing process; a scientific method designed to deliver the very best in patient care, through five simple steps (Morse 2015).

- **Assessment –** Nurses assess patients on an in-depth physiological, economic, social and lifestyle basis.
- **Diagnosis –** Through careful consideration of both physical symptoms and patient behavior, the nurse forms a diagnosis.
- **Outcomes / Planning –** The nurse uses their expertise to set realistic goals for the patient's recovery. These objectives are then closely monitored.
- **Implementation –** By accurately implementing the care plan, nurses guarantee consistency of care for the patient whilst meticulously documenting their progress.
- **Evaluation –** By closely analyzing the effectiveness of the care plan and studying patient response, the nurse hones the plan to achieve the very best patient outcomes.

Concept of Public Hospitals

Lewis (2002) propounded that hospital is defined as: 1) A place of shelter and rest for travelers; 2) A charitable institution for providing and caring for the aged, infirm, and orphaned; and 3) An institution where the ill or injured may receive medical, surgical or psychiatric treatment, nursing, food, and lodging during illness. Public hospital, or government hospital, is a hospital which is government owned and is fully funded by the government and operates solely off the money that is collected from taxpayers to fund healthcare initiatives. In some countries, this type of hospital provides medical care free of charge to patients, covering expenses and wages by government reimbursement. The level of government owning the hospital may be local, municipal, state, regional, or national, and eligibility for service, not just for emergencies, may be available to non-citizen residents.

How the word "hospital" is defined has dramatic implications for a society. The various definitions reveal the evolving role of the hospital throughout history. Many public hospitals also develop programs for illness prevention with the goal of reducing the cost of care for low-income patients and the hospital, involving Community Health Needs Assessment and identifying and addressing the social, economic, environmental, and individual behavioral determinants of health (Hall, Mark and Rosenbaum 2012; Ko et al 2013). Public hospitals have become increasingly important institutions for their communities, even as they faced fundamental changes in their service delivery patterns (McKee & Healy, 2002; Lee, Chen & Weiner, 2004). Hospitals in general develop a medical perspective based not only upon scientific advancement, but also upon the medical treatment of all types of patients, regardless of class. The hospital, therefore, became dissociated from the social philosophy that had been its historic origin. This differentiation of the hospital purpose and administrative structure that occurred at the turn of the twentieth century must be understood

in order to appreciate the special and troubled role that was left to the public hospital. The extraordinary progress in medical science, technology, and professionalism simultaneously brought remarkable clinical care to human kind and recognition that the traditional almshouses serving the indigent could not render proper healthcare.

Assessment of Patients

It is important to perform a history and do a focused physical exam to be sure that there aren't any medical risks that would predispose the patient to a medical emergency during the actual procedure. It is also important to talk to the patient to get a feel for the patient's psychological state. Be sure to assess the following:

- Can the patient tolerate the stresses of the procedure?
- Are modifications to the treatment plan necessary based upon the patient's history and physical?
- Is premedication with anxiolytics required just to get the patient into the office?

In order to answer these questions, a risk assessment is performed, which requires taking a medical history and performing a physical examination. Most of the information obtained in the medical history will be the basis for the risk assessment and it is important for the clinician to spend time talking with the patient. Information gathered in the patient history includes:

• Presence of systemic diseases • Previous hospitalizations • Previous surgeries

• Previous anesthetic events (how did the patient fare?) • Allergies • Medications

• Patient's family history for illness • Social history • Drug or tobacco use

• Patient's dental history • How the patient fared during previous dental treatment.

During the physical examination a review of systems is conducted, in order to obtain information about specific organ systems. The focused physical exam should include the following components:

• Test Results • Assessment of physical, mental and neurological status • Vital Signs

• Airway Assessment • Lung Assessment • CNS and PNS Assessment

Patients can also be assessed from his or her vocal expression or personal observation from the doctor. Some patients may not express themselves vocally due to the nature of her condition but any close family member can speak on his or her behalf.

Management of Patients

Patient management is a description of the interaction, from intake to discharge, between the patient and the health care team. It includes communication, empathy, examination, evaluation, diagnosis, prognosis, and intervention. According to Rivo, Johnson, (2002) the idea of patient management in primary care, however, is not new and has always been about addressing the patient in his/her biomedical as well as social and psychological context. As a nurse, it is good practice to review the last few entries in a patient's records just before a consultation. Sometimes there may be outstanding issues that should be followed up, but

there will also be cases where you are seeing the patient for an ongoing problem that is not responding to treatment. As signs and symptoms may evolve between consultations, being able to compare earlier presentations with the current one can provide invaluable clues to a diagnosis. Patient management aims to shift the focus from the disease to the sick person (Sweeney et al 1998). There is evidence that most patients want a patient-centred approach, and are less satisfied, less enabled, and may be more burdened by symptoms if they do not get it. (Little, 2001; Elwyn et al 1999).

Key Principles of Management of Patient

 Collaborative definition of problems, Information, Scheduled follow-up,

 Patient education and motivational training, Outcome monitoring,

 Adherence monitoring, Stepped therapy, Action planning (targeting, goal setting),

 Specialty consultation and referral

Stages and Steps of a Management Plan

Establishing a relationship: Development of a sustained partnership is an explicit responsibility of GPs and a typical characteristic of primary care. Some role allocations should be taken into account: the patients as experts for their life and specific medical conditions, the GP as counsellor and expert in the application of medical knowledge and skills. Both partners maintain responsibility for the process of treatment. Fostering the nurse–patient relationship is a continuing process pervading all stages of a management plan supported by active listening, encouraging narration, providing explanations, and expressing concern.

Eliciting the patient's agenda: In the first consultation with a new patient or at the beginning of a new illness episode, it is a central task to elicit the patient's agenda. Even in well-established patients, their problems should be reassessed from time to time. One of the most prominent reasons for encounter is the patient's need for explanation and not (only) for treatment. (McCormick, 1991) At this stage, the doctor tries to enter the patient's world, get a holistic picture of his or her problems, and obtain the full spectrum of concerns. (Larivaara et al 2001) In addition, information from all levels of the biopsychosocial model (cell–organ, psychological–individual, and family–community) is collected. Information on the patient's symptoms, his or her ideas on the cause of the problem, perception of symptoms, and potential influences on personal and social life are all important. A patient-centred style with open-ended questions as well as the feeling that the doctor listens and understands the problem encourages patients to raise their own concerns and agendas and appears to be most congruent with patient reported quality of primary care (Flocke et al 2002).

Diagnostic procedures: In the light of the biopsychosocial model, making a diagnosis is not a mere technical procedure but always a combination of, for example, clinical examinations, laboratory tests, and interpretation of results together with the patient. Diagnostic procedures should be guided by evidence-based information, if available. Pathology is influenced both by biological and psychological processes and illness itself may affect the patient's psychological and physical well-being (referred to as the multiple-cause–multiple-effect model). For a comprehensive understanding, assessment of situational triggers that promote specific events can be included (e.g. using an asthma diary). Considerations of individual and social resources provide clues for the planning of further treatment.

Defining and realizing the aims of the treatment: Doctors usually think that their patients expect treatment of their disease according to the state of the art (if it exists). So, why think and talk about the aim of the treatment? First of all, there are different therapeutic options for many conditions. For example, a minor depression may be treated with antidepressants drugs, natural remedies, or psychotherapy, or similar counselling techniques. All of these options may be effective, at least in some patients. Secondly, many treatment options have side-effects and influence the patient's life and well-being in a negative way. For example, antihypertensive may cause dizziness or impotence in some patients. Therefore, the pros and cons of the treatment have to be balanced. Finally, if treatment options require help from others, the doctor must check whether support is really available. Talking with the patient about the treatment should also include the different dimensions of therapy. A treatment may either address the underlying causes of a disease or simply aim at symptom control, such as pain relief or coping support. The management of many conditions seen in general practice requires patient self-management and motivational training to support behavioural change. (Wagner 1996) Following the doctor's advice is only a minor aspect of the patient's cooperation. It seems to be more important to learn to what degree a patient's condition may have been influenced by previous behaviour and how to handle it in the future. Patient self-management should be based on action plans, developed by patients as something they want to do. If necessary, doctors should help patients to make an action plan more realistic in order to avoid failure. (Bodenheimer et al 2002) Doctors' training and support services include instruction in disease management, help for problem-solving as well as behavioural change (e.g. smoking or dietary interventions), and interventions to cope with emotional demands of chronic disease. It may also include advice on how to document experience with treatment so that a better adjustment of medication is possible. There is substantial evidence that structured self-management and behavioural change programmes improve important outcomes in asthma, diabetes, hypertension, arthritis, coronary heart disease, and other chronic diseases. (Wagner 1996). Doctors can help patients manage their chronic condition by effective communication and information (Heisler et al 2003).

Stepped care and support by specialists: One important principle of patient management in general practice is the concept of 'individualized stepped care': Larsen, Risor and Putnam, (1997) simpler, less restrictive, less intensive, or less expensive interventions are tried initially, followed by care based on guidelines for patients who have not responded adequately. Stepped-care principles help to allocate limited professional resources. For example, follow-up visits to report the resolution of a problem may not be necessary for every patient. A management plan, however, should include an agreement on this point. Clinical responsibilities might also be transferred to specialists in certain patients or conditions. According to Larsen, Risor and Putnam, (1997), a further important task of the general practitioner is to coordinate and integrate specialist care and prevention of the patient who may otherwise get lost in the technological maze of modern hospitals and clinics.

Outcome evaluation: Immediate outcomes from the consultation include patient satisfaction, recall of the physician's explanations and instructions, and changes in the patient's concern about their symptoms. Intermediate outcomes refer to the patient's compliance with the physician's recommendations. Finally, the long-term outcome is the change (or not) in the patient's health status. Health outcomes are gaining prominence as validators of the effectiveness of the physician–patient interaction, particularly as brief summary measures of functional status and general well-being have been developed. The advantage of validated assessment scales, compared to a spontaneous question of how the patient feels, is the multidimensionality and objectivity of such measures. It is important to know whether and to

what degree the patient is satisfied with treatment, time spent, practice organization, or communication skills of the doctor.

End of treatment; follow-up: In some cases, medical treatment might result in a complete recovery of the patient so that the problem is no longer present. Even in these cases, the doctor should make an agreement with the patient about the evaluation of this aim. In many other cases, follow-up or even life-long consultations will be necessary. On these occasions, the doctor and the patient should talk or check in detail whether the aims have been achieved and what problems still remain. During this time the physician is at the patient's disposal, ready to enter earlier stages of the management plan. Finally, Patient management offers fascinating opportunities for a more powerful, successful, and satisfying treatment of the patient. History tells us that patient management is fairly straightforward whereas the art of its application is intrinsically challenging: 'The doctor is faced with a particular patient, with a particular bodily constitution, and at a particular point in time' (Maimonides) (Bloch, 2001).

Factors that Hinder Effective Management of Patients

The philosophy of patient management is confronted with, at least, three problems:

Patient autonomy: There appears to be a discrepancy between the strong belief in patient autonomy and the suggestive evidence that many patients do not wish to participate in treatment decisions (even if they may be receptive to greater information exchange). (Robinson and Thomson, 2001) Doctors interested in systematic methods of patient management will recognize that valid and reliable methods of eliciting patient preferences are still being developed. (Bowling and Ebrahim, 2001) There is plenty of room for future research (e.g. to find out which patients prefer, or dislike, a more active role in the management of their problem).

Patient resistance: Patient management has the potential to stimulate doctors to a more active approach, which may, however, conflict with patients' resistance to treatment or to the prescription of evidence-based medicines (especially true in the management of asymptomatic patients). Thus, it seems important to allow individualization of care in patient management plans (Phillips 2001). Some rude approach from the medical practitioner may also contribute to patient resistance because the patient may not feel free to explain to the doctor all her problems in details, out of fear base on the first impression from healthcare giver.

Fundamental changes: Successful patient management may require a redesign of practice. Organizational development includes changes in decision-making process, shape and nature of groups, work procedures, job descriptions (allocation of tasks), and the management of patient contact (appointments, follow-ups, telephone contacts, reminders). (Wagner et al 1996) Patient management may also create new and important roles for nurse practitioners as case managers.

Strategies on How to Improve Management of Patients

Facilitate Patient–Provider Communication: For patients, interaction with nurse is the single most important determinant of patient management. Face-to-face communications form patient’s overall impression of the hospital, sometimes before service delivery and medical treatment occur. According to DeShano, (2016) Forty-two percent of patients said that the way they are treated by physicians, nurses, and reception staff is the most important component of a successful inpatient experience. Betts et al. (2016) reported that 75% of surveyed considered nurse’s engagement measures, including quality, communication, and

responsiveness, to be the most important factors in their care management. The best way to ensure positive interactions between patients and nurse is to improve patient – provider communication. Clinical teams serve the most important role in facilitating communication between the patient and the organization. Physicians and nurses must take the time to explain procedures, medical treatments, and care options to patients, who, in turn, need to communicate to clinicians their expectations regarding treatment and the service experience. Providers should take extra measures to ensure that patients understand their current health condition and receive any needed instructions.

Prioritize Quality Outcomes to Maximize Value: The framework components are designed to enhance patient experience and improve quality, because the quality of health outcomes is the main purpose of medical treatments and clinical processes. Patient experience cannot be fully maximized unless clinical outcomes are effective. Maximizing patient value is the key to ensuring a good patient experience, and that is unachievable with poor-quality care. Long-term quality should be continually measured with assessment tools beyond HCAHPS to evaluate hospital performance and execution of the recommended framework and its impact on patient experience. A Health Leaders Media report found that 66% of hospitals gather HCAHPS data, whereas more than 50% of hospitals also use vendor surveys, dashboards, quality outcomes, and anecdotal evidence to measure their performance (Shaw, 2010).

Improve Information Transparency: Information transparency is a key element in increasing patients' management in their care. Organizations can facilitate information transparency outside hospital walls by means of the Internet for access to data and inside hospital walls by making sure that nurses communicate relevant information clearly to patients in face-to-face settings. Patients should have clear information at their disposal regarding comparative data, such as hospital pricing and quality outcomes. Since the Institute of Medicine published its quality framework in 2001, the availability of health data has been emphasized as an industry-wide quality initiative. The report (Institute of Medicine, 2001) stated that "patients should have unfettered access to their own medical information and to clinical knowledge," as well as to "information that enables them to make informed decisions" about hospitals. The Kaiser Family Foundation (2004) reported that 70% of consumers felt that information about medical errors and providers' experience with particular tests or surgeries would be most useful when comparing hospitals. Hospitals must provide consumers with patient-specific data, such as medical records, outcomes, and clear options regarding medical decisions. Shaw, (2010), noted that the "patient management no longer begins at the front door" because patients rely on the Internet to "gather information about your organization, your physicians, your culture").

Increase Patient Engagement: Increasing patients' engagement with hospitals is a function of improving patient –provider communication and facilitating information transparency. Patient engagement can be defined by patients' access to information, their participation in healthcare decisions, and their involvement in healthcare organizations' policymaking (Carman et al., 2013). Engaged patients must communicate their health situation to providers, as well as their "values, beliefs, and risk tolerance regarding care choices." Providers must provide patients with "timely, complete, and understandable information" (Carman et al., 2013). Through these positive interactions with patients, clinicians play an important role in shaping patient management.

Make the Organization Accessible to patients: The synergy created by improved patient – provider communication, information transparency, and patient engagement leads to a hospital that is more accessible to consumers. An accessible hospital has transformed the service experience from the traditional institutional atmosphere (i.e., impersonal and

inflexible) to a consumer-centered model that accommodates the needs and wants of individual patients. An accessible organization has two key competencies: timeliness of service and responsiveness to consumers. Timeliness is a valuable indicator of the efficiency of organizational processes. Not only should patients be seen in a timely manner, but providers should also maximize the time that clinicians spend with patients. According to a recent study by Prophet (2017), 51% of providers felt that they take the time to understand patients needs and explain options, but only 34% of patients agreed. Spending more time with patients not only increases patient's satisfaction but can also improve clinical care.

Methods

Descriptive survey design was adopted for the study. The study was conducted in Akwa Ibom State. The population of the study comprised of all nurses and patients within the three senatorial districts in Akwa Ibom State. Stratified sampling technique was used to select 60 patients from the three senatorial districts making a total of 180 patients and 10 nurses from each senatorial district giving a total of 30 constituting the total of 210 respondents that constituted the sample size for the study. The Instrument used in this study for data collection was a questionnaire titled "Management of Patients in Public Hospitals and Female Nurses Roles in Akwa Ibom State Questionnaire (MPPHFNRAKSQ)." Descriptive and content validation of the instrument was carried out by an expert in test, measurement and evaluation from University of Uyo to ensure that the instrument has the accuracy, appropriateness and completeness for the study. Stratified sampling technique was used to determine the level of reliability of the instrument. The reliability coefficient obtained was 0.80 and this was high enough to justify the use of the instrument. The researcher subjected the data generated for this study to appropriate statistical techniques such as independent t-test analysis. The test for significance was done at 0.05 alpha levels. Research questionnaire are, the role of female nurses in management of patients in public hospitals.

Results

Research Question One: The research question sought to find out the extent nurses effectively carry out assessment of patients in public hospitals in Akwa Ibom State. To answer the research question percentage analysis was performed on the data, (see table 1).

Table 1: Percentage analysis of the extent nurses effectively carry out assessment of patients in public hospitals in Akwa Ibom State

EXTENTS	FREQUENCY	PERCENTAGE
VERY HIGH EXTENT	82	39.05**
HIGH EXTENT	51	24.29
LOW EXTENT	45	21.43
VERY LOW EXTENT	32	15.24*
TOTAL	**210**	**100%**

**** The highest percentage frequency**

*** The least percentage frequency**

SOURCE: Field survey

The above table 1 presents the percentage analysis of the extent nurses effectively carry out assessment of patients in public hospitals in Akwa Ibom State. From the result of the data analysis, it was observed that the highest percentage (39.05%) of the respondents affirmed that the extent nurses effectively carry out assessment of patients in public hospitals in Akwa Ibom State is very high, while the least percentage (15.24%) of the respondents stated that the

extent nurses effectively carry out assessment of patients in public hospitals in Akwa Ibom State is very low, meaning that nurses do assess patients very well in public hospitals in Akwa Ibom State.

Research Question Two: The research question sought to find out the extent female nurses effectively carry out effective management of patient in public hospitals in Akwa Ibom State. To answer the research question percentage analysis was performed on the data, (see table 2).

Table 2: Percentage analysis of the extent female nurses effectively carry out effective management of patient in public hospitals in Akwa Ibom State

EXTENTS	FREQUENCY	PERCENTAGE
VERY HIGH EXTENT	67	31.90**
HIGH EXTENT	55	26.19
LOW EXTENT	52	24.76
VERY LOW EXTENT	36	17.14*
TOTAL	**210**	**100%**

**** The highest percentage frequency**
*** The least percentage frequency**
SOURCE: Field survey

The above table 2 presents the percentage analysis of the extent female nurses effectively carry out effective management of patient in public hospitals in Akwa Ibom State. From the result of the data analysis, it was observed that the highest percentage (31.91%) of the respondents affirmed that the extent nurses effectively carry out assessment of patients in public hospitals in Akwa Ibom State is very high, while the least percentage (17.14%) of the respondents stated that the extent nurses effectively carry out assessment of patients in public hospitals in Akwa Ibom State is very low, meaning that nurses do manage patients' conditions well in public hospitals in Akwa Ibom State.

Research Question Three: The research question sought to find out the constraints to effective assessment and management of patients in public hospitals Akwa Ibom State. To answer the research question percentage analysis was performed on the data, (see table 3).

Table 3: Percentage analysis of the constraints to effective assessment and management of patients in public hospitals Akwa Ibom State

EXTENTS	FREQUENCY	PERCENTAGE
PATIENT AUTONOMY	71	33.81**
PATIENT RESISTANCE	77	36.67
FUNDAMENTAL CHANGES	62	29.52*
TOTAL	**210**	**100%**

**** The highest percentage frequency**
*** The least percentage frequency**
SOURCE: Field survey

The above table 2 presents the percentage analysis of the extent female nurses effectively carry out effective management of patient in public hospitals in Akwa Ibom State. From the result of the data analysis, it was observed that the tagged "patient autonomy" (33.81%) rated the highest percentage of the constraints affirmed by the respondents, while "fundamental changes" (29.52%) rated the least percentage as affirmed by the respondents of the

constraints to effective assessment and management of patients in public hospitals Akwa Ibom State.

Research Questions Four: The research question sought to find out the relationship between assessment and management effectiveness of patients in public hospitals in Akwa Ibom State. In order to answer the research question, descriptive analysis was performed on the data collected as shown in Table 4.

Table 4: Descriptive statistics of the relationship between assessment and management effectiveness of patients in public hospitals in Akwa Ibom State

Variable	N	Arithmetic Mean	Expected Mean	R	Remarks
Management	210	19.23	12.5	0.82*	*Strong to Perfect Relationship
Assessment		18.03	12.5		

Source: Field Survey

The above table 4 presents the result of the descriptive analysis of the relationship between assessment and management effectiveness of patients in public hospitals in Akwa Ibom State. The two variables were observed to have strong to perfect relationship at 0.82%. The arithmetic mean for management (19.23) was observed to be greater than the expected mean score of 12.5. In addition to that, the arithmetic mean as regards assessment (18.03) was observed to be higher than the expected mean score of 12.5. The result therefore means that there is remarkable relationship between assessment and management effectiveness of patients in public hospitals in Akwa Ibom State.

Hypothesis Testing

The null hypothesis states that there is no significant relationship between assessment of patients and management effectiveness of patients in public hospitals in Akwa Ibom State. In order to answer the hypothesis, simple regression analysis was performed on the data (see table 5).

TABLE 5: Simple Regression Analysis of the relationship between assessment of patients and management effectiveness of patients in public hospitals in Akwa Ibom State

Model	R	R-Square	Adjusted R Square	Std. error of the Estimate	R Square Change
1	0.82a	0.67	0.67	0.68	0.67

***Significant at 0.05 level; df= 208; N= 210; critical R-value = 0.139**

The above table 5 shows that the calculated R-value (0.82) was greater than the critical R-value of 0.139 at 0.5 alpha levels with 208 degrees of freedom. The R-Square value of 0.67 predicts 67% of the relationship between assessment of patients and management effectiveness of patients in public hospitals. This rate of percentage is moderately positive and therefore means that there is significant relationship between assessment of patients and management effectiveness of patients in public hospitals in Akwa Ibom State. It was also deemed necessary to find out the influence of the variance of each class of independent variable as responded by each respondent (see table 6).

TABLE 6: Analysis of variance of the relationship between assessment of patients and management effectiveness of patients in public hospitals in Akwa Ibom State

Model	Sum of Squares	Df	Mean Square	F	Sig.
Regression	194.66	1	194.66	417.78	.000b
Residual	96.91	208	0.47		
Total	291.57	209			

a. Dependent Variable: management
b. Predictors: (Constant), assessment

The calculated F-value (417.78) and the P-value as (.000b). Being that the P-value (.000b) is below the probability level of 0.05, the result therefore means that there is significant relationship exerted by the independent variables i.e. assessment on the dependent variable which is management. The result therefore means that there is significant relationship between assessment of patients and management effectiveness of patients in public hospitals in Akwa Ibom State. Therefore, the result is cognate to the research findings of Rivo, Johnson, (2002) who noted that the idea of patient management in primary care, however, is not new and has always been about addressing the patient in his/her biomedical as well as social and psychological context. As a nurse, it is good practice to review the last few entries in a patient's records just before a consultation. The significance of the result caused the null hypotheses to be rejected while the alternative was accepted.

Conclusion

The study concluded that public hospital, or government hospital, is a hospital which is government owned and is fully funded by the government and operates solely off the money that is collected from taxpayers to fund healthcare initiatives. Public hospitals are increasingly important institutions for communities with vulnerable dwellers even as they faced fundamental changes in their service delivery patterns. Also, the study also concluded however that, nursing has a unifying ethos. And that through the critical thinking exemplified in the nursing process, nurses use their judgment to integrate objective data with subjective experience of a patient's biological, physical and behavioral needs. Therefore, the study reveals that there is significant relationship between assessment of patients and management effectiveness of patients in public hospitals in Akwa Ibom State.

Recommendations

1. To meet the needs of the people, health educators, physicians, social workers, nurses and all other categories of health personnel must constantly evaluate their roles and be ready to modify them for the common good and modify the programmes that prepare them for their work.
2. To improve the patient management, nurses can use the framework components presented earlier to create a culture that establishes customer experience as the ultimate goal of the hospital.
3. Nurses should take extra measures to ensure that patients understand their current health condition and receive any needed instructions.
4. In assessing the patient's, medical history and physical examination should be ascertained first before administering any medications to the patients.

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