

JUSTIFICATION

Quality care is essential to wellbeing and survival of patients with Multidrug-resistant tuberculosis (MDR-TB), a severe morbid form of TB. The acquisition of MDR-TB is a consequence of two main factors which are; health services and patient-related. On the part of the health services, it is primarily a result of compromised quality of care provided to TB patients.

Understanding the attitudes and perceptions of patients towards the care they receive is crucial in tailoring services which meet their needs. Such efforts will improve treatment success and long-term care of the disease.

OBJECTIVE

The present research explores how MDR-TB patients voluntarily confined to hospitalisation perceive care and treatment strategy, and also to assess the influence of psychosocial factor on their perception of care and strategy of treatment in Nigeria.

METHODS

The study enrolled 98 assessable and consenting MDR-TB patients on voluntary confinement in the MDR-TB hospitals (University College Hospital and General Chest Hospital, Ibadan; Dr Lawrence Henshaw Memorial Hospital, Calabar; and Mainland Hospital, Lagos).

Patients' perception on quality of care was evaluated with a 5 point Likert scale of 28-items. Patients' perception on treatment strategy was evaluated with a 6-item instrument that asked whether or not current treatment during hospitalisation was preferred. For purposes of further description of data and logistic regression procedure, quality of care and perception of treatment strategy score were categorised.

Descriptive statistics was used to analyse all variables including independent socio-demographic and psychological health. Associations were tested using bivariate and multivariate statistics.

RESULT

Majority of patients (64.0%) had been on TB treatment for about 5 and more years without cure. 7.1% were due to end the DOT at 8 months, while 16.3% were near completion of treatment course at 7 months, only 4% were just beginning treatment at 1 month. Perception of quality of care score ranged from 28 to 140, while perception on treatment strategy ranged from 0 to 6. Mean score for perception of quality of care was 109.17 ± 24.00 ; and mean score for perception of treatment strategy was 3.63 ± 1.69

Figure 1: psychosocial wellbeing

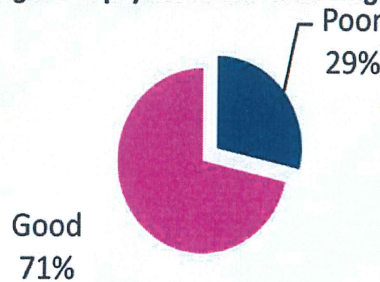
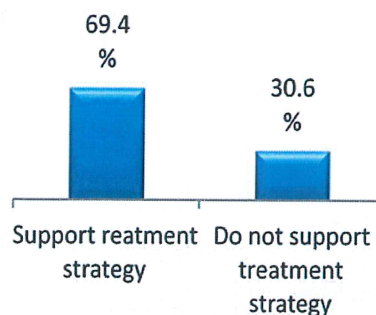


Figure 2: Perception of quality of care



Figure 3: Perception of treatment strategy



Association between domains of quality of care by overall quality of care

Domains of perception of quality of care	Perception on quality of care	
	r	p
Interpersonal relations	0.952	0.000
Health workers' competence	0.941	0.000
Social visits	0.746	0.000

Patients with good psychosocial wellbeing were 5 times more likely to perceive quality of care as good (OR: 5.90, CI: 1.45-23.93).

Patients who had received treatment for three to four times and more were less likely to support current treatment strategy compared with those who had only received treatment for the first time, although the association was not statistically significant. Similarly, those who had received treatment up to two times in the past were significantly less likely to support treatment strategy (OR: 0.06, CI: 0.01-0.37) compared with those who had only been treated for the first time. Married patients had significantly lower odds to support current treatment strategy (OR: 0.28, CI: 0.09-0.88).

DISCUSSION

Majority of MDR-TB patients may perceive quality of care to be good; however their psychological health influences their perception significantly. The present study further suggests that patients' satisfaction is influenced by a positive interpersonal relationship between health workers and health workers' competence.

IMPLICATION FOR PRACTICE

Health care providers need to improve treatment strategies to encourage acceptance of care as poor perception to health care may deter treatment completion and cause relapse in response to treatment.

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