

CHAPTER 5

Summary, conclusions and recommendations

5.1 INTRODUCTION

This chapter presents the summary, limitations, and recommendations of the study.

5.2 SUMMARY OF THE STUDY

The purpose of this study was to investigate the knowledge levels of clients on long-term TB treatment at Kwekwe General Hospital. The objectives of the study were to:

- assess the knowledge levels of clients on TB treatment regarding the medical condition and treatment regimen
- determine how health workers contribute to the knowledge levels of clients on TB treatment

A quantitative, descriptive research approach was adopted. The target population was TB clients on treatment who attended the TB Outpatients Clinic at Kwekwe General Hospital between November and December 2004, as well as registered nurses who worked in the medical wards and TB outpatients clinic. The researcher used convenience non-probability sampling. Sixty clients and 10 registered nurses were the respondents. The data-collection instrument was a structured questionnaire and data analysis was done using the Epi Info 6 Version 3 computer program.

5.3 FINDINGS ON CLIENTS ON TB TREATMENT

The first objective of the study, namely to assess the knowledge levels of clients on TB treatment regarding the medical condition and treatment regimen, was met as the data revealed information about the respondents' generally poor knowledge of TB, its treatment, including two important issues, MDR TB and DOTS. If the upward trend in new TB cases in Zimbabwe is considered, the insufficient level of knowledge amongst clients on TB treatment found in this study should be of great concern to Kwekwe General Hospital.

5.3.1 Objective 1: Assess the knowledge levels of clients on TB treatment regarding the medical condition and treatment regimen

♦ Causes and curing of TB

Of the respondents, almost two thirds knew that germs caused TB; 73,3% indicated that breathing in infected air spreads TB, and 36,7% were not able to identify the cause correctly. The latter is a matter of concern.

The respondents were knowledgeable about TB being a curable disease (91,7%) and the length of curing TB being 6 to 8 months (83,3%).

Although these figures portray positive knowledge of the cure of TB, the data-collection instrument did not provide for a detailed explanation of what the respondents knew. In fact, 18,4% of the respondents did not know why completing treatment is important.

The respondents were asked about their feelings about the amount of tablets taken as well as the duration. Of the respondents, 68,3% felt the amount was acceptable, while 78,3% felt the duration was all right. The amount of tablets and long duration of treatment do not seem to be the main contributing factors towards defaulting. The view of 38,3% of the respondents who felt that they have to take too many tablets may be changed with appropriate health education.

♦ MDR TB

Nearly half of the respondents (46,7%) did not know what MDR TB is. Furthermore, 51,7% of the respondents did not know how the condition develops. This is in sharp contrast to the information given by the registered nurses, who indicated that 70,0% of them cover MDR TB when giving information to clients.

♦ DOTS

Despite the official adaptation of the DOTS strategy by the MOH/CW, 60,0% of the respondents had not been informed of DOTS. Nine registered nurses indicated that they gave health education to clients on DOTS. This, however, does not tally with the high

percentage of clients who were not aware of what DOTS is. This reflects either a lack of honesty by respondents in answer to the questions, a lack of commitment to health education, or a lack of understanding by clients.

In general, of all the respondents (those on DOTS and those not on DOTS), only one said it is embarrassing to take tablets while being observed. This implies that the DOTS strategy is acceptable to the majority of the respondents. Of the respondents, 95,8% were also satisfied with the implementation of the strategy as it is.

◆ **Other factors**

Although 28,4% of the respondents travelled more than 15 kilometres (see chapter 4, table 4.8), 68,3% of the respondents said the costs incurred visiting health centres were cheap or reasonable. Distance and cost are therefore not a contributory reason to defaulting. Clients appear to be willing to travel far if treatment is available.

Problems encountered while taking drugs included feeling sick, vomiting and dizziness. Of the respondents, 75,0% did not have any problems. Despite the problems encountered, the remaining 25,0% continued taking their drugs.

TB and HIV/AIDS form a deadly partnership. If clients are not aware of the relationship and they default treatment, emergence of MDR TB is high. It was found that this information is not given to clients during health education (see chapter 4, section 4.2.5).

Most of the respondents (68,3%) indicated that health visitors had not visited them at home. In their responses, the registered nurses also alluded to the importance of follow-ups at home as a way of decreasing defaulting. Community health nurses and environmental health technicians should do follow-ups. The importance of support visits by health workers is outlined by the Zimbabwe, Ministry of Health and Child Welfare (1999a:6).

5.4 FINDINGS ON REGISTERED NURSES

5.4.1 Objective 2: Determine how health workers contribute to the knowledge levels of clients on TB treatment

The second objective, namely to determine how health workers contribute to the knowledge levels of clients on TB treatment, was met, as revealed below.

The research findings revealed that although registered nurses give health education to clients on TB treatment, not enough information is given. This was reflected in the clients' knowledge deficit on

- spreading TB while on treatment
- the dangers of interrupting treatment
- MDR TB
- DOTS
- the relation between TB and HIV/AIDS.

5.5 LIMITATIONS OF THE STUDY

The study focused on Kwekwe General Hospital therefore the findings cannot be generalised. The hospital where the study was conducted was in an urban setting with few of the respondents from the rural area. If a larger rural area were included, it could have led to different data and findings.

Some of the items in the questionnaires should have asked for more details; for example, what information they are given during health education sessions especially with reference to MDR TB and HIV/AIDS.

However, despite these limitations, the results have elicited important information that could serve as a basis to re-visit the way health education is given at Kwekwe General Hospital and thereby decrease the number of defaulters.

5.6 RECOMMENDATIONS

In order to empower clients on long-term TB treatment, the following recommendations are made:

- the health education given to clients on TB treatment should be standardised and include all the topics needed to empower clients with knowledge. When clients are empowered with information, they are able to make decisions that will improve their quality of life.
- health workers, professional and non-professionals should be well versed in the principles of adult learning.
- health education should be given as soon as the client is diagnosed and should be on going so that the clients understand their condition and treatment.
- awareness campaigns through a multi-sectoral approach including schools, media, and churches should be utilised and involved in disseminating information. If the community is informed about TB as a disease, they might provide better support and motivation to TB clients.
- home follow-up visits by community health nurses together with environmental health technicians should be planned and implemented so that clients receive the necessary support and counselling at home to motivate them to continue with their treatment.

5.7 PRACTICAL IMPLICATIONS OF THE STUDY

The results of this study should be communicated to the management of Kwekwe General Hospital to be dealt with appropriately.

In order to improve the knowledge levels of clients on long-term TB treatment, it is important for nurses to fulfil their role regarding clinical practice, education and research. These complementary roles are needed to empower clients with information that will ultimately lead to better control of TB.

♦ Implications for practice

The fact that most clients did not have enough information on TB implies that health education being given to clients is not adequate or successful. According to Stanhope

and Lancaster (1996:263), health education is a vital component for behavioural change because the promotion, maintenance and restoration of health rely on clients' understanding of health care requirements.

◆ **Implications for education**

In-service programmes, such as refresher courses for health workers to keep abreast of current trends of TB management, are recommended.

Induction programmes should be conducted for newly qualified or appointed health workers in order to maintain quality and uniformity of information given to TB clients. Nurses should take the lead in planning and implementing the education.

5.8 RECOMMENDATIONS FOR FURTHER RESEARCH

In the light of the findings of this study, the researcher makes the following recommendations:

- MDR TB, HIV/AIDS and DOTS should be topics for internal research in the hospital. Results can be used to improve the knowledge levels of clients on TB treatment.
- the quality and quantity of information given to clients on TB treatment may improve health education as an empowering tool. There is a need for in-depth research on the same topic to formulate guidelines for health workers that will lead to improved health education.
- the effectiveness of DOTS in Zimbabwe should be examined in order to determine its impact on TB.
- qualitative research should be undertaken on the reasons for defaulting, with actual defaulters describing their lived experience of TB treatment.

5.9 CONCLUSION

This chapter concluded the study, described its limitations and made recommendations for improved practice and future research.

The data obtained revealed the knowledge levels of clients at KweKwe General Hospital on long-term TB treatment and some important issues regarding the role of registered nurses in disseminating knowledge to these TB clients.