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ORIGINAL ARTICLE

Attitudes of hospitalized patients toward wearing patient clothing in Tianjin, China: A cross-sectional survey

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ABSTRACT

Objective: To assess the attitudes of hospitalized patients toward wearing patient clothing and identify the factors those influence their negative attitudes.**Methods:** A cross-sectional design was employed and a questionnaire survey was conducted. The data were collected from 251 hospitalized patients between July 2015 and August 2015.**Results:** Around 57.8% of the participants reported that they were unwilling to wear patient clothing. Among them, 60.7% knew little to nothing about the function of patient clothing. Some of these patients were unwilling to wear patient clothing because these uniforms had poor comfort (26.2%), fit (34.5%), hygiene (66.2%), and appearance (31.1%), and wearing them was psychologically uncomfortable (43.5%). **Conclusions:** More than half of the hospitalized patients dislike wearing patient clothing because they were unaware of its functions and were skeptical about its hygiene, comfortability, fit, and appearance. Therefore, these patients must be provided with comfortable, well fitting, hygienic, and aesthetically pleasing clothing.© 2016 Chinese Nursing Association. Production and hosting by Elsevier B.V. This is an open access article under the CC BY-NC-ND license (<http://creativecommons.org/licenses/by-nc-nd/4.0/>).

1. Introduction

Patients in China are required to wear the uniforms provided by their nurses during the course of their hospitalization [1,2]. Apart from differentiating patients from various clinical areas, these uniforms help patients undress when going through examinations or other purposes [1,2], and these garments can be easily washed by the hospital laundry system when soiled. In this paper, patient clothing refers to the clothes worn daily by patients in the ward rather than the gowns used for operations or other purposes.

Patient clothing is part of the healthcare environment, is related to patient recovery, and has an active role in establishing a relationship between the patients and their world [3,4]. Therefore, patient clothing must be given consideration when identifying methods for improving healthcare [3,4]. Our search retrieved few studies that focused on the attitudes of patients toward wearing patient clothing [1,2]. Chen found that 54.8% of patients admitted in a hospital in Chongqing, China were unwilling to wear patient

clothing during their hospitalization [2]. This study aimed to determine if the same case applied to other hospitals in China and to identify the reasons behind this phenomenon. A survey was conducted to explore this situation further.

2. Materials and methods

This cross-sectional study was conducted in Tianjin, China.

2.1. Setting and sample

The participants should be conscious enough to understand clearly and answer the questionnaire items, be admitted in a hospital for more than seven days, and be older than 18 years.

The sample size was determined using Kendall's principle of rough determination of sample size, which argues that the sample size must be 5 to 10 times larger than the number of variables. The original sample size was increased by 20% to allow for wastage resulting from dropout and noncompliance [5]. Our final sample comprised 260 patients.

The hospitals in China are ranked from levels one to three, with level three being the highest. Level three hospitals are first-class medical institutions that implement the agreed standard of

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nursing based on the government guidelines for nursing. These hospitals also have the largest number of beds in Tianjin. A list of hospitals was obtained from the Department of Health in Tianjin. Four of 13 first-class general hospitals were sampled using random number table sampling. These four hospitals agreed to participate in the research. Given that more than 80% of all hospitalized patients in Tianjin are admitted in these first-class hospitals, we did not include level one, level two, and specialized hospitals in our study, such as dental hospitals.

A list of eligible non-infectious disease units in each sampled hospital was obtained, and five units were selected from each hospital using random number table sampling. Thirteen patients were selected from 20 units using random number table sampling, and a study population of 260 patients from four first-class hospitals in Tianjin, China was eventually obtained.

After explaining the purpose of the study, the participants signed consent forms before filling out the questionnaires. A total of 252 questionnaires were returned after eight of the selected patients declined to participate. One of the returned questionnaires was considered invalid, thereby yielding a valid response rate of 96.5%.

2.2. Instruments

The questionnaire was designed by the research team and included demographic variables, one item assessing the attitude of patients toward wearing patient clothing (“Are you willing to wear the patient clothing provided by the nurses?”), and six items exploring the reasons for their negative attitudes. The responses were ranked using a five-point Likert-type scale, where 5 indicates extremely willing and 1 indicates extremely unwilling. Those subjects that chose 3 to 5 were not required to answer the other items.

The respondents who gave negative responses were asked to respond to the six items exploring the reasons for their responses. We invited an expert panel comprising two nursing leaders, two patients, and one statistician to review the original questionnaire that was designed based on the literature [1–4,6] and the experience of researchers. The questionnaire was repeatedly revised based on the comments of the panel until a consensus was reached. The questionnaire was then piloted among 20 patients in a hospital. The reliability of the third part of the questionnaire, which dealt with the reasons for the negative responses, was calculated using the Cronbach’s α value obtained from the pilot study (0.702). The questionnaire took approximately five to seven minutes to complete. The six items exploring the reasons for the negative responses included the following (1) What is the level of your awareness regarding the functions of patient clothing?; To what extent does the (2) comfort, (3) fit, (4) hygiene, and (5) appearance of patient clothing influence your unwillingness to wear these garments?; and 6) To what extent does wearing patient clothing give you psychological pressure? The responses to these items were also ranked on a five-point Likert-type scale.

2.3. Data collection and data analysis

The data were collected by distributing researcher-designed questionnaires between July 2015 and August 2015. The researchers delivered the questionnaires to the consenting patients. After answering the questionnaires, the participants were asked to seal these questionnaires in provided envelopes and give them to the researchers who were waiting outside of their wards. The researchers were asked to stay outside of wards to prevent them from influencing the responses of the participants.

The data were analyzed using SPSS (version 16.0; SPSS Inc.,

Chicago, IL, USA) to generate descriptive statistics and by performing a chi-square test. The criterion for statistical significance was set to $P = 0.05$.

2.4. Ethical consideration

All eligible patients were given a simple explanation of the study and were personally invited to participate in the research. The sampled patients gave their informed consent. According to local regulations, no formal ethical scrutiny was required.

3. Results

3.1. Sample characteristics

Table 1 presents the demographic information of the participants.

3.2. Attitudes toward wearing patient clothing

Around 57.8% (145 of 251) of the participants suggested that they were unwilling or extremely unwilling to wear patient clothing (Table 1). More male (73.7%) demonstrated such unwillingness than female (22.6%) patients ($P < 0.01$, Table 1).

3.3. Factors related to negative attitudes toward wearing patient clothing

Only those subjects who were unwilling or extremely unwilling to wear patient clothing were required to respond to the items about the factors related to their negative attitudes.

3.3.1. Awareness of the reason for wearing patient clothing

Only 39.3% of the participants who held a negative attitude stated that they had perfect or good awareness of why patients should wear uniforms. Around 60% of these patients had little or poor awareness, and 0.7% knew nothing about the reason for wearing these uniforms.

3.3.2. Comfort of patient clothing

Around 26.2% of the patients thought that the comfort level of these uniforms had a great or some degree of influence on their negative attitudes, while 73.8% thought that this factor had little or no influence on their attitudes.

3.3.3. Fit of patient clothing

Around 34.5% of the patients thought that poor fit had a great or some degree of influence on their attitudes toward wearing patient clothing, while 65.5% thought that this factor had little or no influence on their attitudes.

3.3.4. Hygiene of patient clothing

Around 66.2% of the participants reported that the hygiene of patient clothing had great or some degree of influence on their negative attitudes toward wearing these garments, while 33.8% reported that this factor had little or no influence on their attitudes.

3.3.5. Appearance of patient clothing

Around 31.1% of the participants reported that the appearance of patient clothing had a great or some degree of influence on their negative attitudes toward wearing these uniforms, while 68.9% thought that this factor had little or no influence on their attitudes.

3.3.6. Psychological discomfort

Around 43.5% of the participants reported that wearing these

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