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AMONG CONFINED PATIENTS IN UNIOSUN TEACHING HOSPITAL, OSOGBO**

KNOWLEDGE, PERCEPTION AND SATISFACTION WITH BED BATH PRACTICES AMONG CONFINED PATIENTS IN UNIOSUN TEACHING HOSPITAL, OSOGBO

Adeyemo MOA, Adeniyi IS, Oyekale RA

Department of Nursing Science, College of Health Sciences, Osun State University, Osogbo, Nigeria.

Correspondence to: Adeyemo MOA. Department of Nursing Science, College of Health Sciences, Osun State University, Osogbo, Nigeria. E-mail: moadeyemo@uniosun.edu.ng Telephone: +2348038033257

ABSTRACT

Introduction: Bed bath is an important procedure done by the nurses to promote patients' hygiene and prevent infection. Observations revealed that the materials for bed bath were usually improvised in majority of the hospitals in Osun state thus leading to variations from the standardized practice, as specified by guiding principles, hence the need to assess patients' perception and satisfaction with the practices.

Objective: This study examined the knowledge, perception and level of satisfaction of bed bath among confined patients in UNIOSUN Teaching Hospital, Osogbo, Nigeria.

Method: A descriptive design was used. The target population was the confined but conscious patients in the hospital. Structured questionnaire was used to collect data from eligible and available 54 respondents. The data obtained were analyzed and discussed.

Results: The major findings revealed that 41(75.9%) of the respondents had high knowledge of bed bath, 28(51.9%) had good perception of it while 36(66.7%) were satisfied with the care. Patients' inability to determine choice of temperature of the water and non-verbal communication by nurses were factors affecting the satisfaction derived from bed bath by the respondents. There was a significant association between respondents' knowledge of bed bath ($r = .796, p < .05$) and satisfaction

with it, however, there was no significant association between perception ($r = 0.451, p > .05$) and satisfaction.

Conclusion: Majority of the confined patients at UNIOSUN Teaching Hospital, Osogbo had high knowledge of bed bath, good perception of it and most were satisfied with it. Nurses should take cognizance of the identified factors associated with patients' satisfaction with the procedure with a view to improving the practice.

Key words: Bed bath, perception, confined patients, satisfaction

INTRODUCTION

Bathing is a fundamental component of self-care but during illness, when an individual is confined to bed, it becomes the responsibility of caregivers to assist in the cleanliness. Perry and Potter as quoted by Konya *et al* described bed bath as an integral nursing care frequently done to maintain the cleanliness of patients who have difficulty having conventional baths.¹ It is an important common procedure done by the nurses to promote patients' hygiene and prevent infections. Nurses should therefore, consider the patients' perception of the care and ensure their satisfaction which is a key indicator of quality care.

Bathing is an important part of personal hygiene which is closely related to an individual's esteem and sense of wellbeing,

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thus making bed bath an important procedure.^{2,3} Bathing cleans the skin and makes an individual more comfortable. It stimulates the circulation and relaxes the body. It is a good opportunity to observe the condition of the patient's body as well as communicate with the patient. Bed baths are described as meaningful health care procedures that enhance nurse-patient relationship.^{4,5}

Bed bath is a specialized bath given to confined patients on their beds by nurses during hospitalization; therefore, it remains one of the important activities of the day in the hospital wards.⁶ Bed-bathing patients is a golden opportunity to incorporate many key principles of care which include providing a compassionate touch, meeting hygiene needs, assessing the skin and repositioning.⁷ While discussing benefits of bed bath, Prado *et al* stated that baths for patients with spinal cord injury should be an opportunity for rehabilitation nurse to enhance improvement of the health indicators of this category of patients and minimize the occurrence and recurrence of bladder infection and pressure ulcers, with a view to promoting levels of satisfaction of the patients.⁶ Other benefits include the ability to induce comfort, relaxation and reduce pyrexia. In addition, bathing allows nursing staff to assess the patient's skin for integrity and pressure sores.²

Bathing patients is an essential component of nursing care. Whether the nurse performs the bath or delegates the activity to another health care provider, the nurse retains the responsibility of ensuring that the hygienic needs of the client are met. Although bed-bath is essential to nursing care and is regularly done for confined patients, there is no clarification on which of the methods is safe and efficient to enhance skin cleanliness, integrity and comfort.¹ Bed bath rendered to patients can be a self-help (assisted) bed bath, partial bath or complete bed bath.⁸ It can also be traditional bed bath or disposable wipes bed bath.⁹

Regardless of the type of the bath, a very important issue is receiving feedback about the satisfaction the patient derives, which determines the patient's perception of care.

Assessing patients' satisfaction of care will help to determine their view on the quality of care rendered to them with a view to encouraging the nurses to improve the quality of their care and recognize that the procedure is a patient-centered one wherein they are to display best practices that will enhance positive nurse-patient relationship.

It has been observed in majority of the wards in hospitals in Osun state that most of the materials for bed bath were improvised which make it difficult for nurses to carry out the procedure as specified by guiding principles. For instance, there are no bath blankets, bath towels and bath thermometer. Patients are only allowed to bath early in the morning. Thus, this study was carried out to examine the knowledge, perception and level of satisfaction of bed bath among confined patients in UNIOSUN Teaching Hospital, Osogbo.

METHODS

Study design

This cross-sectional descriptive survey was conducted among adult confined patients in UNIOSUN Teaching Hospital, Osogbo, Nigeria. All consenting adult patients confined to bed in the selected wards between November 1 and December 20, 2020 were studied. Patients' selection was by convenient sampling.

Data collection

Information was obtained using a validated structured interviewer administered questionnaire. The data were collected from all the adult confined conscious patients in orthopaedic, surgical, medical, Neurology and burns wards by the researchers between November 1 and December 20, 2020. The researchers took consent from each patient before administering the questionnaire and participants were assured of confidentiality. The researcher interviewer method was used for all the respondents because some of them could not write as a result of their clinical condition.

Data analysis

The data were analyzed using descriptive and inferential statistics and presented using tables and bar charts. Knowledge was assessed by computation of the items for the section. All the items were positive, therefore “yes” was coded “2”, “no” was coded “1” and “I don’t know” was coded “0”. The computed items give a maximum score of 8 and a minimum score of 0; the mean value (6.9) was used to rank knowledge as poor or high. Scores below the mean denotes poor knowledge of bed bath while mean and above denotes high level of knowledge of bed bath.

Perception was assessed by computation of the items for the section. The positive item (item-1) was coded on a Likert scale of “4 through 1” for ‘strongly agree to strongly disagree’ while the negative items (Items 2-10) were coded on a Likert scale of “1 through 4” for ‘strongly agree to strongly disagree’ respectively. The computed items gave a maximum score of 37 and a minimum score of 13; the mean value (25.01) was used to rank perception as good or poor. Below the mean denotes poor perception of bed bath while from the mean and above denotes good perception of bed bath.

Satisfaction was assessed by computation of the items for the section. The positive items (items-1, 2, 4, 5 & 6) were coded on a Likert scale of “4 through 1” for ‘strongly agree to strongly disagree’ while the negative item (Item-3) was coded on a Likert scale of “1 through 4” for ‘strongly agree to strongly disagree’ respectively. The computed items gave a maximum score of 21 and a minimum score of 9; the mean value (17.46) was used to rank satisfaction as high or poor. Scores below the mean denotes poor satisfaction with bed bath while from the mean and above denotes high level of satisfaction with bed bath.

Ethical consideration

The study’s proposal was approved by the Research Ethics Committee of UNIOSUN (formerly Ladoke Akintola University of Technology) Teaching Hospital, Osogbo, with protocol number LTH/EC/2021/01/501. Permission for conduct of the study was sought and obtained from the hospital’s management.

The objectives of the study were explained to the respondents and verbal consent was given by individual respondent before distribution of questionnaire. The respondents were assured of confidentiality of their responses and they were informed that they have the right to withdraw from the study if they were no longer interested.

RESULTS

Socio-demographic characteristics

Table 1 presents the socio-demographic characteristics of the respondents. It showed that (15)27.8% were 61 years and above and (14)25.9% were admitted to surgical ward. Sixteen (29.6%) each have had either 1-2 or 3 to 4 bed baths since admission while 12(22.2%) and 10(18.5%) have had 5-6 and more than 6 baths respectively.

Table 1: Socio-Demographic Variables of the respondents (n = 54)

Variables	Frequency (n)	Percentage (%)
Age		
20-30	7	13.0
31-40	13	24.1
41-50	9	16.7
51-60	10	18.5
61 and above	15	27.8
Gender		
Male	19	35.2
Female	35	64.8
Educational background		
No education	5	9.3
Arabic	6	11.1
Primary	3	5.6
Secondary	9	16.7
Tertiary	31	57.4
Wards		
Orthopaedic	11	20.4
Surgical	14	25.9
Medical	9	16.7
Neurology	10	18.5
Burns	10	18.5
Occupation		
Civil servant	20	37.0
Self-employed	14	25.9
Artisan	9	16.7
Trader	11	20.4

Respondents' level of knowledge of Bed Bath

The result of this study revealed that 41(75.9%) claimed that bed bathing aids in preserving patient's skin integrity while 47(87%) agreed that bed bathing is the only option to maintain hygiene for immobile patients who cannot bath themselves due to chronic or acute illness. The findings also revealed that 40(74.1%) of the respondents agreed that bathing has an effect on patient's well-being and body comfort while 45(83.3%) believed that bathing aids in infection and disease control. The most preferred method of bed bath by the respondents was wash basin 33(61.1%) and most 31(57.4%) would love to be bathed in the evening while 19(35.2%) preferred morning. The general assessment of the respondents' knowledge of bed bath revealed that 13(24.1%) had poor knowledge and 41(75.9%) had high level of knowledge of bed bath.

Respondents' perception of bed bath

Most, 40(74.1%), of the respondents were of the opinion that bed bath should not necessarily be done by the nurses but also by the patients' relatives and 38(70.4%) believed that bed bath takes a long time. Similarly, 33(61.1%) disagreed with the fact that nurses are not always being careful while giving bed baths to patients, 37(68.5%) stated that shivering and chills result in the course of receiving bed bath while 32(59.3%) believed that the bed bathing method used by the nurses is standardized. Furthermore, most 42(77.1%) of the respondents indicated that nurses do not see bed bath as an avenue to expose patients unduly, 33(61.1%) disagreed with the fact that bed bath is uncomfortable and embarrassing for the patients while 32(59.3%) claimed that being bathed by the opposite sex is against their beliefs and 26(48.2%) agreed that bed bath is a threat to their self-esteem and psychological security. The findings of the general assessment indicated that 26(48.1%) of the respondents had poor perception of bed bath (Table 2).

Respondents' level of Satisfaction with bed bath

The findings of the study revealed that 38(70.4%) of the respondents were satisfied with attention received during bed bath, and

were also satisfied with the procedures as well as with the information provided about the procedure. Likewise, 33(61.1%) felt comfortable during the procedure and majority 40(74.1%) did not feel embarrassed when bathed by an opposite sex while 18(33.4%) were not really satisfied with communication by the nurses during the procedure. Generally, the findings of the respondents' satisfaction with bed bath reveals that 18(33.3%) of them had poor level of satisfaction with bed bath while 36(66.7%) had high level of satisfaction with bed bath.

Table 2: Respondents' perception of bed bath

<i>Perception Rank</i>	<i>Frequency</i>	<i>Percentage</i>
<i>Poor (< 25.01)</i>	26	48.1
<i>Good (≥25.01)</i>	28	51.9
Total	54	100.0

Factors associated with the respondents' satisfaction with bed bath

The results of the study indicated that 34(62.9%) of the respondents identified privacy as a motivating factor for satisfaction with bed bath and non-exposure to cold was agreed with by 36(66.6%) of the respondents. Likewise, most of the respondents 36(66.7%) claimed that bathing with the same sex would be a motivating factor for patients' satisfactory bed bath, and 30(55.6%) opined that assembling of all supplies before bathing would be of immense benefit to bed bath practice. However, patients' inability to determine choice of temperature of the water and non-verbal communication by nurses (that is, the ways the nurses express their attitude or thoughts without talking) were seen as factors affecting the satisfaction derived from bed bath by 23(42.6%) and 34(63.0%) of the respondents respectively.

Hypotheses testing***Hypothesis 1***

H₀: There is no significant association between respondents' knowledge and their level of satisfaction with bed bath.

Table 3 presents a correlation coefficient (r) of 0.521 and sig. (p-value) of 0.000. The result revealed a strong positive significant correlation between knowledge and satisfaction with bed bath ($r = .796$, $p < .05$). Thus, this implies that the respondents' knowledge positively influences their satisfaction with bed bath.

Table 3: Correlation analysis of relationship between knowledge and satisfaction

		Knowledge	Satisfaction
Spearman's rho	Knowledge	Correlation Coefficient	1.000
		Sig. (2-tailed)	0.000
		N	54
	Satisfaction	Correlation Coefficient	0.521**
		Sig. (2-tailed)	0.000
		N	54

***. Correlation is significant at the 0.01 level (2-tailed).*

Hypothesis 2

H₀: There is no significant association between the respondents' perception of bed bath and their level of satisfaction with it.

Table 4 shows a correlation coefficient (r) of 0.105 and p-value of 0.451 which means there was no significant correlation between perception and satisfaction with bed bath ($r = 0.451$, $p > 0.05$). This implies that the respondents' perception of bed bath did not influence their satisfaction of the procedure.

DISCUSSION

The socio-demographic findings of this study revealed that there were more women than men who were confined to bed. This is similar to the findings of a study conducted in Faroe Islands where number of women was greater than that of men.⁹ This finding might be associated with the fact that women's population is greater in many nations.

From the results of this study, majority of the patients agreed that bathing has an effect on

patients' well-being and body comfort and virtually all claimed that bed bathing aids in preserving patients' skin integrity. This is consistent with the findings of Naglaa *et al* who asserted that bathing removes accumulated oil, perspiration, dead skin cells, and some bacteria and allow hospitalised, bedridden patients to stay clean and fresh.¹⁰ Similarly, the patients agreed that bed bathing is the only option to maintain hygiene for immobile patients who cannot bath themselves due to chronic or acute illness. These findings confirmed the benefits of bed bath as indicated in many literatures on personal hygiene and most especially bed bath.

Table 4: Correlation analysis of relationship between perception and satisfaction

			Perception	Satisfaction
Spearman's rho	Perception	Correlation Coefficient	1.000	0.105
		Sig. (2-tailed)	.	0.451
		N	54	54
	Satisfaction	Correlation Coefficient	0.105*	1.000
		Sig. (2-tailed)	0.451	.
		N	54	54

***. Correlation is significant at the 0.01 level (2-tailed).*

Most of the respondents would love to be bathed in the evening while some preferred morning. This finding is not in consonance with the study by Ehiemere *et al* where it was indicated that most respondents preferred to have their bath early in the morning while some preferred their bath in the evening.² Ashraf *et al* also indicated that few patients claimed they may bath in the night as it promotes calming in the evening while others stated they prefer shower at the beginning of the day.¹¹ Generally, healthy people take bath both in the morning and evening. Timing for bathing sometimes depends on the weather; therefore, confined patients should also be allowed to indicate when they want to be

bathed especially when they need to calm down due to harsh weather.

The most preferred method of bed bath by the patients considered in this study was wash basin. This is similar to the findings of the study on satisfaction and opinions of patients and nurses regarding different types of bed bath at critical units.¹⁰ However, in the study by Noddeskou *et al* the patients liked both the wash basin and disposable methods of bed bath.⁹ Both types of bed bath have their benefits and challenges and for the purpose of providing satisfactory care to the patients, they should be allowed to choose the preferred type.

The findings of this study revealed that respondents had good perception of bed bath done for them. This is in congruence with the findings of Agbele *et al* where a high level of positive perception on the quality of nursing care was recorded.¹² The patients in this study had the perception that nurses do not see bed bath as an avenue to expose patients unduly, although, most of the patients claimed that bed bath was a threat to their self-esteem and psychological security. This is expected because a matured individual will always want to take care of his or her personal hygiene and maintain his or privacy. The threat to security was also observed in the study of Adeyemo done to investigate the attitudes of patients towards bed bath procedure at the LAUTECH Teaching Hospital, Osogbo where the patients claimed they felt embarrassed and uncomfortable about bed bath.¹³ Furthermore, more than half of the patients were of the opinion that bed bath should not necessarily be done by the nurses but also by the patients' relatives. This is similar to the findings of the above study where majority of the respondents strongly agreed that their relatives should bath them while in hospital bed.

From the findings, majority of the patients in this study were highly satisfied with bed bath as most were satisfied with the attention received during bed bath, felt comfortable during the procedure and were satisfied with the information provided about bed bath procedure. The high level of satisfaction as derived from this study was similarly observed in the study which was done to investigate the relationship between nurses' moral sensitivity

and patients' satisfaction with quality of nursing care.¹⁴

From this study, privacy, non-exposure to cold, bathing by same sex nurse and assembling of all supplies before bathing were seen as motivating factors for patients' satisfaction with bed bath. However, patients' inability to determine the choice of temperature of the water and non-verbal communication by nurses were seen as factors affecting the satisfaction derived from bed bath. This is a vital finding in the provision of satisfactory care; therefore, patients should be allowed to choose the type of water they prefer for bathing to be able to derive maximum enjoyment from it. The significance of communication can never be over emphasised in meaningful and successful human interactions. It is mandatory for nurses to possess skills in both verbal and non-verbal communication for the purpose of creating positive nurse-patient relationship which will eventually lead to the provision of quality nursing care to the clients. The current findings are consistent with the reports of studies on evaluation of patients' perception of nursing care in selected health institutions in Edo state, Nigeria where it was stated that communication with the patients is the basis for nursing practice in providing care for the patients.^{15,16}

CONCLUSION

Majority of the confined patients at UNIOSUN Teaching Hospital, Osogbo had high knowledge of bed bath as well as good perception of it and most were satisfied with it. Therefore, nurses should take cognizance of all the factors that affected the patients' satisfaction with the procedure with a view to improving on the practice.

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