

Non-fatal injuries of interpersonal violence at the Leratong Provincial Hospital, South Africa

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Background: Interpersonal violence is a global health issue. More than 1.6 million people die annually as a result of violence. Injured survivors suffer from a range of physical, sexual, reproductive and mental health problems. The aim of this study is to describe the trends and profile of violence-related injuries from hospital records of an urban emergency department and crisis centre in South Africa.

Methods: A descriptive study was conducted by reviewing patient files at Leratong Hospital. Relevant clinical information such as victim's age and gender; time, day of hospital attendance; nature of injury; presence/absence of alcohol; and nature of weapon was extracted.

Results: Leratong Hospital manages many patients with injuries due to interpersonal violence throughout the year, with an increase in May, November and December. Higher numbers of patients present in the last week of the month, and on Saturdays and Sundays. Victims were predominantly male (64%), except for sexual assault where the victims were females. Females also suffered more blunt injuries than penetrating injuries. Blunt injuries were the most frequent type of injury although over the weekend males sustained more penetrating injuries than blunt injuries. Young males were the main victims of interpersonal violence.

Conclusion: This study highlights a trend where young adults, especially males, are noted to be significantly affected by interpersonal violence.

Keywords: emergency unit, glass bottle injuries, interpersonal violence, non-fatal, sexual assault

Patient satisfaction with medical consultations among adults attending Mulago hospital assessment centre

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Background: Patient satisfaction is known to positively influence patients' compliance with medical advice. In Africa, and specifically Uganda, this interaction has rarely been put to scientific inquiry. This study aimed to determine the level of patient satisfaction and identify factors influencing satisfaction with medical consultations among adults attending Mulago Assessment Centre.

Methods: This was a quantitative descriptive cross-sectional study where 384 respondents were interviewed using a structured questionnaire adapted from the Medical Interview Satisfaction Scale (MISS-21) with a four-point Likert scale. Patient satisfaction was measured using four dimensions namely: information provision, clinicians' communication skills, perceived consulting time and patient's confidence in the clinician. Respondents' mean scores were categorised as satisfied or dissatisfied. Multivariate linear regression analysis assessed the effect of independent variables on the regression factor score of the dependent variable. Significance level was set at $p < 0.05$. Final data analysis was done using STATA version 11.0.

Results: Of the sample, 53.9% were satisfied with the medical consultation. Patients' average scores showed lowest satisfaction for information provision (2.7 points) compared with communication skills (3.22 points), patient confidence in the clinicians (3.22 points) and consultation time (3.05 points). Being older, employed, living further away from the health centre and frequently visiting the centre were positively associated with patient satisfaction.

Conclusions: Patient satisfaction was largely affected by interpersonal factors. This highlights the need for training of clinicians on the importance of adequate information provision, good communication skills and technical competences like thorough examination of patients and relieving worries about illness during the consultation.

Keywords: medical consultations, patient satisfaction, patient-clinician interaction

Patient preferences regarding the dress code, conduct and resources used by doctors during consultations in the public healthcare sector in Bloemfontein, Free State

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Background: The doctor–patient relationship is important in determining the quality of healthcare provided. This study aimed to identify patient preferences regarding dress code, conduct and resources used by doctors during consultations in the public healthcare sector, Bloemfontein. Information from this study can be of benefit in determining policies and dress codes within hospitals and medical schools.

Methods: This was a descriptive, cross-sectional study. Self-administered anonymous questionnaires were distributed at Bloemfontein's National District Hospital to patients 18 years and older, waiting in the pharmacy and consultation queues.

Results: Of the 500 questionnaires distributed 410 were analysed. Patients preferred doctors to wear formal attire. For female doctors this included a neat blouse (77.9%), smart pants (62.5%) or straight-cut jeans (51.4%) and flat pumps (56.3%). Patients preferred male doctors to wear collared shirts (52.4% and 57.6% for long- and short-sleeved shirts, respectively) with smart pants (66.8%) or straight-cut jeans (45.9%), and smart shoes (70.3%). Patients did not condone eating and drinking by doctors during consultations; work-related calls were deemed acceptable. The use of technological resources was not preferred.

Conclusion: Patients in the public healthcare sector prefer a formal, professional consulting environment that is determined largely by the doctor's attire and conduct during the consultation.

Keywords: dress-code, patient preferences, professional attire, professional behaviour, technology use

HIV-related knowledge and practices: a cross-sectional study among adults aged 50 years and above in Botswana

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Background: Older adults in Botswana have been shown to be sexually active and engage in risky sexual activities that make them vulnerable to HIV infection. In order to implement meaningful interventions to address older adults' HIV and AIDS concerns it is important to understand how much knowledge they have concerning HIV and AIDS and practices. This study explored the knowledge of HIV and AIDS and sexual practices of 609 older adults in Botswana.

Methods: The study was cross-sectional and used a survey design. A total of 609 older adults were recruited using respondent-driven sampling (RDS) from four purposively selected health districts and interviewed on their individual HIV and AIDS-related knowledge and practices. Data were analysed using descriptive statistics and multivariate logistic regression.

Results: Although knowledge of HIV and AIDS was high (95.7%), knowledge of HIV infection through blood transfusion, transmission from mother to child, or sharing needles or syringes was lacking. Only 72% of males and 23.2% of females know that having fewer partners and avoiding blood transfusions (71% of males and 44.3% of females) can minimise risks of HIV infection. Age, marital status and employment status significantly predicted knowledge of transmission ($p < 0.05$), while sex significantly predicted knowledge of prevention and control methods.

Conclusion: The study concludes that age-appropriate and culturally relevant education and training of older adults are necessary for the prevention and control of HIV infection.

Keywords: Botswana, HIV, knowledge, older adults, practices

Patterns of unprofessional conduct by medical practitioners in South Africa (2007–2013)

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A role of ethics in the medical context is to protect the interests, freedoms and well-being of patients. A critical analysis of unprofessional conduct by medical practitioners registered with the Health Professions Council of South Africa (HPCSA) requires a better understanding of the specific ethics misconduct trends.

To investigate the objectives the case content and sanctions of all guilty decisions related to unprofessional conduct against HPCSA-registered medical practitioners in the period 2007 to 2013 were analysed. A mixed methods approach was followed. The quantitative component focused on annual frequency data regarding the number of decisions taken against practitioners, number of practitioners, number of specific sanctions and categories. Relatively few medical practitioners (between 0.11% and 0.24%) are annually found guilty of unprofessional conduct. The annual average number of guilty decisions per guilty medical practitioner ranged between 1.29 and 2.58. The three most frequent sanctions imposed were fines between ZAR10 000 and ZAR15 000 (28.29%), fines between ZAR1 000 and ZAR8 000 (23.47%) and suspended suspensions between 1 month and 1 year (17.37%). The majority of the unprofessional conduct involved fraudulent behaviour (48.4%), followed by negligence or incompetence in evaluating, treating or caring for patients (29%).

Unethical behaviour by medical practitioners in South Africa occurs relatively infrequently.

Keywords: ethical transgressions, fraud, HPCSA, Incompetence, negligence

The needs and preferences of general practitioners regarding their CPD learning: a Free State perspective

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Background: The Health Professions Council of South Africa (HPCSA) requires all registered Health Practitioners in South Africa to complete accredited learning opportunities, and provide proof thereof. CPD is the chosen model, which focuses on holistic development of the professional. The UFS Department of Family Medicine presents refresher courses for general practitioners, covering all relevant fields of interest.

Aim: The aim of this study was to find reasons and possible solutions for the perceived lack of interest in refresher courses by determining general practitioners' needs and preferences for CPD training.

Methodology: A cross-sectional study design was chosen, whereby a systematic sample of 300 general practitioners registered with the HPCSA as doctors in the Free State were asked to complete a questionnaire. Needs and preferences regarding learning opportunities and factors influencing usage of these learning opportunities were assessed.

Results: The responses from 60 participants revealed that general practitioners still prefer the lecture form of presentations in large or small groups. Topics that ranked highly were Infective Diseases, Cardiology and Respiratory Diseases. Respondents indicated that general practitioners prefer not to leave their practices unattended for an extended period of time.

Conclusion: Free State general practitioners still prefer the traditional lecture-room style of learning. Their declared learning needs are in line with the regular ailments they encounter within their practices. Strategies to accommodate those who find it difficult to attend, due to time and distance concerns, should be considered.

Keywords: CPD, Free State, general practitioners, learning opportunities, refresher courses

Integrating mental health care services in primary health care clinics: a survey of primary health care nurses' knowledge, attitudes and beliefs

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Background: Nurses are the main providers of care at primary health care (PHC) clinics; the high incidence of mental health problems at these clinics means that PHC nurses are important providers of mental health care. The PHC nurses' knowledge regarding provision and identification of mental health problems has been shown to be poor.

Aim: The study aimed to investigate the knowledge, attitudes and beliefs concerning the care of psychiatric patients at PHC level amongst nurses.

Setting: The study was conducted in uThungulu Health District in the Northern Area of KwaZulu-Natal Province. Six clinics were purposively selected based on their geographical location.

Methods: The study used a quantitative survey using a structured questionnaire. Simple descriptive analysis and one-way ANOVA were used to analyse the data.

Results: The study revealed that 39% of the nurses were between the ages of 41 and 50 years and 92% were females. The association between past experience in working with psychiatric patients and positive attitude of nurses was found to be significant.

Conclusion: This study found that PHC nurses' attitudes and beliefs towards people with mental illness were positive. PHC nurses were found to have inadequate knowledge to manage psychiatric patients.

Keywords: attitudes, beliefs, integration, knowledge

Patient experiences with designated service provider medication delivery in a rural general practice in KwaZulu-Natal: a cross-sectional study on HIV patients

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Background: Healthcare funders (medical schemes) have established disease management programmes (DMPs) and designated service providers (DSPs) to reduce costs and improve patient outcomes to meet legislative requirements. However, there is a paucity of studies that have researched patient experiences and adherence to medication through the DSP process.

Methodology: A retrospective cross-sectional descriptive study was conducted between January and June 2013 within the designated family practice amongst all HIV patients who were receiving antiretroviral treatment provided by healthcare funders via DSP agreements (Medipost, Direct Medicines, etc.) Data were collected using an anonymous self-administered questionnaire as well as a record review tool.

Results: The majority of patients (77%; 26) reported receiving antiretroviral medication deliveries on time, receiving a reminder before delivery (88%; 30) and receiving correct medications (77%; 26). Short messaging services (SMS) were the most popular method used to inform patients of an impending medicine with 85% (28) of all respondents reporting that they received SMS messages. Some 70% of the patients rated their satisfaction with DSP medication delivery between good and excellent. However, 30% of the patients rated the service as satisfactory to poor.

Conclusion and recommendation: DSP delivery of ART medication has fared well in this study, with the majority of patients satisfied with the services. This may in part be due to the higher level of education amongst the participants of the survey. A national study should be conducted using different population groups to identify the satisfaction and adherence to HIV medication amongst patients from a lower socio-demographic profile.

Keywords: antiretroviral treatment, designated service providers, HIV and AIDS, private practice