

ABSTRACT

Diabetes is among the leading non-communicable diseases affecting the society today. Diabetic foot ulcer is among the complications that arise among diabetic patients due to poor management of the condition. Patient involvement is when a patient is actively engaged in the care of their individual health and processes involved in their health care. Patients' involvement in wound care has been limited despite evidence showing its benefits. This is because the practice has majorly been portrayed as the area of the skilled healthcare provider. There is need to shift the health care responsibilities to the patient. Anecdotal evidence revealed that patients at Meru County Referral Hospital live with diabetic wounds for long durations in hospitals. These wounds keep getting infections and those who are discharged to come for check-up visits often fail to show up. When they do, the wound is majorly infected and may require hospitalization. The purpose of the study was to assess the patients' contribution to their wound care. The study assessed the patient's knowledge on their roles in wound care, their level of involvement and patient related contributing factors to their involvement in wound care. The study employed a descriptive cross-sectional survey design. The study population was the patients attending the diabetic outpatient and surgical wards at Meru Teaching and Referral hospital who had a diabetic wound. They were purposively selected, in which 96 patients were sampled. Data was collected using a semi structured questionnaire. To enhance reliability and validity pretest was carried out at Chuka referral hospital. Quantitative data was analyzed using descriptive statistics whereby means were generated using Statistical Package for Social Scientists (SPSS) software version 22. and inferential analysis using Chi square test to determine degree of association of variables. Ethical consideration involved seeking permission from Chuka University, NACOSTI, and Meru Level 5 hospital. Confidentiality anonymity was assured. The data was presented in tables, graphs and narratives. The study showed that all the respondents had knowledge on the type of care they received, cause of the wound majorly being accidents and the cost of treatment being at an average of KSh 13,875.61 per month. The respondents showed understanding on their role to know when their wounds needed a change of dressing (58.3%) and understood the explanation about the management of their wounds (43.8%). The study however revealed that 62.5% of the respondents did not participate in coming up with the treatment even with having knowledge on their roles. On decision regarding diabetes condition, wound treatment options, scheduling of follow up visits and what to do with wound changes (positive or negative) the respondents choose card C of collaboration with (34.4%), (37.5%), (56.3%) and (61.5%) respectively. On decision regarding cost (68.8%) actively made decisions. Patient related factors affecting the patient involvement included not being involved by nurses in decisions on change of wound care (56.3%). (67.7%) had ever missed appointed. In conclusion the study revealed that patients with diabetic wounds had knowledge on their roles in care of their wound. Their level of involvement was at collaboration implying that they would like to share responsibility with their doctors in coming up with decisions regarding their wounds except on cost decisions. However, the nurses did not involve the patients. Cause of missing appointments included poor communication from nurses, financial challenges and long distance from hospital. The study recommends policies that enable patients to be at the center of making decisions regarding their health to help shift responsibilities from healthcare workers to patients, home-visits to the patients unable to reach the hospital and support groups as diabetes is a life-long disease.