Nurses' Confidentiality of Medical Information and Trusting Relationship with Patients: A Survey of Patients' Perceptions of Nurses in a South-South Hospital, Nigeria

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Abstract
Keeping patients' medical information confidential and developing a trusting and friendly relationship with patients are among the professional conduct nurses owe to the patient, the wider society and the nursing profession itself. The survey of the literature revealed dearth of information in this regard especially here in Nigeria which in essence prompted this work.

Through a systematic sampling procedure, a combined one hundred and twenty seven [127] in and out patients were interviewed at Braithwaite memorial hospital here in Port Harcourt on their perspectives in regards to the the subject matter. The result shows that there were 14 [11.0%] in-patients and 113 [89.0%] out-patients who responded to the questionnaire. Females were in the majority 67 [52.8%] and the males totalled 60 [47.2%]. The result equally shows that with an overall mean response score of 1.16 ± 0.04 and F-value = 9.638 at p < 0.05, the respondents agreed that nurses have the ability to maintain confidentiality of information and environmental cleanliness which could improve satisfaction in service delivery. The respondents were also able to establish that the nurses were able to build a trusting and friendly relationships in the process of their encounter (mean = 1.16 ± 0.46); and they were instructed by the nurses on what were expected of them prior to and after the healthcare procedure which were to enhance service delivery (mean = 1.15 ± 0.47) and their questions were answered in a friendly manner by the nurses (mean = 1.12 ± 0.43).

Key words: *Patients, confidentiality of information, trusting relationships, nurses, hospital, Nigeria*

INTRODUCTION

Background

Keeping patients' information confidential and developing a trusting and friendly relationship with patients are among the professional conduct nurses owe to the patient, the wider society and the nursing profession itself. Patient's information is not to be shared with a third party unless the court permits otherwise or in the instance of public, patient and the medical profession interest. Professional conduct refers to the manner in which a person behaves while acting in a professional capacity. It is generally accepted that when performing their duties and conducting their affairs professionals they will uphold exemplary standards of conduct, commonly taken to mean standards not generally expected of lay people or the 'ordinary person in the street (Australian Competition and Consumer Commission, 2000), (Code of ethics for Nurses in Australia, 2002). The statement above to a large extent describes some of the responsibilities the nursing profession owes the patient and the society at large. Nurses do owe patients the responsibilities of keeping their medical records confidential, maintaining environmental cleanliness and safety in the health care settings, developing trusting and friendly relationships with the patients and families and instructing the patients on possible effects of chosen medical procedures amongst others. The objective of this work is to investigate if in practice, nurses actually observe these responsibilities using a hospital setting in Nigeria.

Quality nursing care is the degree of excellence observed in nursing care delivery to patients, and it comprises five categories, which are: staff characteristics, care-related activities, preconditions for care, environment and progress of the nursing process as perceived by patients (Leinonen et al; 2001), (Shi H. Zhao and Thitinut Akkadechanunt, 2010) , (Rice, 199)]. The classic (Donabedian,1992) quality of care model postulates that care outcomes (eg patient satisfaction) are influenced by the structure (eg staffing) and process of care (eg clinical activities and interpersonal care). According to the (nursing and midwifery council of Nigeria,2013), the nurse must: Keep information and records of the client confidential except in consultation with other members of the health team to come up with suitable intervention strategies or in compliance with a court ruling or for protecting the consumer and the public from danger, she should also relate with a consumer in a professional manner only, know that all clients/patients have a right to receive information about their condition, be sensitive to the needs of clients/patients and respect the wishes of those who refuse or are unable to receive

information about their condition. Others include provide information that is accurate, truthful and presented in such a way as to make it easily understood, respect clients and patients' autonomy, their right to decide whether or not to undergo any health care intervention even where a refusal may result in harm or death to themselves or a foetus, unless a court of law orders to the contrary, provide care in emergencies where treatment is necessary to preserve life without clients/patients consent among others. The nursing professional conduct subsumed in the above statement as provided by the nursing and midwifery council of Nigeria constitute some of the subjects of our investigation.

Nurses face a particular challenge in respecting the confidentiality of patients in a world where information is quickly shared and where information about illness can be sensitive. We have a duty of care towards patients. That duty includes maintaining privacy (protecting them from undue intrusion), and confidentiality (by the discreet management of information about themselves that they share with us) (Price, 2015). Medical professionals are obligated to protect the confidentiality of their patients. The duty to ensure discretion and confidentiality in the medical profession is morally justified based on the rights arising from relationships, and medical practice involves trust relationships with both patients and society. This duty of confidentiality provides a fundamental basis for the existence of some level of trust in the doctor-patient relationship (Beltran-Aroca et al; 2016), (Boyd, 1992), (Kleinman et al; 1997).Respect for confidentiality is important to safeguard the well-being of patients and ensure the confidence of society in the healthcare provider-patient relationship. Health information is not only based on objective observations, diagnoses, and test results, but also subjective impressions about the patient, their lifestyle, habits, and recreational activities. The improper disclosure of such highly sensitive information could harm patients' reputation or result in lost opportunities, financial commitments, and even personal humiliation (Beltran-Aroca et al; 2016), (Shapiro, 2001). This obligation is stringent but not unlimited. In fact, there are two general exceptions where it is necessary to question whether or not to maintain confidentiality: when the safety of others or public health is threatened (Beltran-Aroca et al; 2016), (Seedhouse and Lovett, 1992), (Jonsen et al; 2010). Medicine today is practiced by healthcare teams formed not only by physicians, residents, and nursing staff, but also nursing assistants, orderlies, administrative personnel, and even students. Patients should be aware of the large number of people in hospitals who need to access their medical records to provide the best possible health care (Beltran-Aroca et al; 2016), (Siegler, 1982), which consists in obtaining an accurate diagnosis, providing the appropriate treatment, as well as receiving the necessary training to do so. It is for this reason that hospital personnel are required to protect patient confidentiality. Breaches of confidentiality in clinical practice due to carelessness, indiscretion, or sometimes even maliciously, jeopardize a duty inherent in the doctor-patient relationship (Beltran-Aroca et al; 2016), *(*Clark, 2002). Careless behaviour, such as speaking about patients in public spaces like elevators (Beltran-Aroca et al; 2016),(*Ubel, 1995)* and cafeterias, during telephone conversations, or even when accessing electronic data, can result in breaches of patient confidentiality (Beltran-Aroca et al; 2016), (Jonsen et al; 2010). The patient should feel comfortable disclosing personal information and asking questions (Erickson and Blazer-Riley, (2012).The nurse is to share information only with professional staff that needs to know and obtain the client's written permission to share information with others outside the treatment team (Wiesman, 1992). A study reports that many patients are unaware of or misunderstand their legal or ethical right to medical confidentiality protections, which leads them to both over- and underestimate confidentiality protections (Sanka et al; 2003). The possibility that medical information might be revealed, intentionally or not, to acquaintances in a clinic or other social community troubles patients as much as information release to insurers or employers. A significant minority of patients distrust confidentiality protections, leading some to report that they delay or forgo medical care. If doubtful that

confidentiality will be upheld, patients will act independently to protect information (Sanka et al; 2003).

Maintaining environmental cleanliness and safety in health care settings is part of nursing profession's responsibilities that assures patient wellbeing and welfare. Environmental determinants of health and disease are pervasive and integral to the assessment, diagnosis, intervention, planning, and evaluation components of nursing practice. However, environmental factors that affect health are commonly overlooked in routine patient assessments. When environmental health concerns are missed, an opportunity for prevention is lost, and public health is less well served (Nursing, Health, and the Environment, 1995). Although not every illness has an environmental etiology, nearly everyone will have a health problem related to an environmental hazard for which evaluation or advice is appropriate in terms of good nursing practice. It is important in nursing practice to identify not only the hazards that contribute to a current diagnosis (e.g., exposure to lead-contaminated dust resulting in elevated blood lead levels, and outdoor ozone or indoor allergens exacerbating childhood asthma), but also those that have not yet caused illness but are amenable to intervention (e.g., friable asbestos, radon, formaldehyde gases from building materials, and carbon monoxide and nitrogen oxides from poorly ventilated furnaces). By taking a proactive approach, nurses can initiate preventive actions to abate hazards before they manifest as disease. Thus, consideration of environmental health concepts as a core nursing function will vastly strengthen nursing's contribution to disease prevention (Nursing, Health, and the Environment, 1995). Therefore, the environment of care can play a key role in providing appropriate visual and audio "safety" cues. To a degree, the intention to promote safety is obvious and commonly visible. Common examples include the sign in the bathroom that reminds the staff to wash their hands, and the orange skull and crossbones warning on the stainless steel dirty needle container in every patient room (Mazer, 2010). Furthermore, the nurse call button confirms that someone is within reach; the bars in the bathroom and along the corridors say that all efforts have been made to prevent patients from falling (Mazer, 2010). Caregivers wearing gloves is another safety indicator. While these are ways of standardizing safety, the question remains as to why hospitals continually confront the unfortunate reality that they are not always safe nor perceived as safe (Mazer, 2010).

One of the ways nurses could serve patients better is building rapport with them. This in essence improves nurse-patient cooperation due to developed trust in the relationship. With this, patients could open up in communication with the nurse which serves the patient better therapeutically by the nurse uncovering more about the patient's illness which subsequently aids diagnosis. Patients who do not feel a connection with their nurses are unlikely to trust them and follow their instructions (Barkley, 2017). The time nurses spend with patients and their family members is important for forming relationships based on trust and respect. A patient must feel that the nurse understands their condition and has their best interests at heart. Just spending two or three minutes totally focused on your patient can reap benefits and build rapport. So never make a patient feel as if you are rushing when you are with them. Take the time to let the patient know you care for them. Interact with them. And remember, you begin building rapport the minute you meet a patient (Barkley, 2017). Approach your patient as both a medical expert and as someone who understands their life. Seek collaboration. Think of yourself as a coach, not a dictator. The idea that "I know what is best" is dead. Encourage patients to be change agents in their own treatment because patients are best served through a collaborative team approach in which patients are members of the team (Barkley, 2017). Patients who are encouraged to talk will often reveal clues about their health. Nurses who listen carefully can enlist patients in making the best treatment plans and getting patients to

follow their instructions (Barkley, 2017). Nurses were reminded in summary that rapport is critical for building patient loyalty and deserves attention at all levels of customer service. Besides excellent case management outcomes, patients have the same basic needs: they want to be heard, they want to be cared about, they want to collaborate, and they want respect. It is vital to remember that the patient is a whole person and not just the sum of their conditions. Keep the patient's specific needs in mind. Be sensitive to cultural diversity, and remember you don't just build rapport on the first visit. You need to re-establish it on an ongoing basis (Barkley, 2017). Building trust is beneficial to how the relationship progresses. Wiesman used interviews with 15 participants who spent at least three days in intensive care to investigate the factors that helped develop trust in the nurse–client relationship. Patients said nurses promoted trust through attentiveness, competence, comfort measures, personality traits, and provision of information. Every participant stated the attentiveness of the nurse was important to develop trust. One said the nurses "are with you all the time. Whenever anything comes up, they're in there caring for you (Wiesman, 1992). In that study, competence was seen by seven participants as being important in the development of trust. "I trusted the nurses because I could see them doing their job. They took time to do little things and made sure they were done right and proper," stated one participant (Wiesman, 1992). The relief of pain was seen by five participants as promoting trust (Wiesman, 1992).

Counselling and dialoguing with patients are critical functions nurses must play in their caring role. The shift towards patient-centred care is the priority in health care today. Providing quality care that is highly efficient and patient-friendly while also being cost-effective is a difficult, but not impossible task. Nurses can play a vital role in facilitating a shift in outpatient neurosurgery towards a more patient-care focused environment. By providing information and education to patients and families, nurses have enormous potential to improve satisfaction and outcomes for patients undergoing these procedures. Thoroughly preparing patients for their surgery and helping them manage their care post-operatively are the keys to decreased complications and re-admission. This would undoubtedly improve cost-effectiveness for the system while simultaneously improving the patients' quality of life (Zanchetta and Bernstein, 2004). This simply means that nurses play a unique and important role in motivating and assisting patients in making health behaviour changes through assisting in improving behaviours and providing self-management tools, and supporting patient self-management (Zanchetta and Bernstein, 2004).

Confidentiality of medical information and trusting relationship with patients has remained an important aspect of the nursing process. This is even more so in a developing country like Nigeria where the concept is yet to sink in as patients' records are shared at ease among medical personnel and other undeserving persons. The search of the literature found limited evidence on how patient's medical information is managed and how nurses are developing and managing trusting relationships with clients/families. This work was in essence organised to probe into these, the results of which will enable policy recommendations on the way forward for improving nurses' professional conduct in the hospital in regards to patient's information handling and the development of trusting relationship with the same in an overall effort to improve patient welfare and satisfaction.

Subjects and Methods

Study Area:

The study was conducted in Braithwaite Memorial Specialist Hospital which is located in the city of Port Harcourt, capital of Rivers state and port town in southern Nigeria. It lies along the Bonny River (an eastern tributary of the River Niger), 41 miles (66 km) upstream from the

Gulf of Guinea. Founded in 1912 in an area traditionally inhabited by the Ijaw people, it serves as a port, named for Lewis Harcourt – the British colonial secretary. Port Harcourt has long been an important merchant port and is today the centre of Nigeria's oil industry. Its exports include petroleum, coal, tin, palm products, cocoa, and groundnuts. Among the industries of the area are timber processing, car manufacturing, food and tobacco processing, and the manufacture of rubber, glass, metal, and paper products, cement, petroleum products, paint, enamelware, bicycles, furniture, and soap [http://www.portharcourt.com/.]
Braithwaite Memorial Specialist Hospital is a 375-bed health facility that has been consistent in the provision of quality, safe and compassionate healthcare services to the people of Rivers State, since 1925 [http://www.bmsh.org.ng/] and it is located in the centre city of Port Harcourt.

Scope of the Study
The study was instituted to examine the perception of patients towards nurses' professional attitude to patient care at Braithwaite Memorial Specialist hospital, Port Harcourt, Rivers State, Nigeria. The attitude to patient care was basically examined by considering the conduct of nurses in four specific areas of health care delivery in the hospital—Confidentiality of patient medical information, trusting and friendly relationships with clients/customers, ability to counsel patients while on treatment and environmental concerns and safety to health care.

Study Population
The population studied was the out-patients and in-patients who were first time and return/routine visitors to the hospital during the stated period of study. The information collection lasted for two weeks in the month of [February, 2015] in which one hundred and twenty seven (127) respondents were interviewed on their perception about nurses' professional conduct in the hospital when they the patients had encounter with them.

Sample / Sampling technique
Random sampling technique was used to determine those to be interviewed. We were reliably informed by the Matron that on the average about twenty [20] patients present as out-patients either as new patients or as return/routine out-patients for check-ups or medication/prescription in a day. Every one (1) in two (2) patients who presented as outpatient was interviewed randomly in a day and a total of about twelve to thirteen (12-13) candidates got to be interviewed in a day and about sixty to sixty four (60-64) in a five-day week [Monday through Friday]. The whole exercise took about two weeks. The span of two weeks was chosen to avoid the inclusion of return/routine out-patients who may revisit for checkups or for drug collection within the two-week study period. This is because it normally takes about two to three weeks for patients to return for check-up or refill of medication. A total of about one hundred and eighty eight (188) out and in patients presented in the two-week period of the interview out of which the study sample was calculated from. The patient sample interviewed was calculated based on this sample size calculation for known population.

Sample size determination
Sample size calculation for cross-sectional studies/surveys as follows was used:
The appropriate sample size for this work was achieved using the formula:

$$\frac{Z_{1-\alpha/2}^2 \, P \, (1-P)}{d^2}$$

One hundred and twenty seven (127) patients was the number calculated as the sample size.

Validity and Reliability

The questionnaire for data collection was pre-tested to make sure the respondents understood and made meaning of it. Corrections were made on the questions that were not well understood by the respondents and tested again before being used within a six week period.

Data collection Methods

The pre-tested questionnaire was used in the data collection through the interview of the calculated sampled respondents.

Methods of data Analysis

SPSS was used in producing the descriptive statistics of frequency, percentages, mean and standard deviation. It was also used in calculating the Z-value, t- value and the p-value.

Ethical Consideration

Ethical clearance was obtained from Braithwaite Memorial Specialist hospital ethical clearance committee before the questionnaire administration. Individual consent was also sought from the randomly selected respondents before the interview.

Results

Table 1: showing the socio-demographics of the responding patients

Frequencies n = 127

		Frequency	Percent
Age	20 and under	11	8.7
	21 – 30	39	30.7
	31 – 40	30	23.6
	41 – 50	28	22.0
	over 50	19	15.0
Patient category	In-patient	14	11.0
	Out-patient	113	89.0
Gender	Male	60	47.2
	Female	67	52.8
Highest educational qualification	No school	5	3.9
	Elementary	17	13.4
	High school	42	33.1
	College/university	42	33.1
	Higher education (professional/post-graduate)	20	15.7
	Literate classes only	1	.8
Marital status	Married	24	18.9
	Separated	1	.8
	Married with children	55	43.3
	Married without children	7	5.5
	Single	40	31.5
Duration of receiving	1 month	24	18.9
	2 months	24	18.9

nursing services as a patient in this hospital	3 to 6 months	31	24.4
	7 months to 2yrs	24	18.9
	3yrs to 5yrs	9	7.1
	5yrs and above	15	11.8
Occupation	Student	25	19.7
	Government employee	30	23.6
	Private employee	42	33.1
	Unemployed	30	23.6
Average monthly income	No income	48	37.8
	N5000 - N20000	14	11.0
	N21000 - N50000	28	22.0
	N51000 - N100000	21	16.5
	N101000 - N200000	10	7.9
	N201000 - N400000	5	3.9
	N401000 - N600000	1	.8
Main source of payment	Insurance	3	2.4
	Self pay	71	55.9
	Free medical care	53	41.7
First experience in this hospital	Yes	19	15.0
	No	108	85.0
First experience with nursing care in hospital	Yes	29	22.8
	No	98	77.2

Table 1: shows the response of the patients to the questionnaire. The patients were one hundred and twenty seven [127] in number with majority of them 30 [23.6%] between the ages of 31 and 40 years of age. There were 14 [11.0%] in-patients and 113 [89.0%] out-patients who responded to the questionnaire. Females were in the majority 67 [52.8%] and the males totalled 60 [47.2%]. When asked about their highest educational attainment, those that identified themselves as having attended no school at all were 5[3.9%] and those that had high school or college/university education stood at equal at 42[33.1%]. Those married with children were 55[43.3%] and the singles were 40[31.5%] in number. The majority of the respondents were privately employed 42[33.1%], the unemployed stood at 30[23.6%] and those that identified themselves as students numbered 23[19.7%]. Those without monthly income were 48[37.8%], 28[22.0%] made between N21, 000--N50, 000 as average monthly income and only 1[0.8%] said they made between N401, 000-N600, 000] as average monthly income. Majority of the patients 71[55.9%] were self paying [out-of-pocket payment] for the health services received at the hospital. Only 3[2.4%] of the patients were covered with insurance and 53[41.7%] identified themselves as having received free medical care at the hospital. Those that have first experience as patients in the hospital were 19[15.0%] and those that were repeat patients were 108[85.0%]. 29[22.8%] identified themselves as having first

nursing care experience in the hospital while 98[77.2%] said they are repeat patients in nursing care in the hospital.

Table 2: Showing Nurses' ability to maintain confidentiality of information and environmental cleanliness which could improve satisfaction in service delivery

Question	Agree (%)	Moderately agree (%)	Disagree (%)	Strongly disagree (%)	Mean	Std. Dev.
In your observation did the nurse observe the patient confidentiality of information entrusted upon him/her as required by law.	109 (85.8)	12 (9.4)	6 (4.7)	0 (0.0)	1.19	0.50
In your assessment, was the environment of the nursing activity maintained to ensure cleanliness?	114 (89.8)	10 (7.9)	3 (2.4)	0 (0.0)	1.13	0.40
Overall					***1.16***	***0.04***
F-value					***9.638***	
p-value					***0.000***	

Table 2 above shows that with an overall mean response score of 1.16 $\pm$ 0.04 and F-value = 9.638 at $p < 0.05$, the respondents agree that nurses have the ability to maintain confidentiality of information and environmental cleanliness which could improve satisfaction in service delivery. This assertion is represented in the responses of the respondents who agreed that nurses observe the patient confidentiality of information entrusted upon them as required by law (mean = 1.19 $\pm$ 0.50) and ensured the maintenance of the nursing activity environment's cleanliness (mean = 1.13 $\pm$ 0.40).

Table 3: Showing Nurses' trusting and friendly relationships and ability to counsel to enhance service delivery and satisfaction

Question	Agree (%)	Moderately agree (%)	Disagree (%)	Strongly disagree (%)	Mean	Std. Dev.
Was he/she able to build a trust and a friendly relationship in the process of the encounter?	112 (88.2)	10 (7.9)	5 (3.9)	0 (0.0)	1.16	0.46
Were you instructed on what were expected of you prior to and after the healthcare procedure which were to enhance service delivery?	114 (89.8)	7 (5.5)	6 (4.7)	0 (0.0)	1.15	0.47
Were your questions answered in a friendly manner by the nurse?	117 (92.1)	5 (3.9)	5 (3.9)	0 (0.0)	1.12	0.43
Overall					***1.14***	***0.02***
t-value					***95.131***	
p-value					***0.000***	

The respondents' responses presented in Table 3 shows that the respondents overwhelming agreed that nurses exhibited trusting and friendly relationships and ability to counsel to enhance service delivery and satisfaction. This is significant as the overall mean response is 1.14 $\pm$ 0.02 and the t-value is 95.131 at $p < 0.05$. In particular, the respondents were able to establish that the nurses were able to build a trusting and friendly relationships in the process of their encounter (mean = 1.16 $\pm$ 0.46); they were instructed by the nurses on what were

expected of them prior to and after the healthcare procedure which were to enhance service delivery (mean = 1.15 ± 0.47) and their questions were answered in a friendly manner by the nurses (mean = 1.12 ± 0.43).

Discussion

The result shows that the patients were one hundred and twenty seven [127] in number with majority of them 30 [23.6%] between the ages of 31 and 40 years of age. There were 14 [11.0%] in-patients and 113 [89.0%] out-patients who responded to the questionnaire. Females were in the majority 67 [52.8%] and the males totalled 60 [47.2%]. The majority of the respondents were privately employed 42[33.1%], the unemployed stood at 30[23.6%] and those that identified themselves as students numbered 23[19.7%]. Majority of the patients 71[55.9%] were self paying [out-of-pocket payment] for the health services received at the hospital. Only 3[2.4%] of the patients were covered with insurance and 53[41.7%] identified themselves as having received free medical care at the hospital. Those that have first experience as patients in the hospital were 19[15.0%] and those that were repeat patients were 108[85.0%].

The result equally shows that with an overall mean response score of 1.16 ± 0.04 and F-value = 9.638 at $p < 0.05$, the respondents agreed that nurses have the ability to maintain confidentiality of information and environmental cleanliness which could improve satisfaction in health service delivery. This assertion is represented in the responses of the respondents who agreed that nurses observed the patient confidentiality of information entrusted upon them as required by law (mean = 1.19 ± 0.50) and ensured the maintenance of the nursing activity environment's cleanliness (mean = 1.13 ± 0.40). This result is really interesting in that majority of the patients came out in agreement that medical records' confidentiality was observed by the nurses in their best interest. This also could be a face judgement in that how nurses may have handled their medical records behind them may not have been reflected in their perceptions. Never-the-less the result is interesting in that it reflects the position of (nursing and midwifery council of Nigeria, 2013) which in essence stipulates that nurses should keep information and records of the client confidential except in consultation with other members of the health team to come up with suitable intervention strategies or in compliance with a court ruling or for protecting the consumer and the public from danger. This position which equally backs up our finding is shared by (Price, 2015), (Beltran-Aroca et al; 2016), (Boyd, 1992), (Kleinman et al; 1997) and (Shapiro, 2001) which state that the duty to ensure discretion and confidentiality in the medical profession is morally justified based on the rights arising from relationships, and medical practice involves trust relationships with both patients and society. This duty of confidentiality provides a fundamental basis for the existence of some level of trust in the healthcare provider-patient relationship. Also keeping the environment clean and safe is one of the most outstanding roles for nurses in improving patient care in the hospital and this was reflected in our result as the patients affirmed it overwhelmingly. Our finding is supported by (Nursing, Health, and the Environment, 1995) that thus states that consideration of environmental health concepts as a core nursing function will vastly strengthen nursing's contribution to disease prevention and (Mazer, 2010) who found that environment of care can play a key role in providing appropriate visual and audio "safety" cues. Furthermore, the nurse call button confirms that someone is within reach; the bars in the bathroom and along the corridors say that all efforts have been made to prevent patients from falling.

The respondents' responses also show that the patients overwhelming agreed that nurses exhibited trusting and friendly relationships and ability to counsel to enhance service delivery

and satisfaction. This is significant as the overall mean response is 1.14 ± 0.02 and the t-value is 95.131 at $p < 0.05$. In particular, the respondents were able to establish that the nurses built a trusting and friendly relationships in the process of their encounter (mean = 1.16 ± 0.46); they were instructed by the nurses on what were expected of them prior to and after their healthcare procedure which were to enhance service delivery (mean = 1.15 ± 0.47) and their questions were answered in a friendly manner by the nurses (mean = 1.12 ± 0.43). These results are equally interesting in that the nursing profession will enhance little or nothing in health care delivery without the much needed trust that enhances friendliness in the nurse-patient relationship. This friendliness enhanced the flow of communication between the nurses and the patients which enables diagnosis and subsequent better treatment of the patients. The nurses were equally said to have instructed the patients on what were expected of them prior to and after the healthcare procedure which were to enhance service delivery and that their questions were answered in a friendly manner by the nurses. These are all characteristics of excellent nursing process. This result is supported by (Barkley, 2017) and (Wiesman, 1992) who stated that a patient must feel that the nurse understands their condition and has their best interests at heart to trust them which is essential to therapeutic healing and that the relief of pain they received was seen by five participants as promoting trust respectively. On counselling, the patients equally reported being counselled aright which is good for therapeutic healing as they understood the prior and post requirements for their medical procedure. Counselling patients before and after medical procedure and likely side effects of intended medical procedure is good medicine and helps in the healing process as it aids patient management. Our finding was supported by (Zanchetta and Bernstein, 2004) who stated in essence that counselling thoroughly helps in preparing patients for their surgery and helped them manage their care post-operatively and were keys to decreased complications and re-admission which they believe undoubtedly improve cost-effectiveness for the system while simultaneously improving the patients' quality of life.

Conclusion/Recommendation

Our study has demonstrated how ready and willing our studied nurses were able to demonstrate loyalty to their pledge in regards to putting the client/customer first in all their professional conduct and endeavour. Without doubt, the respondents agreed that the nurses have the ability to maintain confidentiality of information and environmental cleanliness which could improve satisfaction in service delivery and equally overwhelming agreed that nurses exhibited trusting and friendly relationships and ability to counsel to enhance service delivery and satisfaction.

This level of professionalism exhibited by the nurses needs to be sustained as the field of health care delivery is dynamic and constantly changing. There is expected demographic changes to the patient population as more elderly persons will be served due to improved longevity resulting from better medicine. So nurses will need to acquire better professional skills to enable them serve this population better in the future. Professional skills acquisition in this regard could come from in-service trainings, seminars, workshops or outright enrolment in geriatric care at the post-graduate level.

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