

CHAPTER 5

CONCLUSION AND RECOMMENDATIONS

In this chapter, the conclusion of the study will be presented first, followed by recommendations and implications for nursing practice, nursing education, and nursing research. The section will then be closed with the limitations of this study.

Conclusion

This descriptive study aimed to describe levels of role perception and role performance of FM-DOT observers perceived by FM-DOT observers and people with PTB, to examine the relationships between role perception and role performance of FM-DOT observers as perceived by FM-DOT observers and to examine the differences of FM-DOT observers' role performance as perceived by FM-DOT observers and people with PTB. The target population of this study were the FM-DOT observers of people with PTB who had been assigned to provide care for them and the people with PTB who were attending a TB clinic. Purposive sampling was used to recruit subjects from TB clinics in out patient departments at six hospitals in the lower southern part of Thailand. The researcher and two research assistants used the questionnaires to collect demographic data from FM-DOT observers and people with PTB, and to determine the role perception scores of FM-DOT observers and the role performance scores of FM-DOT observers as perceived by FM-DOT observers and

people with PTB. Data analysis was conducted using SPSS/PC. The results of this study show that:

1. The total and subtotal role perception scores of the FM-DOT observers showed that they perceived their roles at a moderate level.

2. The total score of roles performance, and the subtotal score of treatment regimen support as perceived by the FM-DOT observers was at a fair level, the subtotal score of psychosocial support was at a moderate level, while the subtotal scores for financial support and case finding were at a poor level.

3. In this study, there were no relationships between the role perception scores and the role performance scores of FM-DOT observers.

4. The total and subtotal scores of the roles of the FM-DOT observers as perceived by the people with PTB were at a moderate level.

5. The total score of the role performance of the FM-DOT observers as perceived by the people with PTB was at a fair level, the subtotal score of psychosocial support was at a moderate level, and the subtotal scores of treatment regimen support, financial support, and case finding were at a poor level.

6. The FM-DOT observers rated their total role performance, treatment regimen support, and psychosocial support significantly higher than the people with PTB rated them. But, there were no differences between the ratings of financial support and case finding of FM-DOT observers and people with PTB.

Implications and Recommendations

Implications for nursing practice

Information obtained from this study can be used as basic information to increase nurses' understanding of the role of FM-DOT observers. In this study, lack of knowledge about the role of FM-DOT observer was possibly a main reason for a low level of role perception of both the FM-DOT observer and the PTB patient, suggesting that a systemic way to promote the use of DOT strategies and to teach patients and their family is needed. Nurses should provide a standardised health education programme regarding the DOT programme. Translators and materials regarding DOT in other languages should be available for patients and family members who do not speak Thai. Assignment of the right person in the family to be a FM-DOT observer is crucial. The FM-DOT observer should be a direct family member who has intrinsic motivation to care for the patient and who lives with the patient in the same household. The TB clinics should have a set of criteria to select the most suitable family member.

Implications for nursing education

Hospitals should encourage nurses to attend DOTS training course to be able to act as a TB coordinator, TB clinic staff, and as DOT observers. Concepts and related knowledge about DOTS should be addressed in nursing curriculum at undergraduate level and a special training course should be provided for primary health care nurses at postgraduate level. Health institutions such as nursing colleges or faculties should establish core competency of advanced nursing practice for TB care and control.

Implications for nursing research

Based on findings of the present study, recommendations for further research studies are:

1. A qualitative research design study (in-depth interview, focus group discussion) regarding the role of FM-DOT observers should be conducted to explore the problems or obstacles to care provision for the patients.
2. The total role performance score of FM-DOT observers, as perceived by FM-DOT observers and people with PTB, was only at a fair level. So, further research should be conducted to compare the role performance of FM-DOT observers with other types of DOT observers.

Limitations of the study

1. As there had been no previous research studying the difference of perceived role performance between FM-DOT observers and people with PTB, a small effect size (0.2-0.4) should have been used to estimate the sample size for this study. However, the time constraints and poor documentation system that did not identify clearly the DOT observer on the TB treatment card of the patient as either a family member, health personnel, or community member, resulted in a limited number of assigned FM-DOT observers eligible for the study. Hence, the present study used a medium effect size of .50 to calculate the sample size. For further studies, a larger sample size that represents the study population is recommended.
2. The sample was not representative of the FM-DOT observers and people

with PTB as a whole. It was primarily conducted in six hospitals in the lower southern part of Thailand.

3. Although, the practice guidelines for DOT observers has been distributed by Tuberculosis Division, Ministry of Public Health to be used in all health care centers since 1998, it has not yet been systematically implemented in every health care center. Many nurses and health personnel did not know much about it and so did not follow the guidelines. Therefore, the systematic implementation of the guidelines should be promoted and intensified to ensure they are actually used in the performance of care. A repeated study of role perception and role performance of FM-DOT observers is recommended when the practice guidelines have been well promoted for use by nurses and health personnel.