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Evaluation of Chronic Disease Care and Nursing Care Perceptions of Convicts/Detainees with Chronic Diseases

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ABSTRACT

Objective: This study was conducted to evaluate the chronic disease care of convicts/detainees with chronic diseases and to examine their perceptions of nursing care. **Materials and Methods:** The research is of a descriptive type and was conducted with 45 patient convicts/detainees who agreed to participate in the research at Artvin Closed Penal Institution between December 4, 2022 and March 4, 2023. Personal Information Form, Chronic Disease Care Evaluation Scale, and Patient Perception of Nursing Care Scale were used to collect data. **Results:** It was determined that 35.6% of the convicts/detainees with chronic disease had cardiology disease, 44.4% had been diagnosed for 1-3 years, 97.8% were on medication and 60% stayed in the hospital for 15-30 days. The mean score of the Perception of Nursing Care Scale was 62.55 ± 17.56 and the mean score of the Chronic Disease Care Evaluation Scale was 3.68 ± 1.34 . A strong positive correlation was found between the Perception of Nursing Care Scale and Chronic Disease Care Assessment Scale scores. **Conclusion:** This study showed that the perception and satisfaction levels of chronically ill prisoners towards nursing care were high. These findings reveal that the quality of nursing care plays an important role in the management of chronic diseases and that improving care processes will positively affect health outcomes.

Keywords: Chronic Disease, Nursing, Prisoners, Patient Satisfaction.

Kronik Hastalığa Sahip Hükümlülerin/Tutukluların Kronik Hastalık Bakımları ve Hemşirelik Bakım Algılarının Değerlendirilmesi

ÖZ

Amaç: Bu araştırmada kronik hastalığa sahip hükümlü/tutukluların kronik hastalık bakımını değerlendirilmesi ve hemşirelik bakım algılarının incelenmesi amacıyla yapıldı. **Gereç ve Yöntem:** Araştırma tanımlayıcı türde olup, 4 Aralık 2022- 4 Mart 2023 tarihleri arasında Artvin Kapalı Ceza İnfaz Kurumunda araştırmaya katılmayı kabul eden 45 hükümlü/tutuklu hasta ile yürütüldü. Verilerin toplanmasında Kişisel Bilgi Formu, Kronik Hastalık Bakımını Değerlendirme Ölçeği, Hastanın Hemşirelik Bakımını Algılayışı Ölçeği kullanıldı. **Bulgular:** Kronik hastalığı olan hükümlülerin/tutukluların %35.6'sının kardiyoloji hastalığa sahip, %44.4'ünün 1-3 yıldır tanı almış, %97.8'inin ilaç kullanmakta olduğu ve %60'ının hastanede 15-30 gün arası kaldığı belirlendi. Hastanın Hemşirelik Bakımını Algılayışı Ölçeği puan ortalaması 62.55 ± 17.56 ve Kronik Hastalık Bakımını Değerlendirme Ölçeği puan ortalaması 3.68 ± 1.34 olarak belirlendi. Hemşirelik Bakımını Algılayışı Ölçeği ve Kronik Hastalık Bakımını Değerlendirme ölçek puanları arasında pozitif yönde güçlü bir ilişki bulundu. **Sonuç:** Bu çalışma, kronik hastalığı olan hükümlülerin hemşirelik bakımına yönelik algılarının ve memnuniyet düzeylerinin yüksek olduğunu göstermiştir. Bu bulgular, hemşirelik bakımının kalitesinin, kronik hastalıkların yönetiminde önemli bir rol oynadığını ve bakım süreçlerinin iyileştirilmesinin sağlık sonuçlarını olumlu yönde etkileyeceğini ortaya koymaktadır.

Anahtar Kelimeler: Kronik Hastalık, Hemşirelik, Tutuklular, Hasta Memnuniyeti.

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INTRODUCTION

Chronic diseases constitute a large proportion of the diseases that cause death all over the world and this rate is increasing day by day (World Health Organization (WHO), 2010). The World Health Organization defines chronic diseases as "slowly progressive and long-lasting diseases" (WHO, 2019). According to Turkish Statistical Institute (TurkStat, 2018), 76.4% of the deaths in Türkiye are caused by chronic diseases (TurkStat, 2018). Living with a chronic illness presents significant difficulties, as it disrupts physical, mental, and social functions, leading to a considerable decline in the quality of life. Individuals with chronic conditions often encounter major challenges, including increased financial burdens, social isolation, loneliness, disability, fatigue, pain or discomfort, and a range of emotional struggles such as stress, anger, hopelessness, frustration, anxiety, and depression (Cocksedge et al., 2014; Gerontoukou et al., 2015). It has been reported that significant, chronic physical and mental illnesses such as hypertension, diabetes, asthma and depression are more common in prisoners than normal. Nurses not only respond to emergency health care needs in prisons, but also are indeed necessary for the administration of medication, coordination and continuity of treatment (Eşiyok et al., 2004). Although the increase in life expectancy has been considered positive, it has caused an increasing trend in chronic diseases (Akdoğan & Kaya, 2022).

Today, this increase in chronic diseases reveals the importance of chronic disease assessment. Chronic disease assessment is not only the treatment of the disease, in other words, the patient's care should be strengthened with different education and training techniques in order to acquire self-management skills (Beaglehole et al., 2008). In a study conducted by Hernandez & Anish (2020), it is emphasized that nurses in prisons are responsible for providing continuous care and treatment monitoring for prisoners with chronic diseases. The management of chronic diseases is greatly improved when nurses develop the skills of patients to manage themselves during the treatment process (Hernandez & Anish, 2020). However, most of these evaluations are scales in which the patient approach is reviewed from the nurse's perspective. However, in the chronic care model, it is valuable to examine the health service provided from the patient's perspective. Continuous evaluation of the health service provided from the patient's perspective is a part of individualized care, which is one of the basic principles. In this way, an effective communication will be established by working with the patient as a team and making the patient a partner in care (The European Definition of General Practice, 2011). Florence Nightingale (1860), the pioneer of modern nursing, defined nursing care as 'being responsible for the life of the individual' (Nightingale, 2005). Jean Watson, who defines nursing as the 'Science of Human Care',

emphasises that care is a concept specific to nursing, that nursing/care can be defined as the experiences of the patient, and that the care provided by the nurse will not be forgotten by the patient even if the nurse is not personally present with the patient (Watson, 2012). It is the care that constitutes nursing and is considered above all other tasks. Care should be relational, moral and practical. These concepts are called the triad of care (Alvsvag, 2014). Individuals who receive adequately informed, cared and managed care are more loyal to nurses (Tobiano et al., 2015). The evaluation of care should be continued systematically, and the results should be transferred to nurses, institutions and policy makers (Eyi Çil et al., 2016). One of the most valuable situations in evaluating the quality of care in health services is patient's satisfaction with the care service provided. In addition to the technical skills of nurses, the perception of quality in care is possible by knowing the patient, feeling in trust, doing more for the patient, and being present with the patient for care behaviours (Kol et al., 2017).

Understanding patients' perceptions of nursing care is a valuable source of data for creating quality improvement strategies (Al-Hussami et al., 2017). In this way, the patients' evaluations of the care they receive and their perceptions of nursing care will be learned regularly over a period of time, and these results will support the development of hospital and prison services to improve the quality of care. It covers what needs to be done to understand the responsibilities and duties of nurses in prisons better and to improve the quality of health care. The development of nurses in terms of knowledge, skills, and job responsibilities is critical to improve prison health services and provide the highest level of care to prisoners. As a result of the literature review, no research on this subject was found. Therefore, it is thought that this study can contribute to the literature. The aim of the study was to examine the evaluation of chronic disease care and nursing care perceptions of convicts/detainees with chronic disease.

Research questions

- What is the level of evaluation of chronic disease care of convicts/detainees with chronic disease?
- What is the level of nursing care perceptions of convicts/prisoners with chronic diseases?
- Is there a relationship between the evaluation of chronic disease care of convicts/detainees with chronic disease and their perceptions of nursing care?

MATERIALS AND METHODS

Study type

The research is descriptive in nature. The research was conducted in Artvin Closed Penal Institution between 4 December 2022 and 4 March 2023.

Study group

The population of the study consists of individuals with chronic diseases who were hospitalised in Artvin Closed Penal Execution Institution between the dates

of the study. The study was conducted on 45 patients who met the research criteria in the specified time interval. In the study, the power of the study was calculated after data collection by using "G. Power-3.1.9.7" programme with a margin of error of 0.05. In the study, correlation analysis was used to determine the relationship between the mean scores of the Patient's Perception of Nursing Care Scale (PPNCS) and Chronic Disease Care Assessment Scale (CDCAS) of convicts/detainees. Accordingly, the effect size of the study was calculated as 0.5, alpha value as 0.05 and power as 0.98.

The criteria for inclusion in the study are;

Having a chronic disease,
Being in a Closed Penitentiary Institution,
Having at least 15 days of hospital care experience,
Being willing to participate in the study.

Data collection tools

Personal information form, PPNCS, CDCAS were used to collect the data.

Personal information form

It includes 14 questions inquiring the age, gender, educational status, marital status, occupation, having children, family structure, alcohol use, chronic disease, medication use, etc. of the individuals.

Patient's Perception of Nursing Care Scale (PPNCS)

The scale was developed by Dozier et al. (2001) in the USA. The validity and reliability research in our country was conducted by İpek Çoban and Kaşıkçı (2006). The Likert-type scale has 15 statements related to the quality of nursing care (İpek Çoban & Kaşıkçı, 2006;2010). The scale is scored between 15 and 75 points. The higher the scores on the scale, the higher the patient's satisfaction level with nursing care. When the score of the scale is 45 and above, it is understood that the perception of care is good. The Cronbach Alpha coefficient of the scale was found to be 0.94 (Dozier et al., 2001). In the scale validity and reliability study conducted by Çoban and Kaşıkçı (2006), Cronbach's alpha coefficient was found to be 0.92 (İpek Çoban & Kaşıkçı, 2006; 2010). The Cronbach's alpha was found to be 0.98 in the study.

Chronic Disease Care Assessment Scale (CDCAS)

Glasgow et al. (2005). Turkish validity and reliability research of the scale was conducted by İncirkuş and Nahcivan (2011). The scale enables chronic patients to self-evaluate the care they receive; it addresses the care provided with the dimensions of physicians, nurses and other health personnel and in line with the team approach. The scale has 20 items and 5 sub-dimensions, which include patient participation (1-3), decision making (4-6), goal setting/guidance (7-11), problem solving (12-15), monitoring and coordination (16-20). The higher the score obtained from the scale, the higher the level of satisfaction with the care provided (Glasgow et al. 2005). In the validity and reliability study conducted by İncirkuş and Nahcivan (2011), the alpha coefficient was 0.91 and the subscale alpha coefficients averaged 0.74 (İncirkuş & Nahcivan, 2011). The study found that Cronbach's alpha was 0.98.

Collection of the data

The study covers prisoners and detainees who received care in prisons and were sent to hospitals due to chronic diseases. These individuals were sent to hospitals when adequate care could not be provided in prisons or when their diseases required urgent treatment. Therefore, both prison and hospital services were considered together. How the care processes of these individuals were managed in both environments and how they could be improved by complementing each other were emphasized. In our study, a special emphasis was placed on the integration of these two environments and the continuity of care, because the health needs of these individuals required constant monitoring and coordination between environments directly affected the quality of care.

After the purpose of the study was explained by the researcher before starting the study, the questionnaires were applied by the researcher with face-to-face interview technique after the written consent of the patient convicts/detainees who agreed to participate in the study was obtained. The application of data collection tools took approximately 15-20 minutes.

Statistical analysis

Arithmetic mean, standard deviation, skewness and kurtosis coefficients, one-way analysis of variance (ANOVA), Welch ANOVA and correlation analysis were used in cases where group variances were not homogeneous. In order to determine that the data conform to normal distribution, the skewness value should be in the range of ± 3 (Tabachnick & Fidell, 2013). It was found that the Skewness-Kurtosis values of PPNCS were in the range of 1.295-0.360 and CDCAS Skewness-Kurtosis values were in the range of 0.771-0.801. Since the skewness values obtained from the scales were in the range of ± 1.5 , it was determined that all scales showed normal distribution.

Ethical approval

Before starting the research process, permission was obtained by e-mail from the authors of the scale for the scales used. In order to conduct the research, the necessary written permissions were obtained from the Scientific Research and Publication Ethics Committee of Muş Alparslan University, dated 04.12.2022 and numbered 73214, and also from the Artvin Closed Penal Institution where the research was conducted. After the purpose of the study was explained to the patients who volunteered to participate in the study, written and verbal consent was obtained.

RESULTS

When the descriptive characteristics of the participants were analysed, it was found that 57.8% were within the age group of 45 and over, 97.8% were male, 33.3% were high school graduates and 62.2% were married. It was determined that 60% of the participants had a profession in the other group, 66.6% had children, 48.9% had a core family, 66.7% were smokers and 46.7% had never drunk alcohol (Table 1).

Table 1. Distribution of participants' descriptive characteristics.

Characteristics	n	(%)
Age		
20-45 age	19	42.2
45 and above	26	57.8
Gender		
Woman	1	2.2
Male	44	97.8
Education level		
Primary School	13	28.9
Middle School	12	26.7
High School	15	33.3
Undergraduate and above	5	11.1
Marital status		
Married	28	62.2
Single	17	37.8
Profession		
Pensioner	6	13.3
Officer	4	8.9
Labourer	8	17.8
Other	27	60.0
Childbearing Status		
Yes	30	66.6
No	15	33.4
Family Type		
Core	22	48.9
Wide	15	33.3
Shattered	8	17.8
Smoking Status		
Still smoking	30	66.7
He smoked and quit	12	26.7
Never smoked	3	6.6
Alcohol drinking status		
Still Drinking	4	8.9
He drank and quit	20	44.4
Never drank	21	46.7

It was determined that 35.6% of the participants had a cardiological disease, 44.4% had been diagnosed for 1-3 years, 97.8% used medication, 60% stayed in hospital for 15-30 days (Table 2).

The mean score of the individuals included in the study was 62.55 ± 17.56 and the mean score of CDCAS was 3.68 ± 1.34 (Table 3).

In the study, it was found that there was no statistically significant difference ($p > 0.05$) between the groups in the mean PPNCs and CDCAS scores according to age, gender, marital status, occupation, having children, family type and smoking-alcohol use status (Table 4).

In the study, it was found that there was no statistically significant difference between the groups in the mean PPNCs and CDCAS scores according to the disease status, diagnosis duration, hospitalisation status and hospitalisation duration ($p > 0.05$) (Table 5). In Table 6, the correlation coefficient (r) was used to evaluate the relationship between the patient's HRQoL and CDCAS, and $r < 0.3$ was defined as a weak relationship, $0.3 < r < 0.7$ as a moderate relationship, and $0.7 < r < 1$ as a strong relationship (Tabachnick & Fidell, 2013). It was found that there was a strong positive correlation between the PPNCs and CDCAS scores of the participants ($p < 0.001$) (Table 6).

Table 2. Characteristics of the participants regarding disease and drug use.

Characteristics	n	(%)
Disease Status		
Psychiatry	14	31.1
Internal Medicine	7	15.6
Cardiology	16	35.6
Other	8	17.8
Diagnosis Period		
1-3 years	20	44.4
3 years and over	15	33.3
Not specified	10	22.3
Medication Use Status		
Yes	44	97.8
No	1	2.2
Length of Hospital Stay		
Between 15-30 days	27	60.0
More than 30 days	18	40.0

Table 3. Distribution of the mean scores of the participants in the PPNCS and CDCAS.

Scale Score Mean	Article Number	Distribution Range	X±SS	Cronbach Alfa
Patient's Perception of Nursing Care Scale	15	19-75	62.55±17.56	0.98
Chronic Disease Care Assessment Scale	20	1-5	3.68±1.34	0.98

Table 4. Comparison of the descriptive characteristics of the participants according to their PPNCS and CDCAS score averages.

	Patient's Perception of Nursing Care Scale		Chronic Disease Care Assessment Scale	
Characteristics	X±SS	Test and p	X±SS	Test and p
Age				
20-45 years	58.78±17.86	t=1.237	3.37±1.36	t=1.348
45 and above	65.30±17.15	p=0.223	3.91±1.30	p=0.185
Education level				
Primary School	60.76±18.95	F=1.371 p=0.265	3.70±1.22	F=0.692 p=0.562
Middle School	67.16±16.85		4.04±1.50	
High School	64.80±14.93		3.60±1.31	
Undergraduate and above	49.40±21.05		3.02±1.50	
Marital status				
Married	63.56±15.63	t=0.542	3.65±1.30	t=0.217
Single	60.53±21.36	p=0.591	3.74±1.47	p=0.829
Profession				
Pensioner	57.66±26.97	F(Welch)=2.241 p=0.150	3.20±1.88	F=0.631 p=0.599
Officer	65.75±17.19		4.02±1.51	
Labourer	71.37±6.90		4.11±0.85	
Other	60.55±17.31		3.61±1.33	
Childbearing Status				
Yes	63.56±15.63	t=0.542	3.65±1.30	t=0.217
No	60.53±21.36	p=0.591	3.74±1.47	p=0.829

Table 4. (Continue) Comparison of the descriptive characteristics of the participants according to their PPNCS and CDCAS score averages.

Family Type				
Core	65.63±15.00	F=1.226	4.08±1.26	F=2.060
Wide	56.80±20.97	p=0.304	3.22±1.33	p=0.140
Shattered	64.87±16.60		3.44±1.42	
Smoking Status				
Still smoking	63.80±16.35	F=0.225	3.70±1.32	F=0.023
He smoked and quit	60.33±19.37	p=0.800	3.61±1.32	p=0.977
Never smoked	59.00±27.71		3.73±2.19	
Alcohol drinking status				
Still drinking	66.00±16.06	F=0.599	4.23±1.52	F=0.814
He drank and quit	65.10±17.07	p=0.554	3.83±1.31	p=0.450
Never drank	59.47±18.54		3.43±1.35	

*Welch ANOVA test values were taken when group variances were not homogenous.

Table 5. Comparison of participants' characteristics related to illness and drug use according to the mean scores of PPNCS and CDCAS.

	Patient's Perception of Nursing Care Scale		Chronic Disease Care Assessment Scale	
Characteristics	X±SS	Test and p	X±SS	Test and p
Disease Status				
Psychiatry	63.07±16.65	F=0.137 p=0.937	3.94±1.15	F=0.661 p=0.581
Internal Medicine	59.57±23.41		3.24±1.57	
Cardiology	64.25±18.34		3.83±1.30	
Other	60.87±14.60		3.32±1.61	
Diagnosis Period				
1-3 years	64.75±15.91	F=0.389 p=0.680	4.00±1.34	F=1.878 p=0.166
3 years and over	62.20±17.41		3.70±1.19	
Not specified	58.70±21.78		3.01±1.43	
Hospitalisation Status				
Yes	62.19±18.30	t=0.204 p=0.840	3.62±1.40	t=0.443 p=0.660
No	63.35±16.42		3.81±1.25	
Length of Stay				
3-15 days	67.63±14.88	F=1.878 p=0.165	3.91±1.18	F=1.632 p=0.208
15 days and over	57.00±24.07		4.19±1.38	
Not specified	57.88±17.96		3.25±1.46	

Table 6. Correlation of scale score means.

		1	2
(1) Patient's Perception of Nursing Care Scale	<i>r</i>	-	0.733
	<i>p</i>	-	0.000
(2) Chronic Disease Care Assessment Scale	<i>r</i>	0.733	-
	<i>p</i>	0.000	-

DISCUSSION

In the study, it was found that there was no significant relationship between the sociodemographic

characteristics of the patients and their mean CDCAS scores. As stated by the developers of the original English version of this scale, CDCAS scores should

not be associated with patients' demographic characteristics (Glasgow et al., 2005). Indeed, Aragonés et al. found that CDCAS scores were not associated with the number of chronic medical conditions or sociodemographic characteristics (Aragonés et al., 2008). The reason why there is no relationship between the sociodemographic characteristics of the patients included in the study and the mean CDCAS scores can be explained as that there may not be a relationship because the patients are isolated from the outside life due to being convicted/imprisoned.

In the study, the mean CDCAS score was found to be 3.68 ± 1.34 . This result showed that the patients included in the study were quite satisfied with the care they received. Among the studies conducted in Türkiye, İncirkuş and Nahçıvan (2011) found the mean score of the scale to be 2.54 ± 0.94 (İncirkuş & Nahçıvan, 2011). In the study conducted by Apaydın Kaya et al. (2013), it was found as 2.44 ± 0.7414 (Apaydın Kaya et al., 2012). Karabulutlu et al. (2013) found 2.54 ± 0.515 in their study (Karabulutlu et al., 2013). In the studies conducted abroad, the average scale score was reported to be between 2.49 and 3.17 (Apaydın Kaya et al., 2012). The mean CDCAS score of the studies conducted in our country was found to be lower compared to the studies conducted abroad. However, in this study, it was found that the patients were quite satisfied with the care they received according to the average scale score. The reason for this is that the number of patients in the prison is low, the nurse generally cares for patients with the same chronic disease while giving care, the nurse's previous acquaintance with the patients facilitates care giving, and it is thought that the patient may be more satisfied with the care received.

In the study, no statistically significant difference was found when the mean scores of the convicts/detainees' PPNCs score, education level and marital status were compared ($p > 0.05$). In the study conducted by Durgun et al. no statistically significant difference was found when the level of education, marital status and PPNCs score averages were compared ($P > 0.05$) (Durgun et al., 2022). Similarly, in the study conducted by Zarzycka and colleagues, it was found that marital status did not make a difference between patients' perception of nursing care, while education status made a difference (Zarzycka et al., 2019). Öztürk and colleagues found that satisfaction levels of patients decreased with increasing education level (Öztürk et al., 2020). The reason why there was no significant difference between the level of education and the mean scores of the PPNCs in the studies conducted may be because the convicts / prisoners have been in the same environment for a long time and the nurses who provide care do not change frequently.

The mean score of the convicts/detainees included in the study was 62.55 ± 17.56 . The scale score of 45 and above indicates that the perception of care is good

(Buldan & Kurban, 2018). In other studies conducted in Türkiye, it was reported that the mean scale score was between 60 and 68 (Göktas et al., 2015; Dikmen et al., 2016). In addition, Kol et al. (2017) examined the perception of nursing care in Turkey and, Gül and Dinç (2018) examined the perceptions of patients towards nursing care and found that patients were quite satisfied with the nursing care. These results are in parallel with the findings obtained in this study. However, in the study conducted by Lotfi and colleagues in Iran to examine the satisfaction of patients with nursing care, it was found that the satisfaction levels of individuals with nursing care were quite low (Kol et al., 2017; Gül & Dinç, 2018; Lotfi et al., 2019). The fact that the results obtained in the research are similar to those in our country and the results of the research conducted in different countries are different may be related to the fact that the expectations of nursing care perception may change due to the difference in the sociocultural structure of the individuals participating in the research. However, in the study, it was determined that the patients were convicted/detained and were quite satisfied with the care they received. The reason for this may be that nursing care is provided under appropriate conditions in the environment where convicts / prisoners live.

Study limitations and strengths

This research cannot be generalised because it was conducted in a single centre. The fact that the research was conducted on certain dates is considered to be another limitation.

CONCLUSION

It was determined that the convicts/detainees with chronic diseases were quite satisfied with the care they received when the Nursing Care Perception Scale and CDCAS were applied to the patients examined within the scope of the study conducted to evaluate the care they received related to their current diseases from their own perspectives and to learn their nursing care perceptions. The strong positive relationship between the PPNCs and CDCAS suggests that increases in perceptions of care directly increase patient satisfaction and, that higher scores on both measures reinforce each other. It is known that nurses' giving information about the care given to patients or the subjects they do not know affects patient care perceptions and patient satisfaction level. It is thought that nurses considering patient perceptions, especially when caring for patients in prison, will increase the quality of care and satisfaction with care. It is recommended that nurses should make satisfaction measurements from time to time while providing care. It is recommended that these results should be analysed and the aspects that need to be improved should be evaluated. To improve the management of chronic diseases in prisons, nurses could be trained in patient-centred care and effective communication. Additionally, the health status of

inmates should be regularly monitored, and feedback systems should be established to continuously evaluate the quality of care.

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Conflict of Interest

The author declares no potential conflicts of interest with respect to the research, authorship and/or publication of this article.

Author Contributions

Plan, design: CÖ; **Material, methods and data collection:** CÖ; **Data analysis and comments:** CÖ; **Writing and corrections:** CÖ.

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Ethical Approval

Institution: Mus Alparslan University Ethics Committee

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