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CODEN: IJRSFP (USA)

International Journal of Recent Scientific Research Vol. 8, Issue, 9, pp. 19681-19685, September, 2017 International Journal of Recent Scientific Research

DOI: 10.24327/IJRSR

FACTORS MILITATING AGAINST THE DELIVERY OF QUALITY NURSING CARE OF HOSPITALIZED CHILDREN IN THE UNIVERSITY OF PORT HARCOURT TEACHING HOSPITAL RIVERS STATE

Research Article

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DOI: http://dx.doi.org/10.24327/ijrsr.2017.0809.0743

ARTICLE INFO	ABSTRACT	
Article History: Received 9 th June, 2017 Received in revised form 14 th July, 2017 Accepted 08 th August, 2017 Published online 28 th September, 2017 <i>Key Words:</i> Factors, Delivery, Quality, Nursing, Care,	This study investigated the factors militating against the delivery of quality of nursing care in University of Port Harcourt Teaching hospital (UPTH). Two specific objectives guided the study. The population consisted of all the 65 nurses working in Children wards/units during the period of study. A self structured questionnaire was used to collect data. Validity of the instrument was ensured, reliability was ascertained using test re-test method, values were analysed using Fearson product moment correlation with a value of 0.92. Data obtained were analyzed using figure, frequency and percentage table. Results revealed that out of the 65 respondents studied, 12(19.4%)	
	had poor knowledge, 14(21.5%) had fair knowledge while 39(59.1%) had good knowledge regarding the concept of quality nursing care. The factors identified as militating against the delivery of quality nursing care involves both personnel and service setting factors which included; nursing shortage rating 19(29.2%), personnel problems 15(23.1%), lack of resources and equipment 10(15.4%), poor unsupportive work environment 9(13.8%), lack of continuous education and training 8(12.3%,),and intra/inter-professional rivalry 4(6.2%). Some of the recommendations based on the findings includes; -Nursing staff should be well informed on how best to effectively utilize available resources to provide quality nursing care, quality assurance should be regarded as an integral part of health care and should become rooted in hospital management, there should be constant supervision of the nursing staff and subordinates by nurse managers.	

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INTRODUCTION

Quality nursing care according to American Nurses Association is a care that is safe, effective, patient centered, timely, efficient and equitable. Thus safety is the foundation upon which all other aspects of quality care are built¹. Quality nursing care for practicing nurses is meeting needs through caring, empathic and respectful interactions within which responsibility, intentionality and advocacy form an integral foundation². It is the application of medical science and technology in a manner that maximizes its benefit to health without correspondingly increasing the risk; or consistently delighting the patient by providing efficacious, effective and efficient healthcare services according to the latest clinical guidelines and standards which meet the patient's needs and satisfies provider³⁴. Quality nursing care is expected to increase desired health outcome and should be consistent with current professional knowledge.

Changes in the health care industry brought about globalization, technological and scientific developments which have and will continue to greatly influence the education, theory and practice of nursing as in other health profession. Changing demands in health care have resulted in a significant demand for Nurses who have advanced knowledge and clinical expertise in assessment, diagnosis, treatment and health care management⁵.

Nursing, as part of the health profession in recent times has felt the influences of major social, political, economic and technological changes occurring all over the globe and has responded to these changes by effecting reforms in delivery of care⁶.

Nursing therefore, must continue to examine its practice in the face of these developments in order ensure that its practice is in consonance with global standards and the satisfaction of its

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consumers (patient's clients) in order to maintain its relevance in healthcare industry and society. The aspect of these changes and developments which have become the rallying point for today's society is the demand for quality.

The increasing demand about the quality of health care has spread over time and the public has also become more health conscious and subscribes to the belief that health and quality health care constitutes a basic right rather than a privilege for a chosen few⁷. Hospitals and health care agencies implement different programs to assess the quality of health care provided to the health consumers. These programmes are to establish accountability to society on the part of the health professionals for the quality, appropriateness and cost of health services provided Nurses contribute to health care within a multidisciplinary team and occupy the central position in health care delivery system. They provide wide ranging and constant care to patients in a variety of health institutions⁸. They constitute the single largest group among the health personnel in most countries in the world and it is upon them that a greater burden of the delivery of the health services often rest; How great the responsibility on them; not just to deliver quality care but to ensure it as well⁸.

Professional development and advancement, shortage of nurses, inadequate supply of consumables and equipments, insufficient allocation of funds, advancement in science and technology, work environment are some of the challenges that nurses are currently facing in the practice in Nigeria. Also, poor attitude of nurses, Non-appreciation of nurses by the public, inadequate educational preparation of nurses, lack of patronage of services in public hospitals by those in authority and inadequate supervision of Nurse-trainee in the clinical areas are among factors that can make or mar service excellence (quality service)⁹. These challenges may have serious implications not just for nursing practice but the safety of the patients who are recipients of the services. Hospitalization can be a stressful experience for children, adolescents and their family; hence the nurse has to be sensitive in reaching out to their needs and to provide care that meets standards. The researcher therefore intends to explore the factors that militate against the delivery of quality nursing care of hospitalized children.

Purpose of the Study

The purpose of this study is to determine the factors that militate against the delivery of quality nursing care in University of Port Harcourt Teaching Hospital, Rivers State, so that the information can be used to improve the quality of nursing care and job satisfaction within the health services provided in the hospital.

Objectives of the Study

The specific objectives for the study are to:

- 1. To determine the knowledge (personnel factor) of concept of quality nursing care among nurses in the studied institution,
- 2. To identify service setting factors that militates against the delivery of quality nursing care.

METHODOLOGY

Research Design

Descriptive survey was used to determine the factors affecting the quality of nursing care in University of Port Harcourt teaching Hospital (UPTH).

Research Setting

The study was carried out in the University of Port Harcourt Teaching Hospital UPTH). The hospital is a tertiary health institution that renders care at tertiary level and sometimes at secondary and primary levels. It is concerned with routine services of rendering health care, researches and training of nursing, medical and paramedical students as well as post graduate students. The hospital has a capacity of 800 bed d comprises of 66 departments, with numerous nurses and doctors, pharmacist and paramedics. This study was conducted in the children wards. The children wards so called Paediatric wards consist of four major units. The Children Emergency Ward (CHEW), the Children Medical Ward 1 and Ward 2 each comprising of 14 nurses and 13 nurses respectively and the Sick Baby Unit (SCBU) comprising of21 nurses. Sensitive cases and good numbers of admissions are made in these wards requiring the provision of high quality care by nurses.

Target Population

The population of the study consists of all the nurses working in the children wards. e are sixty five (65) nurses altogether in the Children wards/units.

Sample Size

Total population of the sixty five (65) nurses ranking from Chief Nursing Officers to Nursing Officer I working in Children wards/units of the University of Port Harcourt Teaching Hospital were used for the study.

Sampling Technique

No sampling method was employed as the target population was too small to be sampled. Thus all the nurses in the Children's ward/unit were studied.

Instrument for Data Collection

The instrument used for data collection was a self structured questionnaire. The questionnaire consists of four sections (A-C). section A consists of 5 items on the demographic data of respondents, section B contained 7 items to elicit information on nurses' knowledge on the concept of quality nursing care; section C consist of 6 items on factors militating against the delivery of quality nursing care. To determine the knowledge of nurses on the concept of quality nursing care, the total score on the related question item is 7, a score of 1-2 reflects poor knowledge 3-4 reflects fair knowledge while 5-7 indicates good knowledge.

Validity of the Instrument

The self-structured questionnaire was submitted to two (2) specialists in measurement and evaluation and the field of study that assessed the face and content validity of the instrument and their comments were used to make necessary corrections before administration.

Reliability of instrument

The reliability of the instrument was assessed using the Test-Retest method. 13 copies of the instrument were administered on respondents outside the study sample, Nurses working in the Male Medical Ward (MMW) of the University of Port Harcourt Teaching hospital and after two weeks another 13 copies of the instrument were administered to the same nurses. Values obtained were analyzed using the Pearson Product Moment Correlation coefficient formula which yielded reliability index of 0.92.

Method of data collection

Data was collected over a six (6) week period with the researchers administering questionnaire on two alternate days. This period of time was to enable the researchers reach some of the nurses that were on their annual leave at the commencement of the study. Sixty-five (65) copies of the questionnaire were administered after the necessary explanations that guided the respondents in filling the questionnaire. Duly completed questionnaires were retrieved on the spot. The entire questionnaire were retrieved indicating 100% return rate

Procedure for data Analysis

The data collected were coded in a spreadsheet, both descriptive statistics of frequency and simple percentages and figures were used to analyse the objectives of the study.

Ethical Consideration

Approval was obtained from the ethical committee of the institution where the study was carried out. The consent of individual nurses participating in the study was sought and necessary explanations made before administering the questionnaires. They were also assured that any information provided will be treated confidentially

Data Analysis

Table 1 Socio-demographic Characteristics of the
Respondents (n=65)

Variable	Category	Frequency	Percentage (%)
Sex	Male	3	4.60
	Female	62	95.4
	Total	65	100
Age Range (years)	21-29	5	7.70
	30-39	17	26.0
	40-49	39	60.0
	50 and above	4	6.15
	Total	65	100
	Single	4	6.15
Manital Chatra	Married	59	90.8
Marital Status	Widow	2	3.05
	Total	65	100
	No II	17	26.2
	No I	23	35.4
Professional	SNO	10	15.4
Cadre	PNO	12	18.5
	ACNO	3	4.62
	Total	65	100
	RN	23	35.4
Highest	RM	21	32.3
Educational	RN/RM	17	26.2
Qualification	BNSC	4	6.15
-	Total	65	100

Table I shows the socio-demographic characteristics of the respondents. Out of the 65 respondents studied, 3(4.60%) were males while 62(95.4%) were females;5(7.70%) were aged 2 1-29 years, 17(26.0%) were aged 30-39 years, 39(60.0%) were aged 40-49 years while 4(6.15%) were aged 50 years and above respectively;4(6.15%) were single, 59(90.8%) were married while 2(3.05%) were widows; 17(26.2%) belonged to Nursing Officer II (NO II) cadre, 23(35.4%) belonged to Nursing Officers (SNOs), 12((18.5%) were Principal Nursing Officers (PNOs) while 3(4.62%) were Assistant Chief Nursing Officers (ACNOs); 23(35.4%) had RN as their highest educational qualification, 17(26.2%) had RN/RM while 4(6.15%) had BNSC as their highest educational qualification.

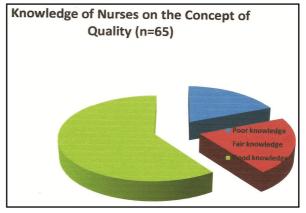


Figure 1 Knowledge of Nurses on Concept of Quality Care (Personnel factor), (n=65)

Figure 1 shows the knowledge of nurses on the concept of quality nursing care. Out of the 65 respondents studied, 12(19.4%) had poor knowledge, 14(21.5%) had fair knowledge while 39(59.1%) had good knowledge regarding the concept of quality.

Table 2 Factors militating against the delivery of quality	
nursing care (service setting factors)(n=65)	

S/N	Variables	Frequency	Percentage
1	Organizational factors	15	23.1
2	Nursing Shortage	19	29.2
3	Poor and unsupportive working environment.	9	13.8
4	Lack of resources and equipments	10	15.4
5	Lack of continuous education and training	8	12.3
6	Inter/intra professional rivalry	4	6.2
		65	100

Table 2 shows the factors that militate against the delivery of quality nursing care among nurses. Nursing shortage ranked highest 19 (29.2%) followed by organizational factors 15(23.1%), lack of resources 10 (15.4%), poor and unsupportive working environment 9 (13.8%), lack of continuous education, 8(12.3%), and finally inter/intra professional rivalry, 4(6.2%).

DISCUSSION OF FINDINGS

Knowledge of Nurses on Concept of Quality Care (Personnel factor)

Result from the study showed that out of the 65 respondents studied, 12(19.4%) had poor knowledge, 14(21.5%) had fair knowledge while 39(59.1%) had good knowledge regarding the concept of quality. In line with this finding, several studies have shown that Nurses have knowledge associated with quality nursing care."The quality of healthcare services mainly depends on practitioner's knowledge and technical skills. Health professionals should improve their competencies (knowledge, attitude and skills) to deliver high quality services. They have to be updated; their knowledge benefits patients"¹⁰." A Nurse in the clinical setting must be intelligent and able to make quick decisions based on findings. These decisions are often life saving, the Nurse stands to advice other team members based on the client's condition"11.Nurses are knowledgeable about quality nursing care also substantiates the result of this stud 2,12 .

Factors militating against the delivery of quality nursing care (service setting factors)

Results from the study showed that the service setting factors militating against the delivery of quality nursing care include nursing shortage, poor and unsupportive work environment, lack of resources and equipment, lack of continuous education and training as well as intra/inter professional rivalry. This result is in line with the findings of other studies: the study has identified organizational factors and patient related factors were among those factors that highly influenced nursing process implementation. These factors cause poor quality of nursing care, disorganized caring system, conflicting role, medication error and readmission with similar problem, dissatisfaction with care patients have received and increased mortality¹³. Also, lack of equipment and materials to work with can make or mar service excellence (quality care)⁹.

Summary

This study investigated the factors militating against the delivery of quality of nursing care in University of Port Harcourt Teaching hospital (UPTH). The objectives of the study were to determine knowledge of the concept of quality nursing care among nurses as well as determine the factors militating against the delivery of quality nursing care. The descriptive study design was used in this study. A self structured questionnaire was used to collect data. Results revealed that majority of the nurses had good knowledge regarding the concept of quality nursing care. The factors identified as militating against the delivery of quality nursing care includes: personnel service setting problems among which includes: nursing shortage, poor and unsupportive work environment, lack of resources and equipments, lack of continuous education and training as well as intra/interprofessional rivalry.

CONCLUSION

Globally, the quality of care being provided has come into critical analysis by both the provider and the clients. The expectations of clients on the quality of care given are increasingly getting higher in the present day society. In order to satisfy patient or client expectation, nurses should be able to enhance patient care through collaboration of health care providers. Health care quality can be improved by supportive visionary leader, proper planning, education and training, availability of resources, effective management of resources and collaboration and cooperation among providers.

Recommendations

Based on the findings of this study the following are therefore recommended:

The nurse managers should orient their staff nurses on quality care so that they are made aware of providing quality care to their clients

- Nursing staff should be well informed on how best to effectively utilize available resources to provide quality nursing care.
- Quality assurance should be regarded as an integral part of health care and should become rooted in hospital management.
- There should be constant supervision of the nursing staff and subordinates by nurse managers.
- Government should ensure that needed equipments are made available
- Concrete quality goals which are measurable and based on guidelines should be set to enhance quality care.
- Staffing is also an integral part in improving quality therefore government should employ more staff such that the nurse-patient ratio will be adequate to promote quality care.

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How to cite this article:

Robinson-Bassey Grace C *et al.*2017, Factors Militating Against The Delivery of Quality Nursing Care of Hospitalized Children In The University of Port Harcourt Teaching Hospital Rivers State. *Int J Recent Sci Res.* 8(9), pp. 19681-19685. DOI: http://dx.doi.org/10.24327/ijrsr.2017.0809.0743
