

ASSESSMENT OF THE QUALITY OF NURSING CARE IN AHMADU BELLO UNIVERSITY
TEACHING HOSPITAL ZARIA: PATIENTS' PERSPECTIVE

¹Emmanuel, A, ¹Achema,G ²Afoi, B.B. ¹Gimba, S.M. ¹Daniel, G

¹ Department of Nursing Science, Faculty of Medical Science, University of Jos.

²College of Nursing and Midwifery Kafanchan Kaduna State

ABSTRACT

This survey attempted to assess the quality of nursing care in Ahmadu Bello University Teaching Hospital based on the patients' opinion. The population of study included patients who were 18 years and above and have spent at least 3 nights in the hospital. A total of one hundred and eight (108) patients were selected for the survey. The results revealed that 81.5% of the respondent had attended at least primary school, 44.5% had spent 15 days and more in the hospital. Some areas specifically assessed by respondents among others include care and treatment received from Nurses, Nurses knowledge and ability. The patients overall assessment of nursing care reveals that 82.7% were satisfied and feels that nursing care was good. The need to continually measure, monitor and improve nursing care as well as encouraging professional specialization and organizing orientation programs/update courses, workshop etc on a regular basis among others were made, as recommendations.

KEYWORDS: Assessment, Quality, Nursing Care, Hospital, Shika-Zaria

INTRODUCTION

The place of nursing care in the health care delivery system in any country and the whole world has remained significant. The profession has been recognized even in the days of Florence Nightingale as indispensable in any meaningful health care delivery for any nation (Adeniran, 2006). Service to mankind is the primary function of Nurses and the reason for existence of the Nursing profession, their reward being personal and professional.

As an emerging profession, Nursing has long been having the task of developing a scientific base for nursing practice in order to improve the quality of care rendered to patients. Nemate (1992) opined that rendering care that will have the greatest impact on the patient requires creativity and insightful leadership. Nemate implies that Nurses should use their professional competence in order to rendered quality care to the patient on a 24 hours basis in health care facilities. Ensuring highest level of care possible within the limit of available resources should be the watchword of Nurses in any health institution.

The patient has a vital role to play in ensuring that Nurses renders the "agreed upon level of care". Nursing care is very important for the patient recovery such that any negligence from Nurses could incapacitate or cause death of a patient. Providing information to patient about what constitutes appropriate care are often important aspect of ensuring quality care. Until when the patients are well oriented about the Nurses' activities, they may not know the expectations of the care givers.

The falling standard of nursing care in Nigeria despite programs put in place to improve it, is creating a lot of concern to the public who expect to receive the highest level of care possible from the health institutions in the country.

There is no single definition of quality of health care services that applies in all situations as it is a multi-faceted concept. Experts adduce several distinct dimensions of quality that vary in importance depending on the context in which a quality assurance effort takes place (Badru, 2006). Ugochukwu in Badru (2006) asserts that quality may denote excellence, ability, performance and combination of knowledge, skills and attitude in order to set criteria and standards to monitor treatment and care of patients.

Quality can be defined also as doing the right thing at the right time and in the right way. Another definition stated that quality is proper performance of intervention that are known to be safe, that are affordable to the

society and that have the ability to produce an impact on mortality, morbidity, disability and malnutrition (Agular, 1988 in Badru, 2006). In his view, quality care is manifested in the final outcome of the process of nursing intervention.

McGlynn (1997) cited by Badru (asserts that there are six (6) challenges in measuring quality of health care. They are balancing perspectives, defining accountability, establishing criteria, identifying conflict between financial and quality goals and developing information system. Assessing and ensuring quality care, means effective management of these challenges. Gillies (1989) and Swansburg (1993) believes that nursing rounds is one of the controlling techniques to determine whether the goal of providing quality care is delivered. Another way of ensuring quality care as suggested by Fajemilehin (2002) is by identification of areas of weaknesses and updating practice in those skills in which an updating practice in those skills in which Nurses are short of.

Gambo (2005) carried out a survey to assess consumers' satisfaction with quality of nursing care in Ahmadu Bello University Teaching Hospital, Tudun Wada and discovered that 72.2% of consumers were satisfied with nursing care they received, while 19.79 said they were fairly satisfied and 8.27% said they were not satisfied. This indicates that Nurses still have a lot more to do in order to ensure quality care.

Afoi and Emmanuel (2010) stated that the strength of every health system in the world over lies in the nursing personnel, as such the success of every health system lies in the quality of nurses in practice. This they believe can be achieved through good quality education and continued dynamism.

Afoi and Emmanuel (2010) further identified four (4) reasons why quality care is necessary. They are:

1. To meet the rising expectation of the service consumers.
2. To meet up increasing complexity of the health care system.
3. To meet up increasing pressure from international, national government and other bodies to demonstrate that the allocation of fund produces satisfactory results in terms of patient care and disease reduction.
4. To improve the knowledge base of nurses who in present situation are more than care givers.

They concluded that the means through which this can be achieved is best practice. The public image of the nurse clinician has in the past decade been poor. The name "nurse" to many depicts wicked, uneducated, Doctors' servants, carelessness, inconsiderate, lack of sympathy etc in the public arena. This has adversely affected the quality of patients' care in which nurses are key. This poor image stems from multiple factors in which the nurse is prominently visible.

Donabedian (1998) proposed a useful concept of quality health care framework in which he identified 3 component of health care as:

- **Structure:** The physical, financial and organisational resources provided for health care.
 - **Process:** The activities of the health system or practitioners in the provision of care.
 - **Outcome:** A change in the patient's current or future health that can be attributed to antecedent care.
- Quality care (outcome) based on the above framework is a favourable interaction between the structure and the process in any health care system.

In every health care system, three As and Es are paramount in ensuring quality care, these include:

1. **Access to Health Care:** This comprises the availability of a service, its accessibility and promptness of responses, services and not compromised by undue limits or time or distance.
2. **Acceptability:** This dimension is described as a service which meets the reasonable expectation of patients, providers and the community. It is concerned with the way care is provided and includes all the aspects of courtesy, communication, comfort, confidentiality and preserving the dignity and self-esteem of the clients.
3. **Appropriateness and Relevance to Need:** Shaw (1986) in Linda and Ruth, B. (1993) uses the term appropriateness to mean services or procedure that are actually needed by the population or individuals. Meeting these criteria may require providing specialists service, apply relevant research and questioning practices and beliefs about treatment or care process.

Maxwell (1984) in Linda and Ruth (1993) proposed the 3Es as follows:

1. **Effectiveness:** The services achieve the intended benefit for the individual and the community. This describes the extent to which the interaction between client and the service provides the desired result and finding ways of overcoming problems in doing so. This means that practice is effective if it is research-based.
2. **Efficiency:** Achieving the desired result without unnecessary expenditure of resources. This means being competent, skilled and productive.
3. **Equality:** Available resources are fairly distributed among all who have need of them. Resources are not wasted on one service or patient, to the detriment of another. Equity can be described as fairness in providing care.

During the next few years as change continues, we can not lose sight of the urgent need to monitor and improve the quality of health and effectiveness of health care within our society.

This research is an attempt to assess the quality of nursing care in Ahmadu Bello University Teaching Hospital (ABUTH) Shika Zaria by determining those aspects of care causing concern to patients, those aspects liked most or least by patients and patients' views on how nursing care can be improved in ABUTH with a view to giving an insight into the quality of nursing care and correction of inadequacies where necessary and by extension, ensuring quality nursing care in the health institution.

MATERIAL AND METHODS

a. Location of Study

The health institution under study was established as an institute of health under the Ahmadu Bello University Law Amendment Acts enacted by the former Northern Nigeria in 1967. By 1st April, 1968, the institute of health had taken charge of the main hospital, clinic and health centre in Kaduna, Zaria and Malumfashi.

The Federal Government took over the affairs of all teaching hospitals in the country in 1976. The hospitals were located at Kaduna, Zaria, Malumfashi and Shika. By the end of 2005, the hospital finally moved all its services to Shika.

The hospital has 18 wards as at the time of the survey with a bed capacity of three hundred and sixty-four (364). However, almost half of the hospital wards are yet to be completed at that time. There was an average of one hundred and ninety patients on admission per day.

b. Population of Study

This included all patients who were over eighteen (18) years old and had spent 3 nights in the ward or more. For patients confused or too ill to participate, their relations were used as respondents.

c. Sample Size and Sampling Procedure

Non-probability sampling based on convenience and judgement was used in selecting eight wards for the study, from which one hundred and eight (108), respondents who were on admission for at least 3 days and more were drawn for the study.

d. Method of Data Collection

A structured self-completion questionnaire was developed. Interviews were also conducted using the questionnaire as interview guide. This was adopted so as to accommodate illiterate patients.

e. Method of Data Analysis

The data collected were analyzed using frequency tables and percentages.

Table 1: Biodata

Age (Years)	No	%
18 – 25	15	13.9
26 – 35	41	38.0
36 – 45	28	25.9
Above 46	24	22.2
Total	108	100
Gender		
Male	60	56.6
Female	48	44.4
Total	108	100

Table 1 showed that most (38%) of respondents are between 26 and 35 years of age with more male patients (55.6%) participating than females (44.4%).

Table 2: Educational Qualification/Background

Background	No	%
No formal education	5	4.6
Adult education/Quranic	15	13.9
Primary	11	10.2
Secondary	28	25.9
Tertiary	49	45.4
Total	108	100

Table 2 shows that majority of the respondents (45.4%) had tertiary education. Only 18.5% had no formal education, while the remaining 81.5% had formal education ranging from primary to tertiary.

Table 3: Days spent in the hospital

Days	No	%
3 – 7	32	29.6
8 – 14	28	25.9
15 and above	48	44.5
Total	108	100

Most (44.5%) of the patients had spent more than 15 days on admission, 25.9% spent 8 – 14 days while 29.6% spent 3 – 7 days on admission. This places them in at a better position to assess the nursing care.

Table 4: Care and treatment received

Care/Treatment	Poor		Fair		Good		Very good		Total	
	No	%	No	%	No	%	No	%	No	%
The care/receive from Nurses	7	6.5	17	15.7	71	65.7	13	12.1	108	100
The personal help I get.	11	10.2	45	41.6	41	38	11	10.2	108	100
The way my family and friend are kept informed about me	39	36.1	45	41.7	24	22.2	0	0	108	100
Consent seeking	21	19.5	44	40.7	36	33.3	7	6.2	108	100
Availability of Nurses	0	0	39	36.1	51	47.2	18	16.7	108	100
Information given about my treatment	20	18.5	43	39.8	39	36.1	6	5.6	108	100
Nurses' attentiveness towards patients needs.	8	7.9	41	37.9	43	39.8	16	14.9	108	100

Table 4 shows that 78% of the patients used in the survey were satisfied with the care they received from nurses, 40.2% were satisfied with the personal help they get, 63.9% were satisfied with availability of nurses when needed and 54.7% were satisfied with nurses' attentiveness towards their needs.

Table 5: Nurses knowledge and ability

Ability	Poor		Fair		Good		Very good		Total	
	No	%	No	%	No	%	No	%	No	%
Practical competence	5	4.6	36	33.3	59	54.6	8	7.4	108	100
The knowledge of nurses about their work.	0	0	36	33.3	56	51.9	16	14.8	108	100
The friendliness of Nurses.	0	0	20	18.5	63	58.4	25	23.1	108	100
The nurses' regular check to ensure I was okay.	8	7.4	28	25.9	43	39.8	29	26.9	108	100

Table 5, revealed that 62% were satisfied with the practical competence of Nurses, 66.7% were satisfied with the knowledge of Nurses about their work, 81.4% were satisfied with the friendliness of nurses and 66.7% were satisfied with the check to ensure they were okay.

Table 6: Other services

Services	Poor		Fair		Good		Very good		Total	
	No	%	No	%	No	%	No	%	No	%
The way the ward is kept clean.	8	7.4	11	10.2	41	38.0	48	44.4	108	100
The spacing of bed in the ward.	0	0	20	18.5	47	43.8	41	38	108	100
The laundry services	6	5.6	14	13.0	40	37.0	48	44.4	108	100
The food served	13	12.0	23	21.3	52	48.1	20	18.5	108	100

Table 6 revealed that 82.4% were satisfied with the way the ward is kept clean. 81.4% satisfied with spacing of the beds, 81.4% were satisfied with the laundry services while 66.6% were satisfied with the food served.

Table 7: Overall assessment by respondent

Question	Poor		Fair		Good		Very good		Total	
	No	%	No	%	No	%	No	%	No	%
What is your overall assessment of Nursing care?	0	0	23	21.3	70	68.8	15	13.9	108	100
What is your general assessment of the facilities?	0	0	20	18.5	69	63.9	19	17.6	108	100

In the overall assessment, 13.9% felt the nursing care they receive was very good, 64.8% felt it was good while 21.3% felt it was only fair. About facilities in the hospital, 17.6% felt it was very good, 63.9% felt it was good while 18.5% felt it was fair.

DISCUSSION

The results obtained from this survey showed that all the respondents were adults and none was less than 18 years of age. This means that, the respondents were matured enough to judge the nursing care they receive. More male patients participated in the survey than females. In addition, the patients' education background/qualification is indicated that, most of the clients are enlightened to an extent that will enable them reasonably say something about the care rendered by nurses. Moreover, the fact that the respondents had spent 3 days and above with 44.5% spending 15 and above days implies they had spend enough time to assess the care rendered by the nurses.

Table 4, revealed the patients' assessment of the care and treatment received. Although many patients assessed areas like the care they received from nurses, personal help received from nurses, the way family and friends are

kept informed about their care, consent seeking availability of nurses when needed and nurses attentiveness to their need as being at least good, only few felt these areas were either poor or fair.

Quality care was earlier seen as doing the right thing at the right time and in the right way. Therefore, nursing care should affect the biopsychosocial being of the patient through the provision of appropriate, efficient and equitable care that will improve the quality of the client's life. About Nurses knowledge and ability, Table 5 has revealed that, most patients are satisfied with the practical competence of nurses, nurses' knowledge about their work, friendliness of nurses and attention they get from nurses. However, few of them feel unsatisfied with these areas. This implies that some nurses are still deficient in some areas of practice or are not smart in the discharge of their duties, may be because of work load or lack of knowledge update or due to poor monitoring and evaluation system etc. Whatever the case, it is the right of the patient to receive the maximum level of care within the limit of available resources without any bias.

Other services rendered to the patient as shown in Table 6 included the way the ward is kept clean, in which a statistically significant number express dissatisfaction by assessing it poor or fair. Another area was the spacing of bed in which majority (74.6%) feel is good or very good. About food served and laundry services, 64.6% and 81.4% respectively assess it to be at least good.

Patients overall assessment of the nursing care indicated that 82.7% were satisfied and felt that the nursing care received was good. About their general assessment of the facilities, 81.5% were satisfied. From Donabedian's(1998) component of quality care, the process (nursing care) interacts with the structure (facilities/resources) to give rise to the outcome. Borrowing this framework, one can assert that, the quality of care received in ABUTH is a product of the quality of nurses and the quality of the structure on ground. The percentage of patients not satisfied with overall care and general facilities are statistically significant. This finding is similar to that of Gambo (2005) in which she discovered that a significant number of consumers(patients) were not satisfied with the quality of care they received. Therefore, there is the need to continually measure, monitor and improve quality of nursing care in Ahmadu Bello University Teaching Hospital.

RECOMMENDATION

1. Fajemilehin (2002) asserted that nurses should improve in their areas of weakness by identifying and updating their practice in those skills in which they are short of, so as to ensure quality care.
2. Orientation courses, update courses, workshop, symposia etc be organized for nurses on a regular basis, say at least once in a year.
3. The hospital management should established and support a monitoring and evaluation unit that will work in collaboration with the quality assurance/control unit.
4. Professional specialization should be encouraged in nursing so as to ensure competence.
5. More nurses should be employed as inadequate manpower could affect quality of care.
6. Nurses in ABUTH should be encouraged to go for the BNSC and B.Sc. programs offered in the Universities in order to gain more knowledge, better their skill and competence in quality care provision.

REFERENCES

Adeniran, M.B. (2006). *Nursing and the Nigerian Public: The status of BNSC graduate in the society*. Being a paper presented during the Kaduna State Association of Nigeria University Nursing Students (KANUS) Week ABU Chapter.

Afoi, B.B. and Emmanuel, A. (2010). *Enhancing quality clinical nursing practice in Kaduna State*. A paper submitted to the Honorable Commissioner for Health, Ministry of Health Kaduna State.

Badru, F.A. (2006). Quality assurance in health care practice. The role of the Nurse Manager. 10th Henrietta M. Jones Memorial Lecture. Eko Hospital, Ikeja Lagos. *West African Journal of Nursing*, Vol. 17 No. 2 page 166-173.

Donabedian, A. (1998). The quality care. How can it be assessed? *Journal of American Medical Association* Vol. 260 No. 12.

Fajemelehin, B.R. (2002). Nursing practice, its strength and weakness in Osun State Nigeria. *Africa Journal of Nursing and Midwifery* Vol. 4 No. 2 p. 56-57.

Gambo, R. (2005). *Assessment of consumers' satisfaction with quality nursing care in Ahmadu Bello University Teaching Hospital Tudun-Wada-Zaria*, Unpublished Undergraduate Project presented to the Department of Nursing Science ABU Zaria

Gillies, D.A. (1989). *Nursing management: A systematic approach*. Philadelphia, WB Saunders Company.

Linda, K.B. & Ruth, V.B. (1993). *Quality assurance in maternal care*. Myles Textbook for Midwives 12th edition. London, Churchill Livingstone.

Louise, A. Mathew, Z. & Stones, W. (2000). *Framework for the evaluation of quality in maternal services*. Southampton University Press. 13th edition page 204-207.

Maureen, L.C. (2000). What specific problems do Nurses Managers in Malawi report they experience in ensuring quality care. *Africa Journal of Nurses and Midwives*, Vol. 2 No. 2 page 7 – 11.

Nemate, D. (1992). Nursing in Malawi, challenges to Nurses in Leadership position. *Nursing Journal Quarterly* 21(5) 20-24.

Salawu, R.A. (2003). Enhance Nursing directorate in Nigeria health establishment: A major power house for quality nursing care. *West Africa Journal of Nursing*, Vol. 4 No. 1

Swansburgh R.C (1993) *Introductory Management and leadership for clinical Nurses*, London. Jones and Barnett

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Corresponding Author

Emmanuel, A

Department of Nursing Science, Faculty of Medical Science, University of Jos.

Email: andyemma62@yahoo.com