

Nursing Staff Satisfaction and Education Assessment the Way Forward to Quality of Clinical Mentorship

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1. Background

The nursing job satisfaction assessment provides information on how nurses feel about their jobs (West, 2005) and it is used to improve the patients' quality of care as well as nursing job satisfaction is an important factor in healthcare staff retention and affect quality of care and patient satisfaction (Campbell, 2013). The nursing education assessment helps to identify educational needs for nursing staff which planners based on in providing trainings for the purpose of continuous professional development (Davis, 2008). The nursing staff satisfaction and education assessment was conducted to one selected H.C of Ethiopia for the purpose of enhancing the patient's quality of care through clinical mentorship

2. Objectives of the Assessment General Objective

The main objective of this assessment is to understand the professional strengths and needs of individual nursing staff.

Specific Objectives

To explore and learn the assets and deficiencies of our processes and systems Obtain important feedback from nurses on how to improve our teamwork, workflow, materials management communication and interdisciplinary report to enhance patient care.

Methodology

Assessment design: quantitative

The study population: Nurses who work in IPD, ER/ICU, ITFC, Isolation and TB/HIV (57)

Sample size determination $n = Nz^2pq / (E^2(N-1) + z^2pq)$ (Morris, n.d)

Sampling: simple random sampling.

Validity: Presentation of the tool to Kule Medical management team and PCInstrument: Questionnaire

Data collection procedure

Introduction: In different services

Distribution of questionnaires to 41 participants

Collection of answered questionnaires.

Duration of data collection: three weeks

Data analysis: Excel

The distribution of respondents by nursing handover satisfaction

Level of satisfaction	Frequency	percentage
Strongly satisfied	22	54%
Satisfied	16	39%
Not satisfied	3	7%

Nursing handover comments

1. The time for nursing handover is not enough ,one nurses may handover more than 20 patients
2. Handover report is not satisfied for our work because it is possible to forget what has been reported as it is being done only orally ,better to do handover with written documents
3. E.g. for critically ill patients the previous vital signs and the main needed follow-up better to be mentioned on the board
4. The handover needs managers and supervisors follow-up
5. English communication, nursing accountability to patients need to be improved.
6. Orientation on nursing handover is needed for new staff.
7. Handover is mostly given in Amharic which is not satisfactory for all staff.

The distribution of respondents by satisfaction on medication storage

Level of satisfaction	Frequency	percentage
Strongly satisfied	14	34%
Satisfied	17	41%
Not satisfied	8	19%

Medication storage comments

1. Medication storage need to be closed and Ice packs should be used where it is necessary The medication should be arranged and labelled
2. Orientation on medication storage for new staff is needed
3. The medication should be stored in the covered cups and should have spoon inside and stored in large cupboard and it should be counted in order to know what have been used e.g. number of Amoxicillin received from the ward(Report)
4. If medication is broken or felt down no replacement available
5. Most of the time medication are not available in back-up cupboard ,at night we don't have all medications e.g. Insulin
6. We don't have back-up of medication to be used for new admitted patients
7. Sometimes we are missing emergency medication like adrenaline, G50%,salbutamol and hydrocortisone
8. No back up medication in the store, many of us are complaining for medication issues

Communication satisfaction between nurses and physicians

Level of satisfaction	Frequency	percentage
Strongly satisfied	15	37%
Satisfied	20	49%
Not satisfied	6	14%
Total	41	100%

Communication comments

- The doctors do not explain the patients' disease to the nurses they discuss between themselves.
- The clinical documentation need to be improved
- Physicians and health officers during ward round time they work silently.
- The rest of the team should always consider the role of nurses in patients care
- The translators are not enough , if nurses may speak the local language can be helpful
- The staff need to improve communication

Nursing working experience

Working experience	Count ofs/n
<1year	2
1 to 2years	20
3 to 5years	19
GrandTotal	41

Nursing training satisfaction

Level of satisfaction	Frequency	percentage
Strongly satisfied	1	2%
Satisfied	14	34%
Not satisfied	22	53%
Total	37+(3no feedback given)	89%+(11% no feedback)=100%

Trainings should be officially communicated,

We need always updates on training planed

We need training on Blood transfusion; Fluid calculations the certificates after training are needed

Emergency nursing management, Auscultation, child health, maternity, medical surgicaltrainings are needed

As there is always new update on TB/HIV, we need external training. Nursing assessment (Physical assessment, nursing diagnosis) training is needed

TB-HIV/AIDS training(Basic nursing in use of ART) , Health education , quality care of the patient ,managing critical patient ,identify critical patient ,IEC for discharge plan and follow-up, Medical and surgical ,communicable disease

Nursing Assessment, nursing ethics, nursing management Medical surgical nursing, Humananatomy, nutrition, Malnutrition, congestive heart failure

Diabetes mellitus

Chronic disease

Providing holistic care and service to patients, respecting patients culturally and in all aspects, following standards operating procedures: Hygiene, sanitation, sterilization, etc.

Nursing assessment

Patients quality of care Medication administration, Vital signs interpretation, IEC to patients

catheter insertion ,CPR, communicable disease control, basic physical and physiological nursingcare , medical surgical nursing

Satisfaction in nursing documentation

Level of satisfaction	Frequency	percentage
Strongly satisfied	17	41%
Satisfied	20	48%
Not satisfied	4	9%
Total	41	100%

There is shortage of ART follow-up forms we are suggesting to make them always available. Patients files should be arranged based on their daily round results e.g: day 1, day 2 and day 3

The patient file need to be revised, if it is possible the computer can be used for better documentation. Papers get lost better to use the file orientation for new staff is needed for better documentation

Nursing leadership satisfaction

Level of satisfaction	Frequency	percentage
Strongly satisfied	12	29%
Satisfied	25	61%
Not satisfied	4	9%
Total	41	100%

Leadership satisfaction comments

The leaders should treat all staff equally, especially in matter of overtime working , on job training by plan and they must be creative

Confortability about skills performance

Rating	obtaining History from parent/ patient	Admiting a patient	handover report	Notifying MD, CO	Creating Nursing Diagnosis	Planing Patient care	Patient & Family Teaching	Discharge Planning
1	3	2	1	2	1	1	0	3
2	7	7	4	7	9	8	9	10
3	17	18	23	13	20	17	19	16
4	13	13	12	16	9	13	12	11
Percent with not at all	8%	5%	3%	5%	3%	3%	0%	8%
Percent needs help	18%	18%	10%	18%	23%	21%	23%	25%
Percent independent	43%	45%	58%	34%	51%	44%	48%	40%
Percent can teach	33%	33%	30%	42%	23%	33%	30%	28%

	Discharge Planning	Interpreting Vital signs	Interpreting basic lab values	Assessing Developmental level	Assessing respiratory status	Assessing circulatory status	Assessing hydration status	Assessing nutrition status
1	3	2	1	0	1	0	1	0
2	10	5	15	14	8	8	7	11
3	16	13	13	19	21	19	16	19
4	11	21	12	8	11	14	16	10
Percentage with not at all	8%	5%	2%	0%	2%	0%	3%	0%
Percent needs help	25%	12%	37%	34%	20%	20%	18%	28%
Percent independent	40%	32%	32%	46%	51%	46%	40%	48%
Percent can teach	28%	51%	29%	20%	27%	34%	40%	25%

Rating	Assessing pain status	Inserting NGT	Inserting IV	Checking blood glucose	Inserting urinary catheter	Administering oxygen by nasal cannula	Administering oxygen by mask	Administering inhalant by nebuliser	Nasal suctioning
1	2	2	3	3	3	3	3	4	4
2	7	5	3	2	1	2	5	4	1
3	23	15	15	11	15	13	15	17	19
4	8	18	20	25	22	22	17	15	16
Not at all	5%	5%	7%	7%	7%	8%	8%	10%	10%
Need help	18%	13%	7%	5%	2%	5%	13%	10%	3%
Independent	58%	38%	37%	27%	37%	33%	38%	43%	48%
Can teach others	20%	45%	49%	61%	54%	55%	43%	38%	40%

Rating	setting up for sterile procedure	Recognizing complications	calculating IV fluids	Administering IV fluids by drips	Preparing IV Meds	Administering blood products	Calculating pediatric doses	Administering NGT Meds	Giving IM	Giving SC inj.
1	4	2	3	3	3	3	4	4	4	4
2	3	2	1	2	3	7	2	3	1	2
3	17	22	13	12	10	14	13	14	11	9
4	17	15	23	23	24	16	22	20	24	25
Not at all	10%	5%	8%	8%	8%	8%	10%	10%	10%	10%

Need help	7%	5%	3%	5%	8%	18%	5%	7%	3%	5%
Independent	41%	54%	33%	30%	25%	35%	32%	34%	28%	23%
Canteach others	41%	37%	58%	58%	60%	40%	54%	49%	60%	63%

Rating	Giving intradermal inj.	Implementing isolation precautions	Hand hygiene	Cleaning medical equipment	ventilating using ambu bag	Chest compressions	Use of Emergency Medications	Care of dying patients	Palliative care	Post mort al care
1	4	3	2	2	1	2	3	2	1	2
2	2	2	4	4	7	6	6	7	7	5
3	9	16	15	17	19	18	18	17	20	17
4	25	18	20	17	14	14	14	14	12	16
Not at all	10%	8%	5%	5%	2%	5%	7%	5%	3%	5%
Needhelp	5%	5%	10%	10%	17%	15%	15%	18%	18%	13%

Independent	23%	41%	37%	43%	46%	45%	44%	43%	50%	43%
Canteach others	63%	46%	49%	43%	34%	35%	34%	35%	30%	40%

3. Recommendations

- To plan for continuous profession development based on identified needs one topic weekly.
- To improve our teamwork ,workflow ,materials management, communication and interdisciplinary report to enhance patient care based on feedback obtained.
- To sustain the professional strengths from the feedback obtained
- To evaluate the impact of planed activities for patients' quality of care improvement.

4. Conclusion

By conclusion , the nursing staff satisfaction and education assessment results are helping us tounderstand the professional strengths and needs of nursing staff. This will help us to share our vision together for the way forward to quality of healthcare through the clinical mentorship.

5. References

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