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Effects of Staffing Levels on Quality of Nursing Care in Kiwoko and Mukono Church of Uganda Hospitals, Central Uganda

Many health facilities are faced with staffing challenges leading to excessive workload and working under pressure which affects the quality of health care. In an effort to cope with the shortage of nurses, PNFP hospital managers tend to restructure their nurse staffing work force by assigning extra duties to available staff, and in so doing quality care for patients may be compromised. However, the extent and consequences of the compromise in quality for the UPMB hospitals is not clearly documented. Goal: the goal of the study was to establish the effects of staffing levels on quality of nursing care in Kiwoko and Mukono church of Uganda hospitals in central Uganda. Objective: the specific objectives of the study were to assess work pressure on staff of Kiwoko and Mukono hospitals in the central region of Uganda, to assess the quality of nursing care in Kiwoko and Mukono hospitals in the central region of Uganda, and to determine the relationship between staffing levels and quality of nursing care in Kiwoko and Mukono hospitals. Methods: the study used the Workload Indicator of Staffing Needs (WISN) method in determining staffing requirements for the nursing staff categories in the different departments in the hospitals and eventual calculation of work pressure. The data were also collected on quality of nursing care by asking nurses about the nursing care offered to clients through a few procedures that were selected. Patient satisfaction with the nursing procedures was also explored.

Results: it was found out from the study that although there were variances in the nurses category in staffing levels, the departments were generally understaffed leading to excessive work pressures. Kiwoko hospital departments experienced a low workload, including OPD at 86%, maternity at 98% and theatre at 83%. A high workload was experienced in the male department at 38%, female departments at 41%, and pediatrics at 48%. The overall WISN was 71% for the hospital suggesting low workload pressure. Mukono hospital department experienced low pressure in the maternity department at 77%. However, a high workload pressure was experienced in the OPD at 38%, theatre at 50% and general department at 63%. The overall WISN result was 49% for the hospital suggesting a high workload pressure making it to be the one with the highest pressure than Kiwoko. In relation to quality nursing care, the study found that the delivery of nursing care in Kiwoko and Mukono hospitals was conducted mostly by enrolled compressive nurses, enrolled nurses, nursing officers- nurse, and enrolled midwives who had attained mostly a certificate level of education. Most nurses in Mukono hospital, however, did not receive adequate in-service training due to the staffing shortage. Some nurses did not possess the desired skills in performing some nursing procedures. Generally, both hospitals had shortage of nurses in some departments hence affecting some 28

procedures like filling of patogram in Mukono hospital, poor implementation of the nursing care plan and taking vital observations. Patients in both hospitals were satisfied with the interpersonal care but the patients of Kiwoko hospital were dissatisfied with the cleanliness of the toilets.

Conclusion: the study concluded that most departments in both Mukono and Kiwoko hospitals were operating under staffing shortages with variances in the departments and among nursing categories. The study concluded that the problem of inadequate staffing levels in both hospitals if solved would significantly improve on patient satisfaction. There were other variables which were significant predictors of patient satisfaction in the PNFP other than staffing levels. Recommendations: the study recommends that the management of PNFPs on an annual basis uses

the WISN method to determine departments and cadres with a shortage and recruitment of the new staff to match the work pressure. The study also recommends that management of PNFPs hospitals need to design appropriate and relevant in-service training programmes for staff to continuously improve on staff competencies necessary to deliver quality nursing care. This needs to be complemented with enforcement of compliance to required nursing procedures/skills through demanding for written records as evidence of carrying out the procedure.

Key Words: Effects, Staffing Levels, Quality, Nursing Care, Church of Uganda, Hospitals Mukono,