



**ASSESSMENT OF QUALITY OF EMERGENCY NURSING CARE IN
SELECTED HOSPITALS IN OYO STATE, NIGERIA**

BY

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I certify that this study was conducted under my supervision by OGUNLADE Alade Aderinto (BMSP12/13/H/1085) of the Department of Nursing Science, Obafemi Awolowo University, Ile-Ife, Osun State, Nigeria.

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Date

DEDICATION

This research study is dedicated to the glory of God and the progress of nursing profession in Nigeria and the world over.

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TABLE OF CONTENT

TITLE PAGE.....i

AUTHORIZATION ii

CERTIFICATION iii

DEDICATIONiv

ACKNOWLEDGEMENT..... v

TABLE OF CONTENT.....vi

ABSTRACT x

CHAPTER ONE..... 1

1.0 INTRODUCTION..... 1

1.2 STATEMENT OF PROBLEM **Error! Bookmark not defined.**

1.3 RESEARCH QUESTION..... **Error! Bookmark not defined.**

1.4 REASEARCH OBJECTIVES **Error! Bookmark not defined.**

1.5 SIGNIFICANCE OF THE STUDY **Error! Bookmark not defined.**

1.6 LIMITATIONS OF THE STUDY **Error! Bookmark not defined.**

1.7 DELIMITATION OF THE STUDY **Error! Bookmark not defined.**

1.8 OPERATIONAL DEFINITION OF TERMS..... **Error! Bookmark not defined.**

CHAPTER TWO.....Error! Bookmark not defined.

2.0	LITERATURE REVIEW	Error! Bookmark not defined.
2.1	SCOPE OF EMERGENCY NURSING CARE....	Error! Bookmark not defined.
2.2	PATIENTS' PERCEPTION OF EMERGENCY NURSING CARE	Error! Bookmark not defined.
2.3	PATIENTS' EXPERIENCES IN EMERGENCY DEPARTMENT	Error! Bookmark not defined.
2.4	MEASUREMENT OF QUALITY OF EMERGENCY NURSING CARE..	Error! Bookmark not defined.
2.5	DIMENSIONS OF QUALITY	Error! Bookmark not defined.
2.6	INDICES OF QUALITY OF EMERGENCY NURSING CARE	Error! Bookmark not defined.
2.7	FACTORS MILITATING AGAINST THE QUALITY OF EMERGENCY	
	NURSING CARE	Error! Bookmark not defined.
2.8	CONCEPTUAL FRAMEWORK	Error! Bookmark not defined.
2.9	APPLICATION OF THE MODEL TO THE STUDY	Error! Bookmark not defined.
2.10	HYPOTHESES.....	Error! Bookmark not defined.
CHAPTER THREE.....		Error! Bookmark not defined.
3.0	RESEARCH METHODOLOGY	Error! Bookmark not defined.
3.1	RESEARCH DESIGN.....	Error! Bookmark not defined.
3.2	SETTING OF THE STUDY.....	Error! Bookmark not defined.

3.3	TARGET POPULATION.....	Error! Bookmark not defined.
3.4	SAMPLE SIZE AND SAMPLING TECHNIQUE.....	Error! Bookmark not defined.
3.5	INSTRUMENT FOR DATA COLLECTION.....	Error! Bookmark not defined.
3.6	VALIDITY OF THE INSTRUMENT	Error! Bookmark not defined.
3.7	RELIABILITY OF THE INSTRUMENT.....	Error! Bookmark not defined.
3.8	PROCEDURE FOR DATA COLLECTION.....	Error! Bookmark not defined.
3.9	PROCEDURE FOR DATA ANALYSIS.....	Error! Bookmark not defined.
3.10	ETHICAL CONSIDERATION.....	Error! Bookmark not defined.
CHAPTER FOUR		Error! Bookmark not defined.
4.0	RESULTS/FINDINGS	Error! Bookmark not defined.
4.1	SOCIO-DEMOGRAPHIC CHARACTERISTICS OF PATIENTS IN SELECTED HOSPITALS	Error! Bookmark not defined.
4.2	OVERALL PATIENTS' PERCEPTION OF QUALITY OF EMERGENCY NURSING CARE	Error! Bookmark not defined.
4.3	QUALITY OF EMERGENCY NURSING CARE IN SELECTED HOSPITALS IN OYO STATE	Error! Bookmark not defined.
4.4	FACTORS MILITATING AGAINST THE QUALITY OF EMERGENCY NURSING CARE IN THE SELECTED HOSPITALS..	Error! Bookmark not defined.
4.5	ANALYSIS OF DATA FOR THE HYPOTHESES GENERATED FOR THE STUDY.....	Error! Bookmark not defined.
CHAPTER FIVE		Error! Bookmark not defined.

5.0 DISCUSSION **Error! Bookmark not defined.**

5.1 DISCUSSION OF FINDINGS **Error! Bookmark not defined.**

5.2 SUMMARY **Error! Bookmark not defined.**

5.3 CONCLUSION **Error! Bookmark not defined.**

5.4 IMPLICATIONS FOR NURSING PRACTICE... **Error! Bookmark not defined.**

5.5 RECOMMENDATION **Error! Bookmark not defined.**

REFERENCE **Error! Bookmark not defined.**

Appendix i..... **Error! Bookmark not defined.**

Appendix ii..... **Error! Bookmark not defined.**

Appendix iii..... **Error! Bookmark not defined.**

Appendix iv **Error! Bookmark not defined.**

Appendix v **Error! Bookmark not defined.**

Appendix vi..... **Error! Bookmark not defined.**

Appendix vii..... **Error! Bookmark not defined.**

Appendix viii..... **Error! Bookmark not defined.**

Appendix ix..... **Error! Bookmark not defined.**

Appendix x **Error! Bookmark not defined.**

Appendix xi..... **Error! Bookmark not defined.**

ABSTRACT

The study assessed the quality of emergency nursing care in selected hospitals in Oyo State, Nigeria. It also assessed patients' perception of quality of emergency nursing care in selected hospitals; evaluated the quality of emergency nursing care; compared the quality of emergency nursing care across selected hospitals; and identified factors influencing quality of emergency nursing care in the selected hospitals.

A cross sectional descriptive design was adopted. Patients were selected by using a purposive sampling technique and 428 respondents were selected from two hospitals in Oyo State (University College Hospital (UCH) Ibadan and Ladoké Akintola University of Technology (LAUTECH) Teaching Hospital, Ogbomoso). Data collection was done with the aid of an adapted structured questionnaire and an observation checklist. The adapted structured questionnaire was administered on all the selected patients that were admitted either into emergency department or into other wards via emergency department. Patients' perception of the quality of emergency nursing care was assessed by using a 5-point Likert's scale format. A score of 8 – 19 was interpreted as “unsatisfactory/negative perception”, 20 – 29 as “satisfactory/positive”, while a score of 30 – 40 was regarded as very satisfactory/very positive perception”. The checklist was used to validate patients' assessment. Data collected was

analysed using descriptive statistics like percentages, bar charts and pie charts and inferential statistics such as multiple regression and chi square test.

Results showed that 62.5% of the patients adjudged the quality of nursing care and treatment they received in A&E unit as high. Similarly, 67% of the patients had satisfactory perception of emergency nursing care. Analysis of the structured observation equally revealed that the two hospitals recorded a moderate/average level of quality on the outcome domain. However, inadequate equipment (25%), overcrowding/congestion (22.4%) and bad attitude of nurses (21.7%) were identified as the major factors influencing the quality of emergency nursing care in the selected A&E units. Further, the study established a significant difference in patients' perception of quality of emergency nursing care across gender ($P = 0.012$) and across educational status ($P = 0.026$). The study however found no significant difference in the quality of emergency nursing care between the selected hospitals ($X^2 = 0.755$; $P = 0.686$).

The outcome of this study had given a good insight into the quality of emergency nursing care rendered in selected hospitals in Oyo state. While the quality of emergency nursing care in the selected hospitals can be described as generally moderate/average, a lot still needs to be done to address the issue of inadequate equipment, overcrowding/congestion, bad attitude of nurses and other factors identified as influencing the quality of emergency nursing care in the selected A&E units. When these factors are given some measure of attention, there will be an improvement in the quality of emergency nursing with attendant reduction in the morbidity and mortality associated with emergency conditions.

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CHAPTER ONE

1.0 INTRODUCTION

The term quality is elusive. In fact, there are as many definitions of ‘quality’ as there are authors on the subject. The Institute of Medicine (IOM) cited in Mazen (2012, p.1) defined quality as “the degree to which health services for individuals and populations increases the likelihood of desired health outcomes and are consistent with current professional knowledge”. The institute noted further that there are six dimensions to quality care, namely: a care that is safe, effective, patient-centered, timely, efficient, and equitable. The IOM concept when applied to emergency nursing care, entails a system design with a specific arrangement of personnel, facilities and equipment that functions to ensure not only effective and coordinated delivery of health care services but also guarantees high quality and appropriate care under emergency conditions. Uys and Naidoo (2004) describe quality care as doing the right things with resultant improvement in the outcomes for patients, their families and their communities.

Writing in the same vein, Spertus, Radford, Every, Ellerbeck, Peterson, and Krumholz, (2003) conceptualized quality of care using the three prong approach suggested by Donabedian (1987): the structure, process and outcome domains. Structure refers to those aspects of care that exist independently of the patient and examples include provider training and experience, availability of specialized treatments, nurse/patient ratio, treatment and discharge plans and procedures to facilitate the rapid triage of patients in the emergency department. Process refers to those actions performed in delivering care to patients and it encompasses such things as medications given, timeliness of care, the use of diagnostic and therapeutic procedures as well as patient counselling. Outcomes are the events that occur due to the disease process and/or care

provided (as evidenced by further progression of the disease, abatement of symptoms, improvement in quality of life, increased patients' satisfaction, etc).

Despite the difficulty associated with the conceptualization of the term quality, it still remains an attribute desired by all. Indeed, every organization that aspires not only to be productive but to remain eternally relevant will stop at nothing to ensure the production of high quality goods and services. The health care industry is no exception. Although evidence abounds of the continuous efforts at guaranteeing quality care in many areas of healthcare, studies have revealed that certain areas of healthcare have suffered apparent neglect (Muntlin, 2009). One of such areas in the Nigerian context is the Accidents and Emergency Department (A&E), also known as Emergency Room (ER) or Emergency Department (ED). Really, anecdotal data have shown that given the opportunity, many of the patients that have passed through the A&E unit of some Nigerian hospitals and had a harrowing experience would not hesitate to label the care they received as merely instrumental and non-holistic.

Mufti, Qadri, Tabish, Mufti and Riyaz (2008) drew attention to the chaotic state of the emergency units; challenges of overcrowding; and the lack of hospital beds; all of which are regular features of many emergency units. These no doubt, contribute to increased difficulties of care giving in the emergency department. Yet on a day-to-day basis, a substantial number of patients require emergency care and many will still require it in the present or near future (Jones, Endarcott & Crouch, 2007). Consequently, nothing short of a compassionate, proficient and skilful care will bring succour to these patients by facilitating the remission of their immediate problems. Furthermore, experience has shown that the quality of care received by clients during the first few hours of accidents and acute life threatening conditions can make or mar the outcome of treatment.

While it is true that patients seek health care for different reasons (varying ailments, varying acuity of health conditions), it is important to note that the hospitals also exhibit varying characteristics. According to Huang, Lai, Tsai, Weng, Hu and Yang (2004), one-quarter to one-half of these patients are admitted through the A&E departments because they

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