

Raising the profile of nurses in LMIC settings through research

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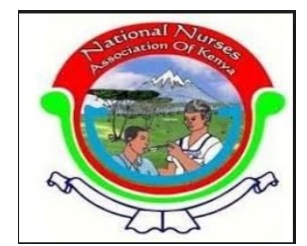
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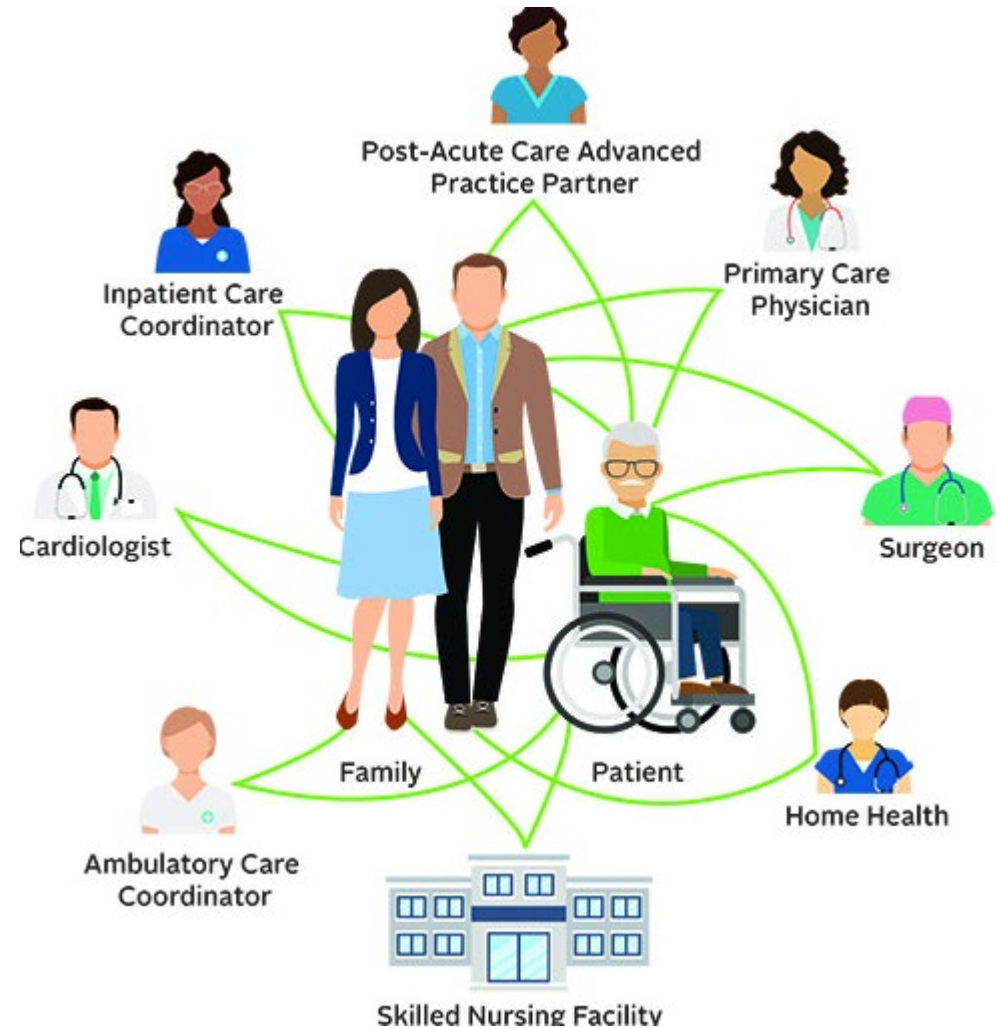


**KENYA
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Why a focus on nursing ?

- Nurses provide most of primary care to patients (leader of the care team)
 - First connection in most any setting
 - Knows diagnosis, plan of care, desired outcome
 - Knows Patient vulnerabilities
 - Last connection in most any setting
- Nurses are among the most trusted care-givers
- Nurses facilitate Care Coordination: internal & external



The **Triple Impact Report on Nursing** concludes that strengthening nursing globally would have a triple impact of improving health, improving gender equality by empowering women and building stronger economies. Universal Health Coverage will not be achieved unless nursing is strengthened.

How are nurses valued/seen in LMICs?

Strike effects could plunge country into serious health crisis for long time

THURSDAY NOVEMBER 2 2017



Nurses protest outside Afya House on Monday, September 11, 2017. They are expected to report to work on November 3, 2017 after calling off the strike. PHOTO | DIANA NGILA | NATION MEDIA GROUP

Governors: Approving nurses' CBA will burden the tax payer

WEDNESDAY JUNE 14 2017



Patients wait for treatment at a private hospital – Narok Cortège Hospital – on June 13, 2017. Many patients have opted to seek treatment in private hospitals. PHOTO | GEORGE SAYAGIE | NATION MEDIA GROUP

Uhuru to nurses: There's no money

WEDNESDAY, FEBRUARY 20, 2019 21:23



President Uhuru Kenyatta, FILE PHOTO | NMG

Resume work or be sacked, Uhuru warns nurses

WEDNESDAY, FEBRUARY 13, 2019 12:28



Kenya National Union of Nurses secretary-general Seth Pinyalo, FILE PHOTO | NMG

We need to change this narrative!

Why the Interest in nursing research?



- Nurses are largest component of the health professional workforce and are recognized as essential to the delivery of safe and effective care
- However, nurses' 'voice' in discussion on major human resource issues and on quality of care (QoC) has been shown to be often lacking
- Poor and limited involvement in decision making is linked to a number of things;
 - lack of recognition of nurses as key stakeholders in policy development, a negative image of nursing as 'only an assisting profession', and bureaucratic processes.

Nursing and improving QoC

- Most efforts to evaluate QoC in LMIC focus almost exclusively on more medical aspects of care BUT
 - In larger facilities nurses' roles complement those of physicians and clinical officers.
 - Nurses are gate keepers of the delivery of medical interventions (e.g. treatments, nutrition interventions etc.), they initiate interventions e.g. KMC and responsible for holistic care to address wider patient needs
- In LMIC facilities, large patient workloads, insufficient staff and resources (among other factors) might result in nursing care being delayed, rationed or neglected - 'missed care'
- Therefore our focus is on;
 - Measuring how much nursing work nurses do with an aim of producing measurements of nursing quality
 - Examining how the nursing profession use the above measures of quality in decision making about workforce issues

What have we done so far?

Understanding the work done by nurses for sick newborns

What should be done

- Standards of care

What is being done

- Work and task analysis
- Missed care
 - Direct observations (216 babies)
 - Nurse self-reported survey (400 nurses)

How it can be done

- Experts & stakeholders

Context

- Task sharing in practice
- Nurses' perception of QoC across sectors
- Patient experiences



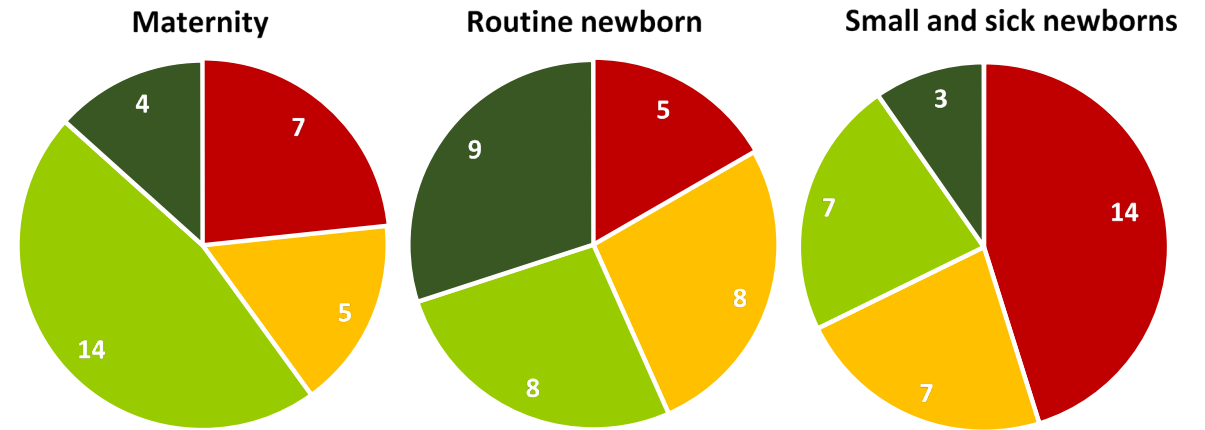
Expectations for nursing care in newborn units in Kenya: moving from implicit to explicit standards

Georgina A V Murphy,^{1,2} Gregory B Omondi,² David Gathara,² Nancy Abuya,^{2,3} Jacintah Mwachiro,² Rose Kuria,⁴ Edna Tallam-Kimaiyo,^{4,5} Mike English,^{1,2} On behalf of the Nursing Tasks Advisory Group

Task Area	Task done by	Frequency (minimum daily requirement)	Comment
Routine vital signs and monitoring			
Temperature (including incubator temperature)	Nurse	<i>Normal:</i> 4 times daily/6 hourly	KMC newborns: Vital signs monitoring and monitoring of general clinical condition
Pulse	Nurse	<i>Category C patients:</i> 2 times daily/12 hourly	
Respiration	Nurse		
Checking and documenting oxygen saturation for babies not on oxygen (for babies on oxygen see section below).	Nurse	4 times daily/6 hourly	Although it is recognized that the availability of pulse oximeters is limited at present, checking oxygen saturation in sick babies not on oxygen should be promoted.
Skin colour	Nurse	<i>Normal:</i> 4 times daily/6 hourly <i>Category C patients:</i> 2 times daily/12 hourly	Conduct together with vital signs monitoring
Jaundice	Nurse		
Respiratory effort	Nurse		
Abdominal distension	Nurse		
Weight	Nurse/clinician	Alternate days	
Input/output - general	Nurse	4 times daily/6 hourly	
Input - IV fluids	Nurse/clinician	Frequency depends on prescription. Infusion rate checked and documented 3 hourly.	Conduct together with vital signs
Input/output documentation (amount that has been infused)	Nurse	3 hourly	

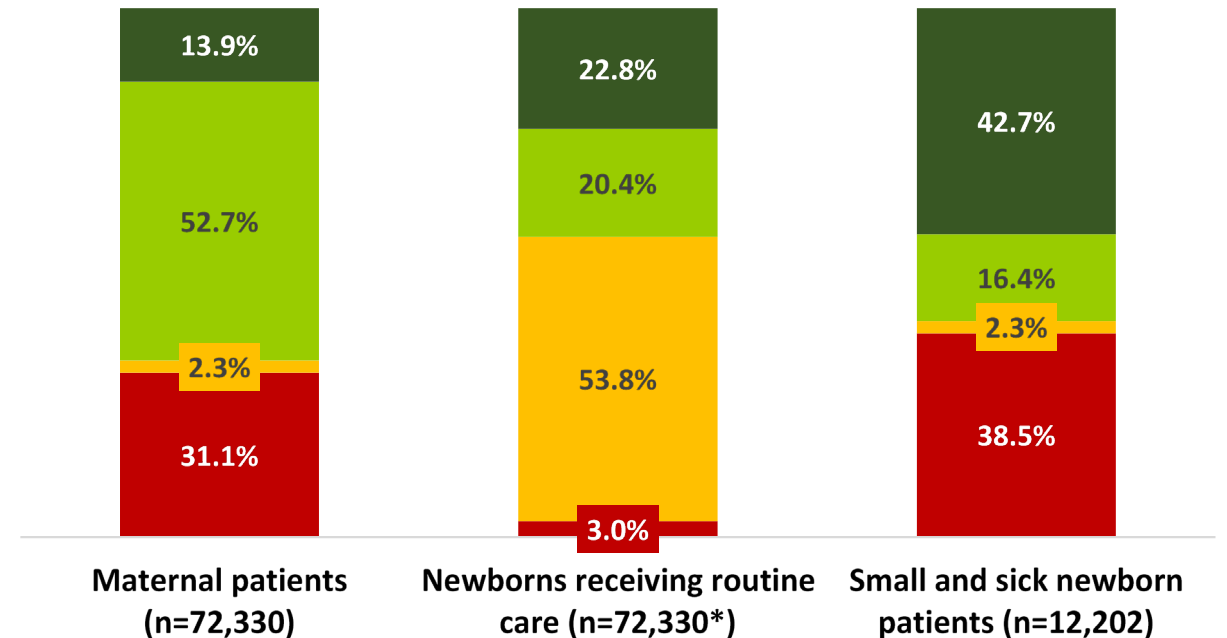
Nursing knowledge of essential maternal and newborn care in a high-mortality urban African setting: A cross-sectional study

Georgina A. V. Murphy^{1,2}  | David Gathara² | Ann Mwaniki² | Grace Nabea² |
Jacintah Mwachiro² | Nancy Abuya^{2,3} | Mike English^{1,2}



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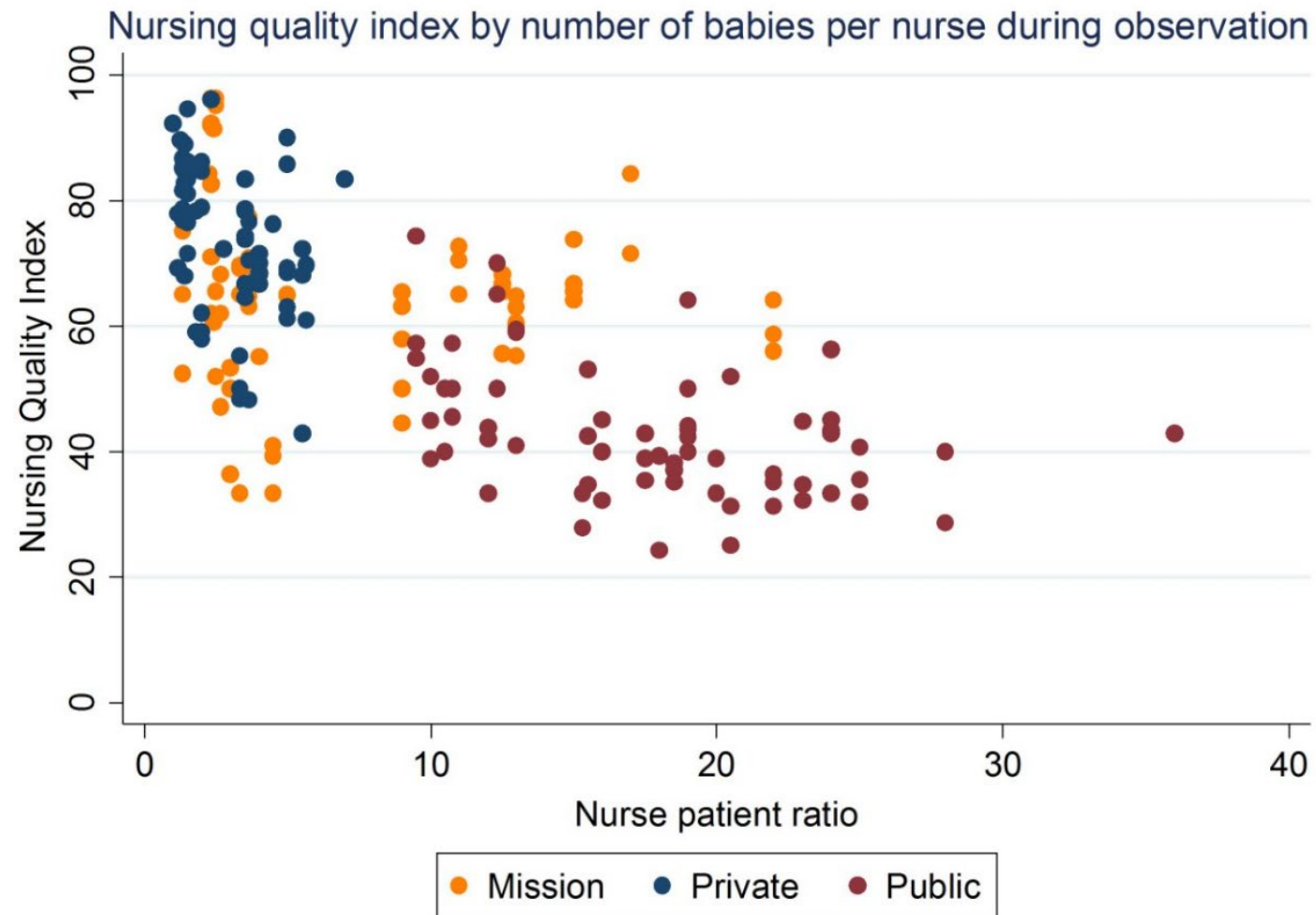
Proportion of patients



Average facility knowledge score ■ 0.8-1 ■ 0.7-0.8 ■ 0.6-0.7 ■ <0.6

Missed nursing care in newborn units: a cross-sectional direct observational study

David Gathara,^{1,2} George Serem,³ Georgina A V Murphy,⁴
Alfred Obeng,⁵ Edna Tallam,⁶ Debra Jackson,⁷ Sharon Brownie,^{2,8}
Mike English^{3,9}



The impossible job of nursing

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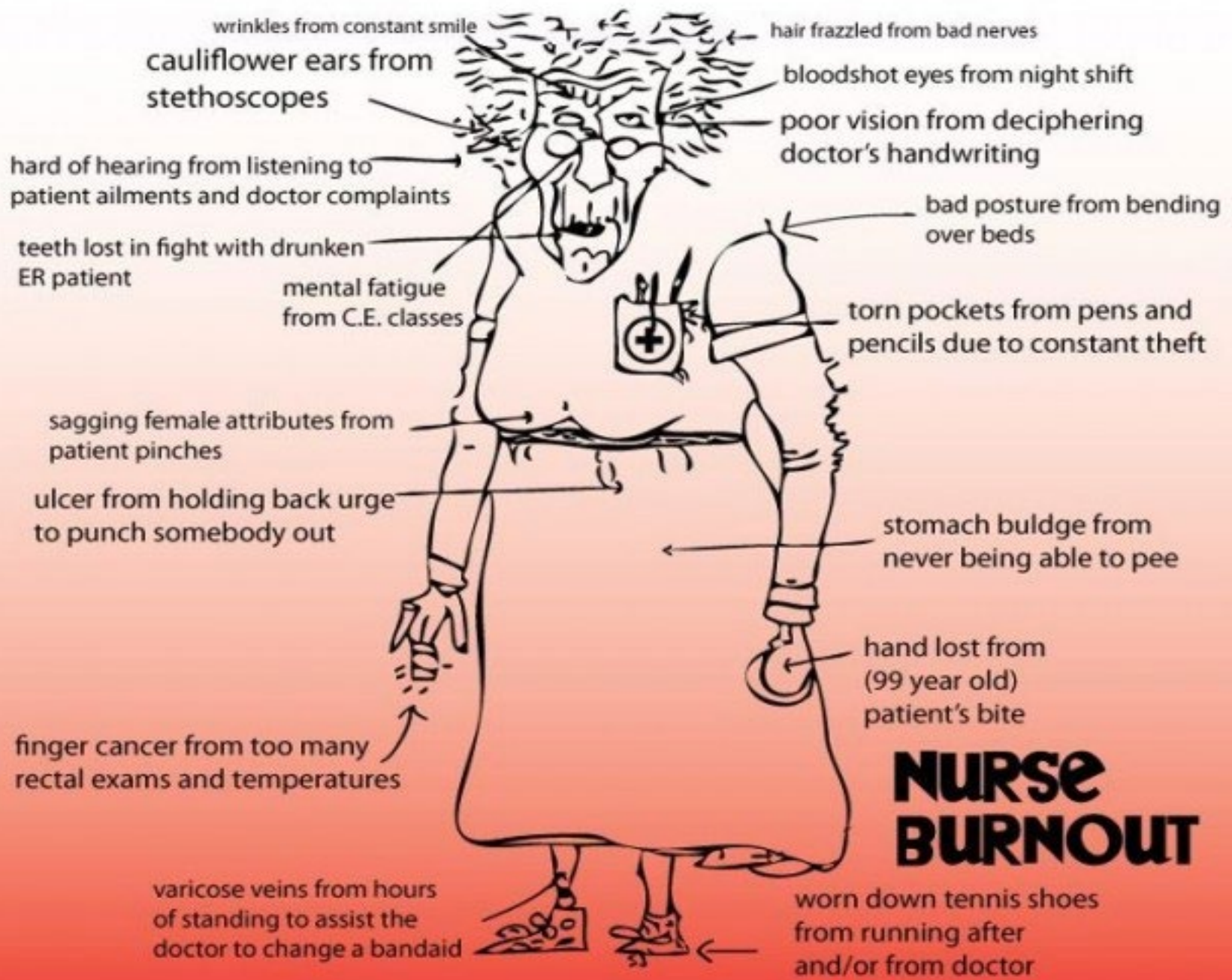


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wrinkles from constant smile
cauliflower ears from
stethoscopes

hair frazzled from bad nerves
bloodshot eyes from night shift
poor vision from deciphering
doctor's handwriting

hard of hearing from listening to
patient ailments and doctor complaints

teeth lost in fight with drunken
ER patient

mental fatigue
from C.E. classes

bad posture from bending
over beds

torn pockets from pens and
pencils due to constant theft

sagging female attributes from
patient pinches

ulcer from holding back urge
to punch somebody out

stomach buldge from
never being able to pee

hand lost from
(99 year old)
patient's bite

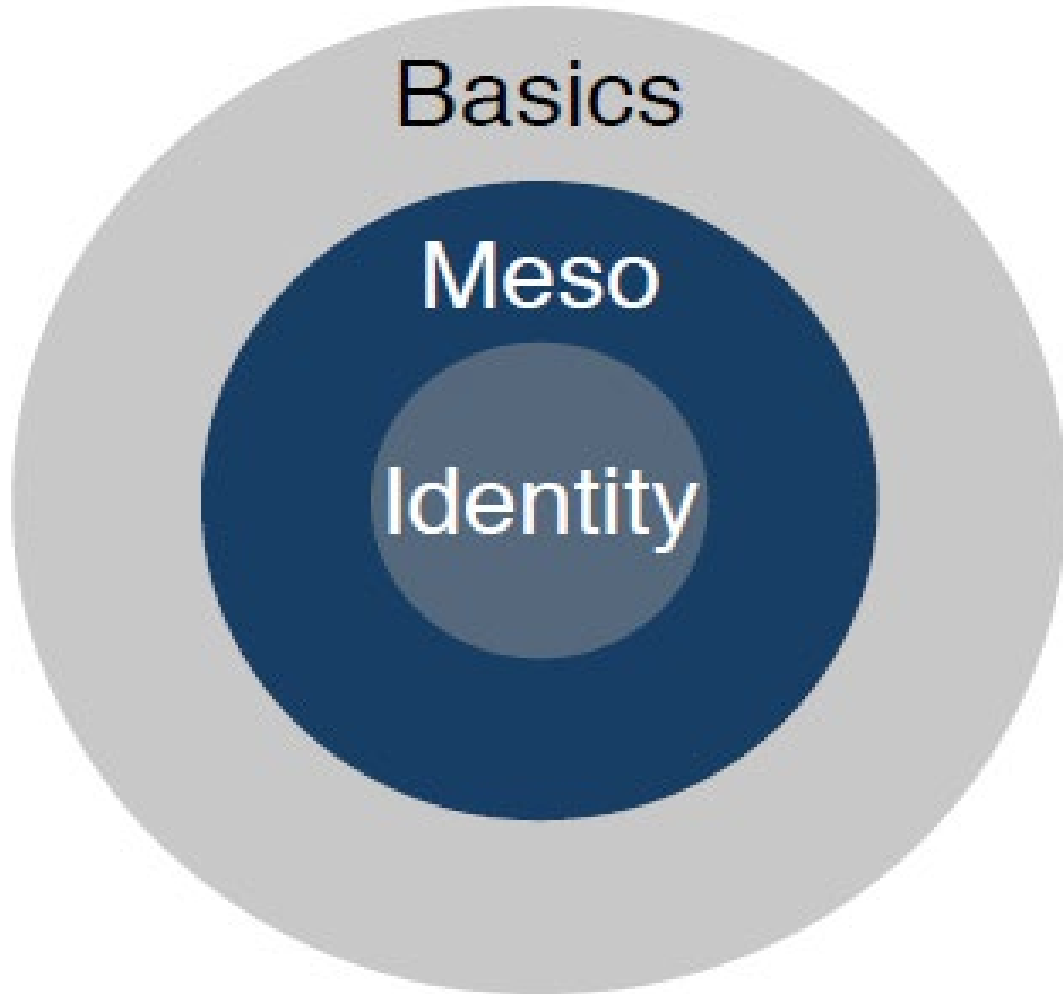
finger cancer from too many
rectal exams and temperatures

varicose veins from hours
of standing to assist the
doctor to change a bandaid

worn down tennis shoes
from running after
and/or from doctor

NURSE BURNOUT

Issues influencing nursing practice



Basic issues

Numbers of nursing staff available, Ratios and Material shortages; drug and failing equipment and facilities
Commuting times; busy personal lives;
Second jobs and education

Meso issues

Secondary issues create additional opportunities for failure.
Poor HRH management, supervision and accountability,
Scandals and poor reputation and morale;
Policy implementation and regulatory functions

Nurse Identity

Nursing identity is at the core of the issue-Cannot be addressed without interventions that target the basic and Meso issues.
Nursing ID, professional profiling and routines e.g. subconscious triage allow nurses to cope, but are themselves problematic and constitute barriers to care

Basic stresses

- Material and drug shortages
- HR shortages – low nurse: patient ratio



- Poor and delayed salaries
- ‘Moon-lighting’-locums

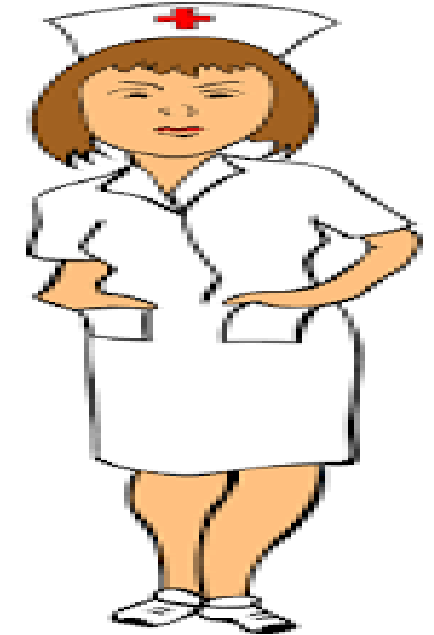
Meso level issues

- Role clarity & task allocation
 - Trained staff not working in an appropriate area – frequent rotations
 - Huge amount of documentation vs time for clinical work
 - Lack of ‘realistic’ training to match desperate working conditions
- HRM considerations
 - General HRM issues-staffing norms and deployment practices
 - Current supervision, accountability and regulatory arrangements
 - Policy issues-Nursing standards
- Low morale
 - Blame culture
 - Focus on scandals
 - Lack of agency and sense of helplessness




Identity issues...from our past work

- There appeared to be a hierarchy practice when it came to delegation e.g. junior nurses did not delegate to others unless advised by the more senior and experienced nurses
- Nurses agnostic about T/ S
 - Questions around what competencies new cadre would have
 - Skepticism on whether task sharing would mean more supervision and therefore an additional responsibility to nurses
 - Fear that new cadre would be working beyond their scope of practice
 - Avoidance of 'nurse' in the title of any TS position with a preference for 'patient assistant', 'healthcare assistant' etc.



Research | Open Access | Open Peer Review

Exploring the space for task shifting to support nursing on neonatal wards in Kenyan public hospitals

Jacinta Nzinga , Jacob McKnight, Joyline Jepkosgei and Mike English

Human Resources for Health 2019 17:18

<https://doi.org/10.1186/s12960-019-0352-x> | © The Author(s). 2019

Received: 10 September 2018 | Accepted: 15 February 2019 | Published: 6 March 2019

Our research focus going forward...

- **Professional identities of nursing-understanding shared meanings of “who we are collectively”.**
 - ✓ The existence of a shared identity provides a useful frame for interpreting nursing work activities and their agency in decision making.
 - ✓ Encourages the investigation of the actual behavior of nurses and how this influences outcomes rather than considering roles as formulated intentions
- **Linking nursing identity to the role of nursing in leadership and management**
 - ✓ Identify and position nursing leadership strategically in organizational structures at all levels of the health system
 - ✓ Increased growth of leadership numbers of nurses involved in academic issues pertaining to health and nursing
- **Examining nursing well-being at work (*with colleagues in Makerere and Lira*)**
 - ✓ To understand the relationship between engagement and wellbeing/ health perceptions in the health context and in the wider workforce

Nursing identity in leadership and management

- How nursing socialization → their professional identity → the ability of nurses to mobilize power and authority within the health care system.
- We will explore nurses' professional identity and leadership role and their influence in practice at national, county and hospital levels through;
ethnography, interviews with frontline nurses, nurse managers at hospital and county levels and stakeholder meetings



Nurse well-being and healthy work environments

- Higher number of sick days; miss work due to injury, illness, depression or fatigue
- More likely to have workplace errors
- More likely to be impatient and reactive to fellow colleagues and patients and families
- More likely to change jobs



Intervening for healthy nurses



Research has shown that these elements create healthy work environments;

- Skilled communication
- True collaboration
- Authentic leadership
- Meaningful recognition
- Effective decision making
- Appropriate staffing

- Basic communication and emotional management course (KWTRP to select hospitals). Aims

- To strengthen providers' awareness of *what facilitates and hinders good communication with patients and colleagues*
- To strengthen providers **skills** to communicate **professionally with respect and to manage own and patients emotions.**



What should we do?

Increasing the nursing workforce is a pre-requisite to improving care

There is need to re-focus the nursing practice to allow nurses to concentrate on technical nursing roles

Review and generate local evidence on how to enhance and support the nursing workforce

Package and present evidence to policy makers (finance) and partner organizations to invest in human resource

Stakeholder engagement and co-design of interventions

We must work together as nursing community and with others



Participants drawn from: Ministry of Health, Nairobi City County, UNICEF-Kenya, the Nursing Council of Kenya, the Midwives Association of Kenya, Aga Khan University, University of Nairobi, Kenyatta University, Kenyatta National Hospital and others



Policy makers
Practitioners
Training institutions
Funding agencies
Patient groups
Researchers