

# ASSESSMENT OF NURSES/MIDWIVES INVOLVEMENT IN THE ACHIEVEMENT OF THE SUSTAINABLE DEVELOPMENT GOAL 3.8 IN SOUTH-EAST AND SOUTH-WEST, NIGERIA.

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## **ABSTRACT:**

*This study assessed the involvement of nurses/midwives in the achievement of the sustainable development goal 3.8 in south-east and south-west, Nigeria. The objective of the study was to investigate the involvement of nurses/midwives in the primary health care setting and how this could help Nigeria in achieving universal health coverage. Also to determine the quality and outcome of nursing care received by the clients/patients in the healthcare facilities.*

*The research design employed in the study was a cross-sectional survey. The population of the study consisted of nurses/midwives and patients attending the facilities during the study in eighteen primary healthcare facilities in Anambra and Lagos states. The sample size consisted of 123 nurses and 202 patients attending the facilities during the study period, who were randomly selected. Purposive judgement was used in determining the health facilities. Data for the study were collected from both primary and secondary sources. The primary data were derived from observations and the administration of copies of the questionnaire. Secondary data were sourced from the five-year facility's records, previous research works, books, professional journals, and relevant websites. Sirota's Three-Factor Theory framework of Equity/Fairness, Achievement and Camaraderie was used to examine and explain the critical variables in the study. The instruments used for the study were researcher-developed questionnaire items and a standardized hospital assessment of healthcare providers and systems(HCAHPS) tool. The instruments were validated by the supervisor and other relevant experts from nursing, health management, public health and statistics. Descriptive and inferential statistics were used for data analysis for the generated data. Cronbach alpha was used and the reliability coefficient of 0.86 was derived which is indicative of the reliability of the instrument. SPSS version 20 was also used. Mann Whitney U- test, a nonparametric test was used in testing the null hypotheses to compare outcomes between two independent groups (nurses and patients). Also, Spearman Rho's Rank Correlation Coefficient was used to assess how well the relationship between two variables can be described using a monotonic function. The level for statistical significance was set at P 0.05. Findings revealed that (1)Spearman Rho's test of correlation indicated a lack of significant relationship ( $r = -0.119$ ;  $p = 0.192$ ) between the level of nursing care rendered and the outcome of care,(2) a significant negative correlation( $p = 0.054$ ) between nurses involvement and achievement of SDG 3.8 and (3) a significant negative correlation ( $p = 0.034$ ) between Health Insurance coverage and the outcome of care (achievement of SDG). This shows that the outcome of care can be influenced by health insurance coverage. From the study, it was observed that nurses/midwives render virtually all the healthcare needs of the clients in the primary healthcare facilities in Nigeria. The ratio of nurses/midwives to patient's in the primary health care facilities is between 1:10-1:60, which is far above the WHO recommended ratio of 1 nurse to 4 patients. Health insurance coverage at the level of primary health care is only 11.4%. The study has buttressed the dire need for Advanced Practice/ Specialist Nurses who can use their expertise to function independently in the care of patients in the communities where the greater population of Nigerians reside. The researcher made the following recommendations: 1. improved welfare package should be given to nurses to prevent attrition and burnout. 2. the government should prioritize healthcare and increase budgetary allocation to the healthcare sector to ensure a healthy population.*

*3. Public-private partnerships should be encouraged for more financial sources which will support fertility health and ensure the preservation of life from conception to natural death.*

*4. Nurses and Midwives should advocate more for the legislation, implementation, and protection of the rights of both mother and unborn child.*

*5. Government should endeavor to enroll the citizens into the health insurance scheme to reduce the financial hardship on the people due to the out-of-pocket expenditure on health. This could be achieved through subsidies with full fee exemption for the poorest and sliding-scale premiums, for other categories of the poor.*

*Areas for further studies were also suggested.*

**KEYWORDS:** Nurses, Midwives, Assessment, Achievement, SDG's

## INTRODUCTION

### Background to the study

Sustainable Development Goals (SDGs) are a set of 17 universal goals and 169 targets referred to as the SDGs. In September 2015, the United Nations General Assembly adopted 'Transforming our World: The 2030 Agenda for Sustainable Development, a resolution outlining a new framework to form the cornerstone of the sustainable development agenda for the period leading up to 2030. Prior to the SDGs, there was the Millennium Development Goals (MDGs), which the SDGs were meant to replace.

Goal 3 which is the health-related goal is to 'Ensure healthy lives and promote well-being for all at all ages. The United Nations has 13 targets and 28 indicators for SDG 3; the targets specify the goals and indicators that represent the metrics by which the world aims to track whether the targets are achieved. The targets areas are listed below; however, for this study target, 3.8 will be the focus.

Targets 3.1- by 2030, reduce the global maternal mortality ratio to less than 70 per 100,000 live

births

3.2- end all preventable deaths under 5 years and reduce neonatal mortality to at least as low as 12 per 1,000 live births and under -5 mortality to at least as low as 25 per 1,000 live births.

3.3- by 2030 fight communicable diseases, end the epidemics of AIDS, tuberculosis, malaria and neglected tropical diseases and combat hepatitis, water-borne diseases and other communicable diseases

3.4- by 2030 reduce by one-third premature mortality from non-communicable diseases through prevention and treatment and promote mental health and well-being

3.5- strengthen the prevention and treatment of substance abuse, including narcotic drug abuse and harmful use of alcohol

3.6- by 2020 reduce road injuries and deaths; halve the number of global deaths and injuries from road traffic accidents

3.7- by 2030 ensure universal access to sexual and reproductive health-care services, including family planning, information and education, and the integration of reproductive health into national strategies and programmes.

3.8- achieve universal health coverage, including financial risk protection, access to quality essential health-care services and access to safe, effective, quality, and affordable essential medicines and vaccines for all.

3.9- by 2030, substantially reduce the number of deaths and illnesses from hazardous chemicals and air, water and soil pollution and contamination.

3.a- strengthen the implementation of the World Health Organization Framework Convention on Tobacco Control in all countries, as appropriate.

3.b- support the research and development of vaccines and medicines for the communicable and non-communicable diseases that primarily affect developing countries, provide access to affordable essential medicines and vaccines in accordance with the Doha declaration on the

TRIPS Agreement and Public Health, which affirms the right of developing countries to use.

to the full, the provisions in the agreement on Trade-Related Aspects of Intellectual Property Rights regarding flexibilities to protect public health and provide access to medicines for all.

3, c- substantially increase health financing and recruitment, development, training and retention of the health workforce in developing countries, especially in the least developed countries and small island developing states.

3.d- improve early warning systems for global health risks, strengthen the capacity of all countries, in particular developing countries, for early warning risks.

The new SDG framework was meant to replace the millennium development goal framework that expired in 2015. In 2000, at the millennium summit, the world leaders adopted the United Nations MDGs which committed the nations of the world to a global partnership, aimed at reducing extreme poverty and other time-bound targets with a stated deadline of 2015. To achieve the goals, many nations including Nigeria took a few steps. The MDGs did much towards improving the lives of millions of people around the world, but the gap between the healthy, and unhealthy, the educated and the un

educated and above all between the rich and poor continues to grow. At the end of 2015, some gains were made, although some of the claims were unsupported and not validated.

According to the United Nations, the number of people living in extreme poverty declined worldwide by more than half, falling from 1.9 billion in 1990 to 836 million in 2015; primary school enrolment rate has increased and the number of out-of-school children of primary school age worldwide has fallen by almost half, to an estimated 57 million in 2015, down from 100 million in 2000 across the world. There has been a significant improvement in gender equality with the empowerment of women as more girls are in school, more women are in paid employment and many more women are now in government around the world. The global under-five year mortality rate has declined by more than half, dropping from 90 to 43 deaths per 1,000 live births between 1990 and 2015. In addition, maternal mortality ratio declined by 45 per cent worldwide since 1990 with an improvement in contraceptive prevalence; and new malaria and HIV cases have declined, with new HIV infections falling by approximately 40 percent between 2000 and 2013, from an estimated 3.5 million cases to 2.1 million. However, at the end of the MDG period in 2015, according to the UN report, “nearly 60 per cent of the world’s 1 billion extremely poor people lived in just five countries in 2011: India, Nigeria, China, Bangladesh, and the Democratic Republic of the Congo. Nigeria contributed significantly to more than 868,000 people who were forced to abandon their homes and seek protection due to armed conflicts in 2014. According to the report by UNHCR, The UN Refugee Agency, the number of internally displaced persons in Nigeria has more than doubled in the last three years bringing the figure to 1,754,228 by June 2017. Of the 2.1 million new HIV infections that occurred in 2013, 75% occurred in just 15 countries with Nigeria, South Africa, and Uganda accounting for almost half of them all. Moreover, Nigeria has one of the lowest numbers of children sleeping under the mosquito nets, in a comparison of surveys among nations of the world. Ajiye, (2014) identified a lack of human capacity for implementation, poor access to primary healthcare delivery systems with the high cost of healthcare, inadequate and unreliable data systems, inadequate funding and indiscipline with endemic corruption as challenges that were facing MDGs in Nigeria, incidentally those factors have not abated. The knowledge of the cause of the failure to meet the MDGs is therefore critical, as it is fundamental to the success or failure of the Sustainable Development Goals (SDGs). If the factors that made the MDGs fail in Nigeria is not examined, addressed and thoroughly too, they will likewise cause the colossal failure of SDGs, despite huge investments in human, material, and financial resources.

Effective delivery of healthcare services requires the availability of adequate infrastructure, diagnostic medical equipment, drugs, and well-trained healthcare personnel. In Nigeria, poor funding and mismanagement often characterize healthcare service delivery thereby affecting coverage and quality of healthcare services. Universal Healthcare (UHC) focuses on inclusive and unified health services based on primary healthcare delivered in a comprehensive and integrated manner.

### **Statement of the problem**

From the lessons learnt from the MDGs; facts, not estimates are needed to address the factors that contributed to the failure of the MDGs so that they could be addressed to ensure the success of the SDGs. Achieving the SDGs is an important objective for all countries to attain equitable and sustainable health outcomes and improve the well-being of individuals and communities. The study will centre on target 3.8 which is the Universal Health Coverage. A popular slogan says that in health there is wealth, and if Nigeria cannot guarantee the health of its own people, then achieving the SDGs will be a mirage come 2030. No wonder the country was ranked as 55<sup>th</sup> poorest country out of 191 countries in the world in 2019. (International Monetary Fund, 2019). Therefore, this study will be looking at the involvement of nurses in the achievement or otherwise of the SDGs

in Nigeria and the outcome of care. However, due to the paucity of empirical research studies on the access to quality essential healthcare services in South-East and South-West, Nigeria, it is necessary to begin to analyse facility-based data and use them to make meaningful projections.

High-quality health systems rely on multidisciplinary teams. Strengthening the role of nurses and midwives within these teams and allowing them to work to their full potential will bring enormous rewards and the achievement of universal health coverage (UHC) by nurses, who are the largest group and who work in a wider range of healthcare settings.

### **Significance of the study**

Findings from the study if taken into consideration and utilized by administrators, management and policymakers will lead to taking necessary action to improve the nurses’ involvement in primary care and invariably lead to positive wellbeing of the population.

Finally, the findings from the study will not only contribute /add to the stock of knowledge and literature on essential health services, the analysis of the cost implications and the impacts/benefits of implementing these policy options will give policy choices and development pathways. It will also provide a good basis and the required milestone for tracking the progress of the implementation of these policies at all tiers of government.

### **Scope of the study**

The study will be delimited to nurses/midwives working in selected primary healthcare facilities in South- East and South- West, Nigeria, patients attending these healthcare facilities during the study period and data on services rendered by nurses/midwives in the last five years. The study will attempt to address access to quality and affordable essential medicines and vaccines.

### **Objectives of the study.**

#### **(a). Broad objective**

To identify the roles of nurses and assess how the involvement of nurses/midwives will help in the achievement of SDG 3.8 in Nigeria by 2030

#### **(b). Specific objectives**

1. To determine the role/specific job description of nurses/midwives at the primary health care level
2. To determine the ratio of nurses/midwives to patients in primary healthcare facilities
3. To determine the nursing care services rendered to the clients/patients.
4. To determine the quality of nursing care received by the clients/patients.
5. To determine the extent of NHIS coverage at the level of primary health care
6. To assess the availability of basic hospital consumables.

### **Research Questions**

1. What is the role/specific job description of a nurse in the primary health care facility?
2. What is the ratio of nurses/midwives to patients in primary healthcare facilities?
3. What are the nursing care services rendered to the clients/patients at the primary healthcare level?
4. What is the quality of care received by the patients in primary healthcare facilities?
5. What is the extent of coverage of NHIS at the primary health care level?
6. Are the basic hospital consumables always available?

### **Hypotheses**

HO1. There will be no significant difference between the nursing care activities of nurses rendered at PHCs and the outcome of care.

HO2 There is no significant relationship between the involvements of nurses in the care of patients with the achievement of the SDG 3.8

HO3. There is no relationship between NHIS coverage and the achievement of the SDG 3.8

### **Operational definition of terms**

**Nurse/Midwife-** a trained professional who has undergone a course of study in nursing/midwifery in a recognized and accredited institution and has been registered by the Nursing and Midwifery Council of Nigeria and is licensed to practice as a nurse/midwife.

**Coverage-** average amount or number of times, an individual/client/patient receives essential health care services in a healthcare facility or the community.

**Role** – function or types of the job performed by the nurse/midwife in any health facility.

**Involvement** – participation or healthcare activities the nurse/midwife takes part in at any given time in a health facility.

**Primary healthcare** - is the care given to a client/patient at the primary health centre or at the

level of the community.

### **Delimitation of the Study**

Participants will be delimited to qualified, registered and licensed nurses/midwives and patients attending any of the nine primary health care facilities in Alimosho, Surulere and Somolu local government areas of Lagos State and Awka- south, Idemili-south and Nnewi- north local government areas of Anambra State of Nigeria respectively.

## CONCLUSION:

Based on findings of this study, the following conclusions were made. The truth is that the

nursing profession has the largest health team members, having the greatest access and interaction with the community, the most tactful and with the highly sophisticated ideas. Nurses render high quality care and are at the frontline of service delivery in the primary healthcare facilities. They provide a full range of nursing/midwifery services at the PHC level. Thus, to achieve UHC, the quality, quantity and relevance of nursing/midwifery workforce will be assured (WHO, 2017). UHC will only be accomplished with thoughtful and appropriate deployment of and support for health human resources. Documentation of the role and work of nurses in creating, supporting, and maintaining health and health systems is critical by government and healthcare administrators.

Going by the WHO developed cohesive definition based on three components means that the people's health needs could be met through comprehensive promotive, protective, preventive, curative, rehabilitative, and palliative care throughout the life course. All these are the activities and services that should be provided at the primary health care level. Therefore, if governments invest in nurses/midwives and in the basic hospital equipment and consumables, Nigeria may be able to meet the 2030 target for achieving the health-related SDGs.

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