

THE NURSING CARE SERVICES RENDERED TO PATIENTS IN PRIMARY HEALTH CARE CENTERS IN ANAMBRA AND LAGOS STATES IN FULFILLMENT OF SDGS 3.8

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Abstract

Globally, there is the call for improvement of the primary health care system, which is by nature, community-based and stands as the closest to the people. The primary health care system was designed to be efficient, accessible, affordable, collaborative and interdependent in order to face the dynamics of emerging and reemerging diseases, as well, as the chronic health issues such as heart disease, diabetes, cancer and mental health challenges that are constantly plaguing a significant number of people across the globe. This study sought to highlight the various (numerous) nursing care services rendered to the clients/patients at the primary healthcare level. A non-experimental descriptive cross-sectional design was adopted in the study to assess nursing care services rendered to patients/clients in 18 selected primary health care facilities in Anambra and Lagos States. The research instrument was structured questionnaire. The data obtained from the study were collated, tallied and analyzed using statistical software package for social sciences (SPSS, Version 20).

Findings from the study indicated that almost 80% of the services provided in the facilities were rendered by nurses/midwives. In conclusion, achievement of SDG. 3.8 will not be possible without the nurses and midwives.

Keywords: Nursing care services, nurses, patients/clients, primary health center

INTRODUCTION

Globally, there is a gradual but steady shift in consideration from curative health practice to preventive, patient-centered health systems that emphasize health education and promotion (World Health Organization (WHO), 2016). There are clamors for a well co-ordinated health system that affords users unhindered access to the best in terms of health attention and management (Farmanova et al., 2016) particularly, the call is for improvement of the primary health care system, which is by nature, community-based and stands as the closest to the people (Organization for Economic Co-operation and Development (OECD), 2017; WHO, 2016). The primary health care system was designed to be efficient, accessible, affordable, collaborative and interdependent in order to face the dynamics of emerging and reemerging diseases, as well, as the chronic health issues such as heart disease, diabetes, cancer and mental health challenges that are constantly plaguing a significant number of people across the globe. (Millar et al., 2013)

Scholars have reiterated that the health care systems need to improve on its interdependence in order to optimize its services and become more relevant and needs driven in the contemporary time (Strumpf et al., 2012). This means that for the patient in this era of health care to get the best from the system, there must be a blend of services they get from primary health care as well as public and preventive health care (Institute of Medicine, 2012; Valaitis et al., 2013). In as much as, it is given that public health system is tasked with the primary responsibility of attending to cases of health promotion, health education and disease prevention, whereas, on the other hand, the primary health care system is set up as the first port of call in health matters, yet, evidence from studies have shown that where there was collaboration between the two systems, there was a complementary support in situations of complex health challenges, and a corresponding increase in the positive effect on the health care delivery as adjudged by the patients. (Valaitis et al., 2013).

In practical terms, however, health care delivery is segmented, biased and independent and this accounts for the difficulty encountered by both the primary health care system, the secondary and the tertiary health care system in achieving the ultimate objective providing quality health care to patients. (Hutchison et al., 2011). The health care professionals, particularly doctors and nurses, are not spared this whole challenge as they are the drivers of the system. Nurses, in particular who form the largest workforce among other health professionals are even worse hit because they are at the frontline of ensuring they meet the health needs of the patients, albeit, working in a very constrained and non-collaborative, disjointed health system (Valaitis et al., 2013) The health needs of individuals exist across a spectrum, ranging from healthy people, for whom health promotion and disease prevention efforts are most appropriate, to people who have limited functional capacity as a result of disabilities, severe or multiple chronic conditions, or unmet social needs or are nearing the end of life. Access to quality health care services is important and equitable access to care is needed for “promoting and maintaining health, preventing and managing disease, reducing unnecessary disability and premature death, and achieving health equity” (ODPHP, 2020).

Accounts from studies, revealed that the manpower on whose shoulders lay the responsibility of this collaborative work of meeting the health needs of the patients, are the physicians and nurses (with nurses, themselves, outnumbering physicians and every other health professionals in the health sector). As a result of their number, nurses cannot be undermined as they play a very significant role in the entire work chain of the health system in any given society (Valaitis et al., 2013). To further explain their importance, nurses are usually in the front line and the endpoint of the series of health personnel that a patient would have to see in the health facilities. That is, they are usually the first persons that the patient sees for attention in the hospital before seeing the doctor, and the last after the patient has seen the doctor. They are therefore, connectors as it were between the patient and the physician and the other health professionals in the health facility thus strengthening collaborations within the health systems (Valaitis et al., 2013).

Other authors also agree to the fact that nurses make up the bulk of the work force in the entire health industry as it were (Amami et al., 2017). Based on their stretch and extent of their involvement in public health education and promotion, as well as their participation in patient care, including care of chronic disease care, some authorities (Australian Primary Health Care Nurses Association, 2017; British Columbia College of Nursing Professionals, 2018), have strongly suggested that nurses should be given a rightful place in primary healthcare system renewal (Fraher, Spetz, & Naylor, 2015; Smolowitz et al., 2015).

Furthermore, with respect to the role of nurses, some scholars have reiterated that, rather than having it being played down to the detriment of the entire health systems at large and the patients, in particular, such role as seen in their ability to connect the patients with the physicians, should be spelt out and made the most of (Bauer & Bodenheimer, 2017; Fraher et al., 2015). Nurses should be given their place to utilize their skills in health promotion and disease prevention and collaboration. Yet, the reality still remains that the health systems seem in many countries seem to stifle the nurse, limit her potentials, deprive her of her rights and obscure her role (Halcomb et al., 2016; Registered Nurses Association of Ontario, 2012). The result of this has always led to hindering the efficiency of the nurse (Martin-Misener et al., 2014) and negatively affecting the patients in the end (Bauer & Bodenheimer, 2017)

In the light of the foregoing, therefore, this study sought to highlight the various nursing care services rendered to the clients/patients at the primary healthcare level, with the intent of drawing the attention of health authorities to their demands for nursing care services sustainability at the primary health centers.

Method

Research Design

A non-experimental descriptive cross-sectional design was adopted in the study to assess nursing care services rendered to patients/clients in 18 selected primary health care facilities in Anambra and Lagos states

Research setting

The study was carried out in Alimosho, Surulere and Somolu Local Government Areas of Lagos State, Southwest Nigeria, and Awka South, Idemili South and Nnewi North Local Government Areas of Anambra State, South East, Nigeria

Sample size

Sample size was 18 primary health care centers purposefully selected in Anambra and Lagos states

Research Instrument

The research instrument was a structured questionnaire and copies were given to nurses in the 18 primary health care facilities included in the study (Lasater et al., 2019). The questionnaire had different sections that covered the main objective of the research

Procedure for data collection

123 Nurses/ Midwives who work in the primary health care facilities were included in the study. They were issued the questionnaire which was divided in sections containing the variables such as: State, Primary Health Care Center, Number of Patients and Number of nurses/midwives on duty, availability of nursing care services to clients/patients in primary health care facilities and the level of affordability of nursing care services rendered. The responses of the nurses/midwives were anonymous. The data containing patients’ details were obtained by permission from the hospital authority. Data collection lasted for 4 weeks

Data Analysis

The data obtained from the study were collated, tallied and analyzed using statistical software package for social sciences (SPSS, Version 20). The means and standard deviations of the responses were determined item by item and arranged in tables. Data were expressed as percentages

Results

Research Question: What are the nursing care services rendered to the clients/patients at the primary healthcare level?

Table 1: The distribution of participants according to the level of nursing care rendered to the clients/patients in their facilities.

SN	NURSING CARE SERVICES BY NURSES/MIDWIVES	NEVER	SOMETIMES	USUALLY	ALWAYS	Mean Nursing Care Score
1	Child deliveries	2 (1.6)	7 (5.7)	13 (10.6)	101 (82.1)	3.73
2	All uncomplicated deliveries conducted by midwives	3 (2.4)	15 (12.2)	25 (20.3)	80 (65.0)	3.47
3	Giving and suturing episiotomies by midwives	2 (1.6)	28 (22.8)	45 (36.6)	48 (39.0)	3.13
4	Assessment and treatment of non-communicable diseases (like hypertension, diabetes, malaria)	5 (4.1)	29 (23.6)	47 (38.2)	42 (34.1)	3.02
5	Admittance of clients with a history of substance or alcohol abuse accessing care in the facility	22 (17.9)	87 (70.7)	6 (4.9)	8 (6.5)	2.00
6	Acceptance and treatment of cases of road traffic accidents in the facility	9 (7.3)	67 (54.5)	14 (11.4)	25 (20.3)	2.47
7	Admittance of cases of sexual abuse, like rape	10 (8.1)	80 (65.0)	13 (10.6)	20 (16.3)	2.34
8	Rendering of reproductive health services like sex education, counseling and family planning	14 (11.4)	18 (14.6)	9 (7.3)	82 (66.7)	3.29
9	Immunization of children against childhood diseases like measles, poliomyelitis, and tuberculosis	7 (5.7)	4 (3.3)	10 (8.1)	102 (82.9)	3.68
10	Immunization of mothers against tetanus and Hepatitis	5 (4.1)	5 (4.1)	6 (4.9)	107 (87.0)	3.74
Sum of Mean score						31.03

Data is expressed as frequencies and percentages. The rating of items was based on Likert scale 1-4, Never = 1; Sometimes = 2; Usually = 3; Always = 4.

Table 1 shows the level of nursing care rendered to the clients/patients. Data shows that majority reported that their facility ‘always’ carried out child deliveries (82.1%); that midwives ‘always’ conducted all uncomplicated deliveries

(65%); that midwives ‘always’ give and suture episiotomies (39%); that their facility always render reproductive health services like sex education, counseling and family planning (66.7%); that their facility always immunize children against childhood diseases like measles, poliomyelitis, and tuberculosis (82.9%); that their facility always immunize mothers against tetanus and Hepatitis (87%). Majority (38.2%) of respondents also reported that that their facility ‘usually’ assess and treat non-communicable diseases (like hypertension, diabetes, malaria). A greater percentage (70.7%) of the respondents reported that their facility ‘sometimes’ Admit clients with a history of substance or alcohol abuse accessing care; sometimes accept and treat cases of road traffic accidents (54.5%) and sometimes admit cases of sexual abuse, like rape (65%). It is noteworthy that the sum of the mean score for the 12 nursing care items was 31.03.

Table 2: The distribution of participants according to the level of affordability of nursing care rendered to clients/patients in primary health care facilities

SN	ITEM STATEMENT	NEVER	SOMETIMES	USUALLY	ALWAYS	Mean Score
1	Do patients pay out of pocket for their consultation, drugs and treatment	13 (10.6)	12 (9.8)	42 (34.1)	56(45.5)	1.85
2	Does the facility charge fees for immunization	85 (69.1)	3 (2.4)	6 (4.9)	29(23.6)	3.17
Sum of Mean score						5.02

Data is expressed as number of subjects (%).The rating of items was based on Likert scale 1-4, Never = 4; Sometimes = 3; Usually = 2; Always = 1.

Table 2 shows the responses of participants according to the level of affordability of nursing care rendered to clients/patients in primary health care facilities. Data indicated that majority (45.5%) of the respondents stated that patients ‘always’ pay out of pocket for their consultation, drugs and treatment. A greater percentage of the nurses/midwives indicated that their facilities ‘never’ charge fees for immunization. Mean score level of affordability for nursing care for each item is as shown in Table 6. The sum of the mean score for the 2 item statements was 5.02.

Table 3: Rating of performance of nursing staff in rendering nursing care to clients/patients in primary health care facilities

Level of Affordability	Score Range	Number of Nurse/Midwives	Percent	Mean Score	Standard Deviation
Poor	1 – 2	16	13.0	2.0	0
Fair	3 – 4	20	16.3	3.35	0.48
Good	5 – 6	67	54.5	5.46	0.50
Very Good	7 – 8	20	16.3	7.65	0.49
Overall	1 – 8	123	100	5.02	1.76

Table 3 shows the rating of performance of nursing care rendered to clients/patients in primary health care facilities. Data shows that a greater percentage (54.5%) of the nurses/midwives perceived the level of nursing care services as good, 16.3% perceived it as being both fair and very good, 13% perceived it as being poor. The overall mean score of performance (5.02) was rated as good by the nurses.

Table 4: The distribution of participants according to the extent of availability of nursing care services to clients/patients in primary health care facilities.

SN	ITEM STATEMENT	NEVER	SOMETIMES	USUALLY	ALWAYS	Mean Score
1	Are vaccines always available	3 (2.4)	10 (8.1)	39 (31.7)	71(57.7)	3.44
2	Is the ratio of nurses to patient adequate enough?	77 (62.6)	23 (18.7)	13 (10.6)	10 (8.1)	1.64
3	Is the number of nurses/midwives enough to take care of the number of patients that patronize the facility?	80 (65.0)	23 (18.7)	10 (8.1)	10 (8.1)	1.59
4	Are there enough consumables for adequate patient care?	33 (26.8)	67 (54.5)	21 (17.1)	2 (1.6)	1.93
Sum of Mean score						8.61

Data is expressed as number of subjects (%).The rating of items was based on Likert scale 1-4, Never = 1; Sometimes = 2; Usually = 3; Always = 4.

Table 4 shows the responses of participants according to the extent of availability of nursing care services to clients/patients in primary health care facilities. Data indicated that a greater percentage (57.7%) of the nurses/midwives reported that vaccines are ‘always’ available. Majority stated that the ratio of nurses to patient were ‘never’ adequate

enough (62.6%), and the number of nurses/midwives were ‘never’ enough to take care of the number of patients that patronize the facility (65%). Furthermore, a greater percentage indicated that ‘sometimes’ there are enough consumables for adequate patient care (54.5%). Mean score extent of clinic flow of nursing care for each item is as shown in Table 8. The sum of the mean score for the 4 item statements was 8.61.

Table 5: Rating of clinic flow for nursing care services rendered to clients/patients in primary health care facilities.

Extent of Clinic Flow	Score Range	Number of Nurse/Midwives	Percent	Mean Score	Standard Deviation
Poor	1 – 4	0	0	0	0
Fair	5 – 8	66	53.7	7.07	0.81
Good	9 – 12	50	40.7	9.92	0.87
Very Good	13 – 16	7	5.7	13.85	0.90
Overall	1 – 16	123	100	8.61	2.06

Table 5 shows the rating of clinic flow for nursing care services rendered to clients/patients in primary health care facilities. Data indicated that a greater percentage (53.7%) of the nurses/midwives rated the clinic flow of nursing care services as fair followed by those who rated it as good (40.7%) and very good (5.7%). None of the participants rated the clinic flow as poor. The overall mean score (8.61) for clinic flow, is therefore rated as fair by the nurses/midwives.

Discussion

Research Question: What are the nursing care services rendered to the clients/patients at the primary healthcare level?

Data shows that majority of participants reported that their facility ‘always’ carried out child deliveries (82.1%); that midwives ‘always’ conducted all uncomplicated deliveries (65%); that midwives ‘always’ give and suture episiotomies (39%); that their facility always render reproductive health services like sex education, counseling and family planning (66.7%); that their facility always immunize children against childhood diseases like measles, poliomyelitis, and tuberculosis (82.9%); that their facility always immunize mothers against tetanus and Hepatitis (87%). Majority (38.2%) of respondents also reported that that their facility ‘usually’ assess and treat non-communicable diseases (like hypertension, diabetes, malaria). A greater percentage (70.7%) of the respondents reported that their facility ‘sometimes’ admit clients with a history of substance or alcohol abuse accessing care; sometimes accept and treat cases of road traffic accidents (54.5%) and sometimes admit cases of sexual abuse, like rape (65%). Mean score level of nursing care for each item is as shown in Table 4. It is noteworthy that the sum of the mean score for the 12 nursing care items was 31.03. All of these services are in line with the standard nursing practices and duties opined by Bauer & Bodenheimer, (2017) and the British Columbia College of Nursing Professionals, 2018.

Conclusion

The study has established that nurses are engaged in different dimensions of service delivery in the primary health centers used in this research. The services they render were also rated as significant at a mean score of 31.03. In this regards, therefore, the attention of health authorities has been called upon to ensure sustainability of these services at the primary health centers.

Recommendations

In spite of the numerous services rendered, nurses are limited and the shortage of staff is making it difficult in the achievement of the MDG's and SDG's, therefore government and employers of labour should engage more nurses in the rural areas where these primary health centers are located.

Secondly incentives should be given to the nurses who stay 24 hours 7 days a week with the clients.

Apart from incentives, basic amenities like, good schools, pipe borne water, electricity and good roads should be provided to help attract staff and retain them in those communities.

The other health care professionals especially the administrators and directors should allow the nurses to work to the full extent of the scope of their education, training and practice. It is only when these challenges are addressed can Nigeria begin to think of achieving the MDG's and SDG's.

Areas of further studies

Studies in other states of the federation should be embarked on so that the results can be generalized.

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