

A Study Of Determinants Of Home Care Nursing Practice Among Nurses Working In Selected Health Facilities In Ile- Ife, Osun State, Nigeria

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Abstract:

Background: Lack of proper practice of home care nursing is considered the primary cause of the spread of chronic diseases in Nigeria. Human, physical and organization were highlighted as important determinants that influence the quality of healthcare services in home setting. In lieu of this, this present study investigated the determinants of home care nursing practice among nurses working in the selected health facilities in Ile-Ife, Osun state.

Material and Methods: In this study, a total of 84 nurses between the ages of 20-59 working in selected health facilities were used for the study. Total enumeration method was used while questionnaire was administered to respondents having either diploma or master certificate. Data presentations were carried out using descriptive statistics while hypothesis was tested with Pearson's chi-square and multiple regression analysis using significance level of 0.05.

Results: Results revealed that the determinants of home care nursing practice were dearth of nurses (100%), inadequate funding (95.2%), lack of mobility for nurses (95.2%), lack of compensation in case of work hazard (94%), lack of security (90.5%), poor awareness among patients (91.7%), and task involved (86.9%).

Conclusion: In conclusion, the study revealed that home care nursing was not properly practiced in the studied areas of the state because of human, physical and organizational determinants. The predominant human determinants were high task involved, time consuming practice, and demand of the service. Lack of mobility for nurses, poor awareness among patients, lack of security for nurses and poor mobile network access were the top variables in physical determinants. While short of nurses, inadequate funding, lack of compensation in case of work hazard, lack of insurance scheme to subsidize cost of accessing healthcare in clients' homes and unsupportive organizational goal were the major constraints of organizational determinants. The study also uncovered that nurses were ready to be involved in the practice of home care nursing provided the determinants are well addressed.

Keywords: Determinants, Health facilities, Home care nursing practice, Nurses

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I. Introduction

Healthcare service is defined as the maintenance of health through prevention, diagnosis and treatment of diseases and disorders in humans¹. The healthcare services provision should not be limited to institutions only; but it should be accessible by all who have a need of the healthcare services both promptly, efficiently and effectively. It is therefore, the mind of the authors that, nursing practice (a comprehensive service necessary to aid prompt and quality care) be shifted from institution centre to people centre in order to control the rapid spread of chronic diseases^{2,3}. World Health Organization reported an increase in chronic diseases from 24% in 2014 to 29% in 2016⁴. In order to render prompt and effective services that will enhance the quality of life, home care nursing must be considered a priority⁵. The healthcare system in Nigeria in terms of service delivery is sub-optimal because of the influence of manpower shortage, inadequate funding, health governance and policymakers which have weakened the functional capacities, hence making health services delivery ineffective. Nigeria's health workforce majorly focuses on delivering services in tertiary healthcare centres; thus promoting work environments that aid low productivity of health care services^{6,7}. Amoran *et al.*⁸ reported 16.6% poor practice of home care nursing among health workers in Ogun State.

Human, physical and organization are important determinants that influence the quality of healthcare services in home setting^{9,10}. Lack of facilities and equipment, poor funding of health sector, shortage of

manpower, lack of training and re-training of clinical caregiver, poor nurse remuneration, and non-participation of nurses in policy making on health issues were among the top determinants reported to undermine the successful practice of home care nursing in Nigeria. Because cheap and effective HCNP are not yet fully implemented in Nigeria, it is common to see patients and relatives with stress, sourcing for funds, staying by the bedside of their sick ones, making them to forego their daily work, and some even lose their jobs. In view of this, the study assessed the determinants of home care nursing practice among nurses working in selected health facilities in Ile-Ife.

1. What are the human determinants of home care nursing practice among nurses?
2. What are the physical determinants of home care nursing practice among nurses?
3. What are the organizational determinants of home care nursing practice among nurses?

II. Methodology

2.1 Research Design

This study employed a descriptive, cross-sectional research design to determine the level of practice of home care nursing and factors influencing the practice of home care nursing among nurses in selected health facilities in Ile-Ife.

2.2 Research Setting

The study was conducted in the selected primary health centres (Enuwa, Igboya, Ajebamidele, Ogbonagbara, Iloro, Oke-awona, Moro, Okoko, Ipetumodu, Odo-Iwara, Lokolo, Ife-Oye, Okeogbo, Mosafejo and Ifetedo) comprehensive health centres (Arubiewe, Edunabon, Okedio, Olode), state hospitals (Oke-ogbo Ipetumodu and Ifetedo) and the community centres of the tertiary hospital (Eleyele). Ile-Ife is an ancient Yoruba town in Osun state in southwest region of Nigeria. It is about 200km NE of Lagos, 64km of Ibadan to the West, 25.4km of Ilesha to the west; 50.2km of Ondo to the west and 73.3km of Akure to the East.

2.3 Sampling Technique

Total enumeration method was adopted for the study because of the population size (84) of nurses at the community centers.

Table 1: Determining number of facilities and nurses

Local Government	Name of Facilities Selected	Number of Nurses per facility
Ife North	State hospital, Ipetumodu	3
Ife North	Primary health centres, Moro, Ipetumodu, Okoko and Lokolo	4
Ife North East	Comprehensive health centre, Okedio	2
Ife North West	Comprehensive health centre, Edunabon	4
Ife Central	Tertiary Hospital Community Centres, Eleyele	40
Ife Central	Comprehensive health centre, Arubiewe	2
Ife Central	Primary health centres, Enuwa, Igboya, Ogbonagbara, Ajebamidele	5
Ife East	State hospital, Okeogbo	12
	Primary health centres, Iloro, Odo-Iwara, Okeogbo, Ife-Oye	4
Ife South	State hospital, Ifetedo	2
Ife South	Primary health centres, Oke-Awona, Ifetedo and Mosafejo	4
Ife South West	Comprehensive health centre, Olode	2
Total	23	84

2.4 Instrument

The instrument used for data collection was developed following literature review and was subjected to review by experts in nursing. Test-retest reliability result was performed using Cronbach alpha. The questionnaire had two sections, section A and B. Section A focused on socio-demographic variables of the respondent, while section B focused on the determinants of home care nursing practice i.e. human (having 9 questions), physical (having 9 questions) and organization (having 16 questions).

Statistical Analysis

Data from the study were analyzed using descriptive statistics and multiple regression analysis.

III. Results

3.1 Socio-demographic distribution

Result of the socio-demographic distribution of the respondents as indicated in Table 2.0 showed that more than half of the respondents 46 (54.8%) were within the age range of 30-39 years, 80 (95.2%) of the respondents were female, more than two-thirds of the respondents 76 (90.5%) were Christians and 27.4% were senior nursing officer cadre. More than two-thirds 58 (69.0%) had RN, RM & RPHN as professional

qualifications, while BSC/BNSC were the predominant academic qualification comprising 65.5% of the total nurse workforce. The predominant year of clinical experience was 10-19 years 40 (47.7%) while the leading community years of experience is 1-9 comprising of 45.2% of the nursing population.

3.2 Human determinants of home care nursing practice

The human determinants of home care nursing practice is as shown in Table 3.0. Result revealed that among other variables, high tasking was the major complaint of respondents 73 (86.9%). This was immediately followed by time consuming 72 (85.7%) and demand of the service 68 (81%). Other factors determining nursing practice have minimal effect especially lack of self-confidence 39 (46.4%) and nurses' temperament 41 (48.8%).

Table 2.0: Socio demographic characteristics of respondents

Socio Demographics	Frequency (n = 84)	Percentage %
Age		
20-29 years	8	9.5
30-39 years	46	54.8
40-49 years	17	20.2
50-59 years	13	15.5
Gender		
Male	4	4.8
Female	80	95.2
Religious Affiliation		
Christianity	76	90.5
Islamic	8	9.5
Unit		
Tertiary Hospital (Urban C.H.C)	40	47.6
State hospital	17	20.2
Comprehensive health centres	10	11.9
Primary health centres	17	20.2
Professional Cadre		
Nursing Officer 2	8	9.5
Nursing Officer 1	20	23.8
Senior Nursing Officer	23	27.4
Principal Nursing Officer	16	19.0
Assistant Chief Nursing Officer	13	15.5
Chief Nursing Officer	4	4.8
Professional Qualification		
RN/RPHN	22	26.2
RN/RM/RPHN	58	69.0
Others	4	4.8
Academic Qualification		
Diploma	26	31.0
B.Sc/ BNSc	55	65.5
M.Sc and above	3	3.5
Years of Clinical Experience		
1-9	28	33.3
10-19	40	47.7
20-29	7	8.3
30 and above	9	10.7
Years at the Community		
1-9	38	45.2
10-19	35	41.7
20-29	5	6.0
30 and above	6	7.1

Table 3.0: Human determinants of home care nursing practice

S/N	Variable	Yes	No
1	Poor interpersonal relationship	60(71.4)	24(28.6)
2	Poor coordination	53(63.1)	31(36.9)
3	Poor communication	59(70.2)	25(29.8)
4	Personal values	53(63.1)	31(36.9)
5	Lack of self confidence	39(46.4)	45(53.6)
6	Highly tasking	73(86.9)	11(13.1)
7	Time consuming	72(85.7)	12(14.3)
8	Highly demanding	68(81)	16(19)
9	Temperament of the nurse	41(48.8)	43(51.2)

3.3 Physical Determinants of home care nursing practice

The influence of physical determinants of home care nursing practice is as shown in Table 4.0. Results showed that lack of mobility for nurses had the predominant response 80 (95.2%), followed by poor awareness

of the service among patients 77 (91.7%). Also, lack of security for nurses 76 (90.5%) and poor mobile access 76 (90.5%) undermined the practice. Poor road access has frequency of 75 (89.3%) and limited social support from relatives of client with frequency of 72 (85.7%) among others.

Table 4.0: Physical Determinants of home care nursing practice

S/N	Variables	Yes	No
1	Poor awareness among patients'	77(91.7)	7(8.3)
2	Poor road access to client's home	75(89.3)	9(10.7)
3	Lack of security for nurses'	76(90.5)	8(9.5)
4	Poor mobile network access	76(90.5)	8(9.5)
5	Lack of mobility for nurses'	80(95.2)	4(4.8)
6	Religious practices of client	63(75)	21(25)
7	Cultural influences of client	62(73.8)	22(26.2)
8	Poor quality housing of client	49(58.3)	35(41.7)
9	Limited social support from relatives	72(85.7)	12(14.3)

3.4: Organizational determinants of home care nursing practice

Table 5.0 revealed the organizational determinants of the practice of home care nursing. Short of nurses 84 (100%) and inadequate funding 80 (95.2%) had the most significant impact. Also lack of compensation in cases of work hazard 79 (94.0%) and lack of insurance to subsidize cost had 77 (91.7%) response which significantly undermined the practice of home care nursing. Unsupportive organizational goal or mission has frequency of 76 (90.5%) and lack of in-training opportunities has frequency of 75 (89.3%); and unfavourable government regulations with frequency of 72 (85.7%) undermined the nursing practice.

Table 5.0: Organizational Determinants of Home Care Nursing Practice

S/N	Variables	Yes	No
1	Inadequate funding	80(95.2)	4(4.8)
2	Shortage of nurses	84(100.0)	0(0)
3	Lack of in- training opportunities	75(89.3)	9(10.7)
4	Unsupportive Organizational goal or mission	76(90.5)	8(9.5)
5	Unsupportive Organizational policy on standard of practice	70(83.3)	14(16.7)
6	Lack of compensation in case of work hazard	79(94.0)	5(6)
7	Unfavourable Government regulations	74(88.1)	10(11.9)
8	Lack of autonomy in decision making in home care	63(75.0)	21(25)
9	Lack of representation in policy making	68(81.0)	16(19)
10	Inappropriate Job roles/ description	71(84.5)	13(15.5)
11	Uncoordinated process of evaluation and feedback	63(75.0)	21(25)
12	Lack of appropriate equipment to work with, in home care nursing practice	64(76.2)	20(23.8)
13	Lack of insurance scheme to subsidize cost of accessing care in the home	77(91.7)	7(8.3)
14	Poor referral system	73(86.9)	11(13.1)
15	Poor management	55(65.5)	29(34.5)
16	Unethical practices	58(69.0)	26(31)

3.5 Hypothesis: H_{01}) There is no significant relationship between determinants of home care nursing and the level of practice of home care nursing. A multiple regression was performed to denote determinants of the level of practice of home care nursing. These determinants domain statistically determined the level of practice of home care nursing, $F(4,79)$, $p = 0001$ $R^2 = 0.862$. Thus, three variables (Organizational, physical and human) statistically determined the level of practice of home care nursing. Organizational, physical and human determined home care nursing practice hence, disagree with the stated hypothesis.

Table V: Relationship between determinants and level of practice of home care nursing.

Determinants	B	Std.Error	Beta	T	Sig	Lower	Upper
Human	0.088	0.06	0.828	14.398	0.001	0.076	0.100
Physical Environment	0.039	0.012	0.197	3.214	0.002	0.015	0.063
Organizational	0.033	0.017	0.121	1.932	0.057	0.067	0.100
Constant	0.498	0.198		2.519	0.014	0.104	0.892
F= 57.172 Sig = 0.001 Adjusted R = 0.743 R Square = 0.862							

IV. Discussion

Human, physical and organization were the three main determinants that affect home care nursing practice in Nigeria⁸. From this study high taskinvolved (86.9%), time consuming practice (85.7%), demand of

the service (81%) and poor interpersonal relationship (71.4%); poor communication (70.2%), poor coordination (61.3%) were identified as the major human factors while temperament of the nurse (48.8%), and lack of self-confidence (46.4%) were identified as minor human variables affecting home care nursing practice in Ile-Ife, Osun State, Nigeria. The result therefore suggests that, if the task, time and demand of nursing practice were reviewed, more persons will most likely indicate interest of joining the profession and promoting the quality of home care practice. In support of this, Mao *et al.* (2015) reported that human factors are important determinants in promoting a quality home care practice.

Conversely, the study also highlighted physical determinants in their order of importance to include lack of mobility for nurses (95.2%), poor awareness among patients (91.7%), lack of security for nurses and poor mobile network access (both 90.5%), limited social support (85.7%), religious practices (75%), cultural influences (73.8%), Poor quality housing of client (58.3%). The findings corroborate⁹ and ¹¹ who highlighted physical variables as major challenges affecting smooth practice of home care nursing in Nigeria. The study also uncovered organizational determinants such as short of nurses (100), inadequate funding (95.2%), lack of compensation in case of work hazard (94%), lack of insurance scheme to subsidize cost of accessing healthcare in clients' homes (91.7%), unsupportive organizational goal (90.5%), lack of in-training opportunities (89.3%), unfavourable government regulations (88.1%), unsupportive organizational policy (83.3%), lack of representation in policy making (81%). Ajlouni *et al.*¹² reported poor staffing, poor payment scheme and lack of healthcare insurance as important factors affecting home care nursing practice in Jordan. Congruent to this, Oyebola¹³ in his study highlighted lack of funding and debts by consumers as part of the organizational determinants dictating the practice.

Hypothesis obtained from this study revealed that there was a significant relationship between the various determinants (human, physical and organization) of home care nursing practice and level of the practice. Minton *et al.*¹⁴ also reported that human determinants have significant relationship with the level of practice; and encouraged humans (i.e. the individual nurses) to develop confidence and competence for excellent performance in their chosen profession. Conversely, Oyebola¹⁴ and Adedoye *et al.*¹⁵ maintained that physical and organizational determinants have significant relationship with the level of practice and therefore importance in ensuring quality delivery of home care practice in Nigeria.

V. Conclusions

In conclusion, the study revealed that home care nursing was not properly practiced in the studied areas of the state because of human, physical and organizational determinants. The predominant human determinants were high task involved, time consuming practice, and demand of the service. Lack of mobility for nurses, poor awareness among patients, lack of security for nurses and poor mobile network access were the top variables in physical determinants. While short of nurses, inadequate funding, lack of compensation in case of work hazard, lack of insurance scheme to subsidize cost of accessing healthcare in clients' homes and unsupportive organizational goal were the major constraints of organizational determinants. The study also uncovered that nurses were ready to be involved in the practice of home care nursing provided the determinants are well addressed.

Ethical Approval

The ethical approval was obtained from the Babcock University Health Research and Ethical Committee.

Conflicts of Interest

The authors declare no conflict of interest.

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