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OF THE QUALITY OF NURSING SERVICES

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SURVEY OF NURSING SERVICES

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## INTRODUCTION

The writers were assigned to conduct a study of the quality of hospital nursing service in two countries of the Eastern Mediterranean Region in 1979, according to the Medium Term Programme, Section B.2.1 "Survey of existing patterns and systems of nursing in six countries of the Region." The assignment was a first step in a systematic effort to assess nursing practices and identify related problems.

The purpose of this preliminary study was to test the effectiveness and suitability of the developed tools.

Preparations for the study were made by obtaining the agreement of the Ministries of Health in country I and II to conduct the study and to designate hospitals for this purpose.

Hospitals designated were to be general type and teaching centres some of which would be district or provincial. However, those designated in country I were teaching but not district hospitals. In country II, it was not possible to visit provincial hospitals due to difficulties in obtaining suitable transport, in some.

A plan had been developed and as tools for the study, questionnaires had been prepared to collect information through observations and interviews. Guidelines including a set of standards for nursing care, and instructions for utilization of the questionnaires were also prepared.

The study conducted in five hospitals consisted of:

- i. observation of general care and special treatments of patients, and existing nursing practices;

- ii. interviews with patients to obtain their views regarding the quality of nursing care;
- iii. interviews with nursing personnel, and
- iv. collection of information from nursing personnel through a set of designed questionnaires and forms.

Following is a summary of the findings together with the comments and recommendations for revision and improvement of the tools for future utilization.

Countries and hospitals where the study was conducted, are identified in the report by numbers and letters. Findings are grouped according to the headings used in the questionnaires.

The tools of study consisted of.

1. Guidelines and criteria for standards of nursing care.
2. Questionnaires of the open-ended and checklist type.

A copy of each of the above is attached as annex.

## FINDINGS

COUNTRY No. I

1. City I
2. Hospital A
3. Number of beds . 872  
Number of wards : 10
4. Total nursing personnel : 975  
Registered nurses : 897  
Practical nurses : 173  
Ward clerks : 3
5. Wards and departments surveyed
  - i. Male surgical : 34 patients
  - ii. Female surgical : 15 patients
  - iii. Paediatric surgical  
and neurosurgical : 36 patients
  - iv. Paediatric medical : 33 patients
  - vi. Operating room
  - vii. In-service education unit
6. Time of survey: morning, afternoon and night tours of duty.

## FINDINGS

COUNTRY No. I

1. City I
2. Hospital B
3. Number of beds · 376  
Number of wards : 10
4. Total nursing personnel : 345  
Registered nurses · 279  
Practical nurses : 66  
Nurse aides · 19  
Orderlies : 1  
Ward clerks · 2
4. Wards and departments surveyed:
  - i. Male orthopaedic : 43 patients
  - ii. Female orthopaedic : 37 patients
  - iii. Male ophthalmic : 40 patients
  - iv. Occupational therapy and physiotherapy and prostheses unit
5. Time of survey : morning tours of duty

## FINDINGS

## A. Hygiene and physical comfort of patients

Hospital

1. Daily care of patients is insufficient in the following areas:
  - a) regular bath and skin care,
  - b) mouth care,
  - c) protection of mattresses and cleanliness of bed linen.

Hospital B

1. Daily care of patients generally meets minimum standards with the following exceptions:
  - a) techniques used for prevention of pressure sores are outdated,
  - b) patients are not adequately encouraged and helped to carry on the activities of daily living.

## B. Activity and Body Mechanics

Hospital A and B

1. Insufficient attention is paid to patient exercises, movements and positioning.

## C. Rest and sleep

Hospital A and B

The ward environment is conducive to rest and sleep. However, special measures are not always taken to ensure this.

## D. Safety

Hospital A

1. Special measures for patient's safety receive inadequate attention,
  - bedside rails are not always put up,
  - floors are not always dry,
  - electrical wires near patients' bed are sometimes exposed,
  - used dressings and garbage from patients' rooms are collected in plastic bags, which are removed carelessly by ward cleaners, causing contamination,
  - call bells are not always within easy reach of patients.
2. Drainage bottles of patients at the bedside are not labelled.
3. Instructions for the use of new equipment are not available to the nursing personnel.

Hospital B

1. Garbage removal from wards by ward cleaners is hazardous and contaminating.
2. Drainage bottles of patients at the bedside are not labelled.
3. Instructions for the use of new equipment are not available to the nursing personnel.



## E. Nutrition

Hospital A and B

1. Nutrition of patients is adequate and special diets for various patients are prepared and labelled.
2. Diabetic diet sheets are available for use of the nursing personnel. However, sufficient instruction on diet is not provided for patients.

## F. Elimination

Hospital A and B

1. Urinary and bowel function of patients is not regularly checked and recorded.
2. Perineal care for patients with indwelling catheters is not given regularly.

## G. Ventilation

Hospital A and B

1. Therapies and procedures regarding respiration of patients are performed. However, regular and consistent efforts are not made to encourage patients<sup>to</sup> turn, cough, and breathe deeply.

## H. Emotional needs and care

Hospital A and B

1. Patients seem satisfied and not demanding. However, there is little evidence that nursing staff stay with fearful or anxious patients. Patients' privacy receives little attention by nurses.

2. Patients' social and family problems are not enquired into, not understood or given enough consideration by nurses.
3. Patients' valuables are well taken care of, but clothing is not protected adequately.

I. Patient and family teaching

Hospital A and B

There is very little evidence of teaching patients and their families.

Very brief orientation is given to patients when they are admitted and some instructions are given to them on discharge regarding their visits to clinics and use of their drugs. However, patients are not given explanations to understand the reasons for activity, diet restriction, respiratory precautions, personal and environmental hygiene.

J. Discharge of patients

Hospital A and B

1. There is no system of home care and patients are instructed to go to clinics for further outpatient treatments. Plans are made for physiotherapy for orthopaedic patients. Planning for progressive care of patients is not done since community services are limited mainly to clinics.

## K. Competency of Personnel

### Hospital A and B

1. Nursing staff are qualified, but as they are recruited from several countries their techniques and methods for nursing procedures vary. There is a nursing procedure book in each ward to unify the techniques. Nursing procedures are not always carried out as taught in the existing schools in the country for the following reasons:
  - a) Inadequate cooperation and coordination between the nurse teachers in the schools and the hospital nursing personnel.
  - b) Intermittent supervision of students.
2. Standard of nursing is often but not constantly satisfactory for the following reasons:
  - a) Some of the procedures and techniques are outdated.
  - b) Refresher courses do not always and sufficiently meet the needs of nursing staff.
  - c) Procedures written and approved by the hospital are not continually carried out. As an example, observations made on three procedures are recorded and attached.
  - d) Opportunities for scholarships and educational leaves are not regularly provided, nor are they available to all qualified nursing staff.

## L. Opinion of patients regarding nursing care

### Hospital A and B

1. Patients generally expressed satisfaction with the care, food, and services they received.
2. Patients identified most nursing personnel as nurses. They identified doctors.

## PATIENTS' UNIT RECORD AND CARDEX

## A. Patients' unit record

Hospital A and B

1. Identification of patients is adequately done.
2. Allergy remarks are not recorded.
3. Recording of TPR's, vital signs, and intake and output is done regularly. However, intake is not compared with output and the balance is not recorded.
4. Medication is recorded in the nurses' notes. Information about administration of medicine is not always complete since site, bottle number, time of starting and completion of IV fluid injections are not written.
5. Admission notes are written by doctors, not by nurses.
6. Patients' needs during admission process or during patients' stay are not recorded, and there is no nursing assessment in the notes.
7. Observation of patients' reactions are very brief.
8. Evaluation of nursing process and results of care does not appear in the nurses' notes.

## B. Cardex

Hospital A and B

1. Enough space is not provided for profile of patient, tests and procedures, and evaluation of nursing care plan. Therefore, information in these areas is not adequate.

2. Nursing care plans are not dated and redated, observations are briefly recorded, and starting and discontinuation dates or frequency of treatments are not regularly and always recorded.

GENERAL COMMENTS

Hospital A and B

1. Overall patient care is better organized and administered in hospital B.
2. The wards are adequately staffed with registered nurses most of whom are qualified and efficient. However, newly recruited nurses have language difficulties and often they do not know how to carry out nursing procedures.
3. Facilities for sanitation such as soap and towel are not available at the sinks, and frequent hand washing does not appear to be a practice. Toilet areas are not kept clean and tidy. There are no set standards for cleaning and disinfection of bedpans and urinals. Removal of used and soiled linen from the wards as well as removal and disposal of garbage is done in an insanitary way. These procedures would cause contamination and are hazardous.
4. Frequently, nurses' knowledge of use of new drugs is inadequate. Written information is not provided for nursing personnel for new drugs, or for utilization of new equipment.

5. Nurses carry out functions which should be carried out by technicians, orderlies, and other categories of health workers. These functions include such tasks as lifting and moving patients, accompanying patients to X-ray department, taking blood specimens for various laboratory tests, applying plaster casts, counting and receiving linen, supervision of auxiliary non-nursing personnel and much clerical work. Such non-nursing activities are not only a waste of manpower, but reduce the time and energy nurses can and should spend on the care of patients.
6. There is a great need for health education of patients and their relatives. However, this important phase of nursing is often neglected or is given very little consideration.
7. Sterile supplies needed in the wards are partly supplied by the CSR, partly by boiling equipments in the ward sterilizers, and by soaking of instruments in disinfectants. Written instructions are not available on the spot for these procedures to ensure that standards are always met.
8. Comprehensive nursing through team work is the approved method of patient care. However, according to the observations, functional method of nursing frequently is in operation.

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9. A programme of in-service education for nursing personnel is planned and presently implemented. However, enough time is not allotted to some nursing procedures, and subjects are not arranged in a logical sequence.

Refresher courses are planned and offered, but not all nurses in need of new knowledge and newer techniques seem to benefit from these courses. Fellowships in clinical specialities are seldom provided for nurses in spite of existing need and demand.

Considering that both hospitals are educational centres with a large number of personnel, facilities such as libraries and conference halls are not available to encourage on-going education.

10. Some of the problems of nursing services are related to the general administration of the hospitals and the medical practice, such as environmental sanitation, policies regarding admission, treatments, and progressive care of patients, and policies regarding continuing education of staff. Therefore, improvement of nursing service depends, in part, upon change and improvement of administration and related disciplines.

## OBSERVATIONS ON THREE NURSING PROCEDURES

1. Aseptic technique of dressing burns by two nurses

Important deficiencies were as follows:

- a) handwashing was not thorough with adequate soap and water,
- b) hands were immersed in a disinfectant instead of being dried,
- c) method of putting on sterile gloves was incorrect resulting in contamination of gloves,
- d) lifting forceps were frequently contaminated during use by touching neck of container, resulting in contamination of cotton balls,
- e) trolley was placed too far from the patient, so that nurse stretched over sterile area.
- f) unnecessary movements were made to remove cotton balls from containers,
- g) preparation of patient was inadequate and bedsheets were not protected,
- h) too much Flamazine cream was applied and excess had to be removed,
- i) bottles of all lotions used in the ward were kept on top shelf of the trolley.

2. Perineal care

- a) antiseptic solution used to clean the area was not removed satisfactorily,
- b) emollient was not used although skin was red,
- c) too many unnecessary movements were made,
- d) hands were not washed on completing the procedure

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3. Taking patient's temperature

- a) disinfectant solution was not wiped from the thermometer before putting in the patient's mouth and patient protested,
- b) thermometer was removed from the patient's mouth and was wiped from bulb to end, with cotton ball,
- c) after use the thermometer was replaced in disinfectant solution without being wiped.

## FINDINGS

COUNTRY No. II

1. City Y
2. Hospital C
3. Number of beds  
Number of wards
4. Total nursing personnel : 111  
Registered nurses : 85  
Practical nurses . 26
5. Wards and departments surveyed : 7
  - i. Male surgical : 37 patients
  - ii. Female surgical : 19 "
  - iii. Male medical : 28 "
  - iv. Female medical : 19 "
  - v. Obstetric : 24 "
  - vi. Gynaecological : 24 "
  - vii. Paediatric : 41 "
6. Time of survey : morning and evening tours of study

## FINDINGS

COUNTY No. II

1. City Y
2. Hospital D
3. Number of beds : 376
4. Total nursing personnel : 71
  - Registered nurses : 57
  - Practical nurses : 3
  - Midwives : 1
  - Nurse aides : 10
5. Wards and departments surveyed : 12
  - i. Male surgical : 40 patients
  - ii. Female surgical : 32 patients
  - iii. Male medical : 44 patients
  - iv. Female medical : 40 patients
  - v. Male Tuberculosis : 40 patients
  - vi. Female Tuberculosis : 38 patients
  - vii. Paediatric : 40 patients
  - viii. Dermatological : 15 patients
  - ix. E.N.T. and Neurological : 21 patients
  - x. Obstetric and Gynaecological : 30 patients
  - xi. Emergency : 26 patients
  - xii. Orthopaedic : not yet in use (40 beds)
  - xiii. Orthopaedic room
6. Time of survey : morning and afternoon tours of duty

## FINDINGS

COUNTRY No. II

1. City Y
2. Hospital E
3. Number of beds
4. Total nursing personnel : 67
  - Registered nurses : 44
  - Practical nurses : 4
  - Nurse aides : 10
  - Technicians : 6
5. Wards and departments surveyed : 6
  - i. Male surgical : 22 patients
  - ii. Female surgical : 22 "
  - iii. Male medical : 20 "'
  - iv. Female medical : 20 "
  - v. Obsteric : 40 "
  - vi. Operating room
6. Time of survey : morning tour of duty

## FINDINGS

## A. Hygiene and physical comfort

Hospital J, D, E

1. Daily care of patients is insufficient in the following areas:
  - bath, skin and mouth care is not given,
  - attention is not given to pressure areas of patient's body,
  - dressings on wounds are not always clean and dry,
  - patients' beds are not clean in hospital C and D, but relatively clean in hospital E,
  - patients are not helped to carry on activities of daily living.

## B. Activity and body mechanics

Hospital C, D, E

1. The significance of patient exercise is not recognized and exercises are not given.
2. Patients are not put in position conducive to their recovery.  
As examples, a patient with hernia and a patient with bronchitis who were observed were not positioned correctly.

## C. Rest and sleep

Hospital C, D, E

1. The environment is conducive to sleep. However, no special measures are taken to ensure this.

## D. Safety

Hospital C, D, E

1. Special measures for keeping patients safe receive no attention
  - Bedside rails are not available and not used.
  - Floors in the treatment and utility rooms are often wet.
  - There are no isolation rooms. It was observed that a patient with meningitis was in the same room with others in hospital D.
  - Restraints for limiting patients' movements are not used.
  - Contaminated articles such as used dressings are handled carelessly and sometimes thrown on the floor.
  - Bedpans and urinals are given to patients by ward cleaners. These utensils are not washed thoroughly, nor are they disinfected. Sterilizers for bedpans and urinals have not been installed.
  - There are no call bells by patients' beds.
  - Sterilization of equipment is done by boiling.
  - Autoclaving facilities are available for sterilization of dressings and operating room equipment.
  - In Hospital D patients are given their 24 hours supply of drugs to keep them on the bedside table and take them according to instructions
  - Written instructions for the use of equipment are not available to the nursing personnel.
2. Operating room practices and techniques are defective. Recorded observations as an example are attached.

## E. Nutrition

Hospital C, D, E

1. Nutrition of patients is adequate.
  - Special diets are not arranged for and not served.
  - Fluids are not regularly and easily available to patients.
  - Recording of intake and output of fluids is not done.
  - Food is served to patients by ward cleaners, and patients are assisted to eat by relatives, if necessary.
  - Special attention is not paid to the rate of flow of intravenous fluids.

## F. Elimination

Hospital C, D, E

1. Urinary and bowel function of patients is not recorded.
2. No perineal care is given to patients with indwelling catheters.

## G. Ventilation

Hospital C, D, E

1. No effort is made to encourage patients to turn, cough, and breathe deeply.
2. As observed, in hospital C a patient with tracheotomy tube received no special care. There was no dressing around the tube and it was uncovered.

## H. Emotional needs and care

Hospital C, D, E

1. There is no demand for orientation of patients to the hospital, nor are special efforts made to orient patients.
2. Not much time is spent by nurses to listen to patients.
3. There is no evidence that nurses stay with fearful and anxious patients
4. Valuables of patients are either given to their relatives, or patients keep them, as there is no system for keeping them secure. Clothing of patients is not protected while various treatments are performed.

## I. Patient and family teaching

Hospital C, D, E

There is almost no patient and family teaching. The importance of health education of patients and their relatives is not recognized by nurses, in spite of a great need for it.

## J. Discharge of patient

Hospital C, D, E

1. There is no organized system of home care.
2. No plans are made for patient's rehabilitation before discharge.
3. Community resources are limited to health centres and clinics to which patients may refer if they need.



## K. Competency of personnel

Hospital C, D, E

1. Nursing procedures are carried out in different ways depending upon the qualifications, attitudes, and interests of the nurses. There are no nursing procedure manuals in the wards. Therefore, techniques vary according to the background and the training of the nursing personnel.  
Nursing procedures very often are not carried out correctly for the following reasons:
  - a) Nursing personnel are not all qualified.
  - b) Some nursing personnel are indifferent and careless.
  
2. The standard of nursing care is not satisfactory due to the following factors:
  - a) Procedures and techniques are outdated and often incorrect. Principles of asepsis are not carried out in the wards.
  - b) There is a shortage of needed equipment and supplies in hospital D and E.
  - c) Personnel are not supervised consistently.
  - d) Channel of authority and administration is often not observed by the staff.
  - e) Staff do not receive refresher courses or in-service education.
  
3. Communication among the nurses is not efficient for the following reasons:
  - a) Leadership by head nurses is not adequate and effective.
  - b) There is very little planning for work assignment.
  - c) There is language difficulty. Several languages are used by doctors to order treatments, such as Chinese, Russian, and Arabic.

- d) Staff do not understand and are not convinced of necessity of efficient communication.
  - e) Clear and definite rules are not established for the communication.
4. There is little cooperation between teachers in nursing school and the hospital head nurses in planning clinical experience, assignments and supervision of students. Assignments of patient care to students often do not follow a definite pattern and is done haphazardly.
5. Opportunities are not provided for nurses to develop their knowledge and skill through in-service education and scholarships. Individual supervision and guidance is given to staff nurses by some experienced and qualified nurses based on their own discretion and willingness.

L. Opinion of patients regarding nursing care

Hospital C, D, E

- 1 Patients express satisfaction with food, care and services they receive in hospital C. In hospital D and E they do not expect more than what is rendered for them.
- Patients' relatives often render some of the bedside services needed by patients, such as feeding, giving bedpans and urinals, helping patients move, etc. as recognized practices.
  - Gowns, pillows and blankets are often provided by patients and/or relatives in hospital D and E.

2. Patients often identify doctors and recognize all nursing personnel as nurses.
3. They seem to have confidence in nursing personnel and do not complain.

#### PATIENTS' UNIT RECORDS AND CARDEX

##### A. Patients' unit record

##### Hospital C, D, E

1. Clinical note forms are in use as patients' records in hospital C, but in hospitals D and E ordinary sheets of paper are used. This also is in short supply, as stated by nurses. There are TPR sheets, but TPRs are not regularly recorded. In hospital E a special sheet for recording medications is used.
2. Very brief notes appear in the records of patients in hospital C. In hospital D and E nurses' notes are not written. Doctors' orders are written on the forms or sheets of paper in various languages depending upon the nationalities of doctors.
3. Patient records are maintained at the foot of the beds in hospital E.
4. There is no cardex system in these hospitals.

## GENERAL COMMENTS

Hospital C, D, E

1. Hospital C has a suitable building and enough facilities. The number of nursing personnel, who are non-national, is sufficient. The standard of cleanliness of patients' environment is fairly satisfactory.
2. The buildings of hospitals D and E are inconvenient for hospital services, specially in hospital D where building is totally unsuitable. Basic hospital equipment is insufficient in both of these hospitals.
3. Nursing personnel are recruited from different countries with different nationalities, languages and techniques of work and there are very few unifying factors. The administration and supervision of such a group of personnel is very difficult. Guidelines and manuals including procedure books do not exist or are not available to minimize these difficulties.
4. Facilities for environmental hygiene and sanitation such as hot water, soap, towel and garbage containers are not available or are in very short supply. There are no general sanitation standards for the wards. Collection and disposal of waste and used materials is done in a very hazardous way.
5. It is not possible to recruit applicants with high school education to the existing nursing school. National nurses have a low level of general education on which base the curriculum of the nursing school is planned and implemented. Some of the national nurses are on-the-job trained. The nursing service and ward practices in the hospital where students receive clinical instruction, are poor examples for learning.

6. Administrative policies and channels of authority are neither defined and recognized, nor put into practice. This creates difficulties in supervision of personnel and use of discipline. Attitudes of indifference to patients and unwillingness to give basic nursing care are noticeable in the behaviour of many nurses.
7. Technique of carrying out most procedures in wards and aseptic techniques in the operating rooms are incorrect.
8. Tours of duty in hospital C and E are arranged to provide adequate cover for 24 hours, but in hospital D one nurse covers a 24-hour tour of duty while all others work morning shift.
9. Health education of patients and relatives, which is a great need, is almost totally unrecognized and neglected.
10. Nursing personnel employed by the Ministry of Health usually are put on low salary scale. As stated by nurses, cleaners and nurses receive the same salary. This means low work incentive and low morale among nurses.
11. No definite plans are made for continuing education of nursing personnel at various levels, such as in-service education, scholarships and educational leaves. This results in slow rate of improvement of nursing services.

## OBSERVATIONS ON OPERATION ROOM PRACTICES

1. Handwashing sinks were not clean and not suitable for scrubbing hands.
2. Masks worn did not cover the nose.
3. Caps worn left much of the hair exposed.
4. The operating room cleaner circulated in the room during the performance of an operation, with no uniform, mask and gown, but with a dirty garb. She handled equipment and helped others in the operating room.
5. In hospital D, equipment and drugs were stored in the operating room due to lack of space.

## RESULTS

The findings can be divided into two groups, general and specific.

1. General

- i. It is possible to observe practices and procedures performed by nursing personnel and record them.
- ii. It is possible to compare nursing practices with a set of prepared standards and criteria to find out deviations and inaccuracies.
- iv. It is possible to find out problems and shortcomings of nursing service by recording observations on prepared checklists, special forms, and open-ended type questionnaires.
- v. It is possible to obtain patients' views and opinions regarding the care they receive, through interviews and recording them .
- vi. Impartial and qualified nurses can be fully acceptable to observe nursing situation, practices and techniques in the hospitals.

2. Specific results

- i. There are problems and shortcomings in hospital nursing services.
- ii. There are deviations from standards and principles set for nursing procedures.
- iii. Tools developed for the study should be revised, simplified, and classified for future use.

## COMMENTS AND RECOMMENDATIONS

1. The two types of questionnaires, checklist and open-ended questions, used for the study are effective and useful. However, they should be revised, so that some questions may be combined, deleted, classified, and provision made for additional information regarding each question.
2. The questionnaires for recording patients' views and those concerning the administration of nursing service and personnel, should be a separate set.
3. Study guides and checklists should be prepared to observe and record specific procedures such as wound dressing, giving injections, etc.
4. A section of the questionnaires should be allotted for nursing legislation and registration and legal responsibilities of nurses.
5. Time allotted for the study was too short. More time should be allowed to do some joint planning with the nurse administrators in each hospital, before commencing the survey. More time is also needed during the study for observations and recording.
6. The study should include observations of teaching in at least one school of nursing whose students receive clinical experience in hospitals where the study is conducted. Some community resources such as clinics should be included in the survey.

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