

# LACK OF QUALITY CARE OF PATIENTS IN ALLIED HOSPITAL FAISALABAD

<sup>1</sup>Samia Shabbir, <sup>2</sup>Shafquat Inayat

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**Abstract:** To assess the causes of lack of quality of nursing care of patients in Allied Hospital Faisalabad.

**Study Design:** A cross sectional descriptive study, using questionnaire which assess the causes of lack of quality of nursing care of patients. The study was conducted from February 2017 to May 2017 in Allied Hospital Faisalabad.

**Material and Methods:** Sample size of 250 Charge Nurses, and data was collected through predesigned questionnaire.

**Results:** Total of 250 female nurses with mixed age ranging from 21 years to 35 year participated in interview through questionnaire. We found only 43.2% charge nurses satisfied and rest 56.8% regret, not to satisfy with their care to the patients. Data revealed with 70% results that, nurses are the front desk staff to attend patients in hospital. Charge nurses interview data showed 93.6% believed workload is the hindering the quality care while 94.4% answered environmental effects and lack of professional knowledge contributed as 91.2% out of total questionnaires. During research, study conducted for reason of non-availability of staff and found 83.2% due to shortage while 5.6% contributed by late resuming to workstation of nurses. When asked about how to improve the quality care, 74.8% responded to increase the staff per shift and 9.6% favored to increase the service points to handle the patients. Major factor for shortage of staff nurses discovered less enrolments with 89% support of respondents, for new students due to socio-environment factors for the profession.

**Conclusion:** The main purpose of this study is to investigate the prominent causes and effects of lack of quality care of patients. Although hospitals with low nurse staffing levels tend to have higher rates of poor patient outcomes, increasing staffing levels is not easy. Major factors to contributing a low quality of care are due to shortage of nurses and the needs of today's higher acuity patients for more care and found nationwide gap between the number of available positions and the number of registered nurses (RNs) qualified and willing to fill them.

**Keywords:** Quality care of patients, contribution of staff nurses for care of patient.

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## 1. INTRODUCTION

The staffs may face different stressors like social, environmental, academic, emotional, personal, and family problems. These stressors might disturb the learning ability and provision of quality care. So it is then necessary that the staffs may build up a number of strategies to manage stressful situations. When nurses are compulsory to work with high-patient ratios, patients die, get infections, get injured, or get sent home too soon without sufficient education about how to take care of their sickness or injury. So they come again right back to the hospital, often sicker than before. When nurses have fewer patients, they can provide better care to the patients. Then patients know how to manage their illness, walk with crutches, watch for signs of infection or brain injury, so they can put off further illness. When nurses have fewer patients they are more likely to cut off and prevent errors, so fewer patients die or get injured. Planning and education for work has been intermittent, poor and not enough. Nurses today continue to provide high quality care with these issues. Nurses continually providing more health care with fewer resources.

In the past, nurse personnel interacting with nursing care within the unusual hospital, basically fast community hospital. However, as mentioned in the Committee's Report on Public Hospital funds, while community hospitals are instrumental in providing health care, "their services are part of a variety of care, The increase in which the increase is out of the

**International Journal of Novel Research in Healthcare and Nursing**

Vol. 4, Issue 3, pp: (197-203), Month: September - December 2017, Available at: [www.noveltyjournals.com](http://www.noveltyjournals.com)

hospital. As a result of this phenomenon, the nursing staff has been transformed into the care of the community. With an age population, aging care sector has a growing demand for nursing. In this sector, now there are major employers of the nurses after the illnesses.

**The Shortage of Nurses:**

The Committee obtained evidence of the diminishing nurse in all areas of healthcare services. However, it is difficult to set up the mathematical method of deficiency. The Act said that the 'clear, accurate, and nationally unified procedure is not available, it is generally not worried that it is correct. It was argued that the work has been made more difficult because the nursing staff has taken extra duties and more work is done in response to the staff's shortage, services are closed at the hospital's bed and data is incomplete. Apart from this, specialists or local areas such as fortress can decrease significantly. Joint relief work and work relationship (DERR) maintains the national skill shortage (NSS) list, which has to face national deficit, it is done by duty DER The market is based on the intellect and only indicates its shortage.

**Research Problem:**

Factors of lack of quality care in Allied Hospital FSD. It is observed that the nursing staffs are suffering many issues to providing quality care to patients.

**Significance of the study:**

This study is beneficial for us to identify the factors why staffs do not provide quality care to patients?

**Justification of Study:**

So it is important to assess the contribution of these factors which cause the lack of quality care. The most important factor is shortage of nurses. It is still a significant issue now a day. There are various factors that are accountable for lack of quality care.

**Objective:**

To assess the causes of lack of quality care in Allied Hospital Faisalabad.

**Variables:*****The independent Variable:***

Shortage of nurses and stress factors are independent variables.

**Dependent Varibale:**

Lack of quality care of patients are dependent variables.

**2. LITERATURE REVIEW**

According to International Journal of nursing studies ongoing shakiness in the nursing workforce is raising questions globally. A inclusive literature review was undertaken to examine the current state of knowledge about the scope of the nurse turnover problem, definitions of turnover, factors considered to be determinants of nurse turnover, turnover costs and the impact of turnover on patient, and nurse and system outcomes. Much of the research to date has focused on turnover determinants.

WHO has probable there to be a total of 59.2 million around the clock paid health workers worldwide in 2006, of which about two thirds were health service provider with the residual third being collected of health management and support workers (WHO 2006).

WHO also calculated an entrance in the ability density, which was not necessary to meet reliable coverage of necessary intervention, including precision Millennium Development Goals (MDG). According to these estimates, he reported that there were 57 countries, which lacks the same reduction as 2.4 million doctors, global losses of nurses and midwives. Sub-Sahara was relatively small in Africa, though its population size (WNW 2006, page 12) was a huge deficit in the south-east due to its size. WHO has also painted that unemployment in the country often increases the number of healthy professionals: 'Poor, defective private labor markets, public funds, bureaucratic red tape and lack of political interference This tension decreases between minor installation.

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Vol. 4, Issue 3, pp: (197-203), Month: September - December 2017, Available at: [www.noveltyjournals.com](http://www.noveltyjournals.com)

Zhao and Akkadechanunt(2011) define Quality Nursing Care (QNC) as “the degree of excellence experiential in nursing care delivery to patients, and it comprises of five category, which are: staff uniqueness, care-related activities, preconditions for care, environment, and progress of the nursing process as perceived by patients”. “Examining the quality of nursing care from the patients' viewpoint is an important part in quality evaluation, since patients admitted to hospital, have high prospect of the health care system.

According to BMC Health services research, Patient neglect is make to have two aspects. First, procedure neglect, which refers to failures of healthcare staff to achieve objective standards of care. Second, caring neglect, which refers to behaviours that lead patients and observers to believe that staff has uncaring attitudes. The apparent frequency of neglectful behavior varies by observer. Patients and their family members are more likely to report neglect than healthcare staff, and nurses are more likely to report on the neglectful behaviours of other nurses than on their own behaviour. The causes of patient neglect frequently relate to organisational factors (e.g. high workloads that constrain the behaviours of healthcare staff, burnout), and the relationship between careers and patients.

National surveys of register nurses, physicians, and hospital executives document considerable concern about the U.S. nurse shortage. large proportions of respondents perceived negative impacts on care processes, hospital capacity, nursing practice, and the Institute of Medicine's six aims for improving health care systems. There were also many areas of divergent opinion within and among these groups, including the impact of the shortage on safety and early detection of patient complications. These divergences in perceptions could be important barriers to resolving the current nurse shortage and improving the quality and safety of patient care.

EPC report included five studies funded by AHRQ that examined the connection between adverse patient result and hospital nurse staffing. All five studies found at least some association between lower nurse staffing levels and one or more types of unfavorable patient outcomes.

The largest of these studies on nurse staffing (jointly funded by AHRQ, the Health Resources and Services Administration, the Centers for Medicare & Medicaid Services, and the National Institute of Nursing Research) examined the records of 5 million medical patients and 1.1 million surgical patients who had been treated at 799 hospitals during 1993 .Among the study's principal findings:

- In hospitals with high RN staffing, medical patients had lower rates of five unfavorable patient outcomes (UTIs, pneumonia, shock, upper gastrointestinal bleeding, and longer hospital stay) than patients in hospitals with low RN staffing
- Major surgery patients in hospitals with high RN staffing had lower rates of two patient outcomes (UTIs and failure to rescue).
- Higher rates of RN staffing were linked with a 3- to 12-percent reduction in adverse outcomes, depending on the outcome.
- Higher staffing at all levels of nursing was linked with a 2- to 25-percent reduction in adverse.

### 3. METHODOLOGY

**Study design:**

Cross-sectional descriptive study

**Study place:**

Allied Hospital Faisalabad

**Duration:**

February 2017 – May 2017

**Sampling unit:**

Point of view of Charge nurses

**Sample size:**

250

**Sampling technique:**

Non probability sampling

(Convenient sampling)

**Data collection procedure:**

Structured questionnaire having closed ended questions was developed

**Ethical issues:**

No ethical issues. Data was taken from the department through a permission letter Of Medical Superintendent of Allied Hospital Faisalabad. It was ensured that confidentiality will be maintained.

**4. RESULTS**

**Age:**

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	21-25	68	27.2	27.2	27.2
	26-30	137	54.8	54.8	82.0
	31-35	45	18.0	18.0	100.0
	Total	250	100.0	100.0	

According to data received from Charge nurses below analysis is found inThis table shows ages of Charge nurses which are 27.2% charge nurses lie between ages of 21 to 25 years, 54.8% lies between 26 to 30 and 18% lie between31 to 35 years.

**Gender:**

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Female	250	100.0	100.0	100.0

This table and pie chart shows all gender are female because all are Charge nurses of Allied Hospital Faisalabad.

**Marital Status:**

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Single	98	39.2	39.2	39.2
	Married	125	50.0	50.0	89.2
	Divorced	12	4.8	4.8	94.0
	Widow	15	6.0	6.0	100.0
	Total	250	100.0	100.0	

This table and chart shows that mostly married charge nurses are present in Allied hospital Which are 50%.then 39.2% single, 6.0% widow and 4.8% divorced.

According to data received from Charge nurses below analysis is found shows ages of Charge nurses which are 27.2% charge nurses lie between ages of 21 to 25 years, 54.8% lies between 26 to 30 and 18% lie between31 to 35 years .Table and pie chart shows all gender are female because all are Charge nurses of Allied Hospital FSD. Table and chart shows that mostly married charge nurses are present in Allied hospital Which are 50%.then 39.2% single, 6.0% widow and 4.8% divorce. Table shows that lack of quality of care is due to 93.6% stress from the assignment and Workload and 6.4% experience pressure on Charge nurses. Table shows 28-8% doctors are available and their

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Vol. 4, Issue 3, pp: (197-203), Month: September - December 2017, Available at: [www.noveltyjournals.com](http://www.noveltyjournals.com)

frequencies are 72, Nurses are 70% and their frequencies 175 are available to attend the patients first They are present on their stations .The availability of nurses are very important and have a great effect on quality work.88.8% charge nurses and their frequencies 222 say YES availability of staff effect an11.2%.their frequencies 28 say NO it has no effect on quality work.

This pie chart and table shows mostly staffs which are94.4% are agree and say YES On lack of quality care is due to environmental effects and 5.6% say NO environmental Effects are comprised in this. Chart explain 91.2% nurses agree and say YES and 8.8% nurses say NO on lack of quality care is due to lack of professional knowledge This explain reason of contributing to non-availability of staffs is due To 83.2% shortage of nurses ,5.6% lateness staffs,8.4% overcrowding and 2.8% don't know. According to staffs of Hospital services which you want in hospitals 23.2% New consultation, 75.6% Availability of Nurses and 1.2% Lab result review. Table shows quality care is not received in Hospital is due to 85.2% shortage of nurses 12.8% Absenteeism of n shows according to Staff Nurses improving the quality care by increase staffs per shiftincrease service points and improve the staff availability. 74.8% says by increase staffs per shift,9.6% says by increase service points and 15.2% says improve staff availability and 0.4 % says they don't know about users and 2.0% Drugs are not available. 43.2% Charge Nurses say patient care in Hospital is acceptable and 56.8% say not acceptable.

Liable This table and Chart shows 61.6% Charge Nurses want to complain regarding service of Hospital and 38.4% say does not matter. Chart shows 91.2% Charge Nurses think positive and say YES and 8.8% Say NO about factors of nursing shortage is diminishing pipeline of New nurses.

According to this table 89.6%f staffs think YES and 10.4% think NO about shortage of nurses is due to inability to increase enrollment due to scarcity of nursing school faculty. According to this chart 19.6% Low salaries, 67.6% age delayed trajectory of nurses and 12.8Late point in career development factors effect on lack of quality care. This explain 29.2% Hospital acuity,65.6% Aging population and 5.2% aging workforce Factors contribute to lack of quality care. This table shows 238 charge nurses agree and say YES and 12 say NO in achieving target In providing care to patients.

**5. DISCUSSION**

The finding of this research indicates that there is no significant increase of external motivation of female respondents as compared to male respondents.

The expectation of negative relationship of internal motivation between male respondents and female respondents was based on logical reasoning, because it is proved from this study that internal motivation is high in male respondents as compared to female respondents. It means present finding conform this assumption.

Third hypothesis stated that help seeking behavior is higher in male as compare to female respondents. The results of this study fully support this hypothesis.

Forth hypothesis was that female respondents are more confident as compared to male respondents. Present finding reject this hypothesis and show that the confidence of female respondents are not high. It means that our thinking related to this hypothesis was wrong.

Fifth hypothesis of overall treatment of motivation is high in male respondents as compared to female respondents. The result of this study shows that there is no significant difference in male and female treatment motivation.

The final hypothesis of this research was hopelessness is higher in male as compared to female, The findings of this study prove this hypothesis.

**6. CONCLUSION**

In Hospital, lack of quality care of patients is due to shortage of nurses. Research findings nurses staffing ratio is not sufficient and it is a great need to increase the ratio of charge nurses to improve the quality care for patients. Environment in which we live effect on the professional skills and abilities of the charge nurses.

## 7. RECOMMENDATIONS

1. There is no simple report of the position of the nursing workforce shortage present and future. The genuine size of the nursing shortage is difficult to quantify. So constant changes in the health system challenge the idea that one nurse can be all things to all people.
2. Nurses with varied education and practice competencies bring different skills to patient care and they must be able to practice to the fullest potential of these capabilities.
3. To compete as attractive professional aim, practice environment must know and reward these differences by defining nurses roles and by utilizing and compensating nurses according to their different educational preparation and competencies.
4. However in order to support the development of nursing workers with skills appropriate to the health care system, the public, policy makers and the profession must connect in ongoing long term workforce planning .
5. Develops career series initiatives to move nursing graduate through graduate studies.
6. To identify the range of options available beyond the entry level role such as faculty researcher and administrator.
7. Institute an education and practice system to promote more impartial reward in the health care community based on a better understanding.
8. Introducing greater elasticity into work environment.
9. Rewarding knowledgeable nurses for serving as mentors and preceptors for new registered nurses.
10. Implementing appropriate salary.
11. Support workforce planning by the division of nursing and other public organization.
12. Providing nurses with sufficient independence over their practice in all setting.
13. Advocate for better acknowledgment of registered nursing services.
14. Establishing appropriate management structure within health care system.

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**International Journal of Novel Research in Healthcare and Nursing**

Vol. 4, Issue 3, pp: (197-203), Month: September - December 2017, Available at: [www.noveltyjournals.com](http://www.noveltyjournals.com)

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