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FACTORS AFFECTING THE ROLES AND FUNCTIONS
OF
STAFF NURSES IN NEPAL

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LIST OF TABLES

<u>Table</u>	<u>Page</u>
1. Demographic Characteristics of Respondents	13
2. Qualification of Respondents	15
3. Experience and Place of Work of Respondents	16
4. Satisfaction with Nursing	17
5. Factors Contributing to Satisfaction	18
6. Factors Contributing to Dissatisfaction	19
7. Opinion about Nursing Education Programme	20
8. Familiarity with Job Description	21
9. Factors Affecting Job Performance in the Work Environment	22
10. Supervision and Evaluation	24
11. Patient Workload for Medical & Surgical Unit	25
12. Patient Workload Rating	26
13. Use of the Nursing Process; Communication with Patients and Family members; and Provision of Health Education	27
14. Adequacy of/Problems with Physical Facilities	28

TABLE OF CONTENTS

	<u>Page</u>
1. INTRODUCTION	1
Statement of Problem	4
Objectives	4
Limitation of the Study	5
2. REVIEW OF LITERATURE	5
3. METHODOLOGY	9
Sample	10
Setting	10
Instruments	10
Data Collection	12
4. RESULTS	13
Staff Nurses	13
Nursing & Hospital Administrators	31
Teachers	37
5. DISCUSSION	42
6. CONCLUSION	46
7. RECOMMENDATIONS	46
8. PROPOSED STUDY/RESEARCH	50
9. REFERENCES	51
10. ANNEX	
Questionnaires	53
11. BIODATA OF INVESTIGATOR	

15.	Career Development	29
16.	Role of Nursing Association of Nepal	30
17.	Constraints Related to Nursing Administration	32
18.	Factors Hampering the Delivery of Nursing Services	32
19.	Staff Nurse:Patient Ratio	33
20.	Provision of Job Description for Staff Nurse	34
21.	Staff Nurse Evaluation	34
22.	Career Development	35
23.	Effectiveness of Nursing Curriculum	38
24.	Teacher:Student Ratio in Classroom	38
25.	Teacher:Student Ratio in Clinical Area	39
26.	Clinical Supervision Problems	40
27.	Resources & Facilities for Teaching	41
28.	Career Development Opportunities for Teachers	41

INTRODUCTION

The World Health Organization helped to establish the first Nursing School in Nepal in 1956 under the Directorate of Health Services, Ministry of Health. The school offered a three and a half year training programme, with an initial intake of fifteen students. The programme was hospital-based and illness oriented, and had as its aim the preparation of graduates who would work as bedside nurses in Nepal's hospitals. In 1959, a second nursing school was opened and, in the years that followed, there was a gradual increase in the annual intake of students.

During the 60's there were few changes in nursing education. However, in 1972, with the introduction of the New Education Plan, nursing education became the responsibility of the Institute of Medicine (IOM) at Tribhuvan University. The first nursing school then became an IOM campus and the second school an extension campus, and, during the following years, other IOM nursing campuses were established. At these campuses, a three year nursing certificate programme was offered, using a curriculum that remained very much oriented to hospital nursing. Although the curriculum contained slightly more community health content than previously, the aim of the programme continued to be that of preparing nurses for hospital service.

Nursing education was given a fresh impetus. In 1987, when following a major review process which extended over a period of several years, the new primary health care (PHC) curriculum was introduced. This curriculum is intended to prepare nurses to more effectively meet the health care needs of the people of Nepal. Therefore, the aim is to produce graduates who have the necessary knowledge, understanding and skill to provide preventive

and curative care, to individuals and families, in community and hospital settings. The first group of students exposed to the reoriented curriculum graduated in 1991. By the end of 1992 the total number of nurses who completed the certificate in nursing programme was 2005.

In addition to the nursing certificate programme, the first post basic nursing education programme was introduced in 1977 at the IOM. The programme, initially developed to train qualified nurses to teach midwifery or to work as midwifery supervisors, was first recognized as a diploma programme and later as a degree programme (Bachelor of Nursing - Midwifery). During the following years, three additional speciality BN programmes (community health, adult nursing and child health) were introduced. However, these speciality curricula were superseded, in 1988, by an integrated curriculum which has two streams, community health nursing and hospital nursing. The new curriculum, which in general bears more resemblance to BN programmes in other countries than did the speciality curricula, highlights PHC and aims to produce graduates capable of assuming leadership roles in community and hospital settings; teaching at nursing campuses; and/or improving nursing practice by applying the results of needs-based research. The first group of students using the integrated curriculum also graduated in 1991. Between 1981 and 1992 234 nurses have completed the post basic BN course.

Early Developments (1950-70)

The administration and management of nursing, including nursing education, was an integral part of hospital management. There were distinctive characteristics of nursing during this period. For example: (a) nursing training was service-oriented; (b) the teaching methods put more emphasis on clinical nursing rather than on nursing

theory; (c) and the teaching also put more emphasis on patient care (e.g. bedside nursing). Additionally, (a) there were long duty hours for nurses (e.g. 8 hours a day); (b) nurses did not get public or government holidays; (c) there were fewer opportunities for career development; and (d) the social status of nurses remained low in comparison with other technical services. However, despite these conditions, cases of absenteeism among nurses were rare.

Recent Developments (1971-90)

Though the status, image and reputation of nursing has improved in the last two decades, some new trends have been observed. For example: (a) training has become learner-oriented rather than service-oriented and the nursing curriculum places more emphasis on theory; (b) students spend less time at the bedside and they appear to dislike traditional nursing tasks such as bathing the patients, bed-making, and tidying patients rooms; and (c) there are never-ending demands for better service conditions. In addition, staff nurses have a host of complaints about the promotion system, career development opportunities, supervision and evaluation, nurse-patient ratios, and inadequate physical facilities and resources.

The administration and management of nursing services are also beset by many problems. Nurses have no major say on policy matters. The over centralization of authority in cities has not proved receptive to the two-way information flow between the staff nurses and the policy makers, planners and administrators of health services.

Many of the nursing teachers reiterate that their job responsibilities, in relation to their respective posts (e.g. Professor, Reader, Lecturer, Assistant Lecturer, Instructor), are vague. Additionally, they complain that there are inadequate opportunities for in-service education/training. (Shrestha, 165-68).

Teachers also complain that the teacher-student ratio has been increasing as some teachers have to manage a class of about 60 students at a time. It is difficult for a teacher to monitor individual progress in such situations also, and many of the students complain that they do not get individual attention by teachers, that textbooks and other teaching materials are in short supply, that teachers have no time to listen to their problems, and that there is no logical balance between classroom learning and practicum.

STATEMENT OF PROBLEM

Although there have been many developments during the short history of nursing in Nepal, it appears that many problems have developed recently which affect the quality of nursing care provided by staff nurses. Therefore, it was felt that, in order to better understand these problems, the factors affecting the roles and functions of staff nurses should be studied.

OBJECTIVES

The main objectives of the study were to:

- (i) look into various factors which affect the roles and functions of staff nurses;
- (ii) identify major constraints faced by the

- staff nurses in the discharge of their professional duties;
- (iii) determine the views of nursing teachers regarding issues and problems in nursing education.
- (iv) determine the views of hospital and nursing administrators regarding the planning, organization, administration and management of nursing in Nepal.

LIMITATION OF THE STUDY

Only the civil hospitals and the nursing campuses were included for the field study. Special hospitals for armed forces or police were not included. Geographical spread of the sample areas were limited due to financial and time constraints. Hospitals located in the mid-western and the far-western development regions, therefore, were not included. However efforts were made to assure the representative sample at the national level. The study deals with the roles and function of staff nurse only. Other categories of staff members were not included. The findings are based on the existing situation of hospitals and campuses in the year 1991 - 1992. It is a preliminary study in order to develop better insights into the factors which affect the roles and function of staff nurses in Nepal.

REVIEW OF LITERATURE

Shrestha (1982: 165-68) indicated in her article a decade ago that the nursing profession had neither been properly evaluated nor given proper recognition. She

identified six major issues which beset the profession: (i) lack of correct work-load distribution and division; (ii) lack of supervision or supervision by non-nurses; (iii) lack of proper security of nursing personnel in remote areas and inadequate hospital facilities like lack of proper equipment and supplies; (iv) inadequate facilities for in-service education and training; (v) lack of proper directives; (vi) lack of a minimum number of required nursing posts; (vii) lack of better incentives; and (viii) lack of proper and due respects for nursing personnel. Shrestha's observations were based on her own experience.

Bhattacharya (1982, 169-80) observed that there was a lack of trained health personnel at all levels and those that exist are not always distributed equitably across the country, leaving the rural or most remote areas without adequate service. And the overcentralization of authority, she claims, often helps to prevent the smooth functioning of the lower health worker categories. She also observed that doctors and nurses were in short supply (the manpower:population ratios being 1:30,000 and 1:34,495 respectively) and were not expected to increase in number to adequately cover the needy population.

Shrestha (1982, 199-204b), while reviewing the training of teachers at the Institute of Medicine, observes

"Lecture is still the most commonly used method of teaching the students, although it, as such is not the most effective method. It is unavoidable in the present circumstances because of the large size of the class and of the lack of facilities for other methods. Most of the time, it takes the form of talking to the students rather than real teaching. Students are not actively involved in the teaching/learning process and may learn very little during the process..."

This situation is common in all campuses due to the large number (30-60) of students on the one hand and inadequate number of teachers on the other. Again the situation is more serious in the campuses located outside Kathmandu Valley as those campuses are mostly taught by junior faculty members.

Anderson et al (1988: 271-80) carried out a survey study of the clinical supervision of nursing students in Nepal. The purpose of the survey was to identify the patterns of supervision from both the teachers' and students' perspectives through the use of a questionnaire. The findings revealed a large discrepancy between the teachers' and students' perceptions. While the findings from the students indicated the need for improvement in knowledge, attitude and skill of the clinical supervisor, the findings from teachers indicated that lack of equipment on ward, lack of time due to many students and other responsibilities, lack of clear cut direction on supervision, and lack of preparation and motivation in students, were main sources of frustration for them.

Though the above study was limited to 89 respondents (e.g. 31 teachers and 58 students) it provided interesting information on the status of clinical supervision.

Pokharel et al (1986: 80-84) conducted a performance study of nurses, who passed the certificate course in nursing between 1974 to 1984 from the IOM, in order to assess the impact of the course. The main objectives of the survey study were to (i) find out the level of acquisition of knowledge and skill in basic nursing care, (ii) conduct performance rating of nurses in nursing care and ward administration. The study concluded that more than 65% of

respondents had obtained desired knowledge and skill in nursing care and more than 50% respondents were able to perform nursing care and ward management duties.

Tamsang and others (1988: 1,2,42) conducted a study of the performance of nursing staff in relation to their job description. The main objectives of the study were (a) to identify the nursing activities of the staff in relation to their job description, (b) to determine the appropriateness and relevancy of the basic nursing training programme in preparing nurses to perform the described job effectively, (c) to describe the positive and negative factors that influence nursing performance/activities.

The study was conducted in the Bir Hospital and Patan Hospital of Kathmandu Valley and the conclusions were (a) there was a shortage of nursing personnel in both hospitals; (b) the existing staff spent a minority of their time giving patient care, (c) staff were not able to give nursing care up to quality standard, (d) there were inadequate supplies, equipment and facilities, (e) higher education and training opportunities were limited, (f) incentives were meagre, (g) education and training of nursing personnel were appropriate and relevant.

Basnet and Tomiyoshiy (1992: 3, 21, 23, 35) conducted a study of expected and received nursing care as perceived by patients and their relatives at Tribhuvan University Teaching Hospital (TUTH). The main objective was to improve the quality of basic nursing care at TUTH. And the scientific objectives were (a) to find out the expected nursing care as perceived by the patient and their relatives at TUTH; (b) to find out the received basic nursing care as perceived by the patients at T.U. Teaching Hospital; (c) to find out the basic nursing care provided

to the patient as observed by their relatives at T.U. Teaching Hospital; (d) to identify the factors hindring to provide nursing care as perceived by the patient and their relatives; (e) to determine the satisfactory level of the nursing care perceived by patients and their relatives.

The study concluded that 80.3% patients were satisfied with nursing care. Still there were some hindering factors for providing nursing care like (a) imbalance nurse-patient ratio; (b) too much clerical work; (c) most of the nurses' time was spent in communicating with various hospital personnel; (d) the nurses were disturbed with too many visitors; (e) equipment and supplies in the ward were insufficient.

From the review of literature it may be concluded that factors like imbalance of nurse-patient ratio, lack of correct workload distribution, inadequate facilities for in-service education and training both for staff nurses and nursing teachers, inadequate supplies, equipment and facilities affect the performance of staff nurses in patient care.

METHODOLOGY

On the basis of review of documentary materials - both published and unpublished - a pre-study outline was prepared for exchange of ideas/information in order to develop better insights into the study design.

A select group of staff nurses, nursing teachers and the subject experts were consulted to determine the scope of the study. On the basis of the acquired inputs a draft research proposal was prepared for discussion and review.

The final project proposal was prepared on the basis of comments/suggestions received from experts/resource persons.

This study was both descriptive as well as explorative in nature and used a field survey design.

SAMPLE

Of the 540 staff nurses working in the ten hospitals included in the study, half were selected to participate in the study. Selection was done on a random basis. For example, at first, lists of all staff nurses working in the target hospitals were prepared. Then all odd numbers were selected as respondents. The same techniques were applied for selecting the sample of 50 nursing teachers. However, there were a few exceptions (about 10), where the selected teachers/staff nurses failed to respond for one reason or another. In such cases the next potential teacher/staff nurse was selected to participate. Twenty five nursing and hospital administrators were selected as a convenience sample from ten hospitals.

SETTING

Seven hospitals were selected from Kathmandu Valley; six central referral hospitals and one district hospital. Three secondary level referral hospitals were selected from outside of Kathmandu Valley. The reason for selecting these hospitals was to assure adequate samples of staff nurses.

INSTRUMENTS

Three sets of questionnaires were developed, one each for (a) staff nurses; (b) nursing teachers; and (c) nursing and hospital administrators.

The questionnaire for staff nurses covered, among other items (i) demographic data; (ii) motivational factors for joining nursing; (iii) factors contributing to satisfaction and dissatisfaction; (iv) opinion about nursing education programme; (v) opinion about working place i.e. orientation, job description and working environment; (vi) factors affecting work performance - supervision and evaluation; (vii) patient workload; (viii) nursing process, communication and health teaching; (ix) physical facilities; (x) career development; (xi) role of TNAN; and (xii) suggestions.

The questionnaire for teachers included, among other items (i) educational background, interest in teaching; (ii) curriculum; (iii) student-teacher ratio; (iv) problem faced in the classroom and clinical; (v) teaching facilities/aid; (vi) method of teaching; (vii) opinion about clinical supervision; (viii) evaluation system; (ix) opinion about clinical; and (x) carrier development opportunities.

The interview schedule for nursing and hospital administrators included questionnaire about (i) nursing policies; (ii) experienced in administration and management; (iii) constraints related to nursing administration; (iv) approved number of post of staff nurse, patient and staff ratio; (v) job description, evaluation, incentives, facilities, career development opportunities of the staff nurse; and (vi) suggestions.

Questionnaires were pretested in the major hospitals of Kathmandu. Five respondents representing each category of sample (staff nurses, teachers, administrators) were included in the pre-testing. On the basis of pretesting some questions were revised for greater clarity.

DATA COLLECTION

The data for staff nurses were collected by Chief Investigator. She was assisted by trained and experienced teachers as well as sisters who were oriented in the survey method by the chief investigator.

The questionnaire were administered by the chief investigator who explained the purposes, objective of the study to every respondents. She also explained the queries about the questionnaire whenever required. The chief investigator examined each and every accomplished questionnaire.

The confidentiality of each respondent was assured, however, other demographic data such as post, working place, qualifications, experience, were recorded.

Interviews with the administrators of health/nursing services were carried out to document their opinion on the organization and management of nursing service systems in the country.

Apart from interviews with health administrator, a set of written questionnaire were also distributed among them to collect data/information.

The chief investigator herself visited each of the survey areas (i) to distribute and collect questionnaires; (ii) observe the working environment; and (iii) build close rapport with research assistants and with the respondents.

The data were collected over a period of eight months effective from July 1991 to February 1992.

RESULTS

STAFF NURSES

Demographic information was collected in order to understand ethnic representation, age, sex, marital status, and number of children (Table 1).

Table 1

Demographic Characteristics of Respondents

<i>Characteristics</i>	<i>No.</i>	<i>Percentage</i>
<u><i>Ethnicity</i></u>		
<i>Newars</i>	107	39.63
<i>Brahmins</i>	73	27.04
<i>Chhetris</i>	40	14.81
<i>Gurungs</i>	25	9.26
<i>Rai</i>	20	7.41
<i>Suri</i>	1	0.37
<i>Kanai</i>	1	0.37
<i>Tharu</i>	3	1.11
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	270	100.00
<u><i>Age Group</i></u>		
<i>20-25 yrs.</i>	91	33.70
<i>25-30 yrs.</i>	81	29.63
<i>30-35 yrs.</i>	54	20.00
<i>35-40 yrs.</i>	36	13.34
<i>40-45 yrs.</i>	9	3.33
	---	-----
	270	100.00

<i>Characterstics</i>	<i>No.</i>	<i>Percentage</i>
<u>Sex</u>		
<i>Female</i>	263	97.41
<i>Male</i>	7	2.59
	----	-----
	270	100.00
<u>Marital Status</u>		
<i>Single</i>	98	36.30
<i>Married</i>	172	63.70
	----	-----
	270	100.00
<u>Number of Children of Respondents</u>		
1	64	42.67
2	68	45.33
3	16	10.67
4	2	1.33
	----	-----
	150	100.00

More than 80% of the 270 nurses included in the sample are Newars, Brahmins or Chhetris. These are the three highest casts in Nepali culture.

More than 80% of the respondents fall within the ages of 20 to 35 years, and almost two thirds were married.

Not surprisingly, almost all of the respondents were female.

Table 2

Qualifications of Respondents

<u>Nursing qualifications</u>	<u>No.</u>	<u>Percentage</u>
Certificate Nursing only	242	89.63
Certificate Nursing + 1 year Diploma	1	0.37
Certificate Nursing + B.Sc. Nursing	3	1.11
Certificate Nursing + B.N.	24	8.89
	----	-----
	270	100.00
<u>Year of Graduation</u> (Basic Nursing Qualification)	<u>No.</u>	<u>Percentage</u>
Before 1970	7	2.59
1971-1980	65	24.08
1981-1990	164	60.74
1991-1992	34	12.59
	---	-----
	270	100.00
<u>Other Qualifications</u>		
S.L.C.	196	72.39
I.A.	52	19.40
I.Sc.	2	0.75
I.Com.	3	1.12
B.A.	13	4.85
B.Com.	4	1.49
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	270	100.00

In relation to nursing qualifications, the majority (89.63%) of respondents had a certificate in nursing as their only qualification and most graduated after nursing education became the responsibility of Tribhuvan University. Approximately 10% had either a BN or a B.Sc.N in addition to their nursing certificate.

Table 3

Experience and Place of Work of Respondents

<u>Years of Experience</u>	<u>No.</u>	<u>Percentage</u>
1- 5 yrs.	127	47.04
6-10 yrs.	46	17.04
11-15 yrs.	51	18.89
16-20 yrs.	35	12.96
20 + yrs.	11	4.07
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	270	100.00
<u>Present Place of Work</u>		
In-Valley Hospital	220	81.48
Out-of-Valley Hospital	50	18.52
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	270	100.00

Table 3 shows that in terms of years of experience, the majority of respondents have 1 to 5 years.

In terms of present place of work more than three-fourths (81.48%) of the respondents worked in hospitals of Kathmandu Valley (e.g. Kathmandu, Patan and Bhaktapur) and only 18.52% work out of Kathmandu Valley (e.g. Biratnagar, Birgunj and Pokhara).

Table 4

Satisfaction with Nursing

Satisfaction with Nursing	Respondents from In-Valley Hospitals		Respondents from Out-of-Valley Hospital	
	No.	%	No.	%
Yes	107	48.63	29	58.00
No	113	51.37	21	42.00
Total	220	100.00	50	100.00

With regard to satisfaction with nursing, respondents working in in-valley hospitals were divided. That is 48.63 percent were satisfied and 51.37 percent were not. Fifty eight percent of respondents working in the out-of-valley hospitals recorded that nursing was satisfying, while 42 percent recorded it was not (Table 4). Respondents opinion, however, varies from one hospital to another. For example, more respondents working in Bhaktapur (75.01%), Kanti (60.71%), Pokhara (57.14%), and Bir Hospital (53.85%) indicated that they were dissatisfied, whereas in Birgunj (100%), Biratnagar (61.54%), Patan (60.61%), and Thapathali (53.33%) indicated that they were satisfied.

Table 5

Factors Contributing to Satisfaction

Responses	Respondents from In-Valley Hospitals		Respondents from Out-of-Valley Hospitals		Both
	No.	%	No.	%	
1. Care of Patients	149	67.73	46	92.00	72.22
2. Job Security	149	67.73	45	90.00	72.96
3. Knowledge about Health Disease	89	40.45	12	24.00	37.41
4. Service to People	79	35.91	33	66.00	41.48
5. Self Satisfaction	68	30.91	9	18.00	28.52
6. Career Development	57	25.91	5	10.00	22.96
7. Good Environment	39	17.73	-	-	14.44
8. Professional	19	8.64	-	-	7.04
9. Good Facilities	17	7.73	3	6.00	7.41
10. No Response	11	5.00	-	-	4.07

The two main factors contributing to satisfaction with nursing, for respondents from both in-valley and out-of-valley hospitals, were job security and care of patients. Other factors included (in priority order) service to people (41.48%), knowledge about health disease (37.41%), self satisfaction (28.52%), and career development (22.96%) (Table 5).

Table 6

Factors Contributing to Dissatisfaction

Responses	Respondents from In-Valley Hospitals		Respondents from Out-of-Valley Hospitals		Both
	No.	%	No.	%	
1. Poor Physical Facilities	169	76.82	48	96.00	81.16
2. No Career Development	161	73.18	50	100.00	78.15
3. Poor Management	151	68.64	13	26.00	70.37
4. High Work Load	140	63.64	50	100.00	70.37
5. Poor Promotion Policy	87	39.55	42	84.00	47.71
6. Poor Evaluation	77	35.00	16	32.00	43.70
7. No Recognition of Nursing Profession	68	30.90	14	28.00	30.74
8. Inadequate Manpower	68	30.91	37	74.00	38.89
9. Difficulty in Night Duty	51	23.18	21	42.00	28.15
10. Visitor Problems	24	10.91	27	54.00	14.81
11. Domination by Doctor in the Community	23	10.45	19	38.00	15.56
12. Menial Work	5	2.27	-	-	-
13. Job Security	4	1.82	-	-	-
14. Poor Health Awareness in the community	3	1.36	-	-	-
15. Political Influence	1	0.45	-	-	-

Factors related to dissatisfaction with nursing were many and varied. However, the main factors indicated by respondents, in both in-valley and out-of-valley hospitals, as contributing to dissatisfaction were poor physical facilities, lack of career development, poor management, and high workload (Table 6).

Table 7
Opinion about Nursing Education Programme

Responses	Theory Component		Clinical Component	
	Yes	No	Yes	No
1. Preparation for staff nurse role	142 (52.59)	128 (47.41)	167 (61.85)	103 (38.15)
2. Need for change in nursing education programme	204 (75.56)	64 (23.70)	183 (67.78)	86 (31.85)

The respondents were asked whether the theory component of their nursing education programme prepared them to perform their duties as staff nurses. 52.59% indicated that it had and 47.41% that it had not. The reasons given for this were that the science component of the nursing programme was weak (46%), theory in general and english.

Three-fourths (75.54%) of the respondents mentioned that there was a need to change the theory component of the nursing education programme. In this regard, the following suggestions were made: more weightage on science and English subjects should be given; more weightage on specialized areas of nursing; and greater community orientation.

Almost two thirds of the respondents claimed that the clinical experience component of their nursing education programme had prepared them to perform their duties as staff nurses, while slightly more than one third indicated that this was not the case (Table 5). However, those respondents who indicated that they had been provided supervision during student clinical experience identified the following difficulties as being associated with the supervision provided: insufficient guidance by clinical teachers/supervisors; inadequate equipment to meet the requirements of students; and the level of

effectiveness of the supervision did not meet the expectations of students.

Some respondents also mentioned that there was a need to revise the nursing curriculum. However these respondents did not indicate in what way the curriculum should be revised.

Table 8
Familiarity with Job Description

<i>Responses</i>	<i>Respondents from In-Valley Hospitals</i>		<i>Respondents from Out-Valley Hospitals</i>	
	<i>Yes</i>	<i>No</i>	<i>Yes</i>	<i>No</i>
1. Familiar with job description	163 (74.1)	57 (25.9)	36 (72.0)	14 (28.0)
2. Had orientation about job description	133 (60.45)	91 (41.36)	15 (30.0)	35 (70.0)
3. Orientation programme helped to perform job	147 (66.82)	66 (30.0)	18 (36.0)	32 (64.0)
4. Able to perform job	149 (67.73)	66 (30.0)	39 (78.0)	11 (22.0)
5. Need to change job description	127 (57.73)	87 (39.55)	48 (96.0)	2 (4.0)

Almost three quarters of the respondents recorded that they were familiar with the details of their job description (Table 8). With regard to orientation to their respective jobs, slightly more than half of the respondents indicated that they had been oriented to their job descriptions, hospital policies, physical facilities and equipment. However, some differences between

hospitals are noted. For instance, at Bhaktapur Hospital only 25 percent of respondents had received orientation, while at Patan hospital more than 75 percent of respondents had received orientation.

Table 9

Factors Affecting Job Performance in the Work Environment

<i>Responses</i>	<i>Respondents from In-Valley Hospitals</i>		<i>Respondents from Out-of-Valley Hospitals</i>	
	<i>Helpful</i>	<i>Unhelpful</i>	<i>Helpful</i>	<i>Unhelpful</i>
1. Good physical facilities	126 (57.27)	-	6 (12.0)	34 (68.0)
Poor physical facilities	-	121 (55.0)	-	-
2. Good hospital management	44 (20.0)	-	2 (4.0)	-
Poor hospital management	-	208 (94.55)	-	48 (96.0)
3. Financial incentives	56 (25.45)	-	9 (18.0)	-
4. In-service education	22 (10.0)	-	1 (2.0)	-
No in-service education	-	40 (18.8)	-	30 (60.0)
5. Inter-personal relations	81 (36.82)	-	9 (18.0)	-
6. Work load	-	113 (51.36)	-	36 (72.0)
7. Promotion policy	-	98 (44.55)	-	46 (92.0)
8. Visitor problem	-	95 (43.18)	-	39 (78.0)
9. Available manpower	-	95 (43.18)	-	42 (84.0)

Factors like good physical facilities do affect the job performance. But this has been acknowledged by staff nurses working in the hospitals of Kathmandu Valley. This is true as in-valley hospitals are better equipped than out-valley hospitals. Similarly good hospital management also affect the job performance. But only one-fifth of the respondents have acknowledged it while more that 94 per cent respondents working in both the in-valley and out-of-valley hospitals record that the present management is unhelpful. Similarly promotion policy and available manapower also affect the job performance. Uncontrolled visitors problem also affect the work environment.

In terms of supervisions about 60 percent of respondents recorded that they saw their supervisors "sometimes" while about 40 percent recorded "often". Some respondents from out-of-valley hospitals recorded both (Table 10) and mentioned that supervisors were available "often" during day shifts.

Respondents were also asked to record whether they consulted their supervisors about difficulties/problems related to their duties as staff nurses and more than 80 percent of respondents mentioned they did. The percentage of those respondents who did not consult their supervisors was higher (16.82%) in in-valley-hospitals than out-of-valley hospitals (8%). Most of the respondents who did not consult their supervisors did not indicate why this was so. Only the respondents from TUTH recorded one or more reasons; for example, supervisor available only sometimes, supervisors did not care much about difficulties/problems, supervisors did not know how to solve problems, communication gap, and supervisors were more interested in routine work like report taking.

Table 10

Supervision and Evaluation

Responses	Respondents from In-Valley Hospitals		Respondents from Out-of-Valley Hospitals	
	No.	%	No.	%
a. Supervisions by the supervisors in ward				
i) often	65	29.55	40	80.0
ii) sometime	131	59.55	34	68.0
iii) not at all	19	8.64	4	8.0
iv) once a day	4	1.82	-	-
v) not at night	1	0.45	-	-
b. Consultation between supervisors and staff nurses				
i) yes	182	82.72	40	30.0
ii) no	37	16.82	4	8.0
c. Frequency of evaluation of staff nurse by supervisor				
i) three monthly	6	2.73	2	4.0
ii) six monthly	7	3.18	1	2.0
iii) yearly	20	9.09	-	-
iv) not at all	149	67.73	47	94.0
v) others	40	17.0	-	-
d. Motivation of staff nurse through evaluation				
i) yes	61	27.73	7	14.0
ii) no	149	67.72	41	42.0

When the respondents were asked to record the frequency of evaluation by their supervisors, more than two-thirds of those working in Kathmandu Valley hospitals indicated that they were not evaluated at all. Ninety four percent of respondents working in out-of-valley hospitals also recorded that they were not

evaluated at all and of the respondents who were evaluated, less than half indicated that the evaluation motivated to work (Table 10).

Table 11
Patient Workload for Medical & Surgical Unit

No. of Patient	Respondents from In-Valley Hospitals		Respondents from Out-of-Valley Hospitals		Total	
	No.	%	No.	%	No.	%
1- 5 pts.	14	6.89			14	6.89
6-10 pts.	28	13.74	2	4.00	30	11.88
11-15 pts.	33	16.25			33	13.04
16-20 pts.	40	19.70	5	10.00	45	17.78
21-25 pts.	22	10.83	4	8.00	26	10.27
26-30 pts.	20	9.85	8	16.00	28	11.06
31-35 pts.	26	12.80	11	22.00	37	14.62
36-40 pts.	8	3.94	10	20.00	18	7.11
41-45 pts.	5	2.46	6	12.00	11	4.34
More than 46	7	3.44	4	8.00	11	4.34
Total	203	100.00	50	100.00	253	100.00

Note: Respondents who were working in special units are not included (number 17).

The patient workload ratio varies from one hospital to another. However, more than 50 per cent nurses mentioned that one nurse serve more than 20 patients in-valley hospitals, while 86 per cent respondents says that one nurse serve more than 20 patients in out-of-valley hospitals.

Table 12

Patient Workload Rating

<i>Responses</i>	<i>Respondents from In-Valley Hospitals</i>		<i>Respondents from Out-of-Valley Hospitals</i>		<i>Total</i>	
	<i>No.</i>	<i>%</i>	<i>No.</i>	<i>%</i>	<i>No.</i>	<i>%</i>
<i>Too much</i>	161	73.18	45	90.00	206	76.30
<i>Just right</i>	55	25.00	4	8.00	59	21.85
<i>Not enough</i>	3	1.36	1	2.00	4	1.48
<i>No response</i>	1	0.45			1	0.37
<i>Total</i>	220	100.00	50	100.00	270	100.00

When the respondents were asked to rate their patient workload almost three quarters (71.85%) of them recorded that the workload was "too much", while one quarter of them reported it was "just right" (Table 12).

Respondents were asked to record whether they provided nursing care according to the nursing process. More than 50 per cent of respondents working in in-valley hospitals and 94 per cent of respondents working in out-of-valley hospitals said no. The reasons given for not using the nursing process were shortage of manpower, lack of equipment, shortage of time or overwork, and unnecessary paper work.

In terms of patient - nurse interaction, slightly more than half of the respondents indicated that they communicated with their patients and family members about patient health problems (Table 13). About three quarters of respondents working in out-of-valley hospitals indicated that they did not communicate with their patients and family members because of inadequate staff and lack of time.

Table 13

Use of the Nursing Process; Communication with Patients and Family Members and Provision of Health Education

<i>Responses</i>	<i>Respondents from In-Valley Hospitals</i>		<i>Respondents from Out-of-Valley Hospitals</i>	
	<i>No.</i>	<i>%</i>	<i>No.</i>	<i>%</i>
<i>a) Use of the Nursing Process</i>				
<i>i) Yes</i>	97	44.45	3	6.0
<i>ii) No</i>	113	51.26	47	94.0
<i>b) Communication with patients and their family members about health/pt. problem</i>				
<i>i) Yes</i>	139	63.18	13	26.0
<i>ii) No</i>	63	28.63	37	74.0
<i>c) Provision of health education to patients and their family members</i>				
<i>i) Yes</i>	157	71.36	18	36.0
<i>ii) No</i>	58	26.36	32	64.0

With regard to the provision of health teaching to patients and their family members, almost two thirds of the respondents indicated that they did so. Reasons given by those respondents who did not provide health teaching include inadequate staff, excessive workload and lack of time.

Table 14

Adequacy of / Problems with Physical Facilities

<i>Responses</i>	<i>Respondents from In-valley Hospitals</i>		<i>Respondents from Out-of-Valley Hospitals</i>	
	<i>No.</i>	<i>%</i>	<i>No.</i>	<i>%</i>
<i>a) Adequacy of Physical facilities</i>				
<i>i) Yes</i>	111	50.45	2	4.0
<i>ii) No</i>	104	47.27	48	96.0
<i>b) Problems associated with Physical facilities</i>				
<i>i) Yes</i>	164	74.54	49	98.0
<i>ii) No</i>	44	20.00	1	2.0

In terms of physical facilities, slightly more than half of the respondents indicated that these were not adequate for the performance of duties as a staff nurse. However, reasons varied somewhat between hospitals; for instance, almost all of the respondents from Pokhara Hospital indicated that facilities were not adequate while more than three quarters from Bir Hospital said they were. Respondents indicated that difficulties with physical facilities prevented them from providing proper nursing care, patients had to suffer due to inadequate equipment and supplies, and these problems created tension/stress among the staff nurses.

Table 15
Career Development

<i>Responses</i>	<i>Respondents from In-Valley Hospitals</i>		<i>Respondents from Out-of-Valley Hospitals</i>	
	<i>No.</i>	<i>%</i>	<i>No.</i>	<i>%</i>
<i>a) Promotion</i>				
<i>i) Yes</i>	22	10.00	1	2.0
<i>ii) No</i>	191	86.82	49	98.0
<i>b) Continuing education</i>				
<i>i) Yes</i>	47	21.36	9	18.0
<i>ii) No</i>	168	76.36	40	80.0
<i>c) Motivation through career development opportunities</i>				
<i>i) Yes</i>	90	40.90	12	24.0
<i>ii) No</i>	111	50.45	38	76.0

With regard to the availability of career opportunities, only 8.52 percent of respondents admitted that promotion opportunities were available, while only one fifth of respondents admitted that opportunities for continuing education were available. Data comparison between in-valley and out-of-valley hospitals shows that respondents working in out-of-valley hospitals have even fewer opportunities for promotion and continuing education.

Table 16
Role of Nursing Association of Nepal (NAN)

<i>Responses</i>	<i>Respondents from In-Valley Hospitals</i>		<i>Respondents from Out-of-Valley Hospitals</i>	
	<i>No.</i>	<i>%</i>	<i>No.</i>	<i>%</i>
<i>a) Professional support for NAN</i>				
<i>i) Yes</i>	41	18.64	3	6.0
<i>ii) No</i>	178	80.90	47	94.0
<i>b) Suggestions for NAN</i>				
<i>i) Solve nursing staff problems</i>	172	78.18	35	70.0
<i>ii) Act as a place for exchange of ideas/information</i>	88	40.00	30	60.0
<i>iii) Conduct in-service education</i>	119	54.09	23	66.0
<i>iv) Solving nursing staff problem</i>	61	27.73	35	70.0
<i>v) Standardisation of nursing service</i>	87	39.55	32	64.0
<i>vi) Provide legal service</i>	27	12.27	10	20.0
<i>vii) Coordinate among staff nurse</i>	24	10.90	20	40.0

More than 80 percent of respondents mentioned that they were members of the Nursing Association of Nepal (NAN). When asked to comment whether the NAN provided any professional support to them only 12 percent claimed that it did.

When asked to suggest what role the NAN can play in the improvement of nursing in Nepal. More than 70 per cent respondents recorded that it should continuously monitor various problems faced by nurses and try to help resolve them.

Suggestions

The following suggestions were made by the respondents with regard to improving nursing practice: i) adequate physical facilities including supply and equipment in the hospital (98.00%); ii) provision of career development including in-service education and training (87.04%); iii) proper evaluation (75.19%); iv) systematic promotion (72.55%); v) develop/enforce standards for nursing and provide clear job description for each level/category of nursing (43.76%); vi) effective supervision and guidance of students in the clinical areas (28.15%); vii) delegation of power/authority to nurses (24.44%); viii) job security (24.07%); ix) improve interpersonal communication among all categories of health personnel (14.81%); x) remove work like bed making, dusting, and bathing, (14.07%); xi) improve administration and management of nursing services (11.85%); xii) increase participation in seminar/workshop in order to upgrade skill/knowledge (11.11%).

NURSING AND HOSPITAL ADMINISTRATORS

When asked what their current nursing policies were, 61% of the 25 nursing and hospital administrator included in study said that they have policies related to (i) senior posts to be advertised; (ii) one nursing supervisor in each ward; (iii) sister to be posted as incharge where most needed; (iv) upgradation of educational standard of staff nurses; (v) promotion policy for nursing staff; (vi) overtime allowance. When asked whether they were satisfied with these policies, 61% said they were not because there are no standard nursing policies and nursing management is inefficient due to inadequate number of staff nurses.

Table 17

Constraints Related to Nursing Administration

Responses	Respondents from In-Valley Hospitals		Respondents from Out-of-valley Hospitals	
	No.	%	No.	%
Budgetary	15	83.3	4	57.1
Manpower	14	77.8	6	85.5
Physical facilities	16	88.9	5	71.4
Others	9	50.0	-	-

Almost all respondents indicated that there were constraints related to budget, manpower, and physical facilities. In addition, the lack of career development incentives for staff nurses and opportunities for nursing administrators to participate in decision making were also seen as constraining factors.

Table 18

Factors Hampering the Delivery of Nursing Services

Responses	Respondents from In-Valley Hospitals		Respondents from Out-of-valley Hospitals	
	No.	%	No.	%
Inadequate facilities	5	27.8	3	42.0
Inadequate supplies	3	16.7	2	28.0
Poor maintenance	2	11.1	2	28.0
Poor hospital management	8	44.4	3	42.0
Low staff nurse motivation	7	38.9	3	42.0

Factors identified which hampered the delivery of nursing services included (a) inadequate physical facilities; (b) decreasing level of motivation among the staff nurses due to internal and external constraints; (c) lack of supplies; (d) poor maintenance systems; and (e) poor hospital management systems.

Table 19

Staff Nurse : Patient Ratio

<i>Hospitals</i>	<i>Respondents from In-Valley Hospitals</i>		
	<i>Director</i>	<i>Matron</i>	<i>Supervisor/ Sister</i>
<i>T.U.T.H.</i>	1:2	1:3	1:4
<i>Kanti</i>	1:3	1:10	1:15
<i>Bir Hospital</i>	1:20	1:32	1:20
<i>Maternity, Thapathali</i>	-	1:5	1:5
<i>Teku</i>	1:6	-	1:16
<i>Patan</i>	1:2		
<i>Bhaktapur</i>	1:6	1:5	-
<i>Hospitals</i>	<i>Respondents from Out-of-Valley Hospitals</i>		
	<i>Acting Director</i>	<i>Acting Matron</i>	
<i>Biratnagar</i>	1:16	1:24	
<i>Birgunj</i>	1:31	1:31	
<i>Pokhara</i>	1:22	1:22	

In terms of nurse:patient ratio the data show great variations within and between hospitals (Table 19).

Table 20

Provision of Job Description for Staff Nurse

Responses	Respondents from In-Valley Hospitals		Respondents from Out-of-Valley Hospitals	
	No.	%	No.	%
Yes	11	61.10	5	71.40
No	7	38.90	2	28.60
Total	18		7	

Approximately 60% of in-valley and 70% out-of-Valley respondents claimed that they had provided standard job descriptions for the staff nurses working under them, even though they admitted that there was a need to revise them. Where job descriptions were available, the respondents felt that for the following reasons staff nurses did not always effectively perform the duties outlined in their job description: (a) too much 'clerical' work; (b) no in-service education; and (c) no orientation before they join as staff nurses.

Table 21

Staff Nurse Evaluation

Responses	Respondents from In-Valley Hospitals		Respondents from Out-of-Valley Hospitals	
	No.	%	No.	%
Three monthly	2	11.2	-	-
Six monthly	1	5.6	2	28.6
Yearly	7	38.8	3	42.78
Not at all	5	27.8	-	-
Others	3	16.6	2	28.6

The frequency of staff nurse evaluation varied from not at all to yearly (Table 21). Respondents who conducted evaluation, were also asked about the technique they follow for evaluation. 69.9% respondents from in-Valley hospitals followed an open system (evaluation form shown to staff nurse), 5.6% confidential (evaluation form not shown to staff nurse), and 23% both (shown and not shown) and 28.6% respondents from out-of-valley hospitals followed open, 28.6% confidential, and 42.8% both.

Almost all respondents claimed that they provided incentives to staff nurses to improve nursing practice. However the types of incentives differed from one hospital to another. For example, some hospitals provided up to 50 percent allowance while others provided salary increment. As well, continuing education, in-service training, participation in seminars and workshops were provided as incentives.

Respondents from Biratnagar, Birgunj and Pokhara mentioned that although incentives (salary increments) were given, the staff nurses working in district hospitals did not benefit as much as staff nurses working in hospitals of Kathmandu Valley.

Table 22
Career Development

Responses	Respondents from In-Valley Hospitals		Respondents from Out-of-Valley Hospitals	
	No.	%	No.	%
a. Promotion				
i) Yes	14	77.78	3	42.86
ii) No	4	22.22	4	57.14
b. Continuing Education				
i) Yes	12	66.67	4	57.14
ii) No	6	33.33	3	42.86

Respondents were asked to present their views on the career development opportunities available for staff nurses. Respondents from in-valley hospitals claimed that there is promotion (77.78%) and continuing education (66.6%) and respondents from out-of-valley hospitals claimed promotions (42.8%) and continue education (57.14%).

Respondents from Birgunj and Biratnagar recorded that career development opportunities like promotion and continue education were not available for their staff nurses and they never got any such opportunities.

They were also asked to comment whether the staff nurses participated in nursing management like planing, budgeting, research. The data show they are not participating in such activities.

Suggestions

Suggestions to improve nursing performance made by the nursing and hospital administrators interveiwed, are as follows: i) equal career development incentives for all eligible nurses (88%); ii) formulation of standard rules and regulations for nursing management (76%); provision of higher education on seniority basis; iii) provision of in-service education and training to keep abreast with the current development in the field of nursing (76%); iv) promotion systems should be made more liberal or additional career development incentives should be provided if vacancies do not exist at the higher level (76%); v) review of existing nursing policy and adoption of national nursing policy for the all round development of the nursing profession (68%); vi) opportunity for higher education on seniority basis (60%); vii) a long term plan should be prepared to improve the quality of nursing care (52%); viii) posts for

nurses at upper levels in the government should be created (44%); ix) rewards should be made available for all staff nurses who have made a significant contribution to nursing service (44%); x) proper job description for all categories of nursing personnel should be available (44%); xi) there should be a proper transfer policy (36%); xii) apprenticeship for all new staff nurses and special orientation for those who are to take responsibility for specialized areas of nursing care (40%); xiii) decentralized planning and management of nursing services (44%); xiv) special nursing management course for sisters and nursing supervisors should be made available to raise the present level of efficiency (20%); xv) participation of nurses in decision-making process should be ensured (32%); and xvi) the procedure manual should be revised to suit the present nursing care requirements (16%).

TEACHERS

Of the 50 teachers surveyed, 54% reported that they enjoyed teaching moderately, 34% maximally and 12% minimally. Respondents who enjoyed teaching to a maximum degree recorded the following main reasons for the same: interest in teaching; it helped upgrade knowledge and skill; rewarding job; and better opportunities for sharing new ideas and skills. Respondents who enjoyed teaching moderately or to a minimally gave the following two main reasons for the same: over workload due to large number of students (above 60) in a class and inadequate number of teachers; and less opportunities for career development (e.g. fewer chances for further education or training). In addition lack of physical facilities, poor administration and management, and inadequate opportunities for upgrading skill and knowledge were identified as problems faced by teachers.

Table 23
Effectiveness of Nursing Curriculum

<i>Responses</i>	<i>Respondents from In-Valley Campuses</i>		<i>Respondents from Out-of-Valley Campuses</i>	
	<i>No.</i>	<i>%</i>	<i>No.</i>	<i>%</i>
<i>Very effective</i>	7	21.90	2	11.10
<i>Moderately effectively</i>	22	68.75	15	83.30
<i>Not effective</i>	3	9.40	-	-
<i>No response</i>	-	-	1	5.55
<i>Total</i>	32		18	

Almost 70% of the respondents from in-valley campuses and slightly more than 80% out-of-valley campuses indicated that the nursing curriculum was effective in preparing staff nurses.

Table 24
Teacher : Student Ratio in Classroom

<i>Responses</i>	<i>Respondents from In-Valley Campuses</i>		<i>Respondents from Out-of-Valley Campuses</i>	
	<i>No.</i>	<i>%</i>	<i>No.</i>	<i>%</i>
<i>1- 5</i>	-	-	-	-
<i>6-10</i>	5	15.6	1	5.6
<i>26-30</i>	4	12.5	11	61.1
<i>31-35</i>	1	3.1	-	-
<i>36-40</i>	6	18.8	6	33.3
<i>46-50</i>	1	3.1	-	-
<i>56-60</i>	6	18.8	-	-
<i>71-75</i>	6	18.8	-	-
<i>76-80</i>	3	9.3	-	-
<i>Total</i>	32		18	

With regard to the teacher-student ratio in the classroom, about one-third of respondents reported one teacher to 25 to 30 students, while about one-fourth of respondents reported one teacher to 35 to 40 students in classroom. The teacher student ratio in the clinical area is also inbalance as one teacher supervises more than 10 students according to 44% of respondents in-valley campuses and 66% out-of-valley campuses.

Table 25

Teacher : Student Ratio in Clinical Area

<i>Responses</i>	<i>Respondents from In-Valley Campuses</i>		<i>Respondents from Out-of-Valley Campuses</i>	
	<i>No.</i>	<i>%</i>	<i>No.</i>	<i>%</i>
1- 5	3	9.4	1	5.6
6-10	15	46.9	5	27.8
11-15	10	31.3	6	33.3
16-20	1	3.1	5	27.8
21-25	-	-	1	5.6
26-30	1	3.1	-	-
46-50	1	3.1	-	-
No response	1	3.1	-	-
	32		18	

However, greater variations in the responses among the campuses have been recorded. For example 85.71% of respondents working in the Lalitpur Nursing Campus reported that they had adequate time to respond to each of their students' queries while only 33.33% of respondents working in Pokhara mentioned that they had adequate time for the same.

However, differences between campuses were considerable. For example 71.43% of teachers working at Lalitpur Nursing Campus reported that they had adequate time to supervise their students in their clinical areas whereas less than 20% at Pokhara reported this to be so.

Table 26

Clinical Supervision Problems

<i>Responses</i>	<i>Respondents from In-Valley Campuses</i>		<i>Respondents from Out-of-Valley Campuses</i>	
	<i>No.</i>	<i>%</i>	<i>No.</i>	<i>%</i>
<i>Yes</i>	22	68.75	15	83.30
<i>No</i>	10	31.25	3	16.70
<i>Total</i>	32		18	

When asked to record their views on problems in clinical supervision 68.75% (in valley) and 83.30% (out of valley) of respondents mentioned that they faced various problems like more workload, inadequate supplies and equipment, no standard parameters for selecting clinical areas, inadequate coordination between nursing campus and hospital management, and inadequate teaching and reference materials. Additionally, more than three-fourths of respondents indicated that students experienced various difficulties in the clinical areas (e.g. lack of equipment and lack of close supervision due to inadequate number of clinical supervisors).

Table 27

Resources & Facilities for Teaching

Responses	Respondents from In-Valley Campuses		Respondents from Out-of-Valley Campuses	
	No.	%	No.	%
Adequate	16	50.0	1	5.50
Not adequate	16	50.0	17	94.50
Total	32		18	

More than 90% of respondents from out-of-valley campuses and 50% from in-valley campuses reported that physical facilities like books, equipment, and AV aids were not adequate, thus making it difficult, to keep abreast of new knowledge, to communicate technical subject matter to meet academic programme objectives, and to transfer technical skills to students as well these inadequacies made it difficult for students to complete assignments.

Table 28

Career Development Opportunities for Teachers

	Respondents from In-Valley Campuses		Respondents from Out-of-Valley Campuses	
	No.	%	No.	%
Participate in Workshop/Seminar	14	43.75	8	44.50
Higher Education	20	62.50	4	22.30
Teacher Training	5	15.60	7	38.80
Promotion	3	9.40	-	-
No Response	5	15.6	6	33.40

The career development opportunities identified by the respondents can be seen in Table 28. More than 80% of the respondents indicated that these opportunities motivated good teaching, whereas 66% indicated that if these opportunities were not offered their teaching was adversely effected.

The suggestions made by respondents to improve teachers performance are as follows: i) improve teachers' capability (98%); ii) maintain satisfactory/standard student:teacher ratio (70%); iii) improve physical facilities (56%); iv) provide better incentives to both teachers and students while working in the clinical areas (40%); v) provide career development opportunities at regular intervals (24%); vi) improve monitoring and evaluation systems (20%); and vii) develop standard job description for teachers (6%).

Discussion

1. The fact that the majority of nurses included in the study were formed high cast ethnic groups may have an adverse effect on the quality of nursing care. That is, there may be some unwillingness at the part of nurses from high casts to provide care to patients from lower cast. It may be recalled that patients belonging to the lower casts - especially untouchable - frequently hide their cast surnames during registration at hospitals. This situation may, however, be difficult to change because fewer women from lower casts have educational opportunities which would enable them to meet the entrance requirements for training programmes such as the training programme for nurses.
2. The main motivational factors for satisfaction for nurses are service to people and the job security. Job opportunities are available for all trained staff nurses, if they are willing to work in rural areas.

The main reasons for dissatisfaction are fewer career development opportunities and excessive workload. The present policy for career development opportunities is unsatisfactory, e.g. promotion is rare and opportunities for higher education is fewer. Similarly the number of staff nurses has not increased in proportion to increasing hospital patients. So nurses are unable to provide quality nursing care even if they want to.

3. Some hospitals do provide job descriptions while other do not. There is no uniform job description as has been admitted by nursing and health administrator. There is no standard policy for providing orientation about job description as the difference between in-valley and out-of-valley hospital shows; only exception is Patan hospital which is managed by an INGO and follows its own policy. Absence of standard job description not only affects the quality of nursing services but also undermines the relevance and effectiveness of performance rating or evaluation of staff nurses. It may be noted that inadequacy of standard job descriptions has also hampered the progress on job classification for various categories of nurses.
4. In absence of standard nursing policy standardization of nursing functions, services, administration and management has been limited. Over-concentration of top health officials in Kathmandu and centralization of decision-making power have prevented nurses from active participation in decision-making process. Even the middle level nursing administrators working in out-of-valley hospitals feel that staff nurses working under them do not enjoy equal opportunities for career development incentives available at the national level. This situation has greatly affected the morale of nurses working in out-of-valley hospitals.

5. The workload of staff nurses differs from one hospital to another; however it is more serious in out-of-valley hospitals. This has been acknowledged by the nursing and health administrators. There is no standard guideline for computing the workload in government hospitals. Excessive workload is due to less number of staff nurses in Nepal. That is why nurse can not provide basic nursing care.
6. Inadequate physical facilities are visible in all hospitals (except Patan Hospital) but the situation is more serious in out-of-valley hospitals. This is because of small budget and even the mismanagement of small budget and poor maintenance of equipment and supplies. The above situation arises from less budget for nursing care, poor hospital management and inadequate policy measures for health care. Poor delivery of nursing services is not always the reflection of poor performance of nurses but is also the outcome of internal and external constraints like inadequate supplies, poor maintenance of equipment, and poor hospital management systems and services.
7. The new trends in nursing process put more emphasis on holistic approach to patient care. This is good in theory but difficult in practice due to shortage of manpower, lack of equipment, shortage of time or overwork. It may be also recalled that older nurses (before 1972) who are now incharge may not understand the nursing process as they are not taught about it.
8. Supervision is inadequate for staff nurses. When this issue was brought before the nursing administrators during interview, they indicated that there was an inadequate number of supervisors in some hospitals or that there were delays in replacement of those supervisors who were on leave. This situation leads to decreasing quality of

nursing care in many hospitals.

9. Performance evaluation also seems to be a weak factor in the nursing service system. There is no standard or proper systems for monitoring and evaluation of performance of staff nurses as has also been mentioned by the nursing and health administrators during interviews. And random evaluation of staff nurses has badly affected their morale. This situation has increased frustration and disappointment among many nurses.

10. Some of the staff nurses surveyed suggested that the science and English contents of the nursing education programme be improved. Increasing the science content of the nursing programme may perhaps relate to the personal needs of staff nurses (i.e. increasing the science content would increase the chances of staff nurses gaining entrance to other education programmes such as M.B.B.S., B.Sc. Nursing in India and other countries). Increasing the English content of the curriculum (i.e. instruction in spoken and written English) would conceivably help to overcome the on-going problem of high failure rates in the English course included in the curriculum. It should be noted that a major revision process was undertaken in the mid to late 80's to reorient the curriculum to a primary health care model. The reoriented curriculum was introduced in 1987 and has been monitored closely since then. However there is a need to introduce corrective measures keeping in view the changing requirements of nursing care as suggested by nurses.

Lack of supervision shortage of teaching materials, inadequate equipment and supplies, insufficient cooperation and coordination between hospital and campus during student period do not allow the staff nurses to perform their work adequately.

11. In general career development opportunities like promotion and continuing education are very limited. Nursing and health administrators also claim that the promotion systems is rather slow as new positions are not created and even the existing position remain vacant (on leave) for a long period. Many nurses working in out-of-valley hospitals feel that career development incentives like continuing education or training or participation in workshops, seminars are few and far between in comparison with their counterparts working in in-valley hospitals. This may be due to greater availability or access to foreign assistance in general to select in-valley hospitals like TUTH, Patan, and Bir Hospitals and less opportunities for nurses working in out-of-valley hospitals. Dissatisfaction among the staff nurses is also due to poor monitoring and evaluation systems.

CONCLUSION

This study concludes that: i) social acceptance of nursing has increased; ii) the main motivation factors for satisfaction for staff nurses are 'service to people' and the 'job security'; iii) most of the hospitals have no standard job description for staff nurses; iv) existing nursing policy parameters which relate to quality nursing care are inadequate; v) hospital facilities have poor material resources; vi) nurse staffing patterns result in high patient workload; vii) supervision and evaluation of staff nurses are insufficient; and viii) career development opportunities for nurses are very limited. This situation has related into low standard nursing care as well as low morale of nurses in Nepal. Recommendations based on the suggestins of staff nurses, nursing teachers, and nursing and health administrators have been made to overcome some of the major problems which affect the quality of nursing care in Nepal's hospitals.

RECOMMENDATIONS

These recommendations are based on the findings, including suggestions made by staff nurses, nursing and health administrators, and nursing teachers of the survey study.

Nursing Policy

- Review the current nursing policy
- develop policy parameters for staff development, workload, physical facilities, nursing process and nursing standards.

Career Development

- Provision for consistent in-service education and training in order to keep abreast with the frontwave of knowledge.
- Certain number of scholarship can be provided each year for staff education and training.
- Participation in seminars, workshops to exchange information, experience, etc;
- Promotion for qualified nurses/teachers at regular intervals;
- Creation of more posts at upper levels according to mutually agreed-upon formula.

Administration and Management

- Review the existing nursing administration and management systems;

- Encourage participatory approach to nursing administration;
- Decentralize power to encourage participation of nurse in the decision making process;
- Provide each category of nurses with standard job description;
- Ensure coordination between hospitals and nursing campuses for better management of clinical areas.

Monitoring and Evaluation

- Review the current monitoring and evaluation systems, if any;
- Develop and implement open staff performance monitoring and evaluation systems based on centrally approved common evaluation parameters;
- Staff evaluation report should be made available to each member concerned;
- Develop a system of rewards to recognize outstanding performance of nurses to boost their morale.

Physical Facilities

- Ensure adequate facilities in the clinical areas so that nursing staff/students and the nursing teachers both perform their tasks in a satisfactory manner;

- Ensure adequate physical facilities like adequate supplies and equipment in hospitals;
- Provide adequate books, journals and AV aid in the each hospitals/campuses library and make satisfactory provision.

Nursing Standards

- Review, revise and implement uniform nursing standards in order to develop and institutionalize nursing functions and services;
- Develop and implement standards for nurse-patient ratio, balanced workload student-teacher ratio, job specifications, etc.

Regional Balance

In terms of allocation of financial resources, manpower and career development opportunities regional imbalance is quite visible as comparison between in-valley and out-of-valley hospitals and campuses clearly indicates. It is, therefore, recommended to bridge the gaps as far as possible. For examples:

- Quota policy may be adopted to encourage participation of the disadvantaged groups of the remote or depressed areas in the nursing education and training.
- Staff nurses working in the out-of-valley hospitals should be given equal opportunities for career development opportunities like in-service education, training, participation in workshops, seminars, and promotion.
- Nursing administrators should be discouraged to bring

back any staff nurses or nursing teachers who are posted in out-of-valley hospitals or campuses, without sufficient justification or the specified period is over;

- A general policy should be adopted so that all staff nurses or teachers work for specific period in the out-of-valley hospitals in rotations or after promotion or completion of higher education.
- Policy should be made to allocate resources in reasonable proportion to both in-valley and out-of-valley hospitals;
- Immediate steps should be taken to strengthen out-of-valley hospitals or campuses to bridge the existing gaps.

Nursing Association of Nepal (NAN)

Strengthen the role of NAN in the promotion of nursing standards, and nursing service systems.

PROPOSED STUDY/RESEARCH

Further study/research are required in the following areas:
a) workload of teachers; b) clinical supervisions of students;
c) teachers' carrier development; and d) physical facilities of campuses. And the time use pattern of staff nurses on duty should be further examined, in order to look into work load issues.

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QUESTIONNAIRES FOR STAFF NURSES

Part I

Demographic data:

Number _____ Cast _____ Age _____ Sex _____
Marital Status _____ No. or children _____
Permanent address _____

Educational qualification:

Nursing Certificate
B.N. or B.Sc. Nursing
Post Basic B.N. or B.Sc. Nursing
Academic Education _____
Year of graduation _____
Year of Nursing experience _____
Present place of work _____

Part II

1. Why did you become a nurse ?

2. Do you find nursing satisfying work ?
Yes _____
No _____

3. What factors have contributed to your satisfaction as a nurse ?
a. _____
b. _____
c. _____
d. _____

4. What factors have contributed to your dissatisfaction as a nurse ?

- a. _____
- b. _____
- c. _____
- d. _____

5. From which campus did you get certificate in Nursing ?

6. Did the theory component of your nursing education programme prepare you to perform your duties as a staff nurse ?

Yes

No

If no, give reasons: _____

7. Did the clinical experience component of your nursing education programme prepare you to perform your duties as a staff nurse ?

Yes

No

If no, give reasons: _____

8. Were you provided supervision during clinical experience as a student ?

Yes

No

8.1 If no, give reasons: _____

8.2 If yes, were there any difficulties/problems associated with the supervision provided ?

Yes

No

If Yes, give details: -----

9. Is there a need to change the theory component of the nursing education programme ?

Yes

No

If so how ? -----

10. Is there a need to change the clinical component of the nursing education programme ?

Yes

No

If so, how ? -----

11. Did you receive orientation about the following when you started work as a staff nurse in you place of work ?

Yes

No

- a. Job description
- b. Hospital policies, rules and procedure
- c. Physical facilities
- d. Equipment and uses

11.1 Would orientation to the following items have helped you to accept to your role as a staff nurse ?

Yes No

- a. Job description
- b. Hospital policies rules and procedures
- c. Physical facilities
- d. Equipment and uses

12. Are you familiar with the details of your job descriptions?

Yes

No

12.1 If no, why ?

13. Can you perform all functions described under the job descriptions ?

Yes

No

If no, which functions can't you perform and why ?

14. What factors in your work environment help you to perform the functions in your job description ?

- a. -----
- b. -----

c. _____

d. _____

15. what factors in your work environment prevent you from performing the functions in your job description ?

a. _____

b. _____

c. _____

d. _____

16. Would you suggest any changes in the job description ?

Yes

No

16.1 If yes, state below:

a. _____

b. _____

c. _____

d. _____

17. How often do you see your supervisor during your six hour shift?

Often

Sometimes

Not at all

17.1 Do you consult your supervisor about difficulties / problems related to your duties as a staff nurse ?

Yes

No

If no, give reasons: _____

If yes, does your supervisor help you resolve difficulties/problems ?

Yes

No

If no, give reasons: -----

18. Do you provide nursing care to patients according to the nursing process ?

Yes

No

18.1 If no, state the reasons:

a. -----

b. -----

c. -----

d. -----

18.2 How many patients are assigned to you per shift ?

19. How would you rate your patient workload ?

Too much

Just right

Not enough

20. Do you communicate with your patients and their family members about the patient's health problems ?

Yes

No

If no, give reasons: -----

20.1 Do you provide health teaching to your patients and their family members ?

Yes

No

If no, give reasons: -----

21. Are physical facilities for nursing care in your hospital adequate for you to perform your duties as a staff nurse ?

Yes

No

If no, give reasons: -----

21.1 Are these difficulties/problems with physical facilities which affect your duties as a staff nurse?

Yes

No

If yes, give details: -----

22. During six hour shift how much time do you spend guiding junior staff?

a lot
some
very little
none

23. Which part of your daily duty takes the most time ?

Doctors round
Chart checking
Patient care
Ward cleaning
Maintenance of equipment and supplies
Others

24. What is your experience in dealing with patient care emergencies ?

Yes No Why

24.1 Are doctors available when called

24.2 Are support staff readily available

24.3 Is the supervisor available

25. Is your income sufficient to support your family ?

Yes

No

25.1 If not sufficient, do you work at another job to increase your income ?

Yes

No

If yes, give details:- _____

25.2 Does this extra work affect your regular work as a staff nurse ?

Yes

No

If yes, how : _____

26. Does your family life interfere with your work as a staff nurse ?

Yes

No

26.1 If yes, give reasons.

- a. _____
- b. _____
- c. _____
- d. _____

27. Do you face any following administrative constraints in the discharge of your duty ?

Yes No

- a. Inadequate support staff
- b. Inadequate supply
- c. Other _____

28. What career development opportunities are currently available ?

Yes No Reasons

- a. Promotion
- b. Continuing education
Nature of C. education _____
- c. Others _____

28.1 Do these opportunities motivate you to work more effectively ?

Yes

No

If no, why -----

29. How often are you evaluated by your supervisor ?

Three monthly

Six monthly

Yearly

Not at all

29.1 Does this evaluation motivate you to work as a staff nurse ?

Yes

No

If no, what are the reasons ?

30. Do you have physical facilities like:

Yes

No

a. Quarters

b. Vehicles

c. Other (please mention) -----

30.1 If no, does the absence of these facilities affect your work ?

Yes

No

Yes

No

If no, why -----

29. How often are you evaluated by your supervisor ?

Three monthly

Six monthly

Yearly

Not at all

29.1 Does this evaluation motivate you to work as a staff nurse ?

Yes

No

If no, what are the reasons ?

30. Do you have physical facilities like:

Yes

No

a. Quarters

b. Vehicles

c. Other (please mention) -----

30.1 If no, does the absence of these facilities affect your work ?

Yes

No

If yes, how? -----

31. Does your hospital provide security while going of evening and night duty ?

Yes

No

30.1 If no, what security measures are required ?

a. -----

b. -----

c. -----

32. Are you a member of T.N.A.N. ?

Yes

No

32.1 If no, what is the reason ?

33. Does the T.N.A.N. provide any professional support to you ?

Yes

No

If yes, give details -----

If no, why? -----

34. What role can T.N.A.N. play in the improvement of Nursing in Nepal ?

- a. _____
- b. _____
- c. _____
- d. _____

35. Do nurses have the same professional status as:

Yes No If no, give reasons

Doctors

Public Health

Health Assistants

35.1 Are nurses highly regarded by :

Yes No If no, give reasons

Patients

Family members

Community

36. What recommendation would you suggest for the improvement of the nursing practice ?

- a. _____
- b. _____
- c. _____
- d. _____
- e. _____
- f. _____

QUESTIONNAIRES FOR ADMINISTRATORS

Date _____

Post _____ Place _____

1. What are the current nursing policies?

a.

b.

c.

d.

e.

f.

2. Are you satisfied with these policies?

Yes Reasons

a.

b.

c.

d.

No Reasons

a.

b.

c.

d.

3. How long have you worked in the administration and management in nursing?

4. Do you find any constraints related to the nursing administration like?

- Budgetary constraints
- Inadequate trained manpower
- Inadequate physical facilities
- Other (Please mention)

- a.
- b.
- c.
- d.

5. Are these any factors which hamper the delivery of nursing services?

- a.
- b.
- c.
- d.

6. How many approved number of staff nurses post do you have?

7. How many posts are currently filled up out of approved number?
- a. Number filled up _____
 - b. Vacant number _____
 - c. For how long _____
 - d. For what reasons _____

8. What is the patient staff ratio?

9. How many staff nurses are working under you?

10. Have you provided standard job description to the staff nurses?

Yes

No Reasons

- a.
- b.
- c.
- d.

10.1 Do they effectively perform the duties outlined in their job description?

Yes

No Reasons

- a.

- b.
- c.
- d.

11. How often do you evaluate staff nurses?

- Three monthly
- Six monthly
- Yearly
- None

11.1 What technique do you follow for evaluation of staff nurses?

Reasons

- Open system
- a.
 - b.
 - c.
 - d.

What technique do you follow for evaluation of staff nurses?

Reasons

- Confidential system
- a.
 - b.
 - c.
 - d.

12. Have any incentives been given to staff nurses to improve nursing practice?

Reasons

- Yes
- a.
 - b.
 - c.
 - d.

Reasons

- No
- a.

- b.
- c.
- d.

12.1 Do you follow any reward/punishment policy for efficient work?

Yes

No

If yes, how many have been rewarded? _____

And how many have been punished? _____

13. What facilities are you providing to your staff nurses?

	<u>Yes</u>	<u>No</u>	<u>Reasons</u>
Quarters	<input type="checkbox"/>	<input type="checkbox"/>	
Vehicles	<input type="checkbox"/>	<input type="checkbox"/>	

Others (please mention) _____

13.1 Do the lack of above facilities hamper the efficiencies of nurses?

Yes

No

14. What career development opportunities are currently available for nurses?

	<u>Yes</u>	<u>No</u>	<u>Reasons</u>
a. Promotion	<input type="checkbox"/>	<input type="checkbox"/>	
b. Continuing Education	<input type="checkbox"/>	<input type="checkbox"/>	

Type of Continuing Education: _____

c. Other (please mention) _____

14.1 Do the lack of above opportunity hamper the nursing profession?

Yes

No

15. Do the staff nurses participate in the following activities?

Yes

No

a. Planning

b. Budgeting

c. Research

d. Other (please mention) _____

15.1 If no, does it affect the administration and management of nursing?

Yes

No

16. Do staff have any complaints about their work?

Reasons

Yes

a.

b.

c.

d.

Reasons

No a.

b.

c.

d.

17. Do you have any suggestions to improve nursing performance?

QUESTIONNAIRES FOR TEACHERS

Post -----

Campus -----

1. How much do you enjoy teaching

Maximum

Moderate

Minimum

Reasons: -----

2. Do you think that the nursing curriculum is effective to produce efficient staff nurses ?

Very effective

Moderately effective

Not effective

If not effective, give reasons: -----

3. What is the teacher/student ratio in the :

Class room setting -----

Clinical area -----

4. Do you have time to give to each of your students for:

Answering questions

Supervising their clinical work

Clarifying their assignment

5. Do you have problem in clinical supervision ?

Yes

No

If yes, give reasons: -----

6. Do the student experience difficulty in the clinical area?

Yes

No

If yes, give reasons in details

a.

b.

c.

d.

7. The physical facilities like books, equipments and a.v. aids are:

adequate

not adequate

7.1 If not adequate does it affect your teaching ?

Yes

No

If yes, give reasons:

a.

b.

c.

d.

8. Do you experience any problems as a teacher ?

Yes

No

If yes, give reasons:

a.

b.

c.

d.

9. What career development opportunity are offered for you ?

a.

b.

c.

d.

e. None -----

9.1 If not offered, does it affect teaching ?

Yes

No

9.2 If offered, does it motivate good teaching ?

Yes

No

10. Do you have any suggestions to improve teachers' performance?

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