

UNIVERSITY OF MALAWI



KAMUZU COLLEGE OF NURSING

A STUDY ON THE EFFECTIVENESS OF THE NURSING
AUXILIARIES ON THE DELIVERY OF PATIENT CARE
AT QUEEN ELIZABETH CENTRAL HOSPITAL (Q.E.C.H.)
IN BLANTYRE

A DISSERTATION SUBMITTED IN PARTIAL FULFILLMENT OF THE
AWARD OF BACHELOR OF SCIENCE IN HEALTH SERVICE
MANAGEMENT

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30 NOVEMBER 2006

DECLARATION

I declare that the dissertation is my own original work undertaken in partial fulfillment of my degree. I have made no use of sources, materials or assistance other than those that have been openly and fully acknowledged in the text. If any part of another person's work has been quoted, this appears in inverted commas. Any direct quotation or source of ideas has been identified in the text by author, date and page number(s) immediately after such an item, and full details are provided in a reference list at the end of the text.

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DEDICATION

This work is dedicated to my husband Gerald for all his love, moral and financial support, my lovely boys Lusekelo and Robbie who were deprived of motherly love for two years, and my mother and siblings for all their support and encouragement. Couldn't have done without you all.

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May God bless you all.

ACRONYMS

AIDS	Acquired Immune Deficiency Syndrome
HCA	Health Care Assistant
HIV	Human Immune Virus
MOHP	Ministry of Health & Population
NA	Nursing Auxiliary
RN	Registered Nurse
UAP	Unlicensed Assistive Personnel
WHO	World Health Organization
INSET	In-service Education and Training

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ABSTRACT

Health care provision has moved towards an approach to patient care that challenges the traditional role boundaries of health care workers. In nursing this has resulted in the delegation of 'nursing care' to the Nursing Auxiliaries.

This study sought to evaluate the effectiveness of the Nursing Auxiliaries on the delivery of patient care.

The research method was a qualitative, inductive approach. Data were gathered using in-depth interviews. These were conducted with eleven nurses who were Sister in-charges of different wards. Data were grouped, analyzed, interpreted and summarized manually. Content analysis was done to classify the words into a few categories according to their importance.

The findings of the study showed that from the qualified nurses' perspective, the nursing auxiliaries are not effective in the delivery of patient care. Some factors that would contribute to this have been discussed in themes that arose from the findings and these include supervision, poor working relationship, role parameters and their influence on the delivery of patient care.

Based on the findings there is need for ongoing monitoring and supervision of nursing auxiliaries work to maximize their contribution to patient care and to ensure quality standards, because professional roles in many health care systems are changing to meet increasing demands for care. There is also need for in-service education and training for the qualified nurses on accountability and supervision of the nursing auxiliaries. This will make them better prepared for their role as supervisors. This in turn will result in effective delivery of patient care.

CHAPTER ONE

1.1 INTRODUCTION

Malawi has been severely hit by the shortage of nurses in the hospitals due to brain drain. In 2003 the Ministry of Health and Population introduced a new cadre of health workers called the nursing auxiliaries who were to assist qualified nurses in providing basic nursing care to patients. This was in response to the growing shortage of bedside qualified nurses. The nursing auxiliaries program was to be a short-term measure to address the shortage of nurses until such a time when there will be enough qualified nurses.

Since its inception in 2003, only one group of about 412 has been trained but the shortage of nurses has not yet been resolved. This then raises a number of questions relating to the success of the program and the product.

It was then very important to assess and evaluate the effectiveness of the nursing auxiliaries in the delivery of nursing care, hence the need for this study.

1.2 BACKGROUND

Malawi is a land locked country south of the equator in the Sub-Saharan Africa. Tanzania borders it to the North and Northeast, Mozambique to the east, south and southwest, and Zambia to the west and Northwest.

The total population of Malawi is 11,937,934 (NSO 2004).

Malawi is the third poorest country in Africa and the tenth poorest country in the world. It has a predominantly agricultural economy. Approximately 14% of the population lives in urban areas and 86% lives in rural areas, mostly in small farm households and 65% of the population is defined as poor and unable to meet its daily consumption needs (EmOC Nationwide Assessment Report, 2005).

Poverty is the major challenge and Malawi is still at the level of development where the disease patterns are predominantly determined by poverty, poor

nutrition, low levels of education, and conditions inconsistent with health such as poor sanitation and pollution.

The HIV/AIDS epidemic is already having a major impact on the quality of life of citizens in the country. Its negative impact on development is already felt as more and more people infected with HIV several years ago are now developing AIDS, becoming critically ill, and dying. About one million people have already died from AIDS and another one million are infected, and in the next five years, 50% of the population aged between 15 and 35 will have died and as a result of this life expectancy is expected to drop (Arnott 2005).

In Malawi health services are provided at three levels; primary, secondary and tertiary. At primary level, services are delivered through rural hospitals, health centres, health posts, outreach clinics and community initiatives. District and CHAM hospitals provide secondary level care services to back up the activities of the primary level while tertiary hospitals provide services similar to those at secondary level along with a range of specialist surgical and medical interventions.

Health care resources are unevenly and inadequately distributed. Only 46% of the population has access to formal health facility within a 5km radius, and only 20% of the population lives within 25km of a hospital (EHP document, 2004).

Malawi's health system is grossly under-resourced. This brain drain has had a negative impact on the health care system. Medical staff are needed more than ever before for this growing crisis, to provide basic care.

There are 2000 registered nurses in Malawi and each year only 60 registered nurses are trained. However, this output is far below the needed qualified nurses because it is estimated that some 100 nurses or so leave to work in other countries for better wages. The brain drain of the nurses still continues in spite

of the ban on direct recruitment to the National Health Services in the United Kingdom.

This situation has affected hospitals throughout the country due to understaffing. Further more, the exodus has frustrated those who are in the system because they are unable to cope with the growing numbers of the patients in the hospitals. The current nurse-patient ratio is 1: 19,552 well below the WHO recommended ratio of 1:1000 (NSO, 2005).

Although the hospitals had patient attendants assisting nurses in the provision of basic care, it was observed that the cadre lacked adequate skills, knowledge and attitudes to perform the tasks to the required proficiency. In order to address this problem at both hospital and health centre level, in 2003 the Ministry of Health and Population (MOHP) decided to introduce a new cadre of nurses, called nursing auxiliary. This new cadre was to bridge the gap between the demand for nursing services and supply of nursing personnel. The main objective for the introduction of this nursing auxiliary was for them to perform basic nursing care with supervision from a registered nurse. According to the MOHP, training of the nursing auxiliary was a short-term measure until such a time when they were more trained nurses.

The first group of Nursing Auxiliary trained for one year, from September 2003 to September 2004. This training was both theoretical and practical. By the end of the training, 412 qualified. They were placed in all district and central hospitals in the country (Ministry of Health, 2004)

1.3 PROBLEM STATEMENT

According to the MOHP the training of nursing auxiliary was to be short-term measure until such a time when there will be more trained nurses. The broad objective of the program was to prepare the candidates to provide basic nursing care within the scope of practice of the nursing auxiliary.

The researcher made some observations;

(a) Since 2003, there has only been *one intake despite the continuing shortage* of nursing staff.

(b) Nursing auxiliaries are sometimes under utilized or perform tasks beyond their scope.

(c) In some hospitals this cadre is being rejected by other cadres.

(d) There are both negative and positive feelings about the Nursing Auxiliary role.

This then raises a few questions:

(a) Has the training of the nursing auxiliary been successful?

(b) Are the Nursing Auxiliaries effective in the delivery of patient care?

(c) What are the delegation skills of Registered Nurses who supervise these Nursing Auxiliaries?

(d) ~~What is the way forward for the nursing auxiliary training?~~

~~What is the way forward in addressing the shortage of nurses in Malawi?~~

Since the program started, there has been no research to assess the effectiveness of the nursing auxiliary on the delivery of patient care. This has compelled the researcher to investigate if the introduction of the Nurse Auxiliary has had a positive effect on the delivery of patient care.

1.4 PURPOSE OF THE STUDY.

The purpose of this study was to assess the effectiveness of the nursing auxiliary on the delivery of patient care at Q.E.C.H in Blantyre.

1.5 OBJECTIVES

1.5.1 BROAD OBJECTIVE

To assess the effectiveness of the nursing auxiliary on the delivery of patient care.

1.5.2 SPECIFIC OBJECTIVES

1. To assess the knowledge of qualified nurses on the role of auxiliary nurses.
2. To identify the main tasks that the Nursing Auxiliary undertakes.
3. To assess the perception of qualified nurses on how these tasks assist them in their job.
4. To explore the relationship that exists between the Nursing Auxiliary and the Registered nurse.
5. To examine how the Registered Nurse and Nursing Auxiliary relationship influences the quality of patient care.

1.6 SIGNIFICANCE OF THE STUDY

Research has been carried out in other countries on various aspects of unlicensed assistive personnel.

There appears to be no literature available regarding the effectiveness of the Nursing Auxiliary in the delivery of patient care in Malawi since the Nursing Auxiliary program started. It is hoped that this research will contribute to this limited body of knowledge.

The results obtained from this study provide information that will assist MOHP in making such decisions as to whether to register the nursing auxiliary or on the level of competence of the nursing auxiliary.

Lastly, the information obtained from this study will contribute to the body of knowledge that already exists in the provision of nursing care especially with the emergence of the new cadre of nursing personnel, the nursing auxiliary.

CHAPTER TWO

2 LITERATURE REVIEW

2.1 INTRODUCTION

The need to provide Nursing Care to all Malawians compelled the MOHP to utilize health workers whom had no formal training (Patient Attendants). In the face of the severe shortage of trained health personnel in the country, the reality of attending to patients and providing the necessary health care had been a dream in most health institutions.

Although patient attendants were there to assist nurses to provide basic care, it was however observed that this cadre lacked adequate skills to perform the tasks to the required proficiency. With Essential Health Care Package to be provided, and efforts to put more health facilities at community level to improve access of the population to health care, the MOHP thought it was necessary to train Nursing Auxiliaries to bridge the gap, in order to provide basic nursing care services (MOHP 2003).

In Malawi these Nursing Auxiliaries were introduced to assist nurses in carrying out basic nursing care. The scope of practice for the Nursing Auxiliaries is that of providing basic nursing care such as bathing and feeding of patients, providing oral care, bed making, assisting in elimination by providing urinals, bed-pans and escorting the patient to the toilet. It also permits them to dress wounds, check vital signs such as temperatures, pulse, respiration, and blood pressure and to record and report any abnormalities. In addition to the functions of the patient attendants, the Nursing Auxiliaries is supposed to assist the patient with ambulatory exercises. All this is supposed to be done under the supervision of a qualified Registered Nurse (MOHP, 2004).

There appears to be no consensus among health personnel in Malawi and other developed countries as to what exactly the nursing auxiliaries should be doing.

Some professionals say a nursing auxiliaries can check a patient's pulse, but the expert nurse, however, also assesses circulation, perfusion, hydration, and patient's emotions during the act, and may even throw in some teaching (Dochterman & Grace, 2001). However Caldwell & Hegner (1989) argue that observations made by nursing assistants contribute to the evolving plan of care through the steps of the nursing process. The nurse assistant provides basic patient care and thus can report observations of the patient's condition for analysis by other health team members. This analysis may result in modifications to the nursing care plan to ensure that the patient receives the necessary supportive care.

In Malawi many people indicate that the nursing auxiliaries is a reality that is here to stay in health care. The question is really how to best manage them. Currently RNs working in the hospitals are involved in delegation and supervision of the nursing auxiliaries in the delivery of nursing care.

2.2 RELATED STUDIES WORLDWIDE

Nurse Auxiliary within the health care constitutes a sizeable presence. In the USA these nurses are called Unlicensed Assistive Personnel (UAP). American Nurses Association defines them as "unlicensed individuals who are trained to function in an assistive role to the registered professional nurse in the provision of patient/client activities as delegated by and under the supervision of the registered professional nurse"(Cardwell & Hegner, 1989).

In other countries such as the United Kingdom they are also referred to as Health Care Assistants (HCAs) and their role can be varied depending upon the area in which the person is employed. Caldwell & Hegner (1989) define Health Care Assistants as Nursing Assistants who play an important role in the care of people who are ill or who cannot fully take care of themselves. The care that is given is under the direction and supervision of licensed, professionally trained health worker such as nurses.

In the 1980's when there were shortages of trained qualified nurses in the United States of America, coupled with financial constraints in the healthcare services, unlicensed personnel were used.

There appears to be no consensus within the literature regarding the benefits of using unlicensed staff. While in the United Kingdom (UK) literature appears to support the introduction of unlicensed staff, in contrast, the literature from the USA includes concern and in some cases strong opposition to unlicensed practitioners.

McLaughlin, Barter, Thomas & Rix (2000) did a cross-sectional survey study comparing the impacts of unlicensed staff in the USA and the UK. The survey was done on 342 Registered Nurses (RNs) in both the UK and the USA to identify differences in the experiences of working with unlicensed staff. Differences were noted with the RNs in the UK having higher satisfaction with the ability of unlicensed staff to perform tasks, communicate pertinent information and provide more time for the RN to undertake professional activities. The researchers suggest the differences can be attributed to differences in training levels of the staff and ratios of unlicensed staff between the two countries (Department of Education, Science, & Technology, 2001).

In the United Kingdom, Waters and Watson (1998) interviewed 16 carers, line managers and nurses to identify the contribution of untrained staff in the provision of health care. The study revealed that unlicensed staff felt that they do the same task as nurses with the exception of a few tasks such as medications. Half the managers interviewed believed the difference between qualifications made no difference to the quality of care and the other half (8) did not know the differences between some of the roles (Department of Education, Science & Technology, 2001).

In 1996, Barbara A. Workman did a study to investigate how the Health Care Assistants (HCAs) perceive their role as support staff to the qualified staff. The

study took place at a General hospital (name was withheld) in England where training of HCAs was in operation. This was a qualitative study that investigated the support workers role as perceived by health care assistants who have undergone some training. Findings revealed that the HCAs supported the trained nurses by acting as a link in the communication chain between the patient and carers, and by providing time for trained nurses to use in therapeutic activities, the HCAs saw little difference between their roles and those of qualified nurses, and they felt that there was some ambiguity about their role (Rose & Parker, 1997).

A number of narrative papers describe actions required for the successful introduction of unlicensed staff into the health care settings. Authors in both the United Kingdom and the United States point out that unlicensed staff had come into the nursing service to stay and recommend that nurses needed to adapt to survive (DEST, 2001).

2.3 SKILL MIX IN THE HEALTH SERVICE

Linkage?
The process of determining the exact effect of varying the total number and ratio in the skill mix of Registered Nurses and Unlicensed Assistive Personnel is not so easy. Early studies often showed ambiguous relationship because many factors that affect patient morbidity outcomes were not considered. Some of these include care from other disciplines, the severity and complicity of the patient's problem, other characteristics of the patient and work environment (Dochterman & Grace, 2001). Currently in the USA, 97% of hospitals employ Unlicensed Assistive Personnel.

The impact of unlicensed personnel on the nursing role is a recurrent theme in the literature. It is suggested that the essence of nursing will be lost as nurses move away from the bedside to function in more of a supervisory capacity. Another theme emerging is concern regarding the level of function of unlicensed

staff. Training is considered to be inadequate and unlicensed staff practice beyond their level of training.

If nursing auxiliaries are a part of the Registered Nurses' life, then it is important to assess the effect of the nursing auxiliaries on delivery of patient care and the role of the Registered Nurse in working with this cadre.

2.4 STUDIES DONE IN MALAWI

Since the inception of the Nursing Auxiliaries program in 2003, the only research study that was done was on *Factors that affect the performance of Nursing Auxiliaries* (Kazanga, 2005). This was a qualitative study whose aim was to explore and understand the factors that affect the performance of nursing auxiliaries in the provision of care.

The study findings revealed that, inadequate training and supervision, shortage of equipment, lack of incentives, poor working relationship with other health care members and increased workload, affect the performance of the nursing auxiliaries.

CHAPTER THREE

3.0 CONCEPTUAL FRAMEWORK

The theoretical base for this study was the General Systems Theory. General Systems Theory forms the theoretical framework for understanding the health care system.

A system is a set of interrelated and interdependent parts designed to achieve a goal or set goals. The goals dictate the systems central processes, that is, the activities that turn raw material (input) into the finished product, output (Stevens 1976). The system gets its raw material from the surrounding environment and returns its finished product into the environment.

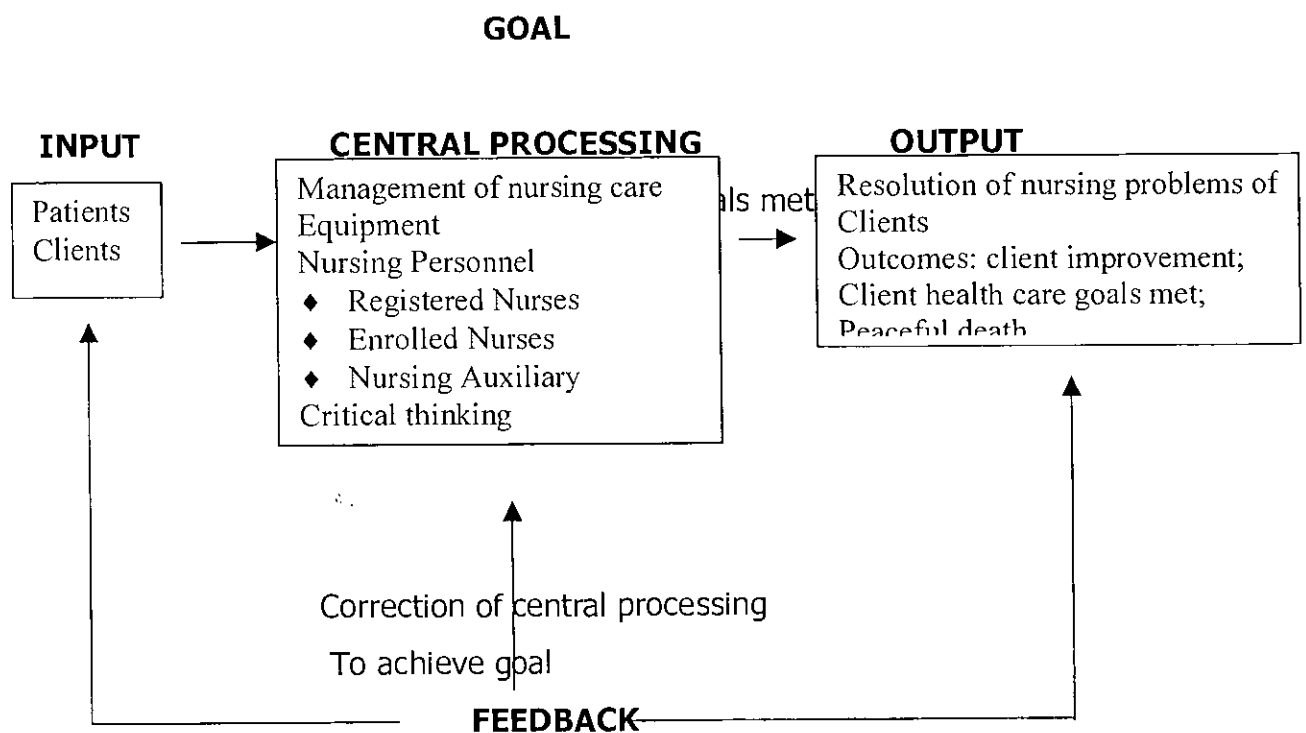
The system has three major parts: input, central processing, and output. Input is something put into the system or expended in its operation to achieve output or a result. Output is the information produced by a system or process from a specific input after running an entire process or just a small part of the process (Swansburg, 1996). The nature of the central processing is prescribed by the desired goal. Processes are planned and adjusted until the desired goal is reached. The environment places constraints on the system because it determines what raw materials are available as well as what happens to the finished product. The system may have alternate central processes in order to cope with variations in the raw material or variations in the resources available within the system itself (Stevens, 1976).

General System's theory states that every organism represents a system meaning 'a complex of elements in mutual interaction'. Characteristics important to systems model are boundaries, equilibrium and steady state, and feedback (Huber, 2000). These characteristics allow the system to function. A key principle of systems theory is that changes in one part of the system affect other parts of the whole system. These parts of a system are called subsystems. Each subsystem has its own body of knowledge but all will have a common goal and in

the health systems, the common goal is care. The body of knowledge makes it unique. Each system will have a boundary. It will take some things while rejecting others from the environment. The boundary helps define the scope of practice. Systems have input and output across the boundary: they are affected by and in turn affect the environment. While affecting the environment in terms of their output, systems gather information about how they are doing. Such information is then fed back into the system as input to guide and steer its operations. This process is called feedback (Riehl & Roy, 1980).

2.5 APPLICATION OF THE MODEL TO THE STUDY

Use of the systems model may help managers implement and control the delivery of patient care. The hospital is an open system that exchanges energy, goods and services inside and outside the community. The hospital as a system has subsystems. These include medical section, Laboratory, Pharmacy, Central Sterilizing and Nursing section.



(Source: Adapted from Stevens, 1976)

Delivery of nursing care calls for conscious, planned, application of resources to achieve desired goals. Resources include personnel, equipment and supplies, and the systems by which staff and materials are organized and utilized. The goal of nursing care is desired patient outcome. Patient health outcomes include desired state of behaviors during or subsequent to the patient's course of illness, injury, or health adjustment.

In nursing, improved patient health is the goal, with sick people the input, well or improved people the output, and the central processing to be the nursing actions that effects the change.

In this study Nursing Auxiliaries are part of the central process, which has their scope of practice and skills but in order to assess the output, which is patient improvement there is need for feedback just to assess if there is need for correction of the central processing.

The purpose of this research was to assess the effectiveness of the introduction of the nursing auxiliary on the delivery of patient care. The information obtained will be the feedback needed to guide their practice.

CHAPTER FOUR

4.0 METHODOLOGY

4.1 INTRODUCTION

This chapter presents the methodology used to conduct the research. The research design, sample and setting, recruitment, data collection, data analysis, pre-testing, ethical consideration, dissemination of results, and limitations of the study will be discussed in this chapter.

4.2 RESEARCH DESIGN

In this study, a descriptive design within a qualitative paradigm was used. A qualitative research is one in which the researcher plans to observe, discover, describe, compare and analyze the characteristic attributes, themes and underlying dimensions of a particular unit (Seaman, 1987).

A descriptive design was used to identify problems with the current practice, make judgements or determine what others in similar situations are doing. The purpose of this study was to assess the effectiveness of the nursing auxiliaries on the delivery of patient care.

4.3 SAMPLE AND SETTING

The study took place at Queen Elizabeth Central Hospital (Q.E.C.H) in Blantyre where Nursing Auxiliaries form part of the health team.

The cohort of nurses was a purposive sample. The sample consisted of both Registered Nurses and Enrolled nurses who had been in the wards as in-charge for two years or more and whose wards had nursing auxiliaries. The two years of been in the ward indicates experience of supervising others.

4.4 RECRUITMENT

The researcher got information about the nurses from the Principal Nursing Officer and was told that not all Sister In-charges were Registered Nurses. The researcher then planned to recruit any nurse, be it Registered or Enrolled, as long as they were in charge of the ward, had worked for at least two years in that position and were supervising Nursing Auxiliary apart from other health workers.

4.5 PRE-TESTING

The interview guide was pre-tested on three Registered Nurses at Kamuzu Central Hospital. This established the validity of the data collection tool, clarity and comprehensiveness. Questions that were ambiguous and not clear were modified.

4.6 DATA COLLECTION

Eleven out of the planned sample size of fifteen responded to an invitation to participate in the study. The data were collected using in-depth interviews with the aide of an interview guide, to enable the researcher to guide the conversation relevance.

Interviews took place in the respondents' respective wards and were tape recorded with their permission. The interviews lasted between 30-45 minutes.

The researcher transcribed the interviews and stored numbered transcriptions away from the list of informants' names.

Collection and analysis of data took place at the same time.

4.7 DATA ANALYSIS

Data were collected and analyzed simultaneously. All responses to interview questions were transcribed in full. Each transcript was then read and reread to

facilitate familiarization with the content and mental processing of the verbatim accounts. The transcriptions of interviews were coded line by line and both the themes and sub- themes were identified so as to be used as a frame work for descriptive account, including informants own words.

Each transcript was categorized into broad themes, which were then broken down into specific, detailed themes. A comparison of themes across transcripts was then conducted. This assisted with identifying emerging themes and connections by highlighting areas where responses and perceptions appeared to be consistent across participants as well as areas that were characterized by more diverse perceptions and experiences. Themes that shared relevant overlaps were merged; thus items that were very similar or identical in content were dropped.

4.8 ETHICAL CONSIDERATION

The Research and Publications Committee initially reviewed the study proposal. Permission to conduct the study was obtained from the Hospital Director of Q.E.C.H and the researcher went through the Principal Nursing Officer to get information and support in recruiting the nurses for the study.

Ethical principles were adhered to during the study and informed consent was gained from study participants. Before the start of the interview, participants were offered an opportunity to ask any questions about the study and written consent to participate was obtained.

All participants were reassured of confidentiality and anonymity. All interviews were audio taped, with care taken not to mention the participant's name on the recording and the tapes were also labeled with a coded number and stored in a locked cabinet.

4.9 DISSEMINATION OF RESULTS

The findings of this study will be disseminated through the distribution of the dissertation to Queen Elizabeth Central Hospital, Kamuzu Central Hospital, and Kamuzu College of Nursing Library.

CHAPTER FIVE

5.0 PRESENTATION OF THE FINDINGS

5.1 INTRODUCTION

This chapter presents the findings from the study pertaining to the effectiveness of the nursing auxiliaries on the delivery of patient care. The findings will be presented according to the themes and sub themes that emerged.

The researcher planned to have a sample size of 15 registered Nurses as respondents of an in-depth interview. However, only eleven nurses responded and not all were Registered nurses because not all ward in-charges are Registered Nurses.

The response rate could still be considered adequate to give representative views of the nurses.

5.2 DEMOGRAPHIC DATA

5.2.1 AGE OF RESPONDENTS

The ages of the respondents ranged from 38 to 60 years.

5.2.2 SEX OF RESPONDENTS

All the respondents who had agreed to be interviewed were females.

5.2.3 MARITAL STATUS

Ten out of the eleven respondents were married while one was widowed.

5.3 EDUCATION AND TRAINING

5.3.1 HIGHEST QUALIFICATION

Out of the eleven respondents, four were Registered Nurses with Diplomas in Nursing and Certificates in Midwifery while seven were Enrolled Nurses with

Certificates in Nursing and Midwifery. One of the Registered Nurses was a Nursing Officer.

5.3.2 SPECIALTY

The researcher wanted to know if the respondents had specialized in any field in nursing, and the study revealed that two (2) of the respondents were psychiatric nurses and one was a community nurse. The remaining eight (8) were just general nurse/midwives who had attended short courses in PMCTC, Kangaroo Care, Safe Motherhood, Counseling and family planning.

5.3.3 CURRENT POSITION IN THE WARD

Only one out the eleven respondents was a deputy ward in-charge. One respondent was a nursing officer for the ward as well as a ward in-charge. The rest of the respondents were ward in-charges.

5.3.4 NUMBER OF YEARS IN CURRENT POSITION

The researcher wanted to find out how long the respondents had been ward in-charges. Most of the respondents indicated that they had been in the position for about 2 to four years.

5.4 SUPERVISION OF NURSING AUXILIARY

5.4.1 ROLE OF THE NURSING AUXILIARIES

The researcher sought to find out if the nurses, as supervisors of the nursing auxiliaries know the role of the nursing auxiliaries in the wards.

Most of the respondents said that the main role of the nursing auxiliaries was to assist the nurse in providing basic nursing care.

"These nursing auxiliaries are employed basically to assist nurses by carrying out basic nursing care".

The other roles that were mentioned by most of the respondents were:

- Taking of vital signs
- Bathing patients
- Feeding of patients
- Dressing of wounds
- Bed making
- Dusting (general tidying)
- Taking patients to and from the x-ray room
- Taking specimens to the laboratory
- Giving health talks to patients
- Collecting drugs and other supplies from the pharmacy

5.4.2 ROLE OF THE WARD IN-CHARGE AS A NURSING AUXILIARY SUPERVISOR

The researcher wanted to find out the role of the in-charges as supervisors of the nursing auxiliaries.

Most of the nurses indicated that their role was to make sure that the nursing auxiliaries carry out their assigned duties.

"My role as an in-charge is to allocate work to the nursing auxiliary, check if the work has been done, and if some work has not been done, I plan with them for the following day and ensure that things are done".

One of the respondents indicated that her role as a supervisor is to teach the nursing auxiliary and to encourage them.

"I think my role as a supervisor is not only to supervise to ensure work has been done, but also to help as much as possible to bring them (Nursing Auxiliary) close to the nursing profession. They cannot become

nurses, but they just have to be taught and encouraged for them to perform their assigned duties well”.

5.4.3 ORIENTATION OF THE WARD IN-CHARGES IN THEIR ROLE AS NURSING AUXILIARY SUPERVISORS

The researcher wanted to find out from the respondents if they got any orientation on how to supervise these nursing auxiliaries since this cadre was still quite new to the health setting. The researcher also sought to find out if the ward in-charges know the nursing auxiliaries’ job description and if they were familiar with it.

Almost all the respondents indicated that there was no formal orientation to their role as nursing auxiliary supervisors. However, they were told about their introduction into the health care system and their roles. Eight of the eleven respondents indicated that they had seen job description for the nursing auxiliaries which was the same as the one for the patient attendants. The only difference was in the language used. The job description for the nursing auxiliaries was in English while the one for the patient attendants was in Chichewa.

One respondent indicated that the role of the nursing auxiliaries was not properly explained despite having a job description that was the same as that of the patient attendants.

“I thought the nursing auxiliaries had come to replace patient attendants because their job descriptions are the same”.

5.4.4 NUMBER OF NURSING AUXILIARIES SUPERVISED IN THE WARDS

The researcher wanted to find out how many nursing auxiliaries the ward in-charge supervises. The average number of nursing auxiliaries that were supervised by the in-charge was three.

5.4.5 PROBLEMS FACED IN SUPERVISING NURSING AUXILIARIES

The researcher wanted to find out if the ward in-charge faced any problems as regards to the supervision of the nursing auxiliaries.

All the respondents indicated that they faced some problems, but to varying degrees. The two problems faced by almost all supervisors are:

- a. Nursing auxiliaries need to be constantly reminded of their duties. If they are not pushed, very little work is done.

"Every morning our ward has some routine work that everybody knows, but the nursing auxiliaries need to be told and pushed every time if work has to be done. This is tiring for nurses because we end up performing both their duties and ours".

- b. Nursing auxiliaries either come late for duty or absent themselves for no apparent reason.

"These nursing auxiliaries usually come to work at 8 or 8.30am so it is difficult to allocate them and supervise them properly because by the time they arrive at work we are also extremely busy...then they knock off at 1:30pm to go to school. We really don't have time to supervise them".

Two respondents indicated that the other problems that they faced as supervisors is that these nursing auxiliaries seem not to know what to do despite having been in the wards for some time:

"They are not conversant with what they are supposed to do. We as nurses know what to do without being told all the time".

Two respondents indicated that the problems that they faced as supervisors depended on the type of nursing auxiliary that they have:

"Some nursing auxiliaries are good and they perform their duties without being told but others are useless and we really have big problems with them".

Two respondents said that the other problem they face as supervisors is that the nursing auxiliaries most of the times do not like taking orders, more especially from the the other nurses:

"I think when they were being employed, they were told they are real nurses, just to discover it is not the case in the wards that is why they don't like taking orders".

One respondent felt that the nursing auxiliaries were not knowledgeable, that is why they were not performing their duties as expected.

"Knowledge wise, there is a problem. I think training was not so good or their entry qualifications were very low".

5.4.6 PERCEPTION OF NURSES OF NURSING AUXILIARIES' TASKS

The researcher sought to find out from the respondents, the main tasks that the nursing auxiliaries undertake in their wards. These were not just the tasks that they were told or read from their job descriptions but what the nursing auxiliaries actually do in the wards.

The most common tasks done by the nursing auxiliaries were running errands such as going to the pharmacy to collect drugs, escorting patients to and from the x-ray department, collecting supplies from the bulk store, taking linen to and from the laundry, and general tidying of the wards. Some respondents also indicated wound dressings as one of the common tasks the nursing auxiliaries undertakes. Most of the nurses found it easier to identify tasks that the nursing auxiliaries do not do, such as giving medication and putting up intravenous lines.

When the supervisors were asked how these tasks assist nurses in their job, there were various responses. Four respondents indicated that the tasks that the nursing auxiliaries undertake really assist them in their job because there is a critical shortage of nurses;

"These nursing auxiliaries are helpful...because of the shortage of nurses I don't know what would have been the situation".

Five respondents indicated that the tasks undertaken by the nursing auxiliaries could have assisted them in their job if they were performing them without being pushed and completing them:

"They are not assisting us much, because most of the time they are being pushed to perform duties and sometimes they don't even complete their tasks. We would prefer to have patient attendants who perform the same duties with dedication because they know why they were employed".

The remaining six respondents said that the tasks undertaken by the nursing auxiliaries sometimes assist them but sometimes not because they always need to be followed:

"When they perform the tasks, they assist us, but sometimes they do things half way, making as complete their work and in this case they are not helpful, but a burden".

The researcher probed further to find out why the nurses thought the nursing auxiliaries was not performing most of the times unless pushed. One of the respondents said that she had a meeting with the nursing auxiliaries to find out what the problem was;

"The nursing auxiliaries expressed uncertainty about their role expectation particularly when activities they were asked to perform did not relate to what they were told they would be doing".

5.5 WORKING RELATIONSHIP WITH THE NURSING AUXILIARIES AND ITS INFLUENCE ON THE RANGE, SPECIFICATION OF TASKS

The researcher wanted to gain insight into the work relationship of the nurses with the nursing auxiliaries. Usually the relationship between the qualified nurses and the nursing auxiliaries was reported as generally good depending on how both parties were treating each other.

"This time they are humble, maybe they know there is no future apart from being nurse aides unless they go to school to become real nurses and they know I have a word and can recommend them to go to school".

Most of the ward in-charges had no problems working with the nursing auxiliaries but most of the problems arose between the nursing auxiliaries and other nurses in the wards who were mostly nurse technicians.

"My working relationship with the nursing auxiliaries is normal; respect is there because they know I am senior, but nursing auxiliaries don't like taking orders from the Nurse Technicians because, they say, they both have Malawi School Certificate of Education and worse still, some nurses don't have it".

One of the respondents said that the relationship in her ward was not good especially with Nurse Technicians. She said it was a two-way thing:

"In general, nursing auxiliaries are seen as difficult, pompous and they look down upon the nurses because some get the same salary as nurses. But it's a two way issue; Enrolled Nurses don't like nursing auxiliaries and the nurse auxiliaries don't like enrolled nurses".

The researcher wanted to find out if this type of relationship influences the range of tasks the nursing auxiliaries have to do. All the respondents said that it does influence but in two different ways:

"When the relationship is good it is easier for nurses to send the nursing auxiliaries to perform certain duties without being pushed, but when the relationship is bad we do not send them to perform the basic nursing care because they don't do it. We would rather have them run errands".

The researcher also wanted to find out if the relationship influences patient care. Most of the respondents said that it does:

"In our ward the relationship is not bad; as a result nurses perform their part while the nursing auxiliaries do their part. In this way there is quality patient care".

Four respondents reported that when the relationship is not so good, it has a negative impact on patient care:

"When nurses and nursing auxiliaries don't like each other it is the patients that suffer because not much work is done. Some nursing auxiliaries even refuse to perform certain tasks".

5.6 FUNCTIONS OF NURSING AUXILIARIES

The researcher sought to find out whether other tasks could have been added to the job description of nursing auxiliaries or whether nursing auxiliaries were performing certain tasks which they should not have been performing. Most respondents said that the job description was not bad. The problem was that the nursing auxiliaries don't like performing certain duties as stipulated in their job descriptions.

Two respondents said they wished the nursing auxiliaries did more:

I wish the nursing auxiliaries could give drugs. At least just orals because most of the times there is shortage and you are also busy attending to serious patients and doing things beyond the nurse auxiliaries' scope.

5.7 FUTURE OF THE NURSING AUXILIARIES

The researcher wanted to find out from the nurses if they thought there was any future for the nursing auxiliaries.

Most of the respondents said that it was a waste of money for the government to continue training the nurse auxiliary, but the Government should try to increase the intake of nurses in the schools and maintain the patient attendant as can be seen in the following reactions:

"Government is wasting a lot of money. Next time the Government should just train nurses or increase the number of patient attendants".

"All these nursing auxiliaries are now going to secondary schools to get good grades to enroll in nursing schools, which means they are not happy with their current position...so government should not waste money training more nurse auxiliaries".

One respondent said that they would be some future for this cadre under certain conditions:

"There is a future for the nursing auxiliaries if the trainers that trained them follow them to see how they are performing, in order to assess if there is need for refresher courses, which they need right now, otherwise with what is happening now, we nurses are not being assisted in view of the current critical shortage of nursing staff".

5.8 CONCLUSION

This chapter presented the findings of the study. The findings have been arranged in four sub-themes: demographic data, education and training, supervision, working relationship and functions of the nursing auxiliaries. Actual words from the respondents have been included in order to bring out the flavor and sentiments of the respondents.

CHAPTER SIX

6.0 DISCUSSION OF FINDINGS

6.1 INTRODUCTION

The main purpose of this research was to explore the views of the nurses in-charge of different wards on whether the nursing auxiliaries were effective in the delivery of patient care. It also explored their perception of the role of the nursing auxiliaries, how these roles assist the nurses in the delivery of patient care and the nurses' role as supervisors.

Responses from the interviews highlighted the perception that nursing auxiliaries do not really make a valuable contribution to the care experience and ease the problem of nursing shortage, and the nurses were generally not satisfied with their performance.

The results have shown that the nursing auxiliaries are not effective in the delivery of patient care and this would be attributed to several factors that have emerged from the study. Themes that have arisen from this study are: supervision, working relationship, role parameters and their effect on the delivery of patient care.

6.2 DEMOGRAPHIC DATA

The results of the study revealed that majority of the respondents were above 35 years old. This age shows that most of the nurses were mature enough to be in-charge of the ward and to supervise others. Victor, (1990) cited in WHO (2003) also emphasized the importance of maturity in terms of years as an advantage for working with people with various problems.

The study also revealed that all the nurses in-charge of the wards were female. Although both males and females are eligible for the nursing program, it is clear

that it attracts more females than males. In Malawi, and in most parts of the world, nursing is considered to be for women.

The results of the study indicated that most of the respondents were married. This has a positive effect because families may be regarded as a source of stability and security in the society. It has long been believed that the demands of the family induce hard work and conformity among adults. Experience has shown that married people have to work hard to support their families and as a result, the nurses would be in a position to assist and supervise the nursing auxiliary in order to ensure effective delivery of patient care. Taylor & Field (2000) states that families are a source of caring services, personal education and emotional support. Conversely, the nurse in-charge would be supportive to the nursing auxiliary in order to ensure effective delivery of patient care.

6.3 EDUCATION AND TRAINING

6.3.1 HIGHEST QUALIFICATION

The results of the study revealed that majority of the respondents had Certificates in Nursing and Midwifery as their highest qualifications while just a few had Diplomas in Nursing and Certificates in Midwifery. These results would have a negative impact on the supervisory role of the nurses. It has been argued that effective employment of nursing auxiliaries requires that their work is under the direction and supervision of a registered professional and that it is the professional who remains accountable at all times for the care that has been delegated. In this regard, it is only Registered Nurses who are trained for supervisory roles. Lack of higher qualifications would impact negatively on the behavior of the nursing auxiliaries towards the nurses, which in turn can negatively affect the delivery of patient care.

6.3.2 WORK EXPERIENCE

The study revealed that the majority of the respondents had been in a supervisory role for more than two years. The work experience in a supervisory role enables the nurse to properly delegate and supervise the nursing auxiliaries effectively.

6.4 SUPERVISION

6.4.1 ROLE OF THE NURSING AUXILIARIES

Results from this study show that most of the respondents felt that the role of the nursing auxiliaries was to support the nurses and midwives. The study revealed that the role of the nursing auxiliaries as perceived by the qualified nurses was to provide basic nursing care and perform other non-nursing duties under the supervision of the qualified nurses. The study also revealed that the nursing auxiliaries usually work after being instructed and with constant 'pushing'. It is because of this that nursing auxiliaries are perceived as 'directed care givers' rather than 'direct care givers'. This being the case, nurses and midwives have an important role to play in the supervision and support of nursing auxiliaries.

This reflected the findings of Ryan (2000) in Ireland and Thornley (1997) in the UK who stated that the role of the nursing auxiliaries should be to support the qualified professional. It also concurs with the DoHC (2001) definition of the role of the HCA that it is 'to assist nursing and midwifery staff...' (p. 25).

A very small number of respondents felt that the role of the nursing auxiliaries would encroach on or take over the nursing-midwifery role. This is reflected in the finding of several international studies which show that nurses fear a take over of their core work by nursing auxiliaries (Harper 1986, Dolt 1998, Snell 1998). While this is only a very small aspect of the present study's findings, it is nonetheless potentially significant for the managers in the hospitals and the government that hire and train nursing auxiliaries.

The view of the author is that the nursing auxiliaries fail to play the supporting role of the qualified nurses due to lack of guidance and clear guidelines for their role. There is need for the nurse supervisors to clearly explain to the nursing auxiliaries the role they play in the delivery of patient care. The nurse supervisors also need to guide the nursing auxiliaries constantly so that there is no role confusion or role conflict.

6.4.2 ROLE OF THE NURSE AS NURSING AUXILIARIES SUPERVISOR

The study findings reveal that Registered Nurses as initially designed by the Ministry of Health are not supervising nursing auxiliaries but it is the enrolled nurses. This is due to the critical shortage of Registered Nurses in the country. The study findings also reveal that the supervisors felt that their role was to make sure that the nursing auxiliaries carry out their assigned duties.

Effective employment of nursing auxiliaries requires that their work is under the direction and supervision of a registered professional, and that it is the professional who remains accountable at all times for the care that has been delegated. Therefore nurses and midwives have an important role to play in the supervision and support of nursing auxiliaries. The concept of delegation is fundamental to the supervisory role. However, in modern health care, Nurses and Midwives are faced with new and varied problems associated with their supervisory responsibilities of other individuals who perform basic nursing care. Indeed Harper (1986) and more recently Chang and Lam (1998), warned that the benefits of employing nursing auxiliaries need to be considered alongside the possibility of increasing the delegatory and supervisory burdens on nurses. A recent study confirmed these early warnings and noted that the employment of nursing auxiliaries has altered the nature of nurses' work. The work of the latter now includes more of indirect care activities, such as care co-ordination and

supervision, than less direct care activities such as feeding, bathing and helping patients with other activities of daily living.

According to Rowden (1992) and Chang (1995) the introduction of unqualified health care assistants is an opportunity for the nursing profession. Nurses should become fully involved in the training of health care assistants to ensure that these workers are developed appropriately. As already stated, McIntosh *et al.* (2000) argues that the involvement of qualified nurses in working directly with auxiliaries and supervising the activities of nursing auxiliaries is key to ensuring patient safety and a high standard of patient care. They also caution that over time the development of nursing auxiliaries to undertake complex care tasks may be seen by some (managers) as tempting in terms of reducing skill mix, and could lead to rationalization without acknowledgement of the high cognitive skills employed by qualified nurses in making decisions based on assessment, judgement and evaluation. Skidmore (1992, p. 52) agrees and states,

'It is almost like training one's own assassin. It is to be hoped that nothing clears the mind more than the knowledge that tomorrow one is to be executed. Perhaps the moves will encourage nurses to grasp the nettle and start planning for the future.'

English and Lindsay (1993) in keeping with this notion, suggest that while the appointment of semi-skilled health care workers is an attractive option to managers, it serves to support assumptions that nursing is a collection of disparate tasks. Handing over some nursing activities to semi skilled workers, in their opinion, serves to reduce the role of the nurse and the skills that are an integral part of nursing. It also reduces the contact time between patient and qualified nurse and undermines the development of holistic care systems such as primary nursing. They also suggest that qualified nurses should be extending their role, as opposed to reducing those aspects of their role, which are more and more seen as the province of the non-professional carers.

However Rheume (2003) suggests that both nurses and nursing assistants have a distinct role to play. In a study which combined an exploration of archival material and individual interviews with key individuals involved in taking the decision to move to a graduate level entry to nurse registration in Canada, she argues that the difficulty lies in defining what responsibilities are best suited to which group. She recommends that the nursing assistants and qualified nurses should participate in making skill mix decisions and sees this as a way to achieving good working relationship between the two groups and, more importantly, more effective patient care.

There appears to be a fear that the presence of nursing auxiliaries would lead to an increase in the work for qualified staff because in addition to their own work they would have to supervise them closely to get work done. While this may be true, in view of the current shortage of the nurses in general, and Registered Nurses in particular, it would be desirable that all qualified nurses should go through in-service education and training (INSET) to acquire appropriate teaching, supervision, delegation and evaluative skills. When this is done, supervision and teaching of the nursing auxiliaries will not only be done by RNs or ward in charges but by all nurses in the ward.

The problem with the current situation is that nurses are taking more of an evaluative role than a teaching role. If the nurses were to take a teaching role then the nursing auxiliaries would learn more and be effective in the delivery of patient care.

6.4.3 ACCOUNTABILITY

The issue that emerged from the study is that when tasks are delegated to the nursing auxiliary they are either not completed or even not done at all. This would bring in the issue of accountability since whatever the qualified nurse delegates; she still remains accountable for the task. Currently nursing auxiliaries are not subject to any professional regulations. They are therefore not professionally accountable. In this way, patients safety is been compromised.

Currently there is no system in place whereby the nursing auxiliaries' level of competence can be checked. If these nursing auxiliaries were regulated, they would be able to carry out their roles seriously, knowing the legal and professional implications.

One reason for the nursing auxiliaries not completing their assigned tasks may be lack of nurses and midwives' expertise in supervision and delegation. Barter *et al.* (1997) argue that many health care organizations and educational institutions do not prepare nurses to work alongside other categories of workers. This makes them ill prepared for the introduction of HCAs into the workplace (Orne *et al.* 1998).

In their Hong Kong study, Chan and Tsang (2001) suggested that nurses needed to have a better understanding of the HCA role and be more helpful to HCAs when they are assigning duties. Without guidance on how and what to delegate, the role of the nursing auxiliary can be open to abuse.

The view of the author is that the tasks assigned to the nursing auxiliaries are not completed probably because of two reasons:

- a) The nursing auxiliaries are ill prepared for their role as nursing assistants and they are therefore, not competent to carry out the duties delegated to them.
- b) The qualified nurses might have the authority to delegate duties but they do not have power over the nursing auxiliaries. Without the power, the nursing auxiliaries will view the qualified nurses as a supervisor who does not have the mechanism for enforcing discipline and punishment when tasks have not been completed or performed as expected.

In view of these reasons, care of the patients is compromised and the nursing auxiliaries are rendered to be ineffective in the delivery of patient care. In this case, the nurse supervisors need to be oriented on the role of the nursing auxiliaries and on their role as supervisors of these nursing auxiliaries. The nursing auxiliaries also need to be reminded of their roles through in-service

education and training. In this way they will be prepared to work alongside nurses and midwives and they will have a clear understanding of their own role, and that of the nurses and midwives. This is essential in order to avoid role confusion. In addition, training is designed to make NAs aware that not only are nurses and midwives accountable for the tasks they delegate, but also recognize that they themselves have a certain level of accountability. It is essential that nursing auxiliaries are accountable to the nurse-midwife, clients, patients and the employer for performing all tasks to the best of their ability.

There is need for an increase in the qualified nurses' knowledge and awareness of their accountability in the supervision of the nursing auxiliaries. This will make them better prepared for their role as supervisors. This in turn will result in effective delivery of patient care.

6.5 PATIENT CARE

The study revealed that the nursing auxiliaries were not contributing much to the delivery of patient care and they were not effective. This would be in contrast with a study in the UK whose findings showed that HCAs make a significant contribution to care (Hogan & Playle 2000, Ramprogus & O'Brien 2002). In Hong Kong, Chang (1997) reported high levels of nurse and patient satisfaction with the contribution of HCAs, with most respondents asserting that HCAs should be full members of clinical teams. Similarly in the United States of America, a number of studies have reported that patient satisfaction increased after the introduction of 'unlicensed assistive personnel' (Neidlinger *et al.* 1993, Kostovich *et al.* 1994, Gould *et al.* 1996).

In view of the study findings which indicate that nursing auxiliaries do not complete tasks and that the nurse supervisors take more of an evaluative role than a teaching role because they are always pushing them to carry orders, patient care is not effective.

In order to ensure that patient care is not compromised, there is need for the provision of INSET because it would have a number of benefits not just to qualified staff but also to patients, managers and the NAs themselves. Nursing auxiliaries are involved in direct patient care activities and therefore continuous training is of major importance to ensure correct delivery of health care and ensure public safety .It is only in this way that qualified staff will be confident that NAs are competent to support them because they will now know the kind of knowledge and skills the nursing auxiliaries have. Such training can stimulate a desire to pursue further academic education in the health care field and as a result effective patient care would be rendered.

Studies done in the United States where an enrichment programme which run for 50 hours in 15 weeks was developed and implemented, nursing auxiliaries demonstrated greater knowledge base, assumed more responsibilities, reported higher work satisfaction, provided better resident care, and remained in the same place of employment (Jette et al, 2000). Similarly in the UK, Rowe (1994) and Workman (1996) reported that nursing auxiliaries training increased confidence so that they felt more able to contribute to patient care and undertake added responsibilities.

6.6 WORKING RELATIONSHIP

The findings have revealed that the relationship between nurses and nursing auxiliaries is still not good. The reasons advanced for the poor relationship is lack of respect for each other; nursing auxiliaries not able to take orders from other nurses and lack of acceptance of the nursing auxiliaries. The employment of NAs has been and continues to be a controversial issue that has stimulated much discussion. This has mostly been in relation to their integration within, and acceptance by the health care team. The restructuring of nursing-midwifery services is often met with resistance and much skepticism by qualified staff and part of the restructuring has been the introduction of nursing auxiliaries. Many

view them as being a cheaper alternative to employing registered practitioners and see it as a pervasive encroachment on their professional role and territory. This would affect the delivery of patient care by the nursing auxiliaries because working relationship is poor.

Cole (1996) views the health care system as a whole having subsystems that must collaborate and coordinate in order to achieve a common goal of delivering quality care to patients. This cannot be achieved if the working relationship is poor.

Nurses and nursing auxiliaries must realize that no one health worker is more important than the other. For this to happen each must be able to appreciate the contribution of the other in delivering nursing care.

6.7 IMPLICATIONS FOR PRACTICE

As the focus of this study was on the effectiveness of the nursing auxiliaries on the delivery of patient care, there is strong evidence to suggest that nursing auxiliaries are not effective in the delivery of patient care. Findings of the study centres on monitoring and supervision roles of the nurse supervisors and the competence of NAs.

As nurses and midwives with Diplomas and Certificates take on extra duties and responsibilities they are conceding some of their roles to nursing auxiliaries. Supervisors leave a lot of patient care to the nursing auxiliaries because they busy with indirect care activities and as a result patient care can be compromised.

The competence of nursing auxiliaries to carry out nursing work needs to be reassessed. There also needs to be ongoing monitoring and supervision of their work to maximize the nursing auxiliaries' contribution to patient care and to ensure quality standards because professional roles in many health care systems are changing to meet increasing demands for care.

While the paper ~~the paper~~ advocates for the introduction of INSET, the issue of entry qualification of the nursing auxiliaries needs to be reviewed. As of now there is a mix of those that have Malawi School Certificate of Education and those that just completed their form four but do not have MSCE. This will obviously bring about the problem of coping with the designing of an INSET programme which will suit everyone in the mix.

CHAPTER SEVEN

7.0 CONCLUSION AND RECOMMENDATIONS

The purpose of this chapter is to summarize the research study and make conclusions regarding the effectiveness of the nursing auxiliary on the delivery of patient care. As a result, recommendations have been made and future research suggested.

7.1 SUMMARY

This paper has examined the effectiveness of the nursing auxiliaries on the delivery of patient care from the qualified nurses' perspective, at Q.E.C.H. This was a qualitative descriptive study and used in depth interview to collect the data. The research recruited 11 qualified nurses who were in charge of a ward and were working with nursing auxiliaries. The researcher was interested in demographic data, education and training, and supervision of the nursing auxiliary by qualified nurses.

Improving quality of care should be at the centre of any changes in the reorganization of roles of health care givers. However, as the data highlights, self-interests and conflicts of various groups sometimes take precedent over the interests of patients, thereby affecting the delivery of quality patient care.

7.2 CONCLUSION

Both nurses and nursing auxiliaries have a role to play in the delivery of health care and it is possible for both groups to work harmoniously together. The difficulty remains in defining which responsibilities are best suited for the nursing auxiliaries and the role of the nurse as supervisor for the nursing auxiliaries. Understanding the origins of the tensions between nurses and nursing auxiliaries may lead to the implementation of policies that may help them to work together more effectively. Health care policies should aim at facilitating working

relationships and maximizing the strengths of each group. Nurses and nursing auxiliaries should participate in making skills mix decisions on nursing units in order to achieve a consensus over patient care. Better working relationships between these two groups would improve the functioning of nursing units and quality of patient care.

7.3 LIMITATIONS OF THE STUDY

This was a small study and consisted of limited data. The study should be replicated with a large sample of nurses from different hospitals to have a comparative study to be able to make conclusions.

The planned sample size of 15 Registered Nurses was not reached because of the shortage of Registered Nurses and not all sister in-charges were Registered Nurses.

7.4 RECOMMENDATIONS

Based on the data and conclusions, the researcher offers the following recommendations:

- All qualified nurses should receive training to:
 - a) Orient them on the role of the nursing auxiliaries and on their role as supervisors for these nursing auxiliaries.
 - b) Increase the qualified nurses' knowledge and awareness of their accountability in the supervision of the nursing auxiliaries.
- Nursing auxiliaries job descriptions need to be reviewed, so that they are competency based reflecting the actual activities of the job. They have to be reviewed in consultation with nurse managers, immediate team members and the nursing auxiliaries themselves.
- Nurses should rethink their relationship with the nursing auxiliaries in order to develop inclusive strategies for valuing care work.

- The Government, other policy makers and stakeholders should discuss the need for registration of these nursing auxiliaries.
- Nursing auxiliaries need training to upgrade their skills in the same way nurses go for upgrading. Because properly trained and supported nursing auxiliaries would bring more benefits to patient care.

7.5 FURTHER RESEARCH

There has been little research on the nursing auxiliaries in Malawi. Based on the findings and conclusion, the researcher offers the following recommendations:

- Further research needs to be done on how the nursing auxiliaries perceive their role as "support workers" to qualified nurses.
- Further research into how qualified staff perceive nursing auxiliaries role as a support worker.
- Follow up studies should be conducted periodically to evaluate the effectiveness of the curriculum of nursing auxiliary.
- Research could also be done on role performance for nursing auxiliaries as perceived by consumers/ patients.

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APPENDICES

EFFECTIVENESS OF THE NURSING AUXILIARIES ON THE DELIVERY OF PATIENT CARE

INTERVIEW GUIDE FOR NURSES SUPERVISORS

Date of interview: ___/___/___
(dd /mm / yy)

DEMOGRAPHIC DATA

1. Age _____
2. Sex _____
3. Marital Status _____

EDUCATION AND TRAINING

4. What is your highest qualification?
5. Have you specialized in any field in nursing?
6. What is your current position in the ward/ hospital?
7. How long have you been in this current position?

SUPERVISION OF NURSING AUXILIARY BY NURSE IN-CHARGE

8. What do you think is the role of the nursing auxiliary?
9. What is your role as the Nursing Auxiliary supervisor?
10. Did you receive any orientation on your role as NA supervisor?
11. How many NAs do you supervise?
12. Do you face any problems in your role as a NA supervisor?

13. If so what are the problems?
 14. What are the main tasks that the Nursing Auxiliary undertakes?
 15. How these tasks assist you in your job?
 16. What is your working relationship like, with the nursing auxiliary?
 17. Does this relationship influence the range and specification of tasks?
 18. How does this relationship influence patient care in any way?
 19. What do you think about the functions of the NA?
 20. How do you see the future of these Nursing Auxiliaries?
-

APPENDIX II

University of Malawi,
Kamuzu College of Nursing,
Private Bag 1,
LILONGWE

The Secretary for Health,
P.O. Box 30377,
LILONGWE 3

Attention: Health Research Officer

Through: Mr. N. Chimbalangondo,
Research Supervisor,
Kamuzu College of Nursing.

Dear Sir/ Madam,

**APPLICATION FOR MINISTERIAL CLEARANCE TO CONDUCT A
RESEARCH STUDY**

I am a final year student pursuing a Bachelors Degree in Nursing. In partial fulfillment for the award of a degree, I am expected to conduct a research study.

I write to apply for national clearance to conduct a study on “**The Effectiveness of the Nursing Auxiliary on the Delivery of Patient Care**”.

Enclosed is a proposal for the study.

Your favorable response will be greatly appreciated.

Yours faithfully

Pamela M. Msukwa (Mrs.)

APPENDIX III

University of Malawi,
Kamuzu College of Nursing,
Private Bag 1,
LILONGWE

Research and Publications Committee,
Kamuzu College of Nursing,
Private Bag 1,
LILONGWE 3

Through: Mr. N. Chimbalangondo,
Research Supervisor,
Kamuzu College of Nursing.

Dear Sir/ Madam,

APPLICATION FOR APPROVAL TO CONDUCT A RESEARCH STUDY

I am a final year student pursuing a Bachelors Degree in Nursing. In partial fulfillment for the award of a degree, I am expected to conduct a research study.

I write to apply for approval to conduct a study on “**The Effectiveness of the Nursing Auxiliaries on the Delivery of Patient Care**”.
Enclosed is a proposal for the study.

Your favorable response will be greatly appreciated.

Yours faithfully

Pamela M. Msukwa (Mrs.)

APPENDIX IV

University of Malawi,
Kamuzu College of Nursing,
Private Bag 1.
LILONGWE.

The Hospital Director,
Kamuzu Central Hospital,
P.O Box 149,
LILONGWE

Dear Sir/ Madam

**REQUEST TO USE KAMUZU CENTRAL HOSPITAL AS A SITE FOR A PILOT
STUDY FOR A RESEARCH ON THE EFFECTIVENESS OF THE NURSING
AUXILIARIES ON THE DELIVERY OF PATIENT CARE**

I am a final year student pursuing a Bachelor of Science Degree in Nursing at Kamuzu College of Nursing. I am required to conduct a research study in partial fulfillment for the award of a degree in Nursing. It is for this reason that I request for your permission to use your hospital as a site for a pilot study in order to ensure reliability and validity of the data collection tools. The main study will be done at Queen Elizabeth Central Hospital in Blantyre.

Data obtained will be treated with total confidentiality. There are no risks involved in this study and the results will be used only for the intended purpose.

Ministry of Health & Population and Kamuzu College of Nursing Research Committee have approved the study.

Your favorable response will be greatly appreciated.

Yours faithfully

Pamela M. Msukwa (Mrs.)

APPENDIX V

University of Malawi,
Kamuzu College of Nursing,
P/Bag 1,
LILONGWE

The Hospital Director,
Queen Elizabeth Central Hospital,
P.O Box 95,
BLANTYRE

Through: The Research Coordinator, KCN

Dear Sir,

REQUEST TO UTILIZE QUEEN ELIZABETH CENTRAL HOSPITAL AS A
RESEARCH SITE

I am Pamela M. Msukwa, R.N., and final year student at Kamuzu College of Nursing. In partial fulfillment for the award of a Bachelors degree in Nursing I am required to conduct a research study. It is for this reason that I request to conduct my study at your institution.

The study is on the “**Effectiveness of Nursing Auxiliaries on the Delivery of Patient Care**”.

A questionnaire and a checklist will be utilized in the study to collect the data. The questionnaire will have open-ended questions and the administration time is anticipated to take not more than 30 minutes. A mutually convenient date will be arranged.

No staff will be coerced into participation and that participating staff may withdraw from the study at any time. Participants’ responses will be totally anonymous.

Although participants’ responses cannot be shared with the hospital, copies of the final report will be available to the hospital.

Yours faithfully

Pamela M. Msukwa (Mrs.)



University of Malawi
KAMUZU COLLEGE OF NURSING

RESEARCH AND PUBLICATIONS COMMITTEE

APPROVAL CERTIFICATE


TITLE: EFFECTIVENESS OF THE INTRODUCTION OF THE NURSING AUXILIARY ON THE DELIVERY OF PATIENT CARE AT QUEEN ELIZABETH CENTRAL HOSPITAL (Q.E.C.H.) IN BLANTYRE

INVESTIGATORS: PAMELA MONICA MSUKWA

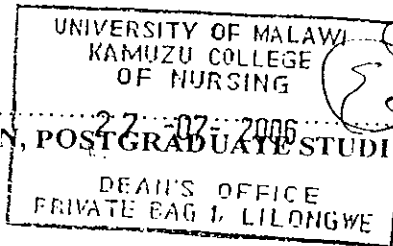
DEPARTMENT/YEAR OF STUDY: BSc.N

REVIEW DATE: JULY 2006

DECISION OF THE COMMITTEE: APPROVED

SIGNATURE:  **DATE:** 27/07/06
DEAN, POSTGRADUATE STUDIES & RESEARCH

cc Supervisor:



DECLARATION OF INVESTIGATOR(S)

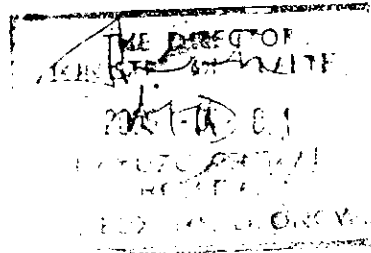
I/we fully understand the conditions under which I am/we are authorized to carry out the above mentioned research and I/we guarantee to ensure compliance with these conditions. In case of any departure from the research procedure as approved, I/we will resubmit the proposal to the committee.

DATE: 28/07/06 **SIGNATURE(S):** 

APPENDIX VII

University of Malawi,
Kamuzu College of Nursing,
Private Bag 1,
LILONGWE.

The Hospital Director,
Kamuzu Central Hospital,
P.O Box 149,
LILONGWE



Dear Sir/Madam

REQUEST TO USE KAMUZU CENTRAL HOSPITAL AS A SITE FOR A PILOT STUDY FOR A RESEARCH ON THE EFFECTIVENESS OF THE NURSING AUXILIARY ON THE DELIVERY OF PATIENT CARE

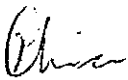
I am a final year student pursuing a Bachelor of Science Degree in Nursing at Kamuzu College of Nursing. I am required to conduct a research study in partial fulfillment for the award of a degree in Nursing. It is for this reason that I request for your permission to use your hospital as a site for a pilot study in order to ensure reliability and validity of the data collection tools. The main study will be done at Queen Elizabeth Central Hospital in Blantyre.

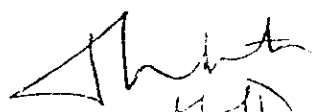
Data obtained will be treated with total confidentiality. There are no risks involved in this study and the results will be used only for the intended purpose.

Ministry of Health & Population and Kamuzu College of Nursing Research Committee have approved the study.

Your favorable response will be greatly appreciated.

Yours faithfully


Pamela M. Msukwa (Mrs.)

Approved on condition that the results will be shared with KCH management team.
54

AT-U

Telephone: (265) 01 674 333 / 677 333
Facsimile: (265) 01 676928
Email: queenelphpp@qelchmwl.net



In reply please quote **No. QE/GEN/19**

QUEEN ELIZABETH CENTRAL HOSPITAL
P.O. BOX 95
BLANTYRE
MALAWI

All communications should be addressed to:
The Hospital Director

14th August, 2006.

Miss Pamela Monica Msukwa
Kamuzu College of Nursing
LILONGWE

Dear Madam,

RESEARCH APPROVAL

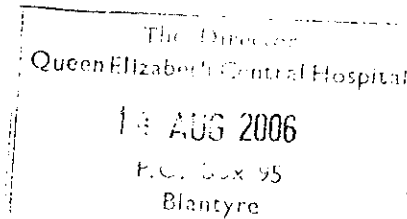
I would wish to inform you that approval has been granted for you to conduct the research entitled: ***"Effectiveness of the Introduction of the Nursing Auxiliary on the Delivery of patients have at Queen Elizabeth Central Hospital in Blantyre"*** at Queen Elizabeth Central Hospital.

I hope you will share your findings with us.

Best regards.

A handwritten signature in black ink, appearing to read 'Idana'.

Dr. I.Y.S. Idana
HOSPITAL DIRECTOR



APPENDIX IX

PARTICIPANTS CONSENT

Study Title: The effectiveness of the nursing auxiliary on the delivery of patient care.
Researcher: Pamela M. Msukwa R.N., DipN.
Subject ID No. _____

I am Pamela Msukwa, a final year student at Kamuzu College of Nursing pursuing a Bachelor of Science Degree in Nursing
As a requirement for the award of a bachelors degree, I am conducting a research study. The appropriate people and review board of Ministry of Health & Population and Kamuzu College of Nursing have approved the study and its procedures.

You are being invited to participate in the research study to “assess the effectiveness of the introduction of nursing auxiliary on the delivery of patient care”. The study will provide information on how best to improve patient care.

Your participation in this study is voluntary. You are under no obligation to participate. You have the right to withdraw at any time you feel like and your work will not be affected in any way. The study and its procedures involve no unforeseeable risks or harm to you.

If you accept to participate in this study, the researcher will collect some data, which will be pertinent to this study. An interview will be conducted and observations made to collect the data. The study data will be coded. Your name will therefore not be used. Your identity will not be revealed while the study is being conducted and the researcher will collect all study data and store in a secure place.

You are free to ask any questions about the study or about being a participant.

I have explained this study to the subject and have sought his/her understanding for informed consent.

Researcher's Signature

Date

The nature of this research project and my rights regarding participation in it has been explained to me. I have read this consent form and voluntarily consent to participate in this study with the understanding that my identity will be safeguarded and that the results of the study, published or unpublished, will in no way identify me.

Signature of participant

Date



University of Malawi
KAMUZU COLLEGE OF NURSING

CONSULTATION FORM FOR MANUSCRIPTS, DISSERTATIONS AND THESIS

Regulations

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Declaration

Author: MSUKWA P.M. Date of Production: 2006

Title of Work A study on the effectiveness of the
Nursing Auxillaries on the delivery
of Patient Care of OECU in Blantyre

I undertake to abide with the above stipulated Regulations.

Date	Name (Printed)	Address	Signature	Checked by: (Staff member)
21.2.07	A. NJILOMOLE	PIB 1 LL	<i>[Signature]</i>	<i>[Signature]</i>
25.02.07	B. NKHONO	PIB 1 LL	<i>[Signature]</i>	<i>[Signature]</i>