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Differences and similarities of motivating and demotivating factors of emergency nursing care in rural and urban emergency units – A study of selected rural and urban emergency units in the Volta Region of Ghana



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ABSTRACT

Objective: The objective of this study was to explore differences and similarities of motivating and demotivating factors of emergency nursing care in selected rural and urban emergency units in the Volta Region of Ghana. **Materials and methods:** This study was conducted at selected rural and urban emergency units in the Volta Region of Ghana. The study utilised qualitative exploratory descriptive design. Purposive sampling technique was employed in selecting emergency units and nurses. Data were collected through semi-structured interviews of 30 nurses. Data saturation was determined after interviewing 30 participants. Data analysis was done through qualitative content analysis.

Results: Twenty-six (26) out of a total of thirty (30) participants were between the ages of twenty-five (25) and twenty-nine (29). Nurses working in the emergency units studied general nursing at the Nurses Training Colleges (NTCs). None of the respondents studied emergency nursing as a degree programme. Twenty four (24) out of thirty (30) participants had worked for about two years in emergency units. Four thematic categories that represented differences and similarities of motivating and demotivating factors for nurses in rural and urban emergency units were extracted from data. The thematic categories are: a) Support from hospital management for provision of material resources; b) Task shifting to nurses; c) Stimulant for learning; d) Interpersonal relations.

Discussions: Evidence available in this study suggests that there are differences as well as similarities of motivating and demotivating factors within emergency units of rural and urban settings in the Volta Region of Ghana. Differences in resource allocation and task shifting was identified. Stimulating environments of emergency unit for learning and excellent interpersonal relations were found to be common motivations for both rural and urban emergency unit nurses.

1. Introduction

Though there are challenges within emergency units in many countries across the world, developing and lower middle income countries such as Ghana, face additional burdens of caring for clients with communicable diseases such as Human Immunodeficiency Virus (HIV) and Tuberculosis within emergency units (Brysiewicz, 2011; Jamison, 2012). Additionally, Ghana suffers from high accident rates due to poor conditions of transport and road infrastructure (National Road Safety Campaign. Annual Report, 2010). Figures from the National Road Safety Commission of Ghana indicate that an average of 1,900 fatalities result from road traffic accidents every year (National Road Safety Campaign, 2010). In addition to road traffic accidents, an additional burden is added by domestic accidents, natural disasters, medical emergencies, surgical emergencies, and obstetric emergencies

(Osei-Ampofo et al., 2013). Many emergency units in Ghana are also staffed with registered general nurses with no additional training in emergency nursing. This is because emergency nursing education in Ghana is in its early stages of development (Martel et al., 2014). In the assessment of some urban hospitals in Ghana, it was found that there are inadequate human resources including emergency nurses within emergency units for the provision of quality emergency care to clients (Osei-Ampofo et al., 2013). Despite the fact that nurses deliver emergency care in rural and urban emergency centres (Monahan et al., 2007), there is limited evidence of similar assessments of rural emergency unit in Ghana by researchers. Some researchers have found gross inequalities and disparities in health status and health care not only between Africa and the rest of the world but also within some African countries (Calvello et al., 2013). Despite the challenges that may demotivate nurses working within emergency units, some

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researchers in other countries have found advantages that exist for nurses working within emergency units (Jelinek, Weiland, Mackinlay, Gerdtz, & Hill, 2013; Tse et al., 2016). Studies into motivating and demotivating factors for emergency health workers have been conducted in other jurisdictions. In a study of medical officers working in emergency units in Brazil, Feitosa-Filho et al. (2017) found that working with resident emergency physicians were motivating whilst the high level of stress made them want to stop working in emergency unit in a few years. For the purposes of this study, motivating factors are issues that serve as incentives to continue working in the emergency unit. Demotivating factors on the other hand are issues that frustrate nurses and make them want to leave the emergency unit. There is need to identify differences and similarities of motivating and demotivating factors for working in emergency units in rural and urban emergency units in Ghana. An awareness of these factors may inform policy directions for the improvement of emergency nursing care in Ghana. The purpose of this study is to explore differences and similarities of motivating and demotivating factors within selected rural and urban hospitals in the Volta region of Ghana.

2. Methods

2.1. Design

A qualitative exploratory descriptive design was used in conducting the study. Exploratory design explores people's everyday life experiences (Polit & Beck, 2010). A qualitative study design was employed to explore motivating and demotivating factors in emergency nursing care in selected hospitals in the Volta Region of Ghana. This design allowed insight into both motivating and demotivating factors to emergency nursing care.

2.2. Setting

The settings for data collection were selected rural and urban emergency units in the Volta Region of Ghana. The emergency unit of urban hospital had an average bed capacity of 35 and were referral centres for 18 district hospitals in the Volta Region. The rural hospitals had an average bed capacity of 6.

2.3. Population and sampling technique

Nurses working in emergency units in selected rural and urban emergency units was target population for study. Sampling technique was purposive. Saturation was reached after interviewing 30 participants, when new data confirmed previous data without adding new insights.

2.4. Data collection tool and procedure

A semi-structured interview guide was utilised in collecting data. Emergency units were visited prior to data collection to present the study aim and inform the management and staff about the study. Staff of emergency units had an opportunity to ask questions and receive answers concerning the study. Mobile phone numbers of selected participants were requested. Participants were called on phone to agree on comfortable places and times for interviews. Interviews were mostly conducted after nurses closed from work. Majority of interviews were conducted in the homes of nurses and rest rooms of emergency units. Interview questions were developed by the research team that included two professors of nursing who were supervising the author at the graduate level. Questions asked included the following. 1. Describe the things that motivate you to continue working in this urban emergency unit. 2. Describe the things that demotivate you to make you feel like discontinuing work in this urban emergency unit 3. Describe issues or happenings that makes you feel like stopping work within this rural

emergency unit. 4. Describe issues or happenings that make you feel like discontinuing work within this rural emergency unit. Follow up questions and probes were used to elicit further descriptions of motivating and demotivating factors within emergency units. Nurses who worked in emergency wards for two years or more were selected because they had more experiences to share. One semi-structured interview was conducted with each participant. The interviews ranged from 45 to 90 min. Transcribed interviews were stored in electronic folders that were created and labeled. Transcribed data were stored with a password to ensure confidentiality. These folders were kept on a pen drive solely meant for the purposes of the study and kept under lock and key.

2.5. Data analysis

Transcribed data were analysed using conventional qualitative content analysis. Analysis of data was done with the help of two nursing education experts. Holloway and Wheeler's data analysis pattern was used during data analysis (Holloway & Wheeler, 2010). This pattern takes the following form; validating, transcribing, cleaning and coding data. Each transcribed interview was read several times to extract primary codes. Related codes were put in groups to form thematic categories. Thematic categories were developed based on similarity and content of codes.

2.6. Rigour

Trustworthiness of the study was ensured by member checks and peer debriefing during data analysis, and this facilitated the full understanding of demotivating and motivating factors. Research team discussed field notes to ensure correct interpretation of data generated. Credibility was ensured through prolonged interactions with participants and continuous checking of ambiguous responses. The objectivity of the data was determined through continuous, accurate, and proper treatment of all stages of the research study. Reliability of results was improved using a team approach in data analysis.

2.7. Ethical considerations

Study proposal was submitted to and approved by the University of Cape Coast Institutional Review Board (UCCIRB). Administrative approval was granted by hospitals where study was conducted. Emergency unit managers and respondents were briefed about study aim and procedures before obtaining their written informed consents. Participants were assured that data would be used for research purposes only. Confidentiality was ensured by labelling each participant with an identification code rather than a name. Transcripts were also coded and stored with a password to ensure confidentiality. The study process entailed no harmful effects on participants.

3. Results

In this study, 26 out of 30 participants were between 25 and 29 years. Only four (4) participants were above thirty (30) years. Nurses working in emergency units studied general nursing at the Nurses Training Colleges (NTCs). None of the respondents studied emergency nursing as a degree programme. Twenty four (24) out of thirty (30) participants had worked for about two years in emergency units. Only six (6) respondents worked in emergency units for more than two years. Four thematic categories that represented differences and similarities of motivating and demotivating factors for nurses in emergency units of rural and urban emergency units were extracted from data. These categories were: a) Support from hospital management for provision of material resources; b) Task Shifting to nurses; c) Stimulant for learning; d) Interpersonal relations.

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