



Challenges, And Nurses' Job Performance in the University of Calabar Teaching Hospital, Calabar Cross River State Nigeria

Oyira Emilia James*

Department of Nursing Science, University Of Calabar, Calabar

Ndiok Akon Emmanuel

Department of Nursing Science, University of Calabar, Calabar

Ademuyiwa I. Y.

Department of Nursing Science, University of Lagos, Nigeria

Abstract

Nurses play major roles in the health care delivery system caring for patients but despite how important their contributions are not much has been done to make their working conditions favorable, consequently they are forced to practice under unfavorable conditions and this negatively influences their level of motivation, morale and productivity. The purpose of the study was to assess challenges, and nurses' job performance in the University of Calabar Teaching Hospital, Calabar Cross river state. The following specific objectives were set; to ascertain the extent to which low remuneration influences nurses job performance, to ascertain the extent to which shortage of nursing staff influences nurses job performance, to ascertain the extent to which lack of equipment and materials influences nurses job performance, 3 research questions were developed in line with the research objectives. Extensive literature review of the 3 variables was done and the theoretical framework adopted for the study was the Herzberg two factor theory of motivation. A descriptive research design was adopted for the study and the convenient sampling technique was used in selecting 240 respondents using the Taro Yamane's formula. Data was obtained using a 27 item structured questionnaire constructed in line with the research question which was duly validated and reliability ensured. Data obtained was analyzed using Statistical software package (SPSS) and result gotten was presented using tables, and percentages. Result from the analysis showed that 80% of the respondents supported the view that low remuneration negatively influenced nurses job performance, 90% of the respondents supported the notion that shortage of nursing staff negatively affects the quality of care nurses render, 96.2% agreed with the opinion that regular equipment and material were needed to enable nurses execute their duties effectively, 95.8% supported the view that innovation in nursing is essential to improve more quality of care nurses render and 81.4% supported the view that barriers such as lack of support from management, lack of interest by nurses, resistance to change, financial constraint, shortage of nursing staff etc, hindered the progress of nurses led innovation. Findings from the study also revealed that there was a significant relationship between shortage of nursing staff and nurses led innovation. Based on these findings, the researcher recommended that government provides adequate funding to health care facilities for procurement of equipment and materials, ensure regular employment of nurses, ensure increment in salaries and allowances of nurses, and provide adequate funding of researches to nurses.

Keywords: Challenges; Nurses; Job performance; Ucth.

1. Introduction

1.1. Background to the Study

Globally in the health care delivery system challenges has become the order of the day, and in the contemporary Nigerian society the situation is even worst. The hospital management system has become less concerned, committed and dedicated to meeting the needs of their nurses and this has resulted in decreased level of morale, low productivity and poor performance among nurses.

Challenges refers to factors such as staff shortage, poor remuneration, long working hours with a huge number of patients, lack of adequate equipment and materials to use during procedures, insults/lack of respect from co-workers, poor interpersonal relationships, exposure to diseases and hazards, less compensation, non-participation in decisions making it so complex and difficult for nurses to carry out their duties and responsibility efficiently [1]. It further occurs when there is no recognition, identification, praises, promotions, lack of mutual understanding, between the management and nurses. Moreover, in other to function effectively nurses need to practice in an environment that reinforces their professional role and autonomy, and provides adequate resources. This includes man and materials in an institution for smooth running of the organization [2].

Meanwhile, nursing is a profession within the health care sector that is focused on the care of individuals, families and communities so that they may attain, maintain and recover optimal health and quality of life for patients [3]. Observation has shown that the government and management of the University of Calabar Teaching Hospital are

*Corresponding Author

not ready to do anything that will bring comfort among nurses. Surrounded by all these challenges, nurses on their part have tried on their own part to improve themselves by going to school in order to update their knowledge and performance towards patients care, knowledge of research, knowledge of communication with patients and knowledge of care plan for patients care which has ultimately led to innovations. Innovations refers to the process of developing new approaches, knowledge and skills to change the old ways of thinking and practice and to develop new ways of working that would improve the current state of nursing practice [4].

More so, a culture of safety is necessary to achieve continuous and sustainable changes that promote patient safety and employee's satisfaction in any given health institution. Bullying, harassment and disruptive behaviors on the part of co-workers also constitute challenges and violate the principles of culture of safety, endangering patients and are a cause of employee dissatisfaction and turnover [5]. Challenges may also take a number of forms including disrespectful behaviors, name calling, ethnic jokes, outburst of anger, intimidation that suppresses inputs from other providers, and retaliation against clinicians who raise concerns about safety, conduct or cultural issues and physical violence.

Barnsteiner, *et al.* [6], ascertained that challenges had a negative effect on nurses performance and the quality of patient care rendered. This can be observed in situations such as reluctance to ask questions related to patient care during ward rounds because staff may avoid those known to be abusive. Other examples include a registered nurse not notifying a doctor of a change in patient status, keeping silent about a safety concern, administering a medication despite serious unsolved safety concerns, or tolerating substandard care such as no hand washing or surgical site marking.

Public and private policies have been developed to reduce most challenges experienced in the health system. These policies can and should be extended to the local work units where these challenges take place like the University of Calabar Teaching Hospital. The depth and extent of this problem shows that the hospital in due course might not be a place where patients may wish to be cared for, because these challenges greatly affect nurses' performance and outcome. Interestingly, the purpose of the study is to help the health care system solve the challenges associated with nurses' performance in University of Calabar Teaching Hospital.

1.2. Statement of the Problem

Nurses are the backbone of the health care system worldwide playing an integral role such as providing care to patients and filling leadership roles at hospitals and other aspect of the health system goes a long way to improve patients' life. Despite being recognized and valued for services rendered nurses face several difficulties and challenges in their professional practice. In the University of Calabar Teaching Hospital, it has been observed that nurses encounter a vast array of challenges such as staff shortage, work overload, lack of necessary equipment/materials poor remuneration, workplace hazards, unfavorable hospital policies restricting practice, poor interpersonal relationship, exposure to disease, lack of recognition and respect, lack of involvement in decision making and these impacts their performance level and outcome negatively as they are less motivated to provide the highest quality of care needed by the patients.

In addition the rollout and implementation of innovative ideas by nurses is very poor, there is lack of support, funding and encouragement by the hospital management. Nurses have limited educational opportunities to develop themselves and lack of mentors to guide them. Finally the attitude of nurse towards innovation is poor as nurses are unwilling to make changes to existing nursing procedures and interventions such as manual regulation of intravenous infusion, and other procedures etc. The above named problems are what motivated the need for exploring this research study. This study would be aimed at assessing common challenges among nurses in the University of Calabar Teaching Hospital Calabar.

1.3. Purpose of the Study

The purpose of this study is to examine challenges, and its influence on nurses job performance in University of Calabar Teaching Hospital.

1.4. Specific Objectives

Specific objectives of this study includes:

- (i) To ascertain the extent to which low remuneration influence nurses job performance.
- (ii) To ascertain the extent to which shortage of nursing staff influence nurses job performance.
- (iii) To ascertain the extent to which lack of equipment and materials influence nurses job performance.

1.5. Research Questions

- (i) How does low remuneration influence nurses job performance?
- (ii) How does nursing staff shortage influence nurses' job performance?
- (iii) To what extent does lack of equipment and materials influence nurses job performance?

1.6. Research Hypothesis

I. There is no significant relationship between shortage of nurses and nurses' job performance. In UCTH

1.7. Scope of the Study

This study is expected to cover nurses working in various wards and units in the University of Calabar Teaching Hospital, Calabar, and Cross River State. The study was restricted to the following variables; nursing staff shortage, nurse remuneration, lack of equipment and materials, nurse led innovation, and barriers to nurse led innovations.

1.8. Significance of the Study

This study might be of immense benefit to

1.8.1. Nurses

Results from this study would bring to focus the major challenges nurses face on daily basis while carrying out their duties in the hospital and also proffer solutions that would improve the current plight of nursing professionals. It would also shine the spotlight on current nurses led innovations in the University of Calabar Teaching Hospital and how its implementation can greatly improve the quality of healthcare services rendered.

1.8.2. Hospital Management/Government

It would serve as a source of information on the current state of nursing practice and the negative effects of these challenges present in the hospital and how it affects the quality of nursing care rendered so that favorable policies would be made that will help eliminate the above mentioned challenges and also encourage the implementation of research inputs and innovative ideas of nurses.

1.8.3. Nurse Researchers

It may serve as a source of information for intending researchers on this area of study and also serves as a reference point for further research studies.

2. Literature Review

2.1. Introduction

This was discussed under the following headings;

2.1.1. Low Remuneration of Nurses and Nurses' Job Performance

Remuneration is traditionally seen as the total income of an individual and may comprise a range of separate payments determined according to different rules. For example, the total remuneration of medical staff may comprise a capitation fee and a fee for services, or it may include a salary and shared financial risk. A remuneration strategy, therefore, is the particular configuration or bundling of payments that goes to make up an individual's total income [7]. This implies that it, could be in form of pay, salary, wages, allowance, benefits (such as medical plan, retirement plans) bonuses, cash incentives etc. Low remuneration occurs when nurses are not adequately and well compensated for the services they render (i.e. their salary structure are below acceptable limits, allowances are not paid, bonuses and benefits such as medical insurance plan and retirement plans are not available).

A common assumption known to all is that an effective reward system would readily attract, retain, and motivate worker [8]. Over time it's been established by researchers that financial rewards is one of the best motivating factors and is a strong re-inforcer of workers morale. A satisfactory wage is a significant factor in job seeking behaviours and is especially important in keeping workers adequately motivated and in turn improve productivity significantly [9].

Nurses like other workers are motivated by money. The salary paid by employers directly impacts his/her performance level; underpaid nurses are less motivated to perform better. The nurses doesn't simply view his/her salary as just monetary reward, he/she sees it as the value employers place on him/her. Thus the level of appreciation felt can directly influence their overall job performance [10]. A nurse is more likely to perform to his/her potentials if she is happy with the salary earned. A nurse earning a high salary brings him/her a feeling of security, allowing her to feel accomplished [11].

Nebiat [12] carried out a cross sectional survey in Ethiopia which revealed that most nurses in Ethiopia were not properly motivated because of low remuneration and there is a significant relationship between rewards and nurses work motivation, and amongst all factors influencing nurses performance remuneration is the most significant and most influential factor. Oyira, *et al.* [8] study in the University of Calabar Teaching Hospital established that monetary rewards is a tool of growth and development in all organization and recommended that the management of the University of Calabar Teaching Hospital boost the morale of staffs through a fair and equitable reward system.

Matthew and Chenjaun [9], showed that hospitals with better nurse staffing, remuneration and optimum working environment had better nurses outcome such as provision of high quality of nursing care. Soikki, *et al.* [13] study evaluating factors influencing performance of registered nurses in Namibia revealed that although most nurses look beyond salary; poor remuneration remained a contributory factor to poor performance. Studies on Nurses working in Jimma university teaching specialist hospital in Ethiopia revealed that 75% of the respondents were not satisfied with their remuneration, benefit and recognition they received from institution. Majority of them disagreed that remuneration was competitive with other similar organizations and remuneration given according to their responsibility. Similarly, majority of them were dissatisfied with their fringe benefit and disagreed that hard working nurses were recognized and duly compensated for their efforts Tesfaye, *et al.* [14].

2.1.2. Nursing Staff Shortage and Nurses job Performance

Nursing staff shortage is a situation where the demand for nursing professionals such as registered nurses (RNs) exceeds the supply (e.g. within a health care facility). It is measured, for instance, when the nurse per patient ratio, the nurse to population ratio exceeds acceptable limits. Nurses shortage results in nurse dissatisfaction, constant schedule changes, work overloads, increased exposure to occupational injuries, increased risk of infection to patients and the nursing staffs [15]. In an ideal hospital environment patients in the ICU, neonatal intensive care unit, post-anaesthesia unit, labour and delivery unit, ICU patient in the ER, acute respiratory care unit, and burn unit would have a 1:2 nurse-patient ratio. Patients in the antepartum, postpartum couplets, paediatrics, emergency room, step down, and telemetry units have a little less attention with a 1:3 ratio. The immediate care nursery, medical/surgical, and psychiatric care units all have a 1:4 ratio, while the rehab and skilled nursing facility units have a 1:5 ratio. The unit of a hospital with the least attention is the well-baby nursery, with a 1:6 ratio [16].

Due to the increasing demands for nurses, the nurse to patient ratio remains unbalanced. The number of patients is increasing day by day and there is an acute shortage of nurses to attend to patients. The quality of health care service provided is highly dependent on an adequate supply of qualified nursing personnel [17]. Studies shows that there is a direct relationship between availability of nursing staff and nurse productivity and hence the quality of care rendered. When nurses are forced to work with high nurse to patient ratio patient die, get hospital acquired infections, get injured and the incidence of readmission becomes relatively high [17].

Kumari and Alvis [18], were of the opinion that nurses are consistently working longer shifts due to staff shortage. Their study revealed that increased nurses workload due to decreased number of nursing staff negatively influences the quality of patient care rendered. The Minnesota department of health review of literature [19] found strong evidence linking lower nurse staffing level with higher patient mortality, and falls among patients in hospitals. There was also strong evidence that showed that other care processes outcome such as drug administration errors, poor nursing care and patient's longer length of stay on admission are linked to lower nurse staffing level. Furthermore [20] found that inadequate staffing level can hinder nurses efforts to carry out process of care. It could threaten patient health, safety and results in greater complexity of care, and impact negatively also on the health of nurses increasing fatigue and occupational injuries.

A study evaluating nurse staffing for every nursing shift in 43 hospital units at a hospital in Mexico found that staffing of RNs below target levels was associated with increased mortality. High patient turnover -- admissions, discharges and transfers -- during a shift also was linked with greater risk of patient deaths [21]. A systematic review and meta-analysis revealed consistent evidence that an increase in Registered Nurse (RN) to patient ratios was associated with a reduction in hospital-related mortality, failure to rescue, and other nurse-sensitive outcomes, as well as reduced length of stay. An increase in total nurse hours per patient day was associated with reduced hospital mortality, failure to rescue, and other adverse events [22]. In a similar study of 19 teaching hospitals in Ontario, Canada, it was revealed that a lower proportion of RNs employed on a hospital nursing unit was associated with higher numbers of medication errors and wound infections [23].

Aiken, *et al.* [24], suggested that improved registered nurse staffing has a beneficial effect on patient outcomes. Conversely, research shows that the likelihood of both overall patient mortality (i.e., in-hospital death) and mortality following a complication (failure to rescue) increases by 7% for each additional patient added to the average registered nurse workload.

2.1.3. Lack of Materials and Equipment and Nurses Job Performance

Common hospital equipment and supplies used in the wards/units includes blood pressure monitors, thermometer, forceps, treatment table /examination couch, trolleys/trays, wheelchairs, portable defibrillators, swabs/gauze, dressing lotions, infusion giving sets, drip stands, catheters, oxygen cylinders, suction machines and personal protective equipment such as gloves, aprons, facemasks, boots etc. In most health care facilities especially in the developing countries there is lack of equipment's and supplies needed to smoothly run the day to day activities of the ward or unit and where they are available they are in a poor working condition.

Studies carried out by Soikki, *et al.* [13] in Namibia revealed that 75% of registered nurses cited that hospitals in Namibia lacked adequate equipment and resources that enabled them to efficiently execute their duties. They rated their working conditions as being very poor and uncondusive for effective rendering of nursing care, some of the respondent interviewed highlighted that medical supplies are not always delivered on time; hence patients may have to wait for supplies before they could be attended to. The effects of lack of equipment and materials on nurses outcome revealed that patients who were hospitalized in units with good work environment where adequate equipment where available experienced better satisfaction with the quality of care rendered as compared with patients in units with poor working environment. A study of midwives working in postpartum units in hospitals in Rwanda, reported that they encountered shortage of instruments and supplies required for good quality of care to their patients. Pennsylvania Patient Safety Authority conducted a data review over a 12-month reporting period (2008) identifying 56 reports that highlighted emergency or rapid response situations in which supplies or equipment were missing or outdated.

While the locations of these events varied, as did the types of medical emergencies, a common theme in the reports was a lack of appropriate equipment and supplies to successfully manage the emergency in a timely manner. Thirty-five reports referenced issues with emergency carts and 21 referenced issues with missing supplies or malfunctioning equipment during an emergency situation.

2.2. Theoretical Framework

The theory adopted for this study is the Herzberg two factor theory by Frederick in 1959. According to Herzberg, there are some job factors that result in satisfaction, and prevent dissatisfaction among employees. These factors are classified into 2 categories.

Hygiene factors: Hygiene factors are those job factors which are essential for existence of motivation at workplace. These factors do not lead to positive satisfaction for long term. But if these factors are absent, or non-existent at workplace, then it will lead to dissatisfaction. The hygiene factors symbolizes the physiological needs which the employees wants and expects to be fulfilled. Hygiene factors includes: pay or salary structure, administrative policies, fringe benefits, physical working conditions, equipment, interpersonal relationships and job security.

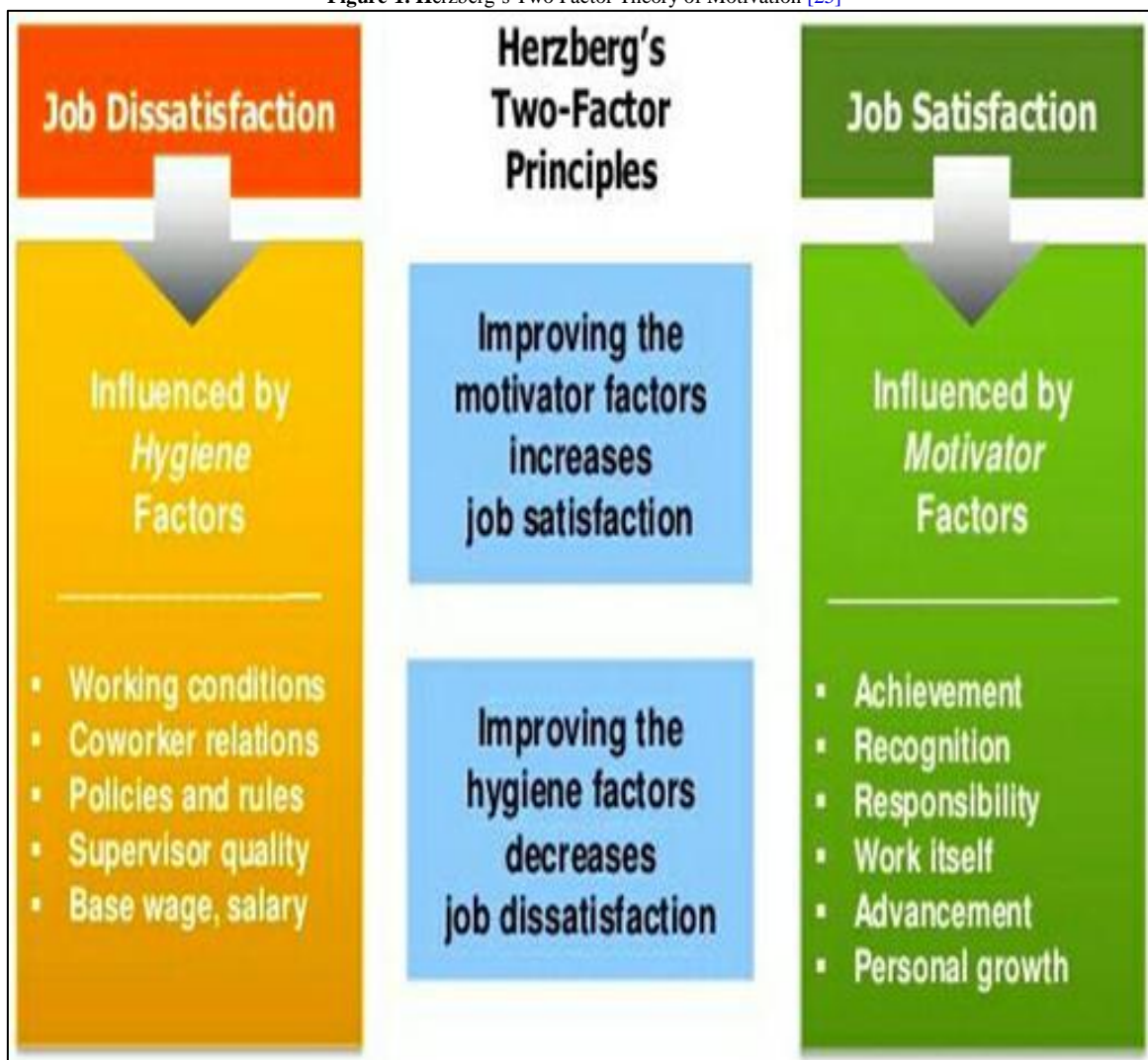
Motivational factors: According to Herzberg, the hygiene factors cannot be regarded as motivators. The motivational factor yields positive satisfaction. These factors are inherent to work. These factors motivate the employees for a superior performance. An employee finds these factors intrinsically rewarding. The motivators factors includes: recognition, sense of achievement, innovations, growth and promotional opportunities, responsibility and meaningfulness of the work [11].

2.7. Application to the Study

The hospital setting is quite similar to every other form of organization or institution because it has goals and objectives which can only be met when its employees perform optimally. Nurses need to be well motivated and satisfied to carry out their job effectively and to the required quality. Thus job satisfaction impacts the health of the nursing professionals, the institution and the patients /relatives

The Herzberg two factor theory requires that health institutions ensure the availability of hygiene factors (such as comfortable physical conditions /working environment, appropriate remuneration, favorable administrative conditions, job security, good interpersonal relationship at work). In addition to the above, other factors called motivational factors are very important to promote job satisfaction and commitment (such as recognition, professional growth and development, autonomy, freedom for creativity, innovations etc.) Together with the hygiene factors, provision of motivator factors raises satisfaction, resulting in improved performance and increased productivity among nurses.

Figure-1. Herzberg's Two Factor Theory of Motivation [25]



3. Research Methodology

This chapter discusses the methods adopted for this research with the following sub headings:

3.1. Research Design

A descriptive design was used because it best answers the questions and purpose of the study. The study design is one in which the population of interest is studied by collecting and analyzing data from and only few people considered to be representatives of the entire group without manipulation. The researcher has chosen this design because with the aid of questionnaire information about challenges and job performance among nurses in University of Calabar Teaching Hospital was elicited with the way they are because the variables already existed.

3.2. Study Setting

The study was carried out in the University of Calabar Teaching Hospital. Its a tertiary institution and a referral Centre, centrally located in Calabar municipality, Cross river state Nigeria. The hospital has 15 wards and 11 clinics. It has the health care service department, administrative department, laundry, tailor unit and mortuary services. The health care service department include laboratory department, nursing services, internal medicines, surgery, family medicine, paediatrics, obstetrics and gynaecology, radiology, ophthalmology, physiotherapy, orthopaedics, food and nutrition, accident and emergency, dental department, blood bank and dialysis unit. The hospital has a staff strength of two thousand two hundred and twenty six 2226. The population of nurses is six hundred and one nurses (nursing admin, 2018)

The hospital is situated in the satellite town area of Calabar municipality. Calabar (also referred to as "Canaan City" is a city in Cross River State, in south southern Nigeria. The original name for Calabar was AkwaAkpa, from the Efik language. The city is adjacent to the Calabar and Great Kwa rivers and creeks of the Cross River. Calabar is a peaceful city densely populated by majorly indigenous tribe known as the Efiks and Quas, because of its cosmopolitan status, there abound people from all parts of the country and foreigners. Administratively, the city is divided into Calabar Municipal and Calabar South LGAs. It has an area of 406 square kilometers and had a population of 371,022 at the 2006 census. Calabar municipality is bounded in the north by Odukupani in the north east by the great Kwa river, and in the south by the Calabar river and Calabar South local government. Major languages spoken are Efik, Ibibio and English. The University of Calabar Teaching Hospital was chosen for this study because it is the apex hospital in the state and best suited for the study.

3.3. Research Population

3.3.1. Target Population

The target population comprised of all nurses of various cadre working at the University of Calabar Teaching Hospital in the various units.

3.3.2. Accessible Population

The accessible population consisted of nurses who were available on duty as at the time of arrival of the researcher across the various wards.

3.4. Sample and Sampling Technique

The sample size of the study was 240 respondents gotten using the Taro Yamane formula which represent 40% of the total population of nurses in the University of Calabar Teaching Hospital. The sampling technique employed by the researcher was the convenient sampling technique used in administering questionnaires. On visit to the hospital wards, the researcher administered questionnaires to nurses available on shift duty across various wards in the hospital.

Using Taro Yamane formula=

$$\begin{aligned}
 & \frac{N}{1 + N(e)^2} \\
 & N = 601 \\
 & e = 0.05 \\
 & = \frac{601}{1 + 601 (0.05)^2} \\
 & = \frac{601}{1 + 601 (0.0025)} \\
 & = \frac{601}{1 + 1.5} \\
 & = \frac{601}{2.5} \\
 & = 240
 \end{aligned}$$

3.5. Instruments for Data Collection

A semi-structured questionnaire was used for this study. The questionnaire was made up of 6 sections (A, B, C, D, E, F). Section A was developed to elicit respondents' socio-demographic data and other personal data required for this study. Section B was developed to gather data on low remuneration, section C created to gather data on nursing staff shortage, section D to get data on lack of materials/equipment. 6 questions were formulated for socio-demographic data, 4 questions were for each of the variables studied and total of 19 items. A four point Likert scale was provided for response by respondents.

3.6. Validity of Instrument

In this study, face and content validity were established. Face validity refers to the outward appearance of the questionnaire. It served as an avenue for an easy development of relevant questions and removal of irrelevant ones. In order to achieve this, the researcher constructed the instrument reflecting the variables under investigation. Also, the items in the instrument were based on the specific objectives, and the researcher gave the developed tool to the supervisor for modification of items, assessment and approval of the instrument.

3.7. Reliability of Instrument

The reliability of the instrument was measured using the test-retest method. Here, the researcher gave the questionnaire to same test respondents on two separate occasions. The scores on the two occasions were found to correlate using Pearson moment correlation. The variables and their reliability indices are presented in [table 1](#).

Table-1. Test-Retest reliability estimates of the instrument for challenges, and nurses job performance

Variables	No of item	Testing	X	S.D	Rxy
Low remuneration	4	1 st	18.92	10.87	0.93
		2 nd	21.04	20.08	
Nursing staff shortage	4	1 st	20.90	19.21	0.87
		2 nd	21.04	21.5	
Lack of equipment and materials	4	1 st	19.82	13.88	0.75
		2 nd	18.78	13.29	

Pearson product moment correlation coefficient result ranged from 0.93 to 0.75.

3.8. Procedure for Data Collection

After the pilot testing and all necessary modifications, the questionnaires were administered directly to the chosen sample for the study. Two hundred and forty copies of the questionnaire given out were successfully completed and returned with a 100% percent retrieval rate.

The questionnaires were administered to the subjects face to face with the help of a research assistant. Data was collected through self-administered questionnaire. Verbal and written instructions were given to the respondents on how to fill the questionnaire and same collected on the spot.

3.9. Procedure for Data Analysis

To carry out data analysis statistical package for social sciences (SPSS) was used for this study, different statistical tools were employed, first, simple frequencies table and percentages was used in the descriptive statistics of the data. Chi-square procedure was used to test hypothesis because it is able to show influence between two variables.

3.10. Ethical Consideration

The researcher obtained a letter of introduction from the Head of Department Nursing Science University of Calabar, and submitted to the Director Nursing Service to obtain permission for the study. The respondents were fully informed about the scope of the study and their consent was obtained to participate in the study. They were assured of confidentiality and privacy throughout the course of the research which is strictly for academic and clinical purpose.

4. Data Analysis and Results

This study presents the data analysis, presentation and the interpretation of the findings of the research. The response rate was 100% of the total respondents.

4.1. Socio-Demographic Data of the Respondents

Table-2. Socio-Demographic Data of Nurses (n = 240)

Variables		Frequency	Percentage
Age	20-30	72	30
	31-40	106	44.2
	41-50	38	15.8
	51 & ABOVE	24	10
	Total	240	100%
Sex	Male	3	1.3
	Female	237	98.7
	Total	240	100%
Working Experience	0-10 years	120	50
	11-20years	68	28.3
	21-30years	34	14.2
	31 & above	18	7.5
	Total	240	100%
Highest Educational qualification	RN	0	0
	RM	127	52.9
	BSc	93	38.8
	MSc & above	20	8
	Total	240	100%
Ranking	NO II	38	15.8
	NO I	72	30
	SNO	53	22.1
	PNO	38	15.8
	ACNO	15	6.3
	CNO	24	10
	Total	240	100%

Field survey 2017

The result in Table 2 showed that 20-30 years age group were 73(30%), 31-40 years age group were 106 (44.2%), 41-50 years age group were 36 (15.8%), 51 & above age group were 24 (10%). In terms of Sex, there were 3 (1.3%) Males and 237 (98.7%) Females. Results about working experience shows that 120 (50%) of the respondents had 0 – 10 years working experience, 68 (28.3 %) had 11-20 years working experience and 34 (14.2%) had 21-30 years of experience, & 18(7.5%) had working experience of 30 & above years.

Results also revealed that 0 (0%) of the Nurses had RN as their highest qualification, 127 (52.9%) had RM or its equivalent as their highest qualification, 93(38.8%) had BSc as their highest qualification, and 20(8%) had MSc & above as their highest qualification. In terms of Rank, 38 (15.8%) had attained Nursing Officer II Nurses, 72 (30%) were Nursing Officer I Nurses, 53 (21.2%) were Senior Nursing Officers, 38 (15.8%) were Principal Nursing Officers, 15 (6.3%) were Assistant Chief Nursing Officers and 24 (10%) were Chief Nursing Officers.

Table-3. Wards and Working Experience of Nurses

Ward	Frequency	Percentage
A & E	10	4.2
CARDIO	9	3.8
CHER	7	2.9
FOW	10	4.2
DIALYSIS	7	2.9
ENT	5	2.1
E/T	9	3.8
EYEWARD	10	4.2
FMW	8	3.3
FSW	10	4.2
ICU	5	2.1
L W	10	4.2
MCH	5	2.1
MMW	10	4.2
MOW	8	3.3
MSW	10	4.2
PMW	10	4.2
PNW	7	2.9
PSW	10	4.2
THEATRE	9	3.8
ENT CLINIC	10	4.2
MOW	7	2.9
EC	7	2.9

MOPD	10	4.2
SOPD	8	3.3
CHOP	10	4.2
DC	9	3.8
OC	10	4.2
Total	240	100%

Field survey 2017

Results in Table 3 showed the Nurses from various wards who participated in the study and their working experience. 10(4.2%) were from Accident and Emergency Unit, 9 (3.8%) from Cardiothoracic Unit, 7 (2.9 %) from Children Emergency, 10 (4.2%) from Female orthopedic ward, 7 (2.9%) from Dialysis, 5 (2.1%) were from Ear, Nose and throat Unit, 9 (3.8%) from male surgical ward, 10 (4.2%) from Eye ward, 8 (3.3%) from Female medical ward, 10 (4.2%) from Female surgical ward, 5 (2.1%) from Intensive care Unit, 10 (4.2%) were from Labor ward, 5 (2.1 %) from Maternal and child health, 10 (4.2%) from male medical ward, 8 (3.3%) from male orthopedic ward, 10 (4.2%) from Male surgical ward, 10 (4.2%) from Pediatric medical ward, 7(2.9%) from Post-natal ward, 10(4.2%) from Pediatric surgical ward and 9(3.8%) from Theatre (Main theatre and recovery room), 10(4.2%) from eye clinic, 7(2.9%) from Eye clinic ,7(2.9%) from make orthopedic wards 10(4.2%) from medical outpatient department, 8(3.3%) from surgical outpatient department, 10(4.2%) from children outpatient department, 9(3.8%) from dental clinic and finally 10(4.2%) from orthopedic clinic.

4.2. Results for Research Questions

This section deals with answering of the research questions directing the study. The data are presented in tables using simple percentages.

4.2.1. Research Question One

Table-4. How Does Low Remuneration of Nurses Influence To Nurses Job Performance?

Low remuneration of Nurses	SA	A	D	SD	TOTAL
Poor remuneration contributes to lack of motivation among Nurses towards their work.	130 (54.2%)	62 (25.8%)	43 (17.9%)	5 (2.1%)	240 (100%)
Allowances/Arrears are paid when due and in full.	19 (7.9%)	29 (12.1%)	62 (25.8%)	129 (53.8%)	240 (100%)
Nurses' salary is fair compared to other health professionals	19 (7.9%)	72 (30%)	96 (40%)	53 (22.1%)	240 (100%)
Nurses are not well compensated for working long shifts	122 (50.8%)	91 (37.9%)	17 (7.1%)	10 (4.1%)	240 (100%)

Field survey 2017

Based on the research question on remuneration of Nurses, 130 (54.2%) of the Respondents strongly agreed that poor remuneration contributes to lack of motivation among Nurses towards their work. 62 (25.8%) agreed, 43 (17.9%) disagreed while 5 (2.1%) strongly disagreed. 129 (53.8%) of the Respondents strongly disagreed that allowances/arrears are paid when due and in full. 62 (25.8%) disagreed, 29 (12.1%) agreed and 19 (7.9%) strongly agreed. 96 (40%) disagreed that Nurses' salary is fair compared to other health professionals, 72 (30%) agreed, 53 (22.1%) strongly disagreed while 19 (7.9%) strongly agreed.

As regards to whether Nurses are not well compensated for working long shifts, 122 (50.8%) strongly agreed, 91 (37.9%) agreed, 17 (7.1%) disagreed and 10 (4.2%) strongly disagreed.

4.2.2. Research Question Two

Table-5. How Does Nursing Staff Shortage Influence Nurses Job Performance?

Nursing staff shortage	SA	A	D	SD	TOTAL
In my Unit, there are sufficient Nursing staff allocated to cover each shift.	19 (7.9%)	24 (10%)	115 (47.9%)	82 (34.2%)	240 (100%)
Shortage of Nursing staff results to increased workload, causes stress and burnout among Nurses	178 (74.1%)	52 (21.6%)	5 (2.1%)	5 (2.1%)	240 (100%)
Shortage of Nursing staff contributes to decrease in the quality of care rendered and poor performance.	125 (52.1%)	91 (37.9%)	19 (7.9%)	5 (2.1%)	240 (100%)
The ideal Nurse-patient ratio in a medical surgical Unit is 1:4 whereas in most medical/surgical wards in our hospital the nurse-patient ratio exceeds 1:10.	168 (70%)	43 (17.9%)	24 (10%)	5 (2.1%)	240 (100%)

Field survey 2018

As regards to sufficient Nursing staff allocated to cover each shift, 115 (47.9%) disagreed, 82 (34.2%) strongly disagreed, 24 (10%) agreed while 19 (7.9%) strongly agreed. When asked if shortage of Nursing staff results to increased workload, causes stress and burnout among Nurse, 178 (74.1%) strongly agreed, 52 (21.6%) agreed, 5

(2.1%) disagreed and 5 (2.1%) strongly disagreed. Also, if shortage of Nursing staff contributes to decrease in the quality of care rendered and poor performance, 125 (52.1%) strongly agreed, 91 (37.9%) agreed, 19 (7.9%) disagreed and 5(2.1%) strongly disagreed. Dealing with the ideal Nurse-patient ratio in a medical surgical Unit is 1:4, 168 (70%) strongly agreed, 43 (17.9%) agreed, 24 (10%) disagreed and 5(2.1%) strongly disagreed.

4.2.3. Research Question Three

Table-6. To What Extent Does Lack Of Equipment And Materials Influence Nurses Job Performance?

Lack of equipment and materials	SA	A	D	SD	TOTAL
In the ward all necessary instrument and equipment are available.	14 (5.8%)	5 (2.1%)	115 (47.9%)	106 (44.2%)	240 (100%)
Ward instrument and equipment are in good working condition.	5 (2.1%)	34 (14.1%)	106 (44.2%)	96 (40%)	240 (100%)
Sufficient medical materials and supplies are not readily available.	96 (40%)	101 (42.1%)	29 (12.1%)	14 (5.8%)	240 (100%)
There is need for regular supply of materials and modern equipment to enable nurses execute their duties effectively.	178 (74.2%)	52 (22%)	5 (2.1%)	5 (2.1%)	240 (100%)

Field survey 2018

Nurses who strongly agreed that all necessary instrument and equipment are available in their wards are 14 (5.8%), 5 (2.1%) agreed, 115 (47.9%) disagreed and 106 (44.2%) strongly disagreed. Ward instrument and equipment being in good working condition, 5 (2.1%) strongly agreed, 34 (14.1%) agreed, 106 (44.2%) disagreed, 96 (40%) strongly disagreed. About sufficient medical materials and supplies not being readily available. 96 (40%) strongly agreed, 101 (42.1%) agreed, 29 (12.1%) disagreed, 14 (5.8%) strongly disagreed. As regards need for regular supply of materials and modern equipment to enable nurses execute their duties effectively, 178 (74.2%) strongly agreed, 52(22%) agreed, 5 (2.1%) disagreed, 5 (2.1%) strongly disagreed.

4.3. Hypothesis: There is no Significant Influence Between Shortage of Nurses and Nurses' Job Performance in Nursing

Table-7.

Variable		Challenges		Total	df	X ² Cal.	X ² Cri.
		Agree	Disagree				
Shortage	Agree	52	21	73	1	19.435a	5.99
	Disagree	6	21	27			
Total		58	42	100			

Field survey 2018

Significant at 0.05, df 1, X² calculated 19.435a, X² critical 5.99

The result from [table 7](#) above showed a statistical relationship between shortage of nurses and nurses job performance when the chi-square calculated of 19.435a was greater than the X² critical of 5.991 at 0.05 level of significance with 1 degree of freedom. With this result, the null hypothesis was rejected, while the alternate was upheld, this implies that there is a significant relationship between shortage of nurses and nurses' job performance in UCTH Calabar.

5. Discussion of Findings, Conclusion and Recommendations

This study offers the discussion of key data findings, conclusions and recommendations on challenges and nurses job performance in the University of Calabar Teaching Hospital, Calabar.

5.1. Discussion of Findings

5.1.1. Research Question 1: How Does Low Remuneration Influence Nurses Job Performance?

[Table 3](#) result shows the breakdown of nurses' responses which indicates that majority of respondents agreed with the opinion that remuneration affected nurses' morale negatively.

Studies carried out by [Soikki, et al. \[13\]](#) in Namibia revealed that 75% of registered nurses cited that hospitals in Namibia lacked adequate equipment and resources that enabled them to efficiently execute their duties. They rated their working conditions as being very poor and un conducive for effective rendering of nursing care, some of the respondent interviewed highlighted that medical supplies are not always delivered on time; hence patients may have to wait for supplies before they could be attended to. The effects of lack of equipment and materials on nurses outcome revealed that patients who were hospitalized in units with good work environment where adequate equipment were available experienced better satisfaction with the quality of care rendered as compared with patients in units with poor working environment. A study of midwives working in postpartum units in hospitals in

Rwanda, reported that they encountered shortage of instruments and supplies required for good quality of care to their patients. Pennsylvania Patient Safety Authority conducted a data review over a 12-month reporting period (2008) identifying 56 reports that highlighted emergency or rapid response situations in which supplies or equipment were missing or outdated.

5.1.2. Research Question 2: How does Staff Shortage Influence Nurses Job Performance?

Table 4 shows results on nursing staff shortage which points to the fact that it negatively affects nurses in many ways such as their job performance level, and their physical health etc. Data from item 11 showed that 82.1% of the respondents disagreed with the opinion that there were sufficient nursing staff allocated to cover each shift indicating that majority of times nurses are made to work with a high nurse-patient ratio. This supports the study Kumari and Alvis [18] in Sri Lanka which reported a severe nursing shortage in government hospitals and that the available nurses were unable to deliver total nursing care in all wards and units at the hospitals.

Data from Item 12 showed that majority of the respondents (95.7%) agreed with the assertion that shortage of nursing staff results to increased workload causing stress and burnout amongst nurses. This corroborates studies by Andre, *et al.* [15] who reported that inadequate nursing staff level can hinder nurses' effort to carry out process of care, threaten their health, patients care and safety and impact negatively on their health increasing fatigue, burnout and occupational injuries.

Data obtained Item 13 showed that 90% of the study population supported the view that shortage of nursing staff contributed to decrease in the quality of care rendered and poor performance. This is in line with statement by Kouroush [17] which states that the quality of health care services provided is highly dependent on an adequate supply of qualified nursing personnel, his study revealed that there was a direct relationship between availability of nursing staff and nurses productivity and hence the quality of care rendered.

In item 14, 87.9% of the respondents agreed that the ideal nurse patient ratio in a general ward is 1:4 but in the own practice setting it exceeded 1:10 patients. This validates Parker [16] statement that in an ideal hospital environment intensive care unit, post anesthesia unit, burns unit should have a 1:2 nurse patient ratio, in paediatric, emergency rooms and telemetry units 1:3 nurse patient ratio, while in a typical medical/ surgical unit, psychiatric care unit should have a 1:4 nurse to patient ratio.

5.1.3. Question 3: To what Extent Does Lack of Equipment and Materials Influence Nurses Job Performance?

Table 5 presents results on lack of equipment and materials in the wards.

In item 15: Results showed that majority of respondents (92.1%) disagreed with the notion that all the necessary equipment and instruments were available in these wards, while item 16 84.2% disagreed with the fact that the available ward instruments were in good working conditions. In item 17, 82.1% of the study population supported the assertion that medical supplies and materials were not readily available and finally in Item 18, majority of the respondents 96.2% agreed with the fact that regular supply of materials and modern equipment's were needed to enable nurses execute their duties effectively. These results validate studies by Soikki, *et al.* [13] in Namibia which revealed that hospitals in Namibia lacked adequate equipment and resources that enables them to efficiently and effectively execute their duties. It also corroborates a study of midwives working in postpartum units in hospitals in Rwanda, which reported that they encountered shortage of instruments and supplies required for good quality of care to their patients.

5.1.4. Hypothesis 1: There is no Significant Influence Between Shortage of Nurses and Nurses job Performance

Chi square analysis data established that there was no significant influence between nursing staff shortage and nurses job performance. The high nurse-patient ratio which is the reality of the day causes nurses in the hospitals to overwork themselves and work longer shifts to meet the demands of their patients and consequently they rarely have the time to carryout researches or test new innovations. Therefore it could be inferred that shortage of nurses is barrier to nurses' job performance. This is in line with statements by Petra, *et al.*, [4], that the healthcare system in most of Africa countries is extremely overburdened, with too many patients and too few nurses and as such it is very challenging to be innovative because of lack of free time.

6. Conclusion

The focus of this study was to assess the challenges and job performance among nurses in the University of Calabar Teaching Hospital. Based on the findings of this study, Conclusions drawn includes;

- Poor remuneration causes lack of motivation among nurses towards their work
- Shortage of nursing staff results to increased workload causing stress and burnout among nurses.
- Availability of necessary ward equipment, materials and supplies plays a major role in making nurses perform effectively and efficiently and therefore there is a need for regular supply of materials and modern equipment to enable nurses execute their duties effectively.

6.1. Implication for Nursing

This study is of immense benefit to nurses because it would bring to light most of the challenges nurses face on a daily basis while performing their duties and responsibilities. In so doing the government, policy makers and other

stake holders in the health sector would see reasons to institute measures to solve the current plight of nurses. This study also shows the importance of nurses' active involvement in research and job performance as it is a major step toward greatly improving the current state of the nursing profession and practice.

6.2. Suggestion for Further Study

This study should be replicated in other tertiary institutions in Nigeria for comparative purposes with the result of this findings. More study should be done on innovation in nursing.

Recommendation

- The government should hire more nurses on a regular basis to solve the staffing challenges at the hospitals
- Hospitals should engage the government, donor agencies, and cooperate bodies for assistance to procure new equipment to address the challenges of lack of equipment and medical supplies.
- There should be a review of nurses' salary and allowances and a significant increment should be implemented. Allowances, bonuses, compensation for working long shift should be paid in full and when due.
- Nurses in the clinical setting should be encouraged to imbibe the culture of researching to improve the current state of nursing practice
- There should be regular interaction and collaboration between nurses researchers in academics and nurses in the hospitals
- Hospital managements should support, nurture and implement creative ideas of nurses
- The national association of nurses should provide a space or forum for exchange and discussion of innovations providing recognition and acknowledgement for nurse innovators and assisting them in disseminating nursing innovations
- Continuous education for nurse should be encouraged to help update their knowledge on current trends in nursing practice
- Nursing should attend conferences, workshops and symposiums these would keep them abreast with recent progress made in nursing practice.

References

- [1] Awases, M. and Rooos, J., 2003. "Factors affecting the performance of professional nurses in Namibia." *Curationis*, vol. 36, pp. P1-P8.
- [2] Oyira, E., 2015. *Concepts of management and organization in nursing care services*. Calabar: Unical Printing press.
- [3] ICN, 2009. "Delivering quality ,serving communities: nurses leading innovation." In *International 3 nurses day kit*. Geneva ISBN. pp. 978-922.
- [4] Petra, B., Tonda, A., and McCrery, L., 2015. "Promoting innovation in global nursing practice." *The Rwandan Journal Series .F: Medicne and Health Sciences*, vol. 2, pp. 41-45.
- [5] Joint commission, 2008. "Behaviours undermining a culture of safety sentrine event alert." Available: www.jointcommision.org/sentriesevent/sea_40.html.com
- [6] Barnsteiner, J., Mandigan, C., and Spray, A., 2005. "Instituting a disruptive conduct policy for medical staff." *AACN Clinical Issues*, vol. 12, pp. 378-382.
- [7] Alfonso, G., Claudio, P., and Giovanni, V., 2015. "Strategic incentives to human capital." *Strategic Management Journal*, vol. 36, pp. 37-51.
- [8] Oyira, E., Ella, R., Nkamere, N., Lukpata, F., Lazarus, O., and Mbum, A., 2015. "Effect of rewards system among health care workers performance: A case study of university of calabar teaching hospital calabar, Nigeria." *Journal of Hospital Administration*, vol. 4, pp. 45-53.
- [9] Matthew, A. and Chenjaun, D., 2014. "Wage, work environment and staffing: Effort on nurses outcome." *Policy Polit.Nurs.Pract*, vol. 15, pp. 72-80.
- [10] Laura, P., 2011. "How can salary influence a workers performance in an administration?" Available: www.workchron.com/can-salary-influence-workers-performance-administration-25950.html
- [11] Williams, K. C. and Williams, C. C., 2011. "Five key ingredient for improving student motivation." *Research in Higher Educational Journal*, pp. 104-122. Available: <http://www.aabri.com/maniscripts/11834.pdf>
- [12] Nebiat, N., 2012. "Relationship between rewards and nurse's work motivation in Addis Ababa Hospital." *Ethiopian Journal of Health Science*, vol. 22, pp. 107-112.
- [13] Soikki, D., Nadeem, A., and Anis, A., 2014. "An evaluation of the factors influencing the performance of registered nurses at the national referral hospital in Namibia." *Australia Journal o f Business And Management Research*, vol. 4, pp. 1839-0846.
- [14] Tesfaye, M., Abera, A., and Belina, O., 2015. "Assessment of factors affecting performance of nurses working at Jimma university Specialized hospital." vol. 4, pp. 1-7.
- [15] Andre, G., Michael, V. R., and Rence, P., 2015. "Optimizing nursing and midwifery practice in Rwanda." *Rwanda Journal series f: Medicine and Health Sciences*, vol. 2, pp. 26-30.
- [16] Parker, P., 2017. "What is the ideal nurse patient ratio? Balancing budget, patient care and staff retention." Available: <http://www.shiftwizard.com/patientnursratio>

- [17] Kouroush, C., 2009. "Nursing staff shortage and job satisfaction in Iran and challenges." *Nursing and Health Sciences*, vol. 11, pp. 326–331.
- [18] Kumari, S. and Alvis, R., 2015. "The nursing shortage impart on job outcome: The case of Sri Lanka." *Journal of Health Science*, vol. 7, pp. 75-94.
- [19] Minnesota Department of Health, 2014. "Nursing staffing levels and patients outcomes study workgroup charter." Available: <http://www.leg.state.mn.us/lrl/lrl.asp>
- [20] Goulette, C., 2010. "Nursing (job) shortage. New grads are finding the job hunt tough." *Advance for Nurses*, vol. 23, pp. 111- 121.
- [21] Needleman, A., Jack, R., and Buerhaus, F., 2011. "Rn staffing time and outcome of long stay nursing on home residents." *American Journal of Nursing*, vol. 105, pp. 55-70.
- [22] Robert, L., Kane, M. D., Tayana, A., Shamliyan, M. D., Mueller, C., Duval, S., Timothy, J., and Wilt, M. D., 2007. "The association of Registered nurse staffing levels and patient outcomes." *Systematic Review and Meta Analysis*, vol. 45, pp. 1195–1198.
- [23] McGills, H., Doran, D., and Pink, G., 2004. "Nurse staffing model nursing hours, and patient safety outcome." *J. Nurs Admin.*, vol. 34, pp. 41-5.
- [24] Aiken, H., Clark, J., and Sloan, E., 2012. "Nursing shortage ,More burnout ,More infections." *American Journal of Infection Control*, vol. 40, pp. 486–490.
- [25] Rao, K., 2017. "Herzberg's two- factor theory of motivation hygiene, satisfier." Available: <http://www.mbahelp24.com/herzbergs-two-factor-theory-motivation-hygiene-satisfier/>