# Assessing Knowledge and Attitude of Staff Nurses regarding Perceived Benefits and Barriers of Investing in Nursing, in Selected Hospitals of Hyderabad to Develop an Information Handout on Methods of Improving Nursing Workforce

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**Abstract**

*Nursing workforce accounts for about 59 percent of health care professionals. Various benefits and barriers associated accrue to the organisations and individuals by investing in nursing. The barriers in investing in nursing include lack of resources, non-cooperation from the management and other health care professionals and lack of quality education. The main objective of the study was to assess the knowledge and attitude of staff nurses regarding the perceived benefits and barriers regarding investing in nursing and correlating them followed by administration of information handout on techniques to improve the delivery by nursing workforce. A quantitative approach, with non-experimental correlational descriptive design was adopted. A sample of 100 staff nurses were selected in selected hospitals through convenient sampling method. The tool used was a structured questionnaire to assess the knowledge and a 4-point Likert scale to assess attitude and perceived barriers and the tool was found to be reliable. The study showed that majority of the staff nurses were 26-30 years old, and female. Most of them were graduates and were working in general and surgical wards with 1-6 years of experience and having received awards/ appreciation at their work place. Majority of them had average knowledge (63%) and positive attitude (68%). The correlation was 0.3 which is weak positive correlation. The most perceived benefit was organisational benefit with a modified mean, and barrier was reluctance of organisation to solve the staff shortage issues by the management. The most perceived benefit was organisational benefit with a modified mean of 0.9. There was no significant association between attitude and demographic variables but there was significant association of knowledge with age and gender. Based on the above, an information handout was developed and administered which outlined few techniques to improve delivery of services by nursing workforce.*

**Key words:** Staff nurses, knowledge, attitude, information handout

"Investing in nurses is an investment in health development and economic prosperity," said Dr Moeti. Nursing is the largest occupational group in health sector, accounting for approximately 59 percent of health professionals (WHO, 2020). Nurses are critical to deliver on the promise of "leaving no one behind". A report, by World Health Organisation (WHO) in partnership with the International Council of Nurses (ICN) and Nursing Now reveals that there are just under 28 million nurses worldwide. Between 2013 and 2018, nursing numbers increased by 4.7 million. But this still leaves a global shortfall of 5.9 million. Tedros Adhanom Ghebreyesus, WHO Director General in 2020 acknowledged the unique role of Nurses, and said the pandemic is a wake up call to ensure that nurses get the support they need to keep the world healthy. Nurses have great potential to lead innovative strategies to improve health care system if encouraged properly. Investing holistically into nursing is essential to unveil their complete potential. The various benefits associated are improvement in the patient's quality of health, strengthening local economy, appreciating its organisational benefits and so on. But the nursing fraternity is constantly battling with the barriers like staff shortage, lack of resources and lack of quality education.

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## Need for the Study

Nurses are a critical part of healthcare and make up the largest section of the health profession. According to the World Health Statistics Report, there are approximately 29 million nurses and midwives globally. An estimated one million additional

nurses will be needed by 2030. The other reason is ageing population. In 2029, the last of the baby boomer generation will reach retirement age, resulting in a 73 percent increase in 65+ years of age. As the population ages, the need for health services increases. Treating long-term illnesses can strain the workforce. There are currently approximately one million registered nurses older than 50 years, meaning one-third of the workforce could be at retirement age in the next 10 to 15 years. Turnover in nursing seems to be leveling off, but only after years of steady climb in rates. Currently, the national average for turnover rates is 8.8 percent to 37.0 percent. Health care workers are at high risk of violence in all parts of the world, with between 8 percent and 38 percent suffering some form of violence in their careers. This shows that the need for nurses is extremely high and essential for the global welfare. It is time that nurses are recognised as scarce resource that needs to be invested in, supported and respected'. Since Nurses have influence around the world. The researcher felt that it is time to persuade the government and various organisations to invest into nursing. Today's staff Nurses are tomorrow's administrators. Hence researcher felt the need to assess the knowledge, attitude and perceived benefits and barriers of investing in nursing, and based on the results, develop an information handout on various methods to improve the nursing workforce

### Review of Literature

A qualitative study was conducted by Dip Raj Thapa et al (2022) to assess the facilitators and barriers to nurses work related. A semi-structured interview was used. Nineteen registered nurses working at hospitals in Kathmandu Valley, Nepal, were individually interviewed. High or moderate stress was experienced by 12 percent of nurses in tertiary care units in Nepal whereas 62 percent of nurses working in critical care units perceive moderate to high levels of work-related stress. Recently, Gurung et al. found that 66 percent of nurses in government hospitals and 79 percent in private hospitals in Nepal experience moderate to severe job-related stress.

Leila et al (2016) conducted a study on investigating the barriers of the socialisation in nurses and provide strategies to address these barriers. Results showed three main categories of professional factors: economic, welfare facilities factors and social factors. The study concluded that it is impossible to provide desirable and quality care by nurses without considering their social status and promoting it. So, health care system needs to consider professional, economic and social barriers and apply the necessary measures to eliminate these barriers to improve the quality of care and patient satisfaction (ICN, 2021).

## Objectives

- To assess the knowledge and attitude of staff Nurses regarding the benefits and barriers of investing in nursing.
- To correlate knowledge of staff nurses with the attitude.
- To find out the association of knowledge and attitude with the selected demographic variables.

## Methodology

Research approach adopted was quantitative research type with non-experimental correlational descriptive research design. It was conducted in hospitals of Hyderabad. The sample consisted of 100 staff nurses. Convenient sampling technique

**Table 1: Demographic characteristics of the variables (N=210)**

| Variables | | Frequency | Percentage (%) |
|---|---|---|---|
| Age (years) | 25-35 | 104 | 49.5 |
| | 36-45 | 86 | 41 |
| | 46-55 | 14 | 6.7 |
| | >55 | 06 | 2.9 |
| Gender | Male | 30 | 14.3 |
| | Female | 180 | 85.7 |
| Educational qualification | GNM | 112 | 53.3 |
| | BSc Nursing | 76 | 36.2 |
| | MSc Nursing | 22 | 10.5 |
| Designation | Nursing Officer | 152 | 72.4 |
| | Senior Nursing Officer | 44 | 21 |
| | ANS | 14 | 6.7 |
| Experience (years) | < 5 | 58 | 27.6 |
| | 6-10 | 32 | 15.2 |
| | 11-15 | 62 | 29.5 |
| | > 15 | 58 | 27.6 |
| Area of working | OPD | 22 | 10.5 |
| | Ward | 110 | 52.4 |
| | ICU | 62 | 29.5 |
| | Emergency | 08 | 3.8 |
| | OT | 08 | 3.8 |
| Whether, attended empowerment programme | Yes | 72 | 34.3 |
| | No | 138 | 65.7 |
| Whether family member is govt employee | Yes | 66 | 31.4 |
| | No | 144 | 68.6 |

was used. The tool used consisted of three sections. Section A was a structured questionnaire with 6 items to assess the demographic variables. Section B was a structured questionnaire with 15 items to assess the knowledge of the staff nurses and the last section C was a 4-point Likert scale with 15 items. Section C consisted of a 4-point Likert scale. The tool was validated by five experts in the field of nursing. The reliability of the questionnaire was r=0.8 and the Likert scale was r=0.9, which showed that the tool was highly reliable. The pilot study conducted on 10 October 2022 was found to be feasible and practicable. Then after obtaining individuals' consent the main study was conducted from 12 to 20 October 2022. The obtained results were analysed using descriptive and inferential statistics.

Table 1 demonstrates that majority of the staff nurses (44%) were 26-30 years old and 96 percent of them were females; 64 percent of the staff nurses were graduates and majority of them (48%) were working in the general wards; 26 percent of the staff nurses were having a work experience of < 1 year and 4-6 years; 42 percent of the staff nurses had received awards as appreciation of their work.

Majority of the staff nurses (n=63, 63%) were having average knowledge followed by above average knowledge (n=24, 24%) and the least (n=13, 13%) of them were having below average knowledge (Table 2). Among the attitude levels majority of the staff nurses (n=68, 68%) were having positive attitude followed by neutral attitude (n=21, 21%) and the least (n=11, 11%) of them were having negative attitude.

Table 3 shows that the mean knowledge of the staff nurses was 8.89 and the mean attitude of staff Nurses was 40.89. The standard deviation of the knowledge and the attitude was 2.9 and 7.1 respectively. There is a positive correlation between knowledge and correlation. The calculated 'r' value 0.3 is higher than the table value 0.205 which indicates that there is a weak positive correlation between knowledge and attitude of staff nurses regarding the benefits and barriers when investing in nursing.

**Table 2: Frequency distribution of the knowledge score (category wise) (N=210)**

| Knowledge score (Category: Rights) | Frequency | Percentage |
|---|---|---|
| Poor knowledge (0-12) | 0 | 0 |
| Average knowledge (13-24) | 48 | 22.9 |
| Good knowledge (25-35) | 162 | 77.1 |
| **Knowledge score (Category: Responsibilities)** | | |
| Poor knowledge (0-5) | 0 | 0 |
| Average knowledge (6-10) | 0 | 0 |
| Good knowledge (11-16) | 210 | 100 |

**Table 3: Mean knowledge scores regarding rights and responsibilities of nurses (N=210)**

| Knowledge score | Mean | SD | Minimum | Maximum | SEM |
|---|---|---|---|---|---|
| Rights | 27.07 | ±3.74 | 17 | 35 | 0.365 |
| Responsibilities | 15 | ±1.29 | 11 | 16 | 0.126 |

Table 4 shows that reluctance to solve staff shortage issue by organisation with modified mean of 0.9 was ranked as the most perceived barrier by the staff nurses, followed by the lack of quality education which is ranked as the second with a modified mean of 0.8. The third rank was given to resistance from other HCP's and the last rank was given to the

**Table 4: Association between knowledge score and selected demographic variables (N=210)**

| Variables (Frequency) | | Responsibility Knowledge score | | Rights Knowledge score | |
|---|---|---|---|---|---|
| | | $\chi^2$ (df) | P value | $\chi^2$ (df) | p value |
| Age (years) | 25-35 (104) | - | - | - | - |
| | 36-45 (86) | 0.235(3) | 0.972 | 8.66(3) | 0.034* |
| | 46-55 (14) | - | - | - | - |
| | >55 (06) | - | - | - | - |
| Gender | Male (30) | 0.340(1) | 0.56 | 2.828(1) | 0.093 |
| | Female (180) | - | - | - | - |
| Educational qualification | GNM (112) | - | - | - | - |
| | B.Sc. Nursing (76) | 4.86(3) | 0.182 | 10.049(3) | 0.018* |
| | M.Sc. Nursing (22) | - | - | - | - |
| Designation | Nursing Officer (152) | - | - | - | - |
| | Sr Nursing Officer (44) | 0.778(2) | 0.678 | 1.38(2) | 0.502 |
| | ANS (14) | - | - | - | - |
| Experience (years) | <5 (58) | - | - | - | - |
| | 6-10 (32) | 5.343(3) | 0.148 | 13.83(3) | 0.003* |
| | 11-15 (62) | - | - | - | - |
| | > 15 (58) | - | - | - | - |
| Area of working | OPD (22) | - | - | - | - |
| | Ward (110) | - | - | - | - |
| | ICU (62) | 1.85(4) | 0.763 | 2.269(4) | 0.689 |
| | Emergency (08) | - | - | - | - |
| | OT (08) | - | - | - | - |

lack of financial resources. Among the benefits most of the staff nurses perceived that the organisation will be benefited, and hence ranked as one with a modified mean of 0.9, followed by strengthening the local economy with a modified mean of 0.85 and ranked as second; the last rank was allotted to personal benefits with a modified mean of 0.8.

The calculated chi-square values of age (23.32) and gender (7.9) are greater than the table value at the probability level of 0.05. As there is significant association between these two variables with knowledge, we fail to accept the hypothesis H1 to all the variables except age and gender. The calculated chi-square of all the demographic values is less than the table values at the probability level of 0.05 which proves that there is no significant association between demographic variables and attitude. Hence, we fail to accept hypothesis H2.

## Discussion

The present study is similar to that of Valizadeh et al (2016) conducted to investigate the barriers of the socialisation. Analysis showed that barriers consist of three main categories of professional factors, economic, welfare facilities factors and social factors. So, health care system needs to consider professional, economic and social barriers and apply the necessary measures to eliminate these barriers to improve the quality. The present study has shown the barriers like staff shortage, lack of resources and reluctance of health care personnel. The above study has findings similar to ours where the financial, educational and social barriers were considered important to invest in nursing.

### Recommendations

- Similar study can be conducted on a larger sample.
- The same study can be conducted on nurse administrators.
- An interventional study to assess the effectiveness of an intervention like an information booklet or a workshop can be conducted.
- A study can be conducted on methods to improve the nursing workforce.
- Staff nurses needs to enhance their knowledge and skills on various benefits and barriers associated in investing into nursing through continuous in-service education.

### Implications

*In Nursing practice*

- Information booklets on methods of improving nursing workforce can be brought out.

*In Nursing education*

- Nursing education is an integral part of nursing practice, which helps in updating the knowledge of nursing personnel. Ongoing education should be provided to nursing personnel regarding benefits and barriers associated in investing into nursing.

*In Nursing administration*

- Nursing administrators should prepare nurses by providing in-depth knowledge regarding various benefits and barriers associated with investing into nursing.
- Nursing administrators should guide and motivate staff nurses to participate in certain surveillance activities to improve nursing quality.

*In Nursing research*

- The study can be a valuable reference for further researches in this area.

## Conclusion

Majority of the staff nurses were having a positive attitude and average knowledge. There is a weak positive correlation between knowledge and attitude. The most perceived benefit is organisational benefit and the barrier was reluctance of the management to solve staff shortage issues.

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