

# A Study to Find Out the Gap Between Staff Nurses Clinical Performances with Structural Facilities & Challenges in Selected Medical Ward, Kolkata

**Mahuya Maity**

PHD Scholar in Nursing, Health and Family welfare

## **Abstract:**

Nurses' working conditions of nurses and job satisfaction in India is limited and poor. A productive environment in the hospital unit is very essential as a prerequisite particularly, when considering the services provided in the patient care unit should fulfil all the structural facilities so that the employees can overcome the challenges.. A Non-experimental descriptive study was done to find out the relationship between structural facilities& challenges and staff nurses clinical performances in selected Medical ward , Kolkata. The purpose of the study are to find out the relation between staff nurses clinical performances with structural facilities and challenges. Conceptual framework was based on nursing work -life model ((Laschinger& Leiter 2006). Non-probability purposive sampling technique have been applied on 100 subjects selected from Medical wards of N.R.S. Medical College and Hospital, Kolkata .The data were collected by developed and validated structured questionnaire and observational checklist. Reliability was established by Split-Half and Inter-Rater method (.76). The study revealed that the, Standard deviation for structural facilities and challenges is 3.343 and Clinical performance is 2.266. Standard deviation of structural facilities and challenges seemed to be more dispersed than those of clinical performance. So there may be a gap between the staff nurses clinical performances with structural facilities and challenges ,S.D. of support were 1.160, Opportunity were 0.778, Access to resources were, 1.266 and Access to information were 1.048 respectively. It means access to resources area scoring highest i.e 1.266 and opportunity area scoring lowest i.e 0.778 in standard deviation. A direct relationship (positive correlation) between structural facilities and challenges and Clinical performance as the value of correlation coefficient is 0.310 which indicates that structural facilities and challenges and clinical performance increase together and decrease together. The findings of the study can be implicated in nursing practice, nursing administration and nursing research. The recommendations are offered that the study can be replicated on larger sample.

**Keyword:** Gap, clinical performances, structural facilities & challenges.

## **Introduction:**

The effectiveness of any organization depends on its work climate. The work climate is that the quality of the inner surroundings of the organization, that influences behavior of the workers, teams and organization system. As per structural approach the organization climate originates from the

organization structure. An honest organization climate or surroundings should be validatory, communicative, there ought to be chance for development that influence the productivity. Nurses are the main population/man power in health care services of the world, nurses are referred to as backbone of the hospital, nucleus of the hospital however still in most of the countries nurses not obtaining adequate/sufficient facilities. In India additionally nevertheless nurse's working condition isn't smart, in each the govt. and personal sector of health care services. There are huge issues, among that some important are highlighted. the legal authority of the INC is weak. For instance, a recent survey finished that 61% of all nurse coaching establishments don't meet INC standards, however it's unable to require action because the establishments have notwithstanding been authorized by the SNCs. Nursing is additionally delineate by variety of state and town based organizations, as well as the National Trained Nurses Association of Asian country (TNAI). Better nursing participation in health force political opinions has been desperately counseled. The INC is presently not a member of the International Council of Nursing.

A systematic review examining the connection between structural authorization and psychological authorization for registered nurses (RNs) was conducted by Joan I J Wagner that reveals that there's a link between work authorization and positive work behaviours and attitudes. This analysis article examining structural authorization and psychological authorization for nurses, information were collected from processed databases and designated websites. Results shows that, there's vital associations between structural authorization and psychological authorization for RNs.

A descriptive, analytical, and cross-sectional study, allotted with 237 nurses, UN agency developed care and management activities. Study was done to searching the extent of structural authorization of nurses operating within a university hospital. Information assortment was done through a self-administered form with queries on the private and skilled characterization and therefore the Work Effectiveness Conditions form II. Information analysis done by descriptive and inferential statistics .This study was known that nurses have a moderate level of structural authorization ( $18.06 \pm SD 0.9$ ). The best score was obtained within the chance dimension ( $4.08 \pm SD 0.8$ ), followed by the Resources ( $3.17 \pm SD 0.8$ ) and Informal power ( $3.04 \pm SD 0.9$ ) dimensions, whereas the value of Support ( $2.67 \pm SD 1.0$ ), Formal power ( $2.59 \pm SD 0.9$ ), and Information ( $2.51 \pm SD 0.9$ ) were lower. It was conclude that, level of structural authorization of the nurses was moderate, which suggests partial access to opportunities, resources, support, and information of the establishment.(9)

### **Ethical consideration:**

Ethical permission has been taken from the principal, College of Nursing, NRS Medical College and Hospital, dated 15/6/2020, from Institutional Ethics Committee via memo no-2864, dated 17/7/2020 from D.M.E, Govt of West Bengal, via memo no-756, dated 10/11/2020, from DDHS Nursing via memo no 977, dated 23/11/2020, from DHS, Govt of West Bengal via memo no-755, dated 10/11/2020, OSD Nursing, via memo no-754, dated 10,11/2020, MSVP, MCH, KOLKATA, via memo no-775, dated 12/11/2020, NURSING. Superintendent, MCH KOLKATA, MSVP and Nursing Superintendent, N.R.S.M.C&H, memono-830, dated 17/12/2020, Informed consent was taken from the participants.

### **Material & Methods:**

In this study non-experimental descriptive study was done to find out the relationship between structural facilities & challenges and staff nurses clinical performances in selected Medical ward, Kolkata.

Conceptual framework was based on nursing work -life model ((Laschinger& Leiter 2006). Populations for the present study were comprised of 100 staff nurses selected from Medical wards of N.R.S. Medical College and Hospital, Kolkata .Non-probability, purposive sampling technique was adopted to select the sample. . Semi-structured questionnaire for demographic data& structured questionnaire for structural facilities and challenges & observation checklist was used to assess the clinical performances. The data were collected by developed and validated structured questionnaire and observational checklist. Reliability was established by Split-Half and Inter-Rater method (.76).

**Result:**

**Table 1 Frequency and percentage distribution of staff nurses according to their age, religion, level of education, marital status,**  
n=100

Sl. No.	Characteristics	Frequency	Percentage
1.	<b>Age in Yrs.</b>		
	25-35	68	68
	36-46	28	28
	47-57	4	4
2.	<b>Religion</b>		
	Hindu	83	83
	Muslim	13	13
	Christian	4	4
3.	<b>Marital status</b>		
	Married	67	67
	Unmarried	33	33
	Separate	Nil	Nil

Table 4 depicted that 68% staff nurses belonged to the age group 25-35 Yrs., 28% belonged to the age group 36-46 Yrs. and 4% belonged to the age group 47-57 Yrs.

Table 4 also revealed that 83% were Hindu, 13% were Muslim and 4% were Christian. Again, 67% staff nurses were married and 33% staff nurses were unmarried. n=100

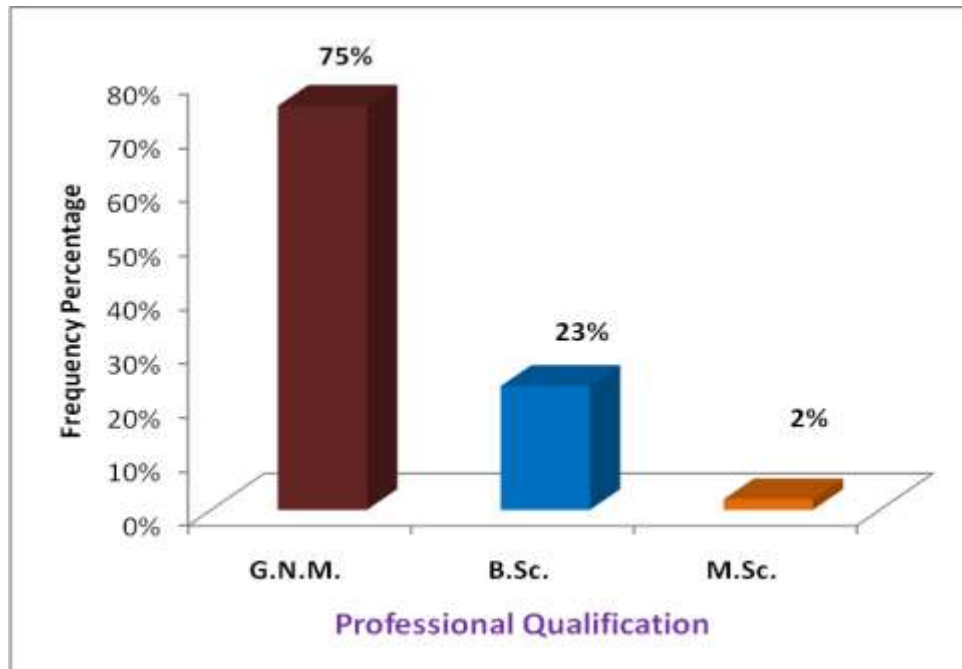


Figure 1 bar diagram showing frequency and percentage distribution of Professional Qualification of staff nurses.

Figure 1: shows that 75% staff nurses qualified with G.N.M. and 23% staff nurses qualified with B.Sc. Nursing and 2% were M.Sc. Nursing.  
n=100

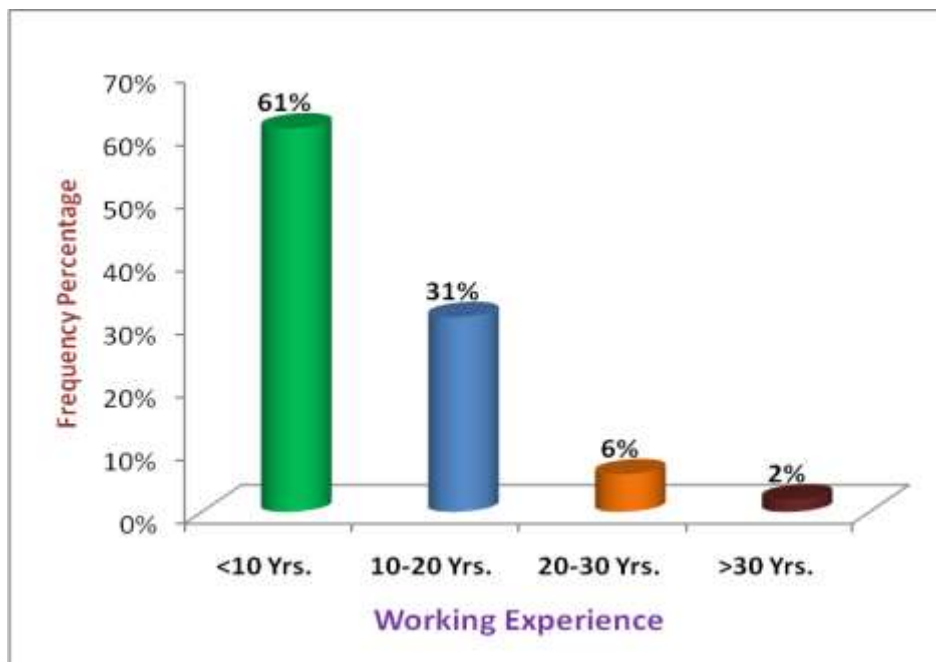


Figure 2 Diagram showing frequency and percentage distribution of working experience of staff nurse.

Figure 2 showed that 61% staff nurses had <10 Years experience, 31% had 10-20 Yrs. and 6 % had 20-30 Yrs. and 2% staff nurses had more than 30 years experience.

**Table 2: Mean, Mean difference, SD of staff nurses clinical performances and structural facilities and challenges.**

**n = 100**

Facilities and Performance	Mean	Mean difference	Median	Standard Deviation	
Structural facilities & Challenges	11.71		12	3.343	
		0.84			
Clinical Performance	12.55		13	2.266	

The above table depicted that Mean of structural facilities and challenges and clinical performance are 11.71 and 12.55. Mean difference of both is 0.84, Median is 12 structural facilities and challenges and 13 for Clinical performance. Standard deviation for structural facilities and challenges is 3.343 and Clinical performance is 2.266. The data also revealed that standard deviation of structural facilities and challenges seemed to be more dispersed than those of clinical performance. So from the above table it was revealed that, there may be a gap between the staff nurses clinical performances with structural facilities and challenges.

**Table 3: Area-wise description of structural facilities and challenges**

Sl. no	Name of areas	Question Number	Total score
1.	Support	From 1-5	5
2.	Opportunity	From 6-10	5
3.	Access to resources	From 11-15	5
4.	Access to information	From 16-20	5

Maximum score-20

Minimum score-0

Above table shows the area-wise description of the structural facilities and challenges. It contained 20 questions which were prepared for assessing the structural facilities and challenges. A score value of 1 was allotted to each correct response and 0 for incorrect response. It was developed based on areas support, opportunity, access to resources and access to information. Each area contains 5 questions.

**Table 4 Area-wise Mean, Mean%, S.D. of staff nurses structural facilities and challenges.**

**n=100**

Area-wise structural facilities and challenges	Mean	Mean %	S.D.
Support	2.81	56.20	1.160
Opportunity	2.80	70	0.778
Access to resources	3.35	67	1.266
Access to information	2.75	55	1.048

From the above table, it observed that mean, mean% and S.D. of support were 2.81, 56.20 and 1.160, Opportunity were 2.80, 70 and 0.778, Access to resources were 3.35, 67, 1.266 and Access to information were 2.75, 55 and 1.048 respectively. The above table also revealed that access to resources area scoring highest i.e 1.266 and opportunity area scoring lowest i.e 0.778 in standard deviation.

**Table 5 Relationship between staff nurses clinical performances with structural facilities and challenges.**  
n=100

Variables	Mean	SD	Corr. Coeff(r)
Structural facilities and challenges	11.71	3.343	0.310
Clinical performance	12.55	2.666	

The table above reveals that a direct relationship (positive correlation) between structural facilities and challenges and Clinical performance as the value of correlation coefficient is 0.310 which indicates that structural facilities and challenges and clinical performance increase together and decrease together.

**Table 6 Chi square value showing association between staff nurses clinical performances with selected demographic variables. (Age, marital status, religion, Professional qualification, working experience)**  
n = 100

Sl. No.	Variables	Clinical Performance		Total	Value of $\chi^2$	df	Significance
		$\geq$ Median	$<$ Median				
1.	<b>Age</b>				1.746	2	Not significant
	25-35 Yrs.	50	18	68			
	36-46 Yrs. .	23	5	28			
	47-57 Yrs.	4	0	4			
2.	<b>Marital status</b>				0.646	1	Not significant
	Married	50	17	67			
	Unmarried	27	6	33			
3.	<b>Religion</b>				3.030	2	Not significant
	Hindu	65	18	83			
	<b>Muslim</b>	8	5	13			
	<b>Christian</b>	4	0	4			
4	<b>Qualification</b>				3.421	2	Not
	G.N.M.	61	14	75			

	B.Sc.	15	8	23			significant
	M.Sc.	1	1	2			
5	<b>Working experience</b>						
	<10 Yrs.	47	14	61			Not significant
	10 – 20 Yrs.	24	7	31	0.962	3	
	20-30 Yrs.	4	2	6			
	>30 Yrs.	2	0	2			

Chi<sup>2</sup> (df = 1), P > 0.05 = 3.841, Chi<sup>2</sup> (df = 2), P > 0.05 = 5.99

From the above table 6 in respect of Age it observed that Chi square value was 1.746 which was less than the table value 5.99 of df 2. This showed that there was no association between age and staff nurses clinical performances

From the above table in respect of marital status it observed that Chi square value was 0.646 which was less than the table value 3.841 of df 1. This showed that there was no association between marital status and staff nurses clinical performances

In respect of Religion it observed that Chi square value was 3.030 which was less than the table value 5.99 of df 2. This showed that there was no association between marital status and staff nurses clinical performances

The table depicted that in respect of Qualification it observed that Chi square value was 3.421 which was less than the table value 5.99 of df 2. This showed that there was no association between qualification and staff nurses clinical performances.

The table also showed that in respect of working experience it observed that Chi square value was 0.962 which was less than the table value 7.82 of df 3. This showed that there was no association between working experience and staff nurses clinical performances.

**Conclusion:**

This research used a descriptive design that incorporated semi-structured interviews to better understand nurses’ perceptions and experiences about structural empowerment.

The present study findings showed that,

- Both positive and negative aspects of empowerment were identified.
- Staff nurses recognized the opportunities structural empowerment provided within their daily practice but they faces various challenges that may impact quality of care and patient safety.
- Nursing management and unit climate were seen as crucial to facilitate successful empowerment initiatives while a lack of time and perceived work demands were seen as barriers to nurse empowerment.
- Moreover, during the period of data collection, staff nurses perceived that direct patient care delivery was under pressure.

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