

# Evaluation of Staff Nurses' Performance at Primary Health Care Centers in Baghdad City

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**Abstract:** A descriptive study was conducted on (53) of staff nurses who working at five primary Health care centers who work by quality improvement program in Baghdad city, for the period of 5<sup>th</sup> April 2017 through to 6<sup>th</sup> September 2017. Data collection through utilization of questionnaire technique and interview with staff nurses. Data analysis through use of descriptive statistical data approach frequencies, percentages, mean of scores. The study to evaluate the staff nurses' performance who working at primary Health care centers and to determine the relationship between staff nurses; performance and their demographic characteristics like age, gender, education and training course. The results of the study reveals that inadequate relationship about staff nurses' performance toward maternal and child Health services, Health education services, Nutritional services, communicable and non- communicable disease services and Health promotion services. Also the study find no relationship between performance of staff and gender and no relationship between the performance and qualification.

**Keywords:** Staff Nurses' Performance, Primary Health Care Centers

## 1. Introduction

In any association, performance is significant to the association's advancement and development. This investigation means to take a gander at the execution of medical attendants based to discover why in a few centers medical caretakers are executing obviously while in others the execution is disgraceful. The examination likewise goes ahead to investigate exercises that medical attendants are occupied with and the sort of difficulties they confront in their everyday work (1).

The execution of attendants is measured by accomplishments of different need markers rendered in various wellbeing offices, and the workload that is measured by nurture understanding proportion. Within human services, numerous representatives perform quality social insurance that keeps up or reestablish patient's wellbeing; in any case, extremely many don't. Execution issues are reflected in a wide variety, similar to the impact of authoritative components that contrarily influence the patient's fulfillments.

A human services quality change is to keep up what is great about the current medicinal services framework while concentrating on the ranges that require change. Enhancing the nature of care and lessening therapeutic mistakes are need territories for the clinics (2).

There are numerous varieties of medicinal services framework around the world; the objective for social insurance framework as indicated by the world wellbeing association report (2011) is to enhancing performance and responsiveness to the desire of the populace. Social insurance frameworks are associations built up to meet the wellbeing needs of target populaces; it is the finding, treatment, and anticipation of ailment, disease, damage, and other physical and mental weaknesses in people. Social insurance is conveyed by specialists in drug, doctors, nursing, drug store,

partnered wellbeing, and other care suppliers. It alludes to the work done in giving essential care, optional care and tertiary care, and also in general wellbeing.

Medicinal services framework in is a consolidated element of all assets performing artists and organizations identified with the financing direction and arrangement of all exercises whose essential plan is to enhance or keep up wellbeing; it is a course of action in which medicinal services framework is conveyed (2) Attendants are medicinal services experts who concentrate on the care of people, families, and groups so they may achieve, keep up, or recoup ideal wellbeing and personal satisfaction from origination to death (3) Attendants in the possessed, work in an extensive assortment of fortes where they work freely and as a feature of a group to survey, plan, actualize and assess mind (2).

Medical attendants are the biggest medicinal services suppliers inside legislative healing center. In this way it is vital to feature factors that influence their execution and above all the hierarchical components. Hierarchical variables are connected to – everyday condition where wellbeing specialists bear on their obligations (4) and their level of nursing execution might be influenced by the accompanying however not constrained to; authoritative components work stack, night move work, accessibility of assets, instruction and preparing advancement and chief help which at last influences patient's fulfillment, authoritative vision and mission and the social insurance circumstance.

Some of these components are distinguished and chosen for surveying their impact on nurses' performance. These elements were chosen in light of past studies and writing survey was discovered that more concentrate was on these variables notwithstanding the political circumstance assumes an extensive part in these elements, for example, expanding the interest for medical coverage a reliance on global guide.

## 2. Methodology of the Study

**Subjects:** The study population included the nurses working at primary Health Care centers at different level of education, age. The study sample is 53 nurses selected by non-probability sampling method (purposive sampling).

### Questionnaire:

The sociodemographic data sheet, consisted of (5) items categorized as general information (gender, age, and level of education, years of employment and training course).

Performance items questionnaire was constructed to evaluate the staff nurses' performance at primary Health Care Centers which composed over all of (47) items.

The 1<sup>st</sup> items related with staff nurses' performance toward maternal and child Health services includes some duties and responsibilities of nurses in this field. The items were scored on trial scale (always, sometime, never). Other items in questionnaire composed of Immunization services, Health education services, Nutritional services, Communicable disease services, non-Communicable disease service, Emergency services, Health promotion services, Breast feeding services and Family Planning services.

Determination of reliability of the questionnaire is based on the Cronbach's Alpha reliability (reliability coefficient 0.83), the instrument valid through panel of experts.

A statistical analysis was performed using the Microsoft office excel 2007 and SPSS package (version 16).

## 3. Results

**Table (4-8):** Distribution of Staff Nurses Socio-demographic Characteristic

List	Characteristics		F	%
1	Age:	20 – 29 years	9	17
		30 – 39 years	18	34
		40 – 49 years	20	37.7
		50 ≤ years	6	11.3
	<b>Total</b>		<b>53</b>	<b>100</b>
2	Gender:	Male	48	90.6
		Female	5	9.4
	<b>Total</b>		<b>52</b>	<b>100</b>
3	Nurses qualifications	Secondary school of nursing graduates	41	77.4
		Diploma graduates	12	22.6
		College graduates	0	0
		<b>Total</b>	<b>53</b>	<b>100</b>
4	Number of Years of Employment:	1 – 5 years	3	5.7
		6 – 10 years	17	32.1
		11 – 15 years	7	13.2
		16 – 20 years	8	15.1
		21 – 25 years	10	18.9
		26 ≤ years	8	15.1
		<b>Total</b>	<b>53</b>	<b>100</b>
5	Number of training course:	1 – 3	35	66
		4 – 6	10	18.9
		7 ≤	8	15.1
		<b>Total</b>	<b>53</b>	<b>100</b>

**F: Frequency, %: Percentage**

Table (1) indicates that most of the staff nurses are (40-49) years old (37.7%), males (90.6), secondary school of nursing graduated (77.4%), and having (6-10) years of employment and (1-3) training course (66%).

**Table 2:** Overall Evaluation of Staff Nurses' Performance at the Primary Health Care Centres

Evaluation	F	%
Poor	23	43.4
Fair	30	56.6
Good	0	0
<b>Total</b>	<b>53</b>	<b>100</b>

F: Frequency, %: Percentage, Poor= (62-103), Fair= (104-145), Good= (146-186)

Table (2) reveals that most of the staff nurses have experienced fair level of performance and (43.4%) of the staff nurses have poor level of performance.

**Table 3:** Impact of Quality Improvement upon Nurses' Performance

Performance Quality Improvement	Un standardized Coefficients		Standardized Coefficients	t	Sig.
	B	Std. Error	Beta		
<b>Structure</b>	-0.140	0.071	-0.222	-1.985	0.050
<b>Process</b>	0.133	0.091	0.165	1.457	0.152
<b>Outcome</b>	0.667	0.126	0.601	5.286	0.001
<b>Total</b>	0.012	0.013	0.105	0.888	0.379

**Dependent variable: Nurses' Performance**

Concerning the impact of the quality improvement upon staff nurses' performance, the study findings depict that the Outcome has major impact upon nurses performance and the

structure has an impact upon nurses performance but the process has no impact on nurses performance (Table 3).

**Table 4: Relationship between Nurses' Performances and Their Age (N= 53)**

Age Performance	Sources of Variance	Sum of Square	df	Mean Square	F	P≤ 0.05	Sig.
Nurses' Performance	Between Group	2.830	3	0.943	5.778	0.002	H.S
	Within Group	8.000	49	0.163			
	Total	10.830	52				

df: Degree of freedom, F: F-statistic, H.S: Highly significant, P: Probability value, Sig: Level of significance,

Table (4) indicates that analysis of such relationship depicts that staff nurses' performance is influenced by their age.

**Table 5: Relationship between Nurses' Performance and their Gender (N=53)**

Gender Performance	Sources of Variance	Sum of Square	df	Mean Square	F	P≤ 0.05	Sig.
Nurses' Performance	Between Group	0.114	1	0.114	0.540	0.466	N.S
	Within Group	10.717	51	0.210			
	Total	10.830	52				

df: Degree of freedom, F: F-statistic, P: Probability value, Sig: Level of significance, N.S: Not significant

Relative to their gender, the study finding indicates that staff nurses are performing their practices at the same level regardless to their gender differences (Table 5).

**Table 6: Relationship between Nurses' Performances and Their Qualifications**

Qualifications Performance	Sources of Variance	Sum of Square	df	Mean Square	F	P≤ 0.05	Sig.
Nurses' Performance	Between Group	0.050	1	0.050	0.235	0.630	N.S
	Within Group	10.780	51	0.211			
	Total	10.830	52				

df: Degree of freedom, F: F-statistic, P: Probability value, Sig: Level of significance, N.S: Not significant

Table (6) depict that there is no significant relationship between staff nurses' performance and their qualification.

**Table 7: Relationship between Nurses' Performances and Their Years of Employment (N=53)**

Years Performance	Sources of Variance	Sum of Square	df	Mean Square	F	P≤ 0.05	Sig.
Nurses' Performance	Between Group	4.940	5	0.990	7.907	0.001	H.S
	Within Group	5.882	47	0.125			
	Total	10.830	52				

df: Degree of freedom, F: F-statistic, P: Probability value, Sig: Level of significance, H.S: Highly significant

Table (7) reveals that there is highly significant relationship between staff nurses' performance and their years of employment.

**Table 8: Relationship between Nurses' Performances with Respect to their Participation in Training Courses (N=53)**

Participation Performance	Sources of Variance	Sum of Square	df	Mean Square	F	P≤ 0.05	Sig.
Nurses' Performance	Between Group	4.372	2	2.186	12.642	0.001	H.S
	Within Group	8.646	50	0.173			
	Total	13.019	52				

df: Degree of freedom, F: F-statistic, P: Probability value, Sig: Level of significance, H.S: Highly significant

Table (8) reveals that there is a highly significant relationship between staff nurses; performance and their Training course. Analysis of relationship between nurses' performance and their participation in Training course the finding show that staff nurses' performance influenced by their participation in training course.

## 4. Conclusions

The study concludes that (37%) of staff nurses are (40-49) years old and male (90.6%) while female represent (9.4%) and there are (77.4%) of staff nurses have secondary school of nursing. number of years employment show that (32.1%) about 6-10 years and number of training course represent (66%) of them have from 1-3 training course.

Concerning to staff nurses' performance of maternal and child health care services the finding depict that non-significant mean of score on items of staff nurses do educate pregnant mothers about proper nutrition and exercise ,staff nurses do follow-up tests for pregnant women such as HBS and blood group ,staff nurses do support for pregnant mothers in how to deal with pregnancy disorders like nausea and vomiting and back pain, staff nurses do measuring and recording of blood pressure for pregnant women ,staff nurses do control of growth and development in the newborn card review .staff nurses do educate the family about the importance of breast feeding to the newborn, staff nurses do health education for mother on how to deal with the newborn during bathing and position for breast feeding. except items of staff nurses do data recording pregnant related with weight, height and laboratory test, staff nurses do health education for mothers about the immunization program for children and mothers which have significant mean of score.

Concerning the impact of the quality improvement upon staff nurses' performance, the study finding indicate that the outcome has major impact upon nurses' performance and the structure has an impact on nurses' performance, but the process has no impact on nurses' performance.

Analysis of such relationship depict that staff nurses' performance is influenced by their age. Relative to their gender, the study finding indicate that staff nurses are performing their practice at the same level regardless to their gender differences.

Concerning to their qualification, the finding reveals that staff nurses' performance is uninfluenced by their qualification. Relative to their years of employment the finding indicate that staff nurses' performance influenced by their years of employment.

Analysis of relationship between nurses' performance and their participation in training courses the finding show that staff nurses performance influenced by their participation in training courses.

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