

The Problem of Nursing Care in Commune I of the District of Bamako

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Abstract

Original Research Article

Nursing is an integral part of the health care system, providing support for people who are ill or in good health. It helps to provide comprehensive care for all users of care facilities. The overall aim is to help improve nursing practice in health care institutions. Methodology: we carried out a qualitative, quantitative and explanatory study using a field study in private and one public facilities involving 17 doctors and 25 nurses based on non-random sampling from 1st July to 31 August 2022 after obtaining informed consent. Results: The study revealed that 76% of nurses were unaware of the existence of their establishment's internal regulations and 60% were unaware of the description of their tasks in the department. Similarly, 25% of these nurses concluded that there was no reception procedure in their department. 72% of nurses stated that they did not have an identifier for their facility. While we found that only 4% of the nurses in our study had correctly defined the basis of nursing practice and the components of a nursing care plan, none of the nurses used a care plan in their department. As regards the doctor-nurse relationship within the care team, 29% of doctors treated nurses as subordinates. In conclusion, the problem of nursing care in Commune I is very real, and only strong administrative policies can improve it.

Keywords: Issues, Nursing, Commune I of Bamako District.

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INTRODUCTION

The last few decades have seen the emergence of a number of definitions of nursing care, which vary according to nursing acts, practice sites and geographical regions. They also vary according to the training and availability of nurses, and the beliefs of the individuals or associations that define them [1]. One of the major problems currently facing the nursing profession is finding a national and international definition that can encompass the scope of nursing practice and differentiate the role of nurses from that of other health professionals. In addition to this problem of definition, we can also note:

A lack of regulatory bodies in French-speaking Africa, particularly in Benin, Burkina Faso and Mali, to direct and monitor the training and practice of nurses [2].

A lack of regulatory bodies on the quality of nursing education and practice in the African region including Mali according to the WHO in 2016 [2].

A lack of clearly defined competencies in nursing training programmes, according to an evaluation report on nursing training programmes carried out in several French-speaking countries (Benin, Burkina Faso, Mali and Niger) by the WHO in 2009 [2].

The discovery by the WHO in 2009 in several French-speaking countries (Benin, Burkina Faso, Mali and Niger) of a gap between nursing training and practice, particularly in terms of course content, admission requirements, the number of hours required to obtain a nursing diploma, the titles of diplomas and functions, and national educational standards [2].

In Mali, nursing practice needs to position itself by defining the needs felt by nurses and the difficulties they face. These difficulties include A definition of nursing care summed up as the administration of medical prescriptions, the performance of administrative tasks and the function of subordinates, according to a survey carried out in the course of our investigations.

A reduction in the efficiency and effectiveness of the care provided due to an increase in overtime and workload [3].

Lack of availability or knowledge of regulatory texts for nursing practice;

A shortage of healthcare staff: 6 healthcare professionals per 10,000 inhabitants instead of 23 healthcare professionals (doctors, midwives and nurses) per 10,000 inhabitants according to the WHO [4].

A lack of nursing departments in the facilities, or poor functioning if they exist.

With all these factors in mind, we focused our study on the "problems of nursing care in Commune I of the Bamako district" for the first time, in order to help improve the practice of nursing care in health care institutions.

MATERIALS AND METHODS

Our study took place at the commune I reference health centre, which is a second-level reference structure (2^{ème}) in Mali's health pyramid, and at certain private structures in commune I of the Bamako district,

including the AYA clinic, the RIVERA clinic, the Clinique Espérance, the SANIA clinic, the Groupe Médical and the Clinique Jacques Lansac. The study was quantitative, qualitative and explanatory, and took place from 1^{er} July to 31 August 2022.

The study involved public health nurse technicians, maternal and child health nurse technicians, senior health technician nurses or nurses with a degree in health sciences specialising in nursing, and general practitioners and specialists who agreed to take part in the survey and worked in hospital wards.

The data collection methodology was based on the ODK "Open Data KiT" mobile data collection system. ODK is a suite of open source tools

The data and information collected on the server from the field surveys were processed and analysed using SPSS software.

The anonymity of the participants in our study was respected to further guarantee the confidentiality of the results.

RESULTS

Table I: Distribution of doctors and nurses in the health facilities surveyed

Health facilities surveyed	Number of specialist doctors	Number of GPs	Number of nurses IDE/Licence	Number of TS/BT1 nurses	Total
CS Ref CI	22	18	52	29	121
AYA	3	2	0	1	6
J. LANSAC	3	1	0	1	5
SANIA	1	0	1	1	3
HOPE	2	2	1	1	6
TOTAL	31	23	54	33	141

The referral health centre had the largest number of staff of any health facility in Commune I, with 121.

Table II: Breakdown of nurses surveyed by socio-professional characteristics

Socio-demographic characteristics and professional	Workforce	Percentage
Age range		
17- 25	3	12
26 - 35	8	32
36 - 45	9	36
46 - 53	5	20
Year of professional experience		
0 - 5	3	12
6 - 10	9	36
11 - 15	6	24
16 - 20	3	12
21 - 25	3	12
26 - 35	1	4
Registration as a nurse		
Yes	10	40
No	15	60
Identifier of the care structure		
Yes	7	28
No	18	72

Table III: Breakdown of nurses by care facility

Care facilities	Workforce	Percentage
Clinique Espérance	1	4
Groupe medical clinic	1	4
Jacques Lansac Clinic	2	8
SANIA Clinic	2	8
CS Ref CI	19	76
Total	25	100

CSRéf nurses were the most represented with 76%.

Table IV: Distribution of nurses according to knowledge of administrative provisions

Knowledge of administrative provisions	Workforce	Percentage
Knowledge of the school's internal rules		
Yes	6	24
No	19	76
Knowledge of the existence of staff job descriptions		
Yes	10	40
No	15	60
Knowledge of the existence of a training plan		
Yes	0	0
No	25	100

Table V: Distribution of nurses according to knowledge of the nursing approach

Approach to care	Workforce	Percentage
Definition of the basis of the practice		
<i>Knowledge of the conceptual framework of care</i>	1	4
Developing the nurse-client interpersonal relationship.	11	44
Knowledge of the care approach	13	52
Defining the scientific approach of Care		
<i>A logical and systematic tool for nursing</i>	8	12
An applied nursing philosophy	3	32
A privileged attitude to encourage nursing care	14	56
Knowledge of the stages in the care process		
Correct answer	2	8
Incorrect and incomplete answer	23	92
Knowledge of the components of care planning		
Correct answer	1	4
Incorrect answer	24	96

Table VI: Distribution of nurses according to nursing practice

Nursing practice	Workforce	Percentage
Knowledge of the nature of interventions according to the nursing diagnosis		
<i>Planning more autonomous operations</i>	5	20
A "collaborative" acts	6	24
Special surveillance	14	56
Availability of data collection tools		
Yes	23	92
No	2	8
Carrying out care using a		
Virginia Henderson's approach to care	6	24
No care approach	19	76
Using a care plan		
Yes	0	0
No	25	100

Table VII: Doctors' opinions on the creation of patient records

Setting up a patient file	Workforce	Percentage
Medical records	14	82
The nursing file	0	0
The patient file	1	6
No	2	12
Total	17	100

The doctors concluded that patient records in their establishments consisted solely of the medical file in 82% of cases.

Table VIII: Type of relationship between nurses and doctors, according to doctors

Relations with nurses	Workforce	Percentage
Collaboration	12	71
Subordination	5	29
Total	17	100

The doctors concluded that the relationship between them and the nurses was one of subordination in 29% of cases.

DISCUSSION

The difficulties encountered during our study were mainly due to the unavailability of nurses in sufficient numbers to constitute our desired sample, following a system of rotation of nurses in the departments and their participation in the survey in numbers, and a lack of nursing knowledge on the part of doctors. The problem of filling in the questionnaires by the interviewers in the database in relation to the choice of characters and the choice of certain words for certain questions, despite the initial training, was a determining factor in the difficulties encountered in the field in exploiting the data.

None less our study found that the referral health centre had the largest number of staff among the health facilities in Commune I, with 121.

The survey covered 25 nurses, 36% of whom were aged between 36 and 45, with an average age of 40; the youngest was 17 and the oldest 53. Their professional experience ranged from 6 to 10 years in 36% of cases, with an average of 8 years, and those from CS Réf were the most represented at 76%. These results seem to show that nurses are in the young adult bracket and are enjoying a young professional life.

They are compatible with some of COMPAORE's findings, where he stated that "55.56% of nurses are young professionals" [5]. This is at odds with studies by BROU AHONZI (2007) where the age range was between 45 and 54 (adult staff) and seniority in 60% of cases between 10 and 30 years [6]. We can deduce from this that the lack of maturity and the youth of our professionals constitute a deficit in the development of nursing practice in the establishments.

The nursing approach is a rigorous and systematic method used by nurses to assess, plan,

implement and evaluate the care given to a patient. It aims to ensure that each patient receives comprehensive and appropriate care, taking into account their physical, psychological and social needs [7]. Nurses must have theoretical and practical skills, backed up by the administrative and regulatory provisions governing their performance. In order to maintain their knowledge at the highest level and meet their needs, continuing education for nurses is essential. In our study, the majority of nurses (72%) did not have a service identifier, 76% of them were unaware of the existence of their facility's internal regulations, and 60% were unaware of the description of their tasks in their facility. Only one nurse was aware of the training plan for nurses in their facility, and in 76% of cases they were working without any approach to care. Only one nurse (4%) was able to correctly define the basis of nursing practice. Eight nurses found the correct definition of the scientific approach to care, i.e. 12%, and 92% of nurses were unaware of the availability of data collection instruments in the departments. Only 5 nurses (20%) were able to give a correct answer to the nature of the intervention based on the nursing diagnosis, and two nurses (8%) were able to cite all the stages in the scientific approach to care. While only one nurse was able to correctly cite the components of care planning, we did not find any nurse who used a care plan. The lack of theoretical knowledge of the scientific approach to care and the implementation of nursing care, as evidenced by the non-use of individualised care plans, the lack of a data collection instrument, the lack of motivation, the lack of continuous training and the application of administrative procedures constitute a real shortcoming in the nursing care of patients. This is in line with the results of studies by NANGA Jean Marcel DE FONKAM (2006) which revealed that: "the obstacles encountered in the work are the lack of equipment (26.4%); the lack of retraining (22.22%) and refractory administration (20.83%)" [8]. From these comments, we can see how difficult it is to implement the nursing record. In our study, 82% of doctors stated that patient records in their establishments consisted solely of medical records, in other words records drawn up by doctors alone. NDAYI KABAMBA Julie *et al.*, (2015) stated that: "the obstacles to implementing the nursing

approach included the lack of nursing records (26%) and the lack of institutions for nursing care; Théophile COMPAORE (1999) in turn states: "However, inadequate training means that they do not have sufficient experience to manage the care file [9] and KONAN (1995) in turn finds that: "100% of nurses attribute the non-existence of the nursing file to the insufficient number of staff, 27% to the lack of initial training on the nursing file and 36% to the lack of equipment for producing the file [10]. Despite all these results, care continues to be provided in a routine and poorly coordinated manner. Most of our nurses (60%) were not registered with the Conseil National de l'Ordre des Infirmiers et Infirmières du Mali, which is a personalised structure of the Ministry of Health. It oversees the ethics of the profession. This registration rate can be explained by the fact that the council was newly created by law in 2017 [11], the lack of awareness, the lack of willingness to register, and the lack of financial means for new nurses who have no resources. This can result in a lack of resources for the national council to organise and provide ongoing training for those registered. If this training is not provided, nursing practice will certainly suffer a great deal. The most basic form of interdisciplinarity in the hospital environment is collaboration between doctors and nurses. Two recent studies suggest that improved collaboration between doctors and nurses can improve patient outcomes, and reduce length of stay and costs [12]. Our study, Bamako 2023 12/17 (71%) revealed that of doctors concluded that the relationship between them and nurses was one of collaboration. This is comparable to ARNAUD P, Geneva, 2005 66/90 (73%) with $p < 0.05$ [13].

CONCLUSION

The problem of the practice of nursing care is a reality in the health structures in commune I of the district of Bamako. It remains a parable without direction in a health system where the nursing profession deserves independent consideration.

Conflict of Interest: None

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