

# HEALTH CARE SYSTEM CHALLENGES AMONG NURSES AND ITS RELATED TO SOME VARIABLES IN HILLA CITY HOSPITALS/ IRAQ

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## ABSTRACT

**Background:** The importance of nurses in healthcare should be underlined for attempting to create a better task force for better quality care for all. Therefore, the study aimed at determine the relationship between nurses challenges related to health care systems and their demographic characteristics in Hilla City Hospitals.

**Methodology:** A descriptive cross-sectional quantitative assessment approach using the tools that have been questionnaire. By a convinces sample of (220) nurses is selected throughout the use of non probability sampling approach. Data were analyzed through the application of descriptive statistical data analysis approach that includes, frequencies, percentages; and score mean; and the inferential statistic include Chi-square test.

**Results:** "Findings indicate the majority of (54.1%) nurses were suffers of challenges in health care system. Nurses age, years of experience, marital status, economic and work time have been significant with their challenges at p-value <0.05".

**Conclusion:** Overall challenges related to health care system, nurses were suffers of challenges. Nurses age, years of experience, marital status, economic and work time have been influenced their challenges. Nurses gender, residence and education have been not influenced their challenges.

**Recommendations:** Improving salaries and wages for workers in this profession and providing opportunities for promotions. Meetings between officials, administrators and nursing workers to understand the nature of work, change views, and address work problems and conditions which indeed helps to prevent challenges

**Key-wards:** Health Care System, Challenges, Nurses.

## I. INTRODUCTION

Sigma Theta Tau International, the World Health Organization (WHO), and the International Council of Nurses (ICN), and the American Academy of Nursing really are few of the many main professional associations that have identified worldwide obstacles which have impact on health services and nursing care performance [1].

The obstacles to health-care delivery are shared by all six WHO regions, though the magnitude of each challenge varies by region. Inadequate human assets at all levels of the health-care system, low pay , a lack of career incentives, an aging population, a weak professional image, poor working conditions/environments, and difficulties enforcing and reinforcing current policies are among the obstacles to grow nursing and midwifery services[2].

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conditions/environments, and difficulties enforcing and reinforcing current policies are among the obstacles to growing nursing and midwifery services[3].

Equipment not being available, owing to lookout for equipment, delaying for prescriptions, waits in investigation results, urgencies to lookout for patient records or another files, waits in seeing medical commands, stoppages, inadequate place, and time-consuming family members are all examples of common obstacles [4].

Management decisions have an effect on the work environment in which staff nurses provide treatment to patients. The choice of tools, the bodily configuration of the department, personnel direction and continuing teaching, and the accessibility of another clinical services resources that influence patient care are all examples of management decisions that have an influence on outcome patient care. The role of the bedside nurse can be made easier or more difficult depending on management decisions [5].

Staff nurses in several hospitals, on the other hand, agreed that nursing manager and hospital management do not listen to their complaints [6].

The nurse's role in coordinating treatment and coordination between multiple physicians was also a challenge [7].

Nursing in Iraq has long been challenged by several of the issues, including varying levels of training, social attitudes toward nursing that are shared by nurses, low pay, and unsafe working conditions. Furthermore, studies have shown that nurses, especially female nurses, have a young age .The Iraqi Nursing Association, which is supposed to serve and advocate for nurses, has remained inactive[8].

Patients may become more dissatisfied and nursing care quality may suffer as a result of a lack of attention to nurses' challenges and issues[9].

Exploring and comprehending the obstacles that nurses face allows authorities to resolve the prerequisites and strengthen the workplace environment for aims to enhance the quality of care[10].

## II. METHODOLOGY

The study was conducted using descriptive cross-sectional quantitative assessment approach using the tools that have been questionnaire to explore the challenges faced by the nurses.

Study instruments: A questionnaire was created through a comprehensive review of the literature that have relevant. Which was used as a data collection tool that included the following:

"Nurses demographic information"

"Nurses challenges related to health care system"

Study sample: A convinces sample of (220) nurses is selected throughout the use of non probability sampling approach. The study sample is distributed throughout four hospital according to Babylon Health Directorate which are (Imam Al Sadiq, Babylon Maternity and Pediatric Hospital, Hilla Surgical Hospital and Marjan Hospital

Method of data collection: After completing the required approvals, data was collection through the use of a questionnaire (Arabic version) "self-administrative" nurses. The researcher introduced himself to the participants and explained the purpose of the study in order to get oral agreement. The questionnaire fill out an answer by the participants (nurses). The researcher gathered the questionnaire from the participants after distributed it's for each nurses staff on individual bases. Approximately each self-management took (15 to 20) minutes.

Methods of Statistical: The used SPSS-ver.20 in order to analyze and evaluate the study data is used for "Methodology of statistical data used descriptive analysis to describe the study variables: frequencies and percentages; inferential statistic include Chi-square".

Mean <1.5 considered suffers of Challenges

Mean ≥1.5 considered without of Challenges

They  $\chi^2_{obs.} < \chi^2_{crit.}$  =insignificantly.

They  $\chi^2_{obs.} > \chi^2_{crit.}$  =significantly,

### III. RESULTS

Table 1:Sample Population Variables Descriptive Statistic Analysis

Demographic Variables	Rating	F=220	%
Age/years (Mean+ S.d= 31.47+8.96)	20-29 years old	129	58.6
	30-39 years old	47	21.4
	40-49 years old	27	12.3
	50 and older	17	7.7
Gender	Male	114	51.8
	Female	106	48.2
Years of Experience	<5 years	119	54.1
	5-10 years	42	19.1
	11-15 years	12	5.5
	16-20 years	22	10.0
	>20 years	25	11.4
Residency	Urban	164	74.5
	Rural	56	25.5
Marital Status	Single	91	41.4
	Married	128	58.2
	Widowed	1	.5
Monthly Income	Not enough	75	34.1
	Partially enough	91	41.4
	Enough	54	24.5
Educational attainment	Secondary school nursing	58	26.4
	Medical institute	90	40.9
	Bachelor 's degree	70	31.8
	Master's and above	2	0.9
Work time	Morning	120	54.5
	Evening	100	45.5

The findings presented the overall nurses challenges regarding health care system in Hilla City Hospitals. Finding reveals that the majority of (54.1%) were with challenges.

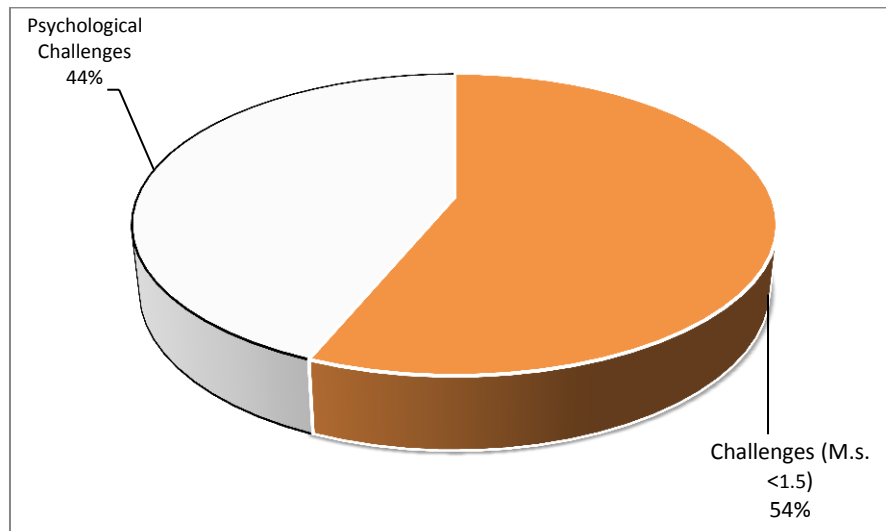


Figure 1: Overall Nurses Challenges regarding Health Care System

Table 2: Nurses Challenges related to Health Care System and their Age

Age	Rating	Nurses Challenge		Total	d.f	Sig.	
		Yes	No				
	20-29 years old	82	47	129	3	$\chi^2$ obs.= 11.487 $\chi^2$ crit.= 7.815 P-value=0.009	S
	30-39 years old	20	27	47			
	40-49 years old	10	17	27			
	50 and older	7	10	17			
	Total	119	101	220			

" $\chi^2$  obs. = Chi-square observer,  $\chi^2$  crit. = Chi-square critical, Df= Degree of freedom, P-value= Probability value, S= significant, NS= non significant, S= significant, HS= high significant".

Table 3: Nurses Challenges related to Health Care System and their Gender

Gender	Rating	Nurses Challenge		Total	d.f	Sig.	
		Yes	No				
	Male	64	50	114	1	$\chi^2$ obs.= 0.400 $\chi^2$ crit.= 3.841 P-value=0.527	NS
	Female	55	51	106			
	Total	119	101	220			

" $\chi^2$  obs. = Chi-square observer,  $\chi^2$  crit. = Chi-square critical, Df= Degree of freedom, P-value= Probability value, S= significant, NS= non significant, S= significant, HS= high significant".

Table 4: Nurses Challenges related to Health Care System and their Years of Experience

Years of Experiences	Rating	Nurses Challenge		Total	d.f	Sig.	
		Yes	No				
	<5 years	77	42	119	4	$\chi^2$ obs.= 12.571 $\chi^2$ crit.= 9.488 P-value=0.014	S
	5-10 years	17	25	42			
	11-15 years	6	6	12			
	16-20 years	10	12	22			
	>20 years	9	16	25			
	Total	119	101	220			

" $\chi^2$  obs. = Chi-square observer,  $\chi^2$  crit. = Chi-square critical, Df= Degree of freedom, P-value= Probability value, S= significant, NS= non significant, S= significant, HS= high significant".

Table 5: Nurses Challenges related to Health Care System and their Residences

Residency	Rating	Nurses Challenge		Total	d.f	Sig.	
		Yes	No				
	Urban	90	74	164	1	$\chi^2$ obs.= 0.161 $\chi^2$ crit.= 3.841 P-value=0.688	NS
	Rural	29	27	56			
	Total	119	101	220			

" $\chi^2$  obs. = Chi-square observer,  $\chi^2$  crit. = Chi-square critical, Df= Degree of freedom, P-value= Probability value, S= significant, NS= non significant, S= significant, HS= high significant".

Table 6: Nurses Challenges related to Health Care System and their Marital Status

Marital Status	Rating	Nurses Challenge		Total	d.f	Sig.	
		Yes	No				
	Single	37	54	91	2	$\chi^2$ obs.= 12.915 $\chi^2$ crit.= 5.991 P-value=0.002	S
	Married	82	46	128			
	Widowed	0	1	1			
	Total	119	101	220			

" $\chi^2$  obs. = Chi-square observer,  $\chi^2$  crit. = Chi-square critical, Df= Degree of freedom, P-value= Probability value, S= significant, NS= non significant, S= significant, HS= high significant".

Table 7: Challenges related to Health Care System and their Economic

Economic	Rating	Nurses Challenge		Total	d.f	Sig.	
		Yes	No				
	Not enough	30	45	75	4	$\chi^2$ obs.= 10.865 $\chi^2$ crit.= 5.991 P-value=0.004	S
	Partially enough	52	39	91			
	Enough	37	17	54			
	Total	119	101	220			

" $\chi^2$  obs. = Chi-square observer,  $\chi^2$  crit. = Chi-square critical, Df= Degree of freedom, P-value= Probability value, S= significant, NS= non significant, S= significant, HS= high significant".

Table 8: Nurses Challenges related to Health Care System and their Educational Attainment

Educational Level	Rating	Nurses Challenge		Total	d.f	Sig.	
		Yes	No				
	School nursing	28	30	58	3	$\chi^2$ obs.= 7.050 $\chi^2$ crit.= 7.815 P-value=0.070	NS
	Medical institute	43	47	90			
	Bachelor 's degree	47	23	70			
	Master's and above	1	1	2			
	Total	119	101	220			

" $\chi^2$  obs. = Chi-square observer,  $\chi^2$  crit. = Chi-square critical, Df= Degree of freedom, P-value= Probability value, S= significant, NS= non significant, S= significant, HS= high significant".

Table 9: Nurses Challenges related to Health Care System and their Works Time

Works Time	Rating	Nurses Challenge		Total	d.f	Sig.	
		Yes	No				
	Morning	55	65	120	1	$\chi^2$ obs.= 7.249 $\chi^2$ crit.= 3.841 P-value=0.007	S
	Evening	64	36	100			
	Total	119	101	220			

" $\chi^2$  obs. = Chi-square observer,  $\chi^2$  crit. = Chi-square critical, Df= Degree of freedom, P-value= Probability value, S= significant, NS= non significant, S= significant, HS= high significant".

#### IV. DISCUSSION

Individual-motivational factors such as personal characteristics of the staff and lack of motivation in nurses are among the challenges that are discussed in the present research.

It is clear from the results of the present study that the total degree of challenges facing the nurses in the health system in Hilla city hospitals. It came with a high score of mean ( $M.s. \geq 1.5$ ) this indicates a lack of social challenges. While the low level of mean of score, meaning that the existence of psychological, economic, administrative, professional and policy challenges ( $M.s. < 1.5$ ). Overall nurses challenges regarding health care system in Hilla City Hospitals. Finding reveals that the majority of (54.1%) were with challenges.

The equivalent of 63% of nurses prefer to work in other jobs with the same salary, and this confirms that restlessness in the ranks of nurses and the desire to work in other jobs if they are available [11].

Moreover, 60% of nurses accepted work in the nursing corps due to material need, in addition to the lack of job opportunities in other fields and the high unemployment rates that made people direct to work in the nursing corps despite its limitations [12].

As well as, results showed that the challenges that nurses face in performing clinical health assessment skills are mostly shared in Iran and across the world. Although all of the factors have been involved in execution of these skills, the health assessment skills are significantly dependent on the need for them as felt by the nurses themselves [13].

On other hand, the research showed that most of the learning outcomes are abstract in form and can be difficult to apply in the concretization of learning situations in practice. The nurse mentors often based assessment situations on their own values, attitudes and norms. Therefore, there is a need for collaboration between the university and home-based health care services in order to translate the learning outcome assessment form into the learning situations in the clinical areas. Nurse mentors and teachers should be given time, education and training in supervision and assessment of nursing students in practice in order to avoid difficulties and limitations in their workplace [14].

There is no significant association between nurses' health care system challenges with their gender, residences, and educational level at  $p$ -value  $> 0.05$ . As well as, there is significant relationship between nurses challenges regarding health care system their age, years of experiences, marital status, economic and work time  $p$ -value  $< 0.05$ . Challenges appear more among nurses of young age, and the reason for this may be that the nurses whose ages are younger are new to work and that most of them hold a diploma, which is reflected in the economic determinants (salary), unlike the elderly, an increase in the salary and an increase in years of experience.

Our findings agree with Edmunds and others (2010), stated that nurses age and experiences were influenced the implementations of assessment skills. Garrosa and others (2013), health care workers work load are considered the major challenges in health care system. There was significant relationship between challenges in health care sitting with age and length of employment [15].

A cross-sectional study was conducted with 88 of 103 (85.4%) eligible health care workers from the city of Mugla participating. The participants' average age was 31 years, 85.2% were university graduates, 30.7% were nurses, and 64.8% had been working between 11 and 20 years at the time of the study; 93.6% worked 8 hours each day or less. State challenges scores for males ( $p = .016$ ), health care workers age 31 or older ( $p = .035$ ), nurse participants ( $p = .043$ ), and individuals who had worked 11 or more years ( $p = .044$ ) were significantly higher than the rest of the sample; however, challenges scores for participants who did not work overtime and were not scheduled for shift work were significantly higher ( $p = .033$  and  $p = .004$ , respectively) than the rest of the sample [16].

The challenges related to health care system are significantly associated with time of works (Shift-Night) due to Individuals working shifts have been found to report high levels of fatigue (Vogel et al., 2012). Employee fatigue contributes to accidents and injuries and affects occupational performance, safety, and health[17].

A study by Bara and Arber (2009) found that women who worked more than 2 years of shift work and men who worked more than 4 years of night work were more likely to report depression and professional challenges. There is no significant difference was detected for health workers' educational status ( $p > .05$ ) that confirmed b[18].

The exploitation of young energy, additional training and experiences and availability of health resources which makes work more stable away from challenges and better outcomes [19].

## V. CONCLUSIONS

Overall challenges related to health care system, nurses were suffers of challenges. Nurses age, years of experience, marital status, economic and work time have been influenced their challenges. Nurses gender, residence and education have been not influenced their challenges.

## RECOMMENDATIONS

Improving salaries and wages for workers in this profession and providing opportunities for promotions. Meetings between officials, administrators and nursing workers to understand the nature of work, change views, and address work problems and conditions which indeed helps to prevent challenges.

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