UTILIZATION OF WORLD HEALTH ORGANIZATION TRAUMA EMERGENCY PREPAREDNESS GUIDELINES BY NURSES AT SELECTED HOSPITALS IN NYANZA REGION, KENYA

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Abstract

Background: When trauma emergency occurs, hospitals are among the most important institutions that address such phenomena, as they are viewed as sanctuaries where victims seek solace. The issues of accidents and emergencies have seriously caused widespread effects globally. Particularly in many parts of this country. This call for hospitals to be prepared for an unusual increase in workload, hence the importance of hospital accidents preparedness guidelines. Study objective: This study explored the utilization of trauma emergency preparedness guidelines by nurses working at casualty departments of Kisii and Jaramogi Oginga Odinga Teaching Hospitals in Kisii and Kisumu Counties respectively. Methodology: The study adopted cross sectional descriptive study design whereby both quantitative and qualitative data were collected from nurses working at Accident and Emergency departments of KTRH and JOOTRH. The study utilized a random sampling method whereby the 113 nurses working in the Accident and Emergency departments of both hospitals were randomly sampled. Data collection was done through a self-administered semi structured questionnaire. The study involved all nurses working at Accident and Emergency departments of KTRH and JOOTRH. The data collected was cleaned and verified and then entered into the computer for analysis using SPSS version 21. Data was further subjected to descriptive statistics where the use of percentages and inferential statistics in which case Pearson Correlation Coefficient to compare the association of variables was used. The targeted 113 nurses working at Accident and Emergency departments of KTRH and JOOTRH. Findings: The study findings showed that 66.3% (61) of the respondents were not implementing WHO guidelines as required while 33.7% (31) were implementing WHO guidelines as required. The study also showed that respondents agreed that it was important for them to be aware on issues regarding trauma and emergency preparedness. Conclusion: The study recommended that casualty departments of the two hospitals should create an independent department that is charged with the responsibility of developing, reviewing and ensuring WHO trauma and emergency guidenences, and that the nurses undergo training for the implementation and utilization of the guideline.

Key words: Trauma, emergency, accident
Specific Objectives
To determine the level of utilization of WHO trauma emergency preparedness guidelines by nurses at Accident and Emergency departments of KTRH and JOOTRH

Literature Review

2.1 Current Trends in Emergency Management
Emergencies regularly result in huge effects on individuals' health, including the loss of many lives. Each new danger uncovers the difficulties for overseeing wellbeing dangers and impacts of crises (UNISDR, 2009). Deaths, wounds, maladies, handicaps, psychosocial issues and other health effects can be dodged or decreased by crisis chance administration measures including health and different divisions, crisis chance administration for health is multisectoral and alludes to: the deliberate examination and administration of health dangers, postured by emergencies, through a mix of peril and weakness diminishement to counteract and relieve dangers, readiness, reaction and recuperation measures (Peppiat, 2006). The customary concentration of the health division has been on the reaction to emergencies. The continuous test is to widen the concentration of crisis hazard administration for health from that of reaction and recuperation to a more proactive approach which underlines anticipation and moderation, and the improvement of group and nation abilities to give auspicious and compelling reaction and recuperation. Flexible health frameworks in light of essential social insurance at group level can decrease fundamental defenselessness, ensure health offices and administrations, and scale-up the reaction (World Health Organization, 2008)

2.2 Sustainable development
Emergency risk management has advanced as a key component of sustainable development and a fundamental piece of a more secure world in the twenty-first century. Decreasing danger is a long haul advancement prepare which should be overseen by groups and people working together.

2.3 Health Systems
Most nations that are seriously affected by emergencies have poor and constrained essential health care services and framework, which in itself generally overstates the difficulties of emergencies preparedness and response. Nations with entrenched frameworks are stronger and for the most part arranged to manage any sort of emergency that may emerge.

3. Study Methodology

3.1 Research Design
This study employed a descriptive cross sectional research design. According to (Kothari, 2004) the primary advantage of this design is that it allows one to present data collected from multiple methods (surveys, document review, and observation).

3.2 Study Population
The study targeted all nurses (113) working at Accident and Emergency departments of KTRH and JOOTRH Hospitals. They were 60 from KTRH and 72 from JOOTRH totaling to

3.4 Sampling Procedures
The study adopted a two stage sampling procedure where by nurses working at Accident and Emergency in the two hospitals were first categorized into two strata and in each stratum simple random sampling was applied.

3.5 Data Collection
A self- administered semi structured questionnaire was used to collect data.

3.6 Quantitative data analysis
Statistical package for social sciences (SPSS) version 20 was used to analyze numerical data. Descriptive statistics; means, medians and their corresponding 95% confidence intervals (95%CI). Spearman’s correlation coefficients and corresponding p-values were calculated. The sent point of the level of significance was at 0.05.
3.7 Validity of the Instruments
Content validity of the research instruments was done to ensure that such instruments gather the information the study purports to collect. According to Gay (2005), content validity is determined by expert judgment. Therefore the researcher strictly relied on the expert advice, supervisors and other members of the School of Nursing at Mount Kenya University on the validity of the instruments.

3.8 Ethical Consideration
Ethical clearance was obtained from the Mount Kenya University ethics board. Further, clearance was sort from the National Commission for Science, Technology and Innovation (NACOSTI) and later medical superintendent at Kisii Teaching and Referral Hospital and Jaramogi Oginga Odinga Teaching and Referral Hospital ethical committees. The researcher also sought Permission from the maternity unit management to collect data. Prior to data collection, informed consent was obtained from the respondents. Participation was voluntary. Confidentiality of the data and information was maintained by use of protected secret passwords and used only for the purpose of the study. Consent was sought from all participants before they are were involved. They were fully informed of the purpose of the study. The participants were allowed to voluntarily participate acknowledging their rights to withdraw from the process.

4. Demographic characteristics
Table 4.1: Demographic characteristics

<table>
<thead>
<tr>
<th>Characteristics</th>
<th>Frequency</th>
<th>Percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td>Gender</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Male</td>
<td>40</td>
<td>43.5</td>
</tr>
<tr>
<td>Female</td>
<td>52</td>
<td>56.5</td>
</tr>
<tr>
<td>Age</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Below 21 Years</td>
<td>1</td>
<td>1.1</td>
</tr>
<tr>
<td>21-30 Years</td>
<td>55</td>
<td>59.8</td>
</tr>
<tr>
<td>31-40 Years</td>
<td>18</td>
<td>19.6</td>
</tr>
<tr>
<td>41 Years and above</td>
<td>17</td>
<td>18.5</td>
</tr>
<tr>
<td>Qualification</td>
<td></td>
<td></td>
</tr>
<tr>
<td>BScN</td>
<td>30</td>
<td>33</td>
</tr>
<tr>
<td>KRCHN</td>
<td>52</td>
<td>57</td>
</tr>
<tr>
<td>ECN</td>
<td>10</td>
<td>10</td>
</tr>
<tr>
<td>Training</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Trained</td>
<td>55</td>
<td>60</td>
</tr>
<tr>
<td>Not trained</td>
<td>36</td>
<td>40</td>
</tr>
<tr>
<td>Where they trained</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Workshops</td>
<td>42</td>
<td>47</td>
</tr>
<tr>
<td>Colleges</td>
<td>38</td>
<td>42</td>
</tr>
<tr>
<td>Other</td>
<td>9</td>
<td>11</td>
</tr>
</tbody>
</table>

The study showed that slightly over half of the respondents (56.5%) 52 participated in the study was female while slightly less than half of the respondents (43.5%) 40 were male. The study further showed that the age distribution of those who participated in the study were below 21 years 1%, between 21 – 30 being 59.8%, 31 – 40 were (19.6%) and those above 41 years were represented by 18.5% . The Study also revealed that (56%) 52 of the respondents were drawn from the casualty department while (44%) 40 coming from OPD being the two areas where respondents were drawn from. The study also showed that among those who participated in this study 30(33%) of them were BScNs, (57%) 52 were KRCHNs and (10%) 10 being ECNs. Looking at whether those respondents had any training in emergency preparedness the study indicated that (60%) 55of the respondents had some training while (40%) 36 did not have the training in the area of emergency preparedness. Looking at where the respondents trained, the study showed that (47%) 42 of the respondents received their training in workshops, (42%) 38 received their training while in college and the rest 9(11%) got their training in other encounters like hospitals organizing their own training. See figure 4.2 below
4.2 Implementation on WHO emergency preparedness guidelines

Table 4.2 Implementation on WHO emergency preparedness guidelines

<table>
<thead>
<tr>
<th>Frequency</th>
<th>Percent</th>
</tr>
</thead>
<tbody>
<tr>
<td>31</td>
<td>33.7</td>
</tr>
<tr>
<td>61</td>
<td>66.3</td>
</tr>
<tr>
<td>92</td>
<td>100.0</td>
</tr>
</tbody>
</table>

The study showed that 66.3% (61) of the respondents were not implementing WHO guidelines as required while 33.7% (31) of them agreed that they were implementing WHO guidelines as required. (Table 4.2)

4.3 Utilization on WHO emergency preparedness guidelines

Table 4.3: Utilization of WHO emergency preparedness guidelines

<table>
<thead>
<tr>
<th>Frequency</th>
<th>Percent</th>
</tr>
</thead>
<tbody>
<tr>
<td>Yes</td>
<td>20</td>
</tr>
<tr>
<td>No</td>
<td>72</td>
</tr>
</tbody>
</table>

The study showed that among the respondents, 78.3% (72) were not utilizing WHO guidelines as required while 21.7% (20) of them were in agreement that they were utilizing WHO guidelines as required. (Table 4.3)

5. Discussion

The study showed that nurses in both KTRH and JOOTRH were not implementing WHO guidelines as required (66.3%), even though many nurses indicated to have knowledge on those guidelines. The study also indicated that utilization of WHO guidelines in the two hospitals that were under study that is KTRH and JOOTRH in Kisii and Kisumu Counties respectively were poor (21.7%).

The study indicated that there was no significant relationship between knowledge, attitude and Challenges \((r = .114, p = .279), (r = -.086 p = .429), (r = -.055, p = .964)\) with utilization of WHO trauma and emergency preparedness guidelines and also knowledge, attitude and challenges \((r = .114, p = .279), (r = -.086 p = .429), (r = -.055, p = .964)\) with implementation of WHO trauma and emergency preparedness this disagrees with UNISDR, 2009 report that suggets that Constructs like knowledge has a strong relationship with implemetation and utilization of WHO guidelines.

Well three quarters of the respondents participated in this study indicated that they were not implementing WHO guidelines in the departments that were investigated in the two hospitals. Further over two thirds of the respondents indicated that they were not utilizing WHO guidelines in the departments under investigation. Many of the reasons cited were that top level management from the two hospitals may not be necessarily involving the respondents in decision making in issues to do with the implementation of such guidelines. This was also in agreement with a study done by (Ingrassia et al. 2014) entitled Education and training initiatives for crisis management in the European Union: a web-based analysis of available programs which suggested that there was a strong relationship between lack of education and training in major components of emergency and disaster preparedness and lack of implementation of such guidelines. In addition, the curricula and training materials are other factors that strongly relate with non-compliance in implementation and utilization.

In the improvement of the implementation and further utilization of WHO guidelines, the findings further indicated that even though most respondents were not utilizing such guidelines many (%) of them were knowledgeable of such guidelines and would be comfortable implementing them and that there were some dimensions of WHO guidelines that the departments under study within the two hospitals must work on, that is to ensure that they involve the respondents in developing WHO emergency and preparedness guidelines, have regular meeting to discuss the best ways to implement such guidelines, specify various roles of various stakeholders in the process of implementing such guidelines, have regular training of such guidelines and that the guidelines be simple to understand operationally functional.
Conclusion

In conclusion the study findings indicated that majority of the respondents were not implementing nor utilizing WHO guidelines as required, even though they were knowledgeable on those guidelines.

Recommendations of the Study

The two hospitals under study through the department of Accident and Emergency should improve on the methods of communication with the nurses, probably make use of regular meetings, available technologies like broad-based electronic communication (such as electronic mail, social media, mailing list and blogs) to improve the exchange and flow of information, and also to encourage nurses within such departments to frequently and consistently adopt and utilize WHO Trauma and emergency guideline since this will greatly improve service delivery within such hospitals.

References


