Assessment of the Effect of Years of Experience on the Level of Task Performance by Primary Health Care Workers in Enugu State

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Authors' contributions

This work was done in collaboration between the three authors from the designing, literature search, collection of data, performance of statistical analysis and manuscript writing. All the authors wrote and approved the final script.

Original Research Article

ABSTRACT

Aim of Study: The study aimed at assessment of level of task performance as affected by working experiences of the primary healthcare workers (PHCW) in Enugu. Nine Local Governments.
Research Design: Descriptive survey research was used.
Methods of Data Collection: 302 PHCW were randomly selected using a multistage method. Questionnaire was used as the instrumentation validated using test retest with correlation coefficient of 0.85.
Findings: The result showed that those with 10 years and above perform better when compared with those with less than 10 years and those with more than 20 years.
Conclusion: Generally the workers perform low in areas of provision of Health Education, performance of simple laboratory test, community mobilization and identifying environmental health hazards.
Recommendation: It was then recommended that close supervision should be provided to the

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PHCW and in planning for task shifting in primary health, the years of experiences should be considered.

1. INTRODUCTION

Task is a unit of work that is convenient for working a plan or achieving a goal. It could be regarded as observable job element in a work setting. Task is acquired through training as well as organization and interpretation in practice [1]. Performance on the other hand is the ability of the individual worker to perform a specific task. It is the execution of functions by utilization of knowledge, skills and attitude acquired through training as well as their organization and interpretation in practice [2,3].

Primary Health Care tasks enumerated at the Alma-Ata declaration in 1978 included at least Education concerning prevailing health problems and methods of preventing and controlling them. Promotion of food supply and adequate nutrition; adequate supply of water and basic sanitation, material and Child Health Care including family planning; immunization against the major infectious diseases; prevention and control of locally endemic diseases, appropriate treatment of common diseases and injuries and provision of essential drugs.

Ransome – Kuti [4] state that in Nigeria Primary Health Care Workers (PHCW) should perform the following tasks, diagnosing and treating common conditions with simple measures, identifying pregnant women and ensuring that they deliver safely, identifying malnourished children and providing health education in the community, mobilizing the community for preventive action such as the building of latrine, wells and road and spreading community health care into and within the community in a most responsible manner. In performing these tasks there are qualities needed to have by the health workers to be in a position to actually achieve these aims. Some of these attributes include training, years of experiences, age, marital status[2]. Little has been done to highlight the effect of each of these factors in the effectiveness of performance of these tasks. What the policy makers in Nigeria are concerned with is the task shifting without putting into consideration these factors. WHO [5] recommendation and guideline on task shifting stressed that, task shifting should be implemented alongside other strategies that are designed to increase the total numbers of health workers in all cadres. WHO also stressed that task shifting is proposed as an efficient approach but one that will require significant investments and that should not be seen as a substitute for other investments in human resources in health. The guideline specified the quality assurance mechanisms including standardized training, supportive supervision and certification and assessment that will be important to ensure quality of care.

This study is aimed at assessing the effect of years of experience of primary health care workers on task performance in Enugu State of Nigeria. The result may form a base on task shifting policy implementation in Nigeria. Sullivan [6] suggested that task shifting should be called task delegation to allow CHEWS to be supervised. This is because their activities has gone unchecked because of ill-informed laws, unnecessary competitions, encroachment into areas they had no training on, economically – induced elongation of training programs to "meet up" and lack of political will on the part of leaders. Task – shift concept is really a programme in Nigeria introduce to health care system to erode the functions of the nurses while physicians' tasks are well guided. The main categories of PHC workers are the Public Health Nurses/Midwives, Community Health Officers and Community Health Extension Workers (CHEWS). The CHEWS were trained on how to perform specific tasks, study conducted in Calabar [7] and at Ibadan [8] revealed that majority of the CHEWS work as messengers and aids in hospitals while others who found themselves in villages provide predominantly curative services as against the preventive care which is their main functions.

2. METHODOLOGY

Descriptive survey research design was adopted to analyze the task performed of primary health care workers in Enugu State of Nigeria. Enugu State is made of 17 Local Governments and 423 health centres. Multi stage random sampling method was used to select health centres. In the first stage three LGA were randomly selected from each of the three senatorial district of the state given a total of 9 L.G.A. In the second

stage, three health centres were randomly selected from each of the 9 LGA, given a total of 27 health centres. The total number of community health workers in the health centres selected were 315 because their number were few all of them were used for the study but only 302 were finally used because only 13 public health nurses/midwives were found in the 9 LGA and 10 of them were not in the clinics and not quality to be evaluated.

Self-developed structured task performance questionnaire was used in data collection. The instrument was used for data on the effect of years of experience on task performance. A pilot study was done in one of the Local Government that was not selected for the study. A test retest method was used to test the reliability and the correlation coefficient was 0.85. Permissions were obtained from coordinators of primary health care centres in the selected LGA and all the respondents gave their consents and were assured that the information they provided is for statistical analysis only. The questionnaire were distributed to the respondents in their places of work and collected by the end of that day's work by the researchers. The work was done from June –December 2014. The data were analyzed using SPSS (version 20).

3. RESULTS

Data in Table 1 show variations in types of task performance according to years of working experiences. The results show that higher performance was recorded for respondents with 11-20 years working experience than respondents with less than 10 years and those above >20 years working experience in performance of the following tasks: referral of patients with serious health problems, physical assessment of people to identify those with serious health problems, maternal health services (ante-natal, post-natal) preventions and control of locally endemic diseases, disinfect and dress minor wounds, provide essential drugs such as panadol.

The Table further shows that respondents with 10 years and below working experience performed higher than respondents with 11-20 years and above working experiences in performance of the following tasks: provision of health education concerning prevailing health problems and methods of control; treatment of common diseases and minor injuries; child health service (immunization, growth monitoring) and keep basic records of vital events.

The influence of years of working experience on the response task performance was the main thrust of data in Tables 1 and 2 the results from Tables showed that years of working experience had influence on the types of task performed by the respondents in Enugu State. Data in Table 2 revealed that the differences were significant at .05 level and 2 degrees of freedom. The findings revealed that performance was higher among respondents with 11-20 years of working experience than respondents with 10 years and below experience in the performance of the following task: keeping basic records of vital events (birth, deaths), diagnosis and treatment (X^2=5.869>.053) and in home visits and contact tracing of treatment defaulters (X^2=9.18>.141). respondents with 11-20 years working experience performed higher than those with 21 years and above working experience in majority of the tasks such as: maternal health services (X^2=13.722>.421); referral of patients with serious health problems (X^2=10.975>.004); prevention and control of locally endemic diseases (X^2=2.291>.318) and provision of essential drugs (X^2=13.371>.001). Respondents who had worked below 10 years could only perform higher than respondents with 11-20 years and above in child health services (X^2=6.432>.040); provision of health education concerning prevailing health problems and methods of controlling them (X^2=7.628>.022). The findings are interesting.

4. DISCUSSION

It can be stated that from these results that community health care workers performance is poor since their mean score in 7 out of 13 task evaluated is between 25.17-38.8%. The areas they had these very low score include provision of health education, performance of simple laboratory tests, community mobilization and identify environmental health hazards in community. These results are in line with Adeniyi et al. [8] and Akpola [7] who stated that most of the community health care workers in the villages provide predominantly curative services as against the preventive care which is their main function. This may also account for the high material and infant mortality recorded in Nigeria as report by WHO [9] and Adoni et al. [10] who reported that Nigeria accounted for about 10% of all maternal death rate in the world after India. This is also in line with Ndie [11] who opined that replacement of Public Health Nurses with extension workers as is obtainable in Nigeria today is not for the interest of the public.

Table 1. Task performance by PHCWs in Enugu State according to years of working experience (N=302)

	Task performed	Less than 10 years		11-20 years		>20 Row years		Total n
		n	%	n	%	n	%	
1	Material health services (ante-natal, intra-natal, post-natal)	142	58.33	96	87.36	94	63.64	302
2	Child health services (growth monitoring, immunization)	142	90.28	96	71.26	94	72.73	302
3	**Physical assessment of people to identify those with serious health problems**							
-	Provide health education concerning	142	83.33	96	90.85	94	83.92	302
-	Prevailing health problems and methods of control	142	95.83	96	91.95	94	75.35	302
-	Dangers of self medication and fake drugs	142	19.44	96	28.74	94	53.15	302
-	Resources available in health centres and community	142	27.78	96	34.48	94	18.31	302
-	Method of isolation of infectious cases	142	31. 94	96	34.48	94	41.26	302
4	Poor housing and its health implication	142	16.67	96	52.87	94	32.39	302
5	Prevention and control of locally endemic diseases	142	69.44	96	82.76	94	72.54	302
6	Treatment of common diseases and minor injuries	142	95.83	96	91.95	94	87.41	302
7	Referral patients with serious health problems	142	90.25	96	96.55	94	77.46	302
8	Provide essential drugs such as panadol	142	33.33	96	74.71	94	46.65	302
9	Disinfect and dress minor wounds	142	72.22	96	82.76	94	74.65	302
10	Keep basic records of vital events (births, death) diagnosis and treatment	142	87.50	96	70.11	94	73.24	302
11	Perform simple laboratory tests (urine and blood tests)	142	23.61	96	41.38	94	37.32	302
12	Mobilize and encourage community participation in health programmes	142	23.61	96	39.08	94	29.58	302
13	Identify environmental health hazards in the community and provide solutions	142	18.06	96	41.38	94	40.76	302
14	Home visits and contact tracing of treatment defaulters	142	63.89	96	48.28	94	61.97	302

Table 2. Summary of Chi-square values verifying the differences in types of task performed by PHCWs in Enugu State according to years of working experience (n= 302)

	Types of task performed	Cal.X^2 values	Table X^2 values
1	Material health services (ante-natal, intra-natal, post-natal)	13.72234	.00105
2	Child health services (growth monitoring, immunization)	6.43240	.04011
3	**Provide health education concerning**		
-	Prevailing health problems and methods of control	1.72803*	.42147
-	Dangers of self- medication and fake drugs	104178*	.59399
-	Resources available in health centres and community	2.37972*	.30426
-	Method of isolation of infectious cases	3.12057*	.21008
-	Poor housing and its health implication	4.71671*	.09458
4	Prevention and control of locally endemic diseases	2.29097*	.31807
5	Treatment of common diseases and minor injuries	7.62825	0.0 2206
6	Referral patients with serious health problems	10.97495	.00414
7	Provide essential drugs such as panadol	13.37146	.00125
8	Disinfect and dress minor wounds	2.09756*	.35037
9	Keep basic records of vital events (births, death) diagnosis and treatment	5.86961*	.05314
10	Perform simple laboratory tests (urine and blood tests)	4.48946*	.10596
11	Home visits and contact tracing of treatment defaulters	3.91826*	.14098
12	Mobilize and encourage community participation in health programmes	8.65434	.01320

*Satisfying Significant Difference**

The result is also in line with Cruckshank et al. [12] that stated that clinical experience independently has a significant effect on competence. So it was expected that respondent with more than 10 years working experience should perform higher than respondents with less than 10 years. This result could also be of greater use in planning for task shift in Nigeria to ensure quality care. Certain years of experience should be considered with supporting supervision as stipulated in WHO [5] guideline.

5. CONCLUSIONS and RECOMMEN-DATIONS

It was concluded from this study that community health care workers in Nigeria have low task performance and years of experience help to improve their performance and supportive supervision is needed to ensure quality care. It is recommended that public health and nurses/midwives should be employed to work in (as obtainable in other countries) health centres in Nigeria to provide the much needed supportive supervision to ensure quality care in health centres to reduce maternal and infant mortality in Nigeria.

COMPETING INTERESTS

Authors have declared that no competing interests exist.

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