

25TH WORLD NURSING AND NURSE PRACTITIONER CONFERENCE

October 22-23, 2018 Osaka, Japan

The status in health care delivery alarming the integration of nurse practitioner role in low resource country Tanzania

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Background: Despite the innovation of effective strategies in health care sector, accessibility of health care services remains a global challenge compromising the quality of care and leading to poor outcomes. 303,000 women worldwide died in 2015 due to complications of pregnancies or childbirth, 99% of these deaths occurred in low and middle-income countries because of poor access to health care services. Poor accessibility of health care services in Tanzania hinders the achievements of health care system goals. The shortage of incompetent health care professionals, Regular stock out of essential drugs and medical costs influence the poor accessibility of health care services. The integration of Nurse Practitioner (NP) role has not been given enough attention to resolve current existing and emerging problems facing Tanzania health care system.

Purpose: The purpose of this study was to explore the status of health care delivery and its influences in the integration of NP role in low resource country Tanzania.

Methods: The study was descriptive cross-sectional that used quantitative methods to collect data from health care providers. Purposive and convenience sampling technique applied to collect data from 237 health care providers using semi-structured questionnaire. The questionnaire was developed by a researcher then approved by School of Nursing, Zhengzhou University. The tool had questions to collect demographic information, barriers affecting effective health care and the implementation of NP role. Data were entered into SPSS version 20 and analyzed using descriptive statistics, chi-square test (χ^2) and logistic regression.

Results: A total of 237 health care providers were included in the study, of which majority 96 (40.6%) belonged to the age group 21-30. The number of health care providers in regard to their professions constituted 91 (38.4%) clinicians, 139 (58.7%) nurses and 7 (3%) medical attendants. Respondents reported that there is shortage of health workforce, health care provider must provide care to 31-40 patients (55%) per shift, $P \leq 0.001$. Majority of respondents 112 (47.3%), $P = 0.048$ said the shortage has caused the health care system to use untrained medical attendants to reduce the gap. Four patients as an average reported to encountering difficulties in paying their medical bills, Pearson Chi-Square=158.343 and $P \leq 0.001$. Respondents 60 (25.3%) reported that it takes more than 2 weeks for specific drugs to be available when are out of stock, with Pearson Chi-Square 53.47 and $P = 0.001$. Participants mentioned reasons for integration of NP role, NPs are needed in Tanzania to work in rural primary health care facilities under-served by doctors $\chi^2 = 52.895$ CI: 0.079-0.304 and $P = 0.001$. The use of NPs will reduce medical costs among patients by reducing frequent hospitalizations $\chi^2 = 21.014$, 95% CI: 0.208-0.598 and $P = 0.001$. Finally, respondents mentioned tasks to be performed by NPs including conducting a comprehensive assessment, diagnosing, ordering tests, treating and prescribing.

Conclusion: The development of NPs role is inevitable and NPs must work in rural primary health care facilities underserved by doctors. However, NPs will deliver quality health care service only under the availability of medical equipment and drugs supply.

Biography

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