Doctoral Dissertation

A Novel Approach to Providing Nursing Care in Hospital of Nepal

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Abstract

There is a grave public concern about the quality of nursing care delivered to patients at the hospitals in Nepal as the nation has been facing a chronic shortage of nurses. Often family caregivers are required to take care of hospitalized patients round the clock. Up until now, this practice has been encouraged and accepted in general largely because there is a strong family bond still prevalent in Nepalese society. However, this may soon become unrealistic, as there has been a rapid increase in the numbers of working women and immigrants. Consequently, the focus now should be shifted on the broader responsibilities of nurses, which include providing proper human care to patients. Provision of effective and efficient nursing care is considered to be important for evaluating the quality of clinical care of a hospital. The objective of this thesis was to analyze some fundamental problems regarding nursing care in the hospitals in Nepal, and then to provide insights into their causes so that appropriate steps can be taken to improve effectiveness and efficiency in nursing care. The study made several suggestions on how nurses' performance can be improved to provide high quality patient care that fulfils new health care demands prompted not only by the shortage of nurses, but also by changing social perceptions.

Through qualitative content analysis, the first part of the study identified the perceptions of nursing care among family caregivers who have participated in patient care during hospitalization. This was a home-based study in which participants were recruited through convenience sampling and subsequently through snowball sampling, until no new information emerges. Interviews were taken from five family caregivers who had a recent experience of taking care of patients. Semi-structured interviews were conducted and then the data were analysed using qualitative content analysis. Four main themes that emerged were: a) Satisfaction with nurses' technical skills, b) Lack of technical support from nursing staff, c) Lack of emotional support from nursing staff and d) Lack of consideration to families with poor financial condition.

The second part of the study was focused on making suggestions that may be helpful to reduce turnover intention and improve job performance of the nurses in the hospital. As has been suggested by several other researches, this study also considered affective organizational commitment as the best predictor whose outcome can be

applied for not only reducing the leave intention but also improving the job performance of the nurses. The main objective of this part was to identify relationships between affective organizational commitment and organizational characteristics of hospital nurses in Nepal. A self-administrated questionnaire was used to collect data from 310 nurses currently working at various hospitals in the eastern and the western region of the country. The questionnaire consisted of three sections, namely 1) personal characteristics 2) organizational characteristics and 3) affective organizational commitments scale. Descriptive analysis and multiple regression analysis were performed to identify significance in various relationships. Out of the 240 completed questionnaires, 226 were found valid for analysis.

The mean age was 27.4 years. For dependent variable, i.e. affective commitment, multiple regression analysis was performed with personal characteristics and organizational characteristics as independent variables. All independent variables were found to be significantly related to the dependent variable affective commitment (R^2 adjusted=0.24, $p<0.01$). However, "support from boss" ($\beta=0.138$, $p<0.05$) and "satisfaction with training" ($\beta=0.301$, $p<0.05$) were found to be positive and significant with affective commitment.

The study suggested that family caregivers would be more effective in taking care of a patient in hospital if they could receive specific knowledge about caring from health professionals. The nurses should be more considerate to patients and their families, which would help to establish a better inter-personal relationship with each other and to make them feel comfortable. Since the two factors "support from boss" and "satisfaction with training" were found to be positive and significant with affective commitment, hospitals must encourage supervisors to provide more assistance to the subordinate nurses. In addition, hospitals should develop more training programs to keep nurses motivated.

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Chapter 1

1. Background

1.1 Nursing in Nepal

Nepal is one of the least developed countries in the world, where 16.4% of the population has income of less than a dollar a day (Nepal Millennium Development Goals Progress Report, 2013). The per capita income is around $700 per year whereas approximately 50% of the population is illiterate. Three main factors which have major impact on the development of the country are high poverty rate, illiteracy and the geographical features. Although Nepal has made significant progress in meeting Millennium development goal in poverty reduction, education sector and health sector (Nepal Millennium development Goals progress report, 2013), the country still has a higher infant mortality rate, maternal mortality rate, and under-5 mortality rate in comparison to other Asian countries (WHO, 2013). Almost half of under-five Nepalese children suffer from some sort of nutritional disorder. There are several cases of women's death due to pregnancy and reproductive issues (Department of Health Science, Annual report, 2010/11). Infectious diseases such as respiratory infections, diarrheal diseases, malaria etc. are still prevalent and they remain the main public health concerns in Nepal. Therefore, immediate improvement in the quality health provision is crucial and has posed a major challenge to health sector.

In economically deprived communities, most diseases are treated by using traditional medication such as Ayurveda and homeopathic medicine (Dixit, 2005). In addition, self-medication is widely in practice (Shankar, 2002). In Nepal, varieties of herbs and medicinal plants are found in abundance, which are used at essential stages of illness. These medicines are used because of low cost, no side effects and easy

availability (Jawla et al., 2009). In general, herbal drugs treatment and self-medication are quite common and a hospital becomes the first choice only when there is a medical emergency. Due to these reasons, patients visit a hospital only when a serious medical treatment is needed. For example in cases such as, when a person has a disease which is already in a critical condition, or when one is seriously injured. In that sense, hospitals in Nepal are viewed as similar to emergency hospitals in most developed countries, where a patient's main priority is to receive medical treatment rather than regular or preventive medical examinations. Consequently, the main focus of hospitals and health professionals would be on medical treatment, rather than on other services.

Nursing occupation has developed as an extension of the duties provided to a sick person in one's house by women (Mckee & Lessof, 1992; Reverby, 1987). The traditional view of nurses' main function was assisting and supporting a doctor. In recent years, however, several researchers have suggested that nursing need to be viewed as a human caring science, which emphasizes on human-to-human care transaction that affects the health and well-being of patients (Watson, 1979; Winstead-Fry, 1980; Leininger, 1988).

Furthermore, what constitutes the job duties of nurses may vary depending upon the culture of the respective countries. Nurses in Nepal are trained not only to give medicines, carry out dressings and execute administrative tasks, but also to set up I.V. infusions, carry out suturing, which are usually performed by medical doctors. Due to scarcity of medical doctors, nurses are compelled to share these burdens, which is probably the main reason why nurses mainly focus on task-oriented caring of patients. Generally nurses are expected to deliver basic cares such as assisting in

toileting, hygienic support, and providing meals. However in Nepal, it is usually family caregivers of a patient, who are expected to carry out such tasks. Unlike in developed countries, no such clear strong evidences have been found for the lack of obligation in nurses in Nepal to provide such tasks of basic care. Often family caregivers are on standby around the clock at hospitals in Nepal (Crawford & Robinson, 1989), because of a strong relationship bond among family members, which underlie the social values of the nation.

According to the recent data, Nepal has 0.17 doctors and 0.50 nurses per 1,000 population which represent a total ratio of only 0.67 doctors and nurses per 1,000 populations (MoHP 2012, HRH Database). This number is significantly lower than the one recommended by WHO, which is 2.3 doctors and nurses per 1,000 population. These figures indicate that the number of health professionals in Nepal is lower even in compared to other countries in South Asia (WHO, 2013). Although Nepal has been facing a chronic shortage of nurses, the government of Nepal has mandatorily set the ratio of a nurse to the number of patients in a general ward as 1:4 in an effort to meet the international standard. However in practice, a single nurse may serve more than four patients a day. Due to the nursing shortage, there is a misconception among nursing professionals that certain nursing tasks are better carried out by the patients' relatives rather than by themselves so that several patients can be served by available number of nurses no matter how little that number might be.

Nevertheless, with rapid globalization and the advancement in information and communication technology, social perceptions in Nepal have been changing drastically in the past couple of decades. Consequently, unlike in the past, a patient

may not necessarily receive the care from one's relative at a hospital. This is because the numbers of relatives who can devote their time to look after a patient have been dropping in recent years as more and more women have started to hold official jobs. In addition, several people have been migrating to foreign countries resulting in fewer members in a family. Considering these changes in the society, it may be very burdensome or even infeasible for family members and relatives to provide a patient day-and-night care in case of hospitalization. Furthermore, as people are more aware of the outer world due to easy access of information, the conventional way of thinking that "it is the duty of a relative to look after a patient in a hospital" has also been changing rapidly.

As hospitals in Nepal continue to face the problem of nursing shortage, consistent provision of proper nursing care, illness-cure and caring values of nurses cannot be guaranteed, which are known as primary roles of the nurses. As nurses are the key personnel in a hospital, the efficiency and effectiveness of their care delivery becomes one crucial measure that largely defines the hospital's ability to deliver quality clinical care to patients and their family caregivers. Studies have revealed that inadequate nurse staffing level (Aiken et al., 2002; Needleman et al., 2002; Aiken et al., 2008), poor work environment of the hospital (Lashinger & Leiter, 2006), and unsupportive organizational culture have adverse effects on patient care provided by nurses. Since hospitals with a low number of nurses may always have a high risk of poor patient care outcomes, the best solution is obviously to hire more health professionals. However due to nursing shortage as mentioned above, at present, this solution is not viable in the context of hospitals in Nepal. As a result, hospital management must seek out for alternative solutions. One answer is to improve the

work environment of the hospital, which will result in enhancement of the recruitment and retention of nurses, and in better efficient care delivery. In addition, currently employed nurses should be encouraged to show concern for family caregivers so that more effective care can be provided with a better support from the family caregivers. The whole scenario should therefore be viewed from various research perspectives such as caring behavior of nurse, family nursing and organizational factor which will directly affect the care provided by nurses in the hospital.

1.2 Nursing Education in Nepal

Currently, various courses of nursing are available in Nepal. According to the curriculum defined by the national academic institution in Nepal (Tribhuvan University, Institute of Medicine), PCL (Proficiency Certificate Level) nursing, usually known as "a course in staff nursing", is a three-year academic course model. In addition, BN Nursing (Bachelor's in Nursing) is a two-year course which can be pursued by those who have gained at least two year working experience after completing the PCL Nursing. B.Sc. nursing, on the other hand, is a four year course model, which can be pursued by those who have completed schooling of +2 with a major in science. A student is required to have a strong background of the subject 'biology' to be enrolled in this course. Furthermore, in order to join the Master's course, one year working experience is enough for an individual who has completed B.Sc. in nursing. However, those who have completed BN Nursing should at least have two year working experience to do the same graduate course. In addition, a course model of 18 month ANM (Auxiliary Nursing Midwifery) can be pursued by those who have successfully passed the SLC (School Leaving Certificate) examination after completing a 10 year high school course. A National Licensure

examination for nurses, which is an entrance examination that must be undertaken by an individual to be qualified as a nursing professional, started in 2012. Each and every PCL Nursing graduate and BSc Nursing graduate must secure this certificate before working as a nursing professional. (Nepal Nursing council, 2012)

Chapter 2

2. Literature review

2.1 Caring behaviors

Caring behavior is an important element of nursing practice (Eleanor et al., 1998). Caring consists of a series of intentional helping activities including physical and emotional care, which help patients to develop a sense of security (Larson & Ferketich, 1993). There are two aspects of caring behaviors --- instrumental activities (task oriented caring behavior) and expressive behavior (emotional caring behavior) (Watson, 1979). Task oriented caring behavior refers to the substantial activities such as giving physical care, providing medication etc., which provides physical comfort and cognitive cope. Expressive task, on the other hand, is to provide emotional support to patients through offering confidence, hope and emotional warmth.

It is difficult to define what constitutes “the most important caring behavior” of a nurse. Many studies have shown that this definition may vary depending upon the severity of the disease of a patient. The study on psychiatric patients found that patients with mental diseases consider “affective caring behavior” as the most important one (Von Essen & Sjoden, 1993). On the other hand, it is the professional skills such as specific knowledge about IVs, or proper handling of medical instruments as far as a patient, who has a great need for medical care or whose disease is in an acute stage, is concerned (Larson, 1986; Eleanor, 1998; Widmark et al., 1998). The willingness to be honest with patient about his/her medical conditions may also be another important behavior (Von Essen & Sjoden, 1991). Regardless of these results there seems a general consensus that “affective caring behavior” is still one most important caring behavior of nurses working in a ward (Daniel, 2001).

“Satisfaction” is defined to be a fulfillment of desire or need and an ample

provision for desire or need (Wilkin et al., 1992). Previous studies revealed that satisfaction with nursing care has been found to be the most important predictor of overall satisfaction with hospital care (Chang, 1997). Quality of nursing care from the perspective of patients is an important measure to evaluate the quality of care as a whole (Lynn & McMillen, 1999). The importance of patient satisfaction has been reiterated by several researchers because without it, nursing care cannot be considered of high quality (Mahon, 1996). That is why hospitals must emphasize on patient-centered care and ensure that patients' expectations are met. To achieve this institutional goal, nursing professionals must know and understand what each and every individual patient expects and subsequently provide care accordingly. In Nepal, nurses' main task in general includes only instrumental tasks. Other basic needs and emotional care are usually provided by the family of the patient. As a result, nursing professionals must at least assure family caregivers by giving them appropriate cooperation and concern.

2.2 Family Nursing

In general, the term "family caregiving" refers to the care that is provided by the families to sick people. This care could be a normal care or any help provided within the families. Generally, many people still view family caregiving as "women's work". Aging parents are more likely to receive care from their daughters rather than their sons. Cultural influence plays a big role in deciding the most appropriate caregiver. In some Asian countries, sons are responsible for their aging parents and day to day caregiving is often provided by daughters-in-law. Nepal also follows a similar culture practice. Consequently, it is the women who usually has responsibility of becoming a family caregiver and provide care to sick people.

For centuries, family members have been providing care and support to each other during times of illness. Nurses' activities are to empower patients by providing them the support that they need to achieve health and well-being. Therefore, in most developed countries such as USA and the countries in Europe, it is common for patients to receive care from nurses or health professional in a hospital and then from family caregivers at home once they are discharged (Viitanen, 2005). Several past research results have pointed out that still in many countries, family caregivers provide care to a patient in the hospital due to family tradition and shortage of nurses in the hospital (Sapountzki et al., 2008; Cho & Kim, 2006). Family caregivers, who are not directly involved in patient care in a hospital, are known as informal caregivers. When any member in a family becomes ill, there tends to be a sudden surge in anxiety, depression and level of frustration of the whole family. Health professionals should be able to help family to cope with these kinds of situations. Several studies have been done on the importance of cooperation between nursing professionals and family caregivers to provide better care to a patient (Hasselkubs, 1992; Twig & Atikn, 1994). The interrelationship between family caregivers and nursing professionals cannot be overlooked as both professional care and family support are essential to the patient. However, family caregivers are often unprepared and lack adequate knowledge to deliver proper care to patients. Therefore, nursing professionals must be obliged and prepared to provide support to family caregivers while taking care of a patient. When family caregivers feel that they are supported by health professionals they are less likely to give up their care for a longer period (Schumacher et al., 2000; Acton & Kang, 2001).

2.3 Organizational factors

Factors such as hospital work environment, organizational culture have been identified to contribute to inefficiencies and stress to nursing professionals, which in turn affect patient care. In order for a health system to function properly, a sufficient number of human resources are as important as other components such as medical equipment, medication, system stewardship and health financing. Hospital service policy makers and managers must have a thorough understanding about taking appropriate measures to improve job performance of the hospital employee. However, development of appropriate strategies first requires identification of those factors which largely influence employees' job performance. To improve employees' job performances and reduce leave intention many study have been studied by several researchers and these studies can be categorized into the following three groups based on the factors taken into consideration: 1) personal characteristics 2) environmental factors and 3) organizational factors.

Although personal characteristics such as age, sex, marital status, nursing experiences, qualification are related to turnover intention of nurses, these characteristics are usually not regarded as explanatory variables in turnover behavior (Tourangeau & Cranley, 2006). Studies in the second group consider environmental factors such as salary, work environment, size and structure of the hospital as the possible variables that influence nurse retention (Fochsen et al., 2005; Hayes et al., 2006). These studies reveal that environmental factors have no direct relationships with turnover intention. In this study, the effect of the variables that could intervene between their predictors and dependent variables was not reviewed. In the third category, the focus is largely placed on organizational factors. Studies in this category

have revealed that factors such as job satisfaction, organizational commitment not only reduce nurses' turnover intention and absenteeism but also heighten their job performances (Myer & Allen, 1997; Lyn & Redman, 2005). On the other hand, factors such as burnout and job stress increase absenteeism and turnover intention (Davey et al., 2009).

Furthermore, Nepal is facing several public health problems such as a) communicable diseases like malaria, meningitis, diarrhea, and acute respiratory infection, and b) nutritional deficiency problems like vitamin A and iodine deficiency, and anemia. Infectious diseases are still the leading causes of morbidity and mortality of the people, especially childhood mortality, and infant mortality and motherhood mortality. Due to these reasons, the studies carried out in Nepal are basically focused on the primary health care, such as maternity care, new born care, prevention from infectious disease (Bogern et al., 2014; Shrestha et al., 2013; Shrestha et al., 2009). However, due to drastic socio-economic changes in Nepal, there has been in increase in stress related illness and diseases, such as hypertension, coronary diseases, migraine, renal disease and cancer. Therefore, the main focus of the recent studies has mainly been on prevention of these diseases. However, hardly any research has been done regarding the nursing care of health professional in a hospital.

According to the literature review, caring behavior is an essential factor while providing nursing care to a patient. When a family member becomes ill, family caregivers are also likely to suffer from depression and anxiety. In nursing theory, family is one of the most basic concepts of interest for research. In Nepal, family caregivers usually provide all the basic physical assistance and mental support to the hospitalized patients. That is why these caregivers often face substantial challenges

during period of caregiving. Therefore, the amount of effort that nurses make to relieve the strain and the burden of family caregivers may directly affect the quality of the overcall patient care. In this regard, studies on family caregivers' perception about the nursing care in hospitals must be emphasized. Moreover, nurses are key personnel, who are directly involved with patient care and thus the overall quality of service of a hospital depends upon the care delivered by these personnel. According to previous literature reviews, environmental factor and organizational factor are the two factors which effecting the leave intention and job performances of the nurse in the hospital. So far no substantial studies exist about the relationship between nursing care and organizational factors, whose results might help to provide effective and efficient nursing care in the hospital.

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Chapter 3

Purpose of the study

The purpose of the study is to analyze some fundamental problems regarding nursing care faced by the hospitals in Nepal and then to provide insights into their causes so that appropriate steps may be taken to improve effectiveness and efficiency in nursing care. The study makes several suggestions on how nurses' performance can be improved to provide high quality patient care that fulfils new health care demands prompted not only by shortage of nurses, but also by changing social perceptions.

The study is divided into two parts:

1. Identification of family caregivers' perceptions regarding nursing care
2. Investigation of the organizational factors which may affect the nursing care in hospitals

3.1 Study 1: Identification of family caregivers' perceptions regarding nursing care

Research 1: Family caregivers' perception regarding nursing care: Qualitative content Analysis

3.1.1 Purpose of the study

The purpose of the study was to identify perceptions of family caregivers regarding patient care during hospitalization.

3.1.2 Methodology

Sample

This was a home based study and study participants were recruited through convenience sampling and subsequently through snowball sampling, until no new information seemed to be emerging. Interview data were collected from five family caregivers who had experiences of taking care of a family member in the hospital. Semi-structured interviews were performed within six months after discharge.

Interview Guide

Questions

- What does "good nursing care" mean to you?
- What are your expectations about nursing care?

Design

Interviews were conducted and recorded in Nepali language. Then they were translated into English language and transcribed into meaningful data. Qualitative content analysis, as described by Graneheim and Lundman (2004), was used for analysis.

Ethical Considerations

The study was approved by the research ethics committee of Okayama Prefectural University. Participants were assured that the data would be treated as strictly confidential, and the identity of participants and institute would not be disclosed in the final report or any other publications. All participants received verbal and written information about the project and written consent was signed by each participant.

3.1.3 Results

Five family caregivers, who were aged between 22 to 42 years, of different patients were interviewed. The academic qualifications of the participants varied from high school to master degree. The age of patients ranged from 60 years to 10 days. Four of them were males and only one was female. Two patients were suffering from cancer, one had a heart attack, another had cyst in her breast and one was infant hospitalized for jaundice. Qualitative content analysis of the interviews revealed four main themes: a) Satisfaction with nurses' technical skills, b) Lack of technical support from nursing staff, c) Lack of emotional support from nursing staff and d) Lack of consideration to families with poor financial conditions. (Table 1)

Table1. Participants' Perceptions regarding nursing care in Nepal

Theme	Sub Theme
Satisfaction with nurses' technical skill	regular check-up of patients
	provision of medicine to patients
	prompt response to patient calls
Lack of technical support from nursing staff	family remaining on standby at hospital for procuring medicine
	family bringing food from home
	family taking care of patient
	necessity of knowledge about patient care
	necessity of knowledge about the rules and regulation of the hospital
Lack of emotional support from nursing staff	comfort to worried family
	proper attention
	listening carefully to patients
	becoming a mediator between doctors and patients
	psychological care
Lack of consideration to families with poor financial conditions	compulsion to take leave from jobs
	need to work more to pay fee for medical treatment

1. Satisfaction with nurses' technical skills

From the perspectives of the families of the hospitalized patients, satisfaction with nurses' technical skills was summarized in terms of the following sub-themes: conducting regular check-ups, taking vital signs, swiftly responding to the bedside-call when needed, and providing medicine at the scheduled times to the patient. The family caregivers found nurses to be technically competent, well-trained, and experienced. They were overall satisfied with the nurses' curative activities.

2. Lack of technical support from nursing staff

Family caregivers were required to assist nursing staff in taking care of the patients during hospitalization. According to the family caregivers, their assistance included provision of meals, supporting toilet tasks, helping to change clothes, preparing food from home and procuring prescribed medicines. In the CCU, even though the nurses were fully responsible for the patient care, family caregivers were asked to assist the patients in caring tasks such as taking meals and using toilet. They were even asked to do the tasks that they are not accustomed to such as taking blood or urine samples to the lab and bringing lab reports. As a result, the family caregivers had to stay at the hospital round the clock to meet various kinds of demands from patients, doctors and nurses.

The second theme extracted from the interviews was "Lack of technical support from nursing staff." One of the interviewees expressed that nursing professionals should teach them the exact procedure of certain tasks regarding patient care such as changing stool bags of patients. The family caregivers also regretted about the lack of information concerning the rules and regulations of the hospital. Based on their experiences, it became obvious that's why health officials should prepare well-documented formal instructions on proper ways of taking care of a patient with a particular disease. These kinds of specific knowledge about patient care would have been very helpful for family caregivers to provide more effective assistance to nurses.

3. Lack of emotional support from nursing staff

The family caregivers stated that nurses should interact with the patients to make them feel happy and comfortable, which would help the patients to relieve pain.

Three of the participants expressed that the nurses should listen carefully to the needs of the patients and the family caregivers. It is because quite often, patients may not be able to state their problems and conditions in exact words. They may even have difficulty in calling a nurse due to pain or other reasons. The family caregivers had to remain on a standby all the time to provide immediate response to the patient because there was no call button near the bed for calling a nurse. One of the family caregivers expressed that nurses should spare more time so that the patients could express their feelings, which would allow them to provide appropriate care immediately whenever such a care is needed or wanted. Another participant also stressed the necessity of proper care and attention to patients so that the family caregiver wouldn't feel insecure or uncomfortable. By failing to do may develop an unpleasant relationship between the nurses and the patients/family caregivers.

All the caregivers mentioned the importance of providing the patient and the family caregivers with adequate information regarding the disease, the stage of the disease, the patient's conditions and care needs, the properties and side effects of the prescribed medicines and the possible reactions to the medicine during the treatment. The nurses, as family advocates, should be more helpful by keeping regular contact with the doctors. This would make the family caregivers and patients feel secure and comfortable. One of the participants stated that soft and polite language used by nurses could be as good as an effective medicine that would comfort both the patient and the family. Nurses must understand that patients need love and care, and therefore their responsibilities should not be limited to technical tasks such as administration of medication to relieve the pain. Other participants emphasized the importance of psychological care for the patients to recover as quickly as possible. One of them

expressed that even rubbing legs and arms would help the patient to get relief from pain, adding that patients in general would want to feel well-cared and would seek out to be prioritized.

4. Lack of consideration to families with poor financial conditions

Two of the participants complained about the hospital policy. One suggested that nurses should assist patients in taking meals and using toilet so that it would shorten the time required for the family caregivers to remain at the hospital. Often family caregivers would have to take leave from their jobs only to assist the patient in using the toilet, which could affect the family's income and ultimately result in further financial burden.

Naturally nurses, as they have formal training and experiences in nursing, are capable of giving much better care than family caregivers. In addition, family caregivers rather need to work more as they have additional financial stress to pay fees for medical treatment. One family caregiver stated that since it is the one of the primary duties of nurses to provide care to patients in the hospital, they should expect the least from the family caregivers for help. They should at least consider whether such behaviour would put the family in unnecessary financial stress.

3.1.4 Discussions

Nursing is a profession where human relationship is considered to be an essential component. When people are sick, anxious or sensitive, they require care and love. Leininger (1991) described care as the essence of nursing and the central, dominant, and unifying focus of nursing. Watson (2013) stated caring may occur without curing, however, curing cannot occur without caring. Furthermore, the quality of care makes a big difference to the ultimate well-beings of the patients. Since nurses

must be aware of the needs of the patients and the family caregivers, as they come in contact with each other most of the time.

The study revealed four themes: “Satisfaction with nurses’ technical skills”, “Lack of technical support from nursing staff”, “Lack of emotional support from nursing staff” and “Lack of consideration to families with poor financial conditions”. These themes emerged from the experiences and observations of the family caregivers during their stay at hospital.

Nurses were found to be efficient in administering the medications at the scheduled time and in performing regular check-ups as well. The family caregivers were satisfied with the nurses’ technical skills in general. However, several family caregivers often felt insecure about their own and patients’ relationships with the nurses. An important aspect of “caring” is to ensure a healthy and satisfactory nurse-patient relationship. It is very common in Nepalese society to provide utmost care to an ill family member during hospitalization by the rest of the members. Family caregivers are ready and willing to take care of the patient as effectively as possible. This may be the reason why most of the family caregivers had a strong desire to acquire specific knowledge and skills from nurses about taking care of the patient.

Attentive listening, sensitivity, comforting, honesty, patience, responsibility, providing information to the patient, touch, respect are some of the essential behaviors expected by patients as stated in the nursing literature (VonEssen,1991). The results of the study also showed that family caregivers had high expectations from the nurses for certain behaviors such as a) listening to the patient and family caregiver carefully, b) explaining the treatment details and c) operating as a patient advocate. These results clearly indicate that nurses must put a greater effort in making the patients and

family caregivers feel comfortable and showing concern for them.

Previous studies have reported that a patient's perception of caring behaviours may vary depending upon the type of disease one is suffering from and the unit one is admitted to (Chang et al., 2005). However, the participants of this study expected similar nursing behaviours from the staff, even though the patients were suffering from different diseases and admitted to different units. One possible reason for this particular result may be due to the fact that most hospitalized patients in Nepal are mainly focused on receiving medical treatment because chronic or incurable patients in general are treated at their own residences rather than in hospitals.

While attending on patients admitted with various serious conditions, family caregivers suffer from stress, pressure and anxiety. However, these perceptions give nurses important clues about the fact that family caregivers are knowledgeable about themselves and their needs. As a result, they try to share their experiences when evaluating the quality of the nursing care they have observed and received.

"Patient satisfaction" or "perception of care" is an inherent component of the quality health delivery system (Attree, 1996). That is why improvement in the nursing care quality essentially indicates a better health care outcome. The degree of patient satisfaction is also related to several individual factors such as the patient's age, educational background and knowledge about one's own health (Tarja et al., 2008). The age of the participants of this study ranged between 22 and 42 and each and every one of them had a good academic background. As they represent rather a young and well-educated generation, their views and suggestions are valuable since they represent a wider perspective about the actual needs in nursing care in Nepal. Therefore, their opinions should be heard, which would definitely be helpful in

improving the nursing care in Nepal.

When family caregivers, who work to pay fees for medical treatment, need to attend on patients all day, they are usually burdened by a great financial stress as they often need to take leave from the jobs. There is no government-run or government-financed health insurance system in Nepal. Besides, cost of medical treatment is expensive given the low average income of the common people. As Michale (2002) reported, community-based health insurance schemes can protect individuals and households from unpredictable health-related costs and hence may give financial protection to poor people. Actually, such schemes have already been successfully implemented in many developing countries (Atim, 1999). Thus, it is likely that the introduction of a community-based health insurance schemes in Nepal will play a key role in protecting poor households from financial burden. Apart from these system implementations in the future, the measure that should be taken immediately by the nurses is to show consideration to those families who struggle to meet the heavy financial demand during hospitalization. This is one of the basic caring behaviours of nurses, which is highly expected by the patients and their family especially with poor financial conditions.

3.1.5 Conclusions

The four themes a) Satisfaction with nurses' technical skills, b) Lack of technical support from nursing staff, c) Lack of emotional support from nursing staff and d) Lack of consideration to families with poor financial conditions have emerged from the experiences and observations of the family caregivers who have had recent experiences of attending on patients during hospitalization. Based on these resulting themes, it can be concluded that family caregivers are ready and willing to take care

of a sick family member. Moreover, they will be able to provide their services more effectively as long as nurses teach them specific knowledge about patient care. In addition, more concern from nurses for patients and families is found to be essential, which will help relieve patients and their family of pain, stress and anxiety.

As mentioned above, apart from the subject described in this study, several other important research topics need to be looked upon for improving the quality of nursing care in Nepal. One key issue is to identify the factors which affect nurses' caring behaviours. Subsequent chapter describes a new research project using a quantitative design that attempts to meet this goal.

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3.2 Study 2: Investigation of the organizational factors which may affect the nursing care in the hospital

Patient satisfaction is considered an inherent component of care and an essential indicator of health care outcome. A better knowledge about "what patients and family caregivers anticipate from health professionals" could make a big impact on the quality of patient care. Previous study has revealed that family caregivers are more effective in taking care of patients when they receive specific knowledge and skills of caring from health officials, and when nurses show more concerns over the needs of patients and family caregivers (Shrestha, Namba, 2014).

The field research in this study showed that nurses in Nepal have knowledge about both caring and curing. They are also aware of how psychological and mental care can affect the health of a patient. Therefore the main focus here is not on the technical skills or knowledge about the nursing profession, but rather on organizational issues.

Several researchers argue that an organization is a social system and the importance of 'human resources' should be well-understood if the organization is to be run effectively and efficiently. Hospital service policy makers and managers must have a thorough understanding about taking appropriate measures to improve job performance of the nurses. Previous studies have revealed that factors such as organizational commitment not only reduce nurses' turnover intention and absenteeism but also heighten their job performances (Meyer & Allen, 1997; Lynn & Redman, 2005).

3.2.1 Literature Review

Organizational commitment

Organizational commitment has been numerously studied in the field of organizational psychology. Organizational commitment, which is widely regarded as synonymous to employees' attitude to the organization, is taken as the core predictor of turnover intention, absenteeism, and job performance. The concept of organizational commitment has been described in terms of various theories and approaches such as: a) one side bet theory, Becker (1960) b) an affective dependence theory, Porter (1974) c) a multi-dimensional approach by O'Reilly and Chatman (1986) & Meyer & Allen (1984, 1990). The concept has been further explored in terms of 1) a two dimensional approach by Cohen (2007)) and 2) a combined theory by Somers (2009). Amongst all these proposals, the one described by Meyer and Allen has been the most emphatic one by far. According to Meyer and Allen, organizational commitment shows multidimensional psychological attachment of an individual to the organization, which plays a positive role to improve motivation, performance and creativeness. It also has a key role in reducing absenteeism and turnover (Dordevic, 2004; DeConincka & Bachmann, 2005; Neininger et al., 2010). In this study, organizational commitment is defined as "a psychological state that characterizes the employee's relationships with the organization and has implications for the decision to continue membership in the organizations" (Meyer & Allen, 1997).

The issue of nurse shortage is a major concern in the world healthcare sector. Since the task of replacing nurses is cumbersome and costly, hospitals have become very keen on training programs for nurses and employee retention. As stated above, organizational commitment is a psychological state which assists in linking an employee to the organization. This in turn is related to retention, productive behavior

and psychological well-being of the employees. Several researchers have taken the approach of the organizational commitment to tackle the issues in nursing sector. Chang et al., (2007) found that the gap between careers needs and career programs make significant contribution to organizational commitment and turnover intention. Organizational commitment often makes significant negative contribution to turnover intention. According to Hsu, (2011), factors such as social interaction, trust among nurses, and shared vision impact organizational commitment positively and significantly. They appear to influence greatly on the behavior of service providers towards their organizations and other individuals.

Takase et al., (2007) found that even in the cases of challenging clinical practices, when appropriately chosen nurses are assigned to those jobs, there was a drop in leave intention of the nurses. It shows that, regardless of the difficulty of the jobs, nurses in general are motivated to perform the jobs that are suitable to them. It was also revealed in the study that under circumstances when there are mismatches between the nurses' skills and the types of jobs that they are assigned, nurses' intention to quit the job becomes stronger. The study concludes that whenever nurses find their jobs too challenging and their intentions to leave become stronger, organizational commitment appears to intervene. Siew et al., (2011) reported that in Malaysian State hospitals, nurses' organizational commitment is significant and positively influenced by professional status, autonomy and interaction.

Meyer and Allen (1991) defined organizational commitment into three distinctive components: 1) affective, 2) continuance, and 3) normative. Affective commitment indicates employees' perception of their emotional attachments to their organizational and its goals (Meyer et al., 2002). Furthermore employees, who have

high affective attachment to the organization, have strong feelings to contribute to achieve organizations' goals. It is because these employees feel their organizations' goals as their own. Continuance commitment indicates a strong bond between employees and their organizations, which is developed due to the cost associated with leaving the organization (Meyer et al., 2002). The level of investment employees have done in the organization so far and a lack of alternative jobs outside the organization are two most important factors, which may increase the continuance commitment of the employees to their organization. Finally, normative commitment indicates the feelings of obligation to remain in the organization (Meyer et al., 2002). Normative commitment could be a result of an organization's investment to their employee, which possibly seeds social and cultural norms into employees' minds. These norms may make an employee believe that one should be loyal to their organizations.

Generally, affective commitment influences normative commitment positively. In addition, both affective and normative commitment has an effect on continuance commitment (Martin, 2008). With comparison to normative commitment, affective commitment has a stronger impact on the intention of employees to continue working in their organizations. Affective commitment creates emotional bonds that may cause employees to develop a sense of responsibility and duty to their organizations. On the other hand, employees cannot behave as they want to due to a feeling of obligation towards their organizations even though they are not necessarily satisfied with them. In addition, normative commitment also leads to continuance commitment because employees' emotional involvement in their organization may lead to a desire to continue. Identification of the factors, which influence commitment both in a positive and a negative way, is essential for improving organization

commitment of the nurses.

Retaining employees with critical skills in medical industry has become a major issue due to skill shortages. In this regard, organizations may benefit from gaining an insight into motivational factors for increasing employees' organizational commitment. Recent research has shown that the issue of affective commitment, or in other words psychological attachment of employees, remains critical among business leaders if they are to attract, motivate and retain key talent (Morrow, 2011). According to the reports published in Ria et al., (2012), as far as the relationship between organizational factor and employee retention is concerned in hospitals in Indonesia, while affective commitment is classified as high, both continuance commitment and normative commitment is classified as sufficient. The study reveals that affective commitment has a dominant negative significance on turnover intention.

Dyk & Coetzee, (2012) found that organizational variables contribute significantly and positively to the variance in affective commitment, normative commitment, and continuance commitment. Job characteristic is positively significant with affective commitment whereas supervisor support is significant but negatively related to the normative commitment. Among the three components of organizational commitment, affective commitment leads to a decrease in turnover and absenteeism. It also results in an increase in productivity (Klein et al., 2009; Wayne et al., 2009; Eisenberger et al., 2010), which is the reason why many researchers have explored the various effects of affective commitment on employees' behavior. In summary, the results published in various articles from various countries indicate that among the three components of organizational commitment, affective commitment is a significant predictor for absenteeism, turnover and job performances.

It should be emphasized that the issue of affective commitment is very relevant in the context of current healthcare conditions in Nepal. The data collected through the HRH assessment (2013) shows that a large section of nurses are working at hospitals in the central region of Nepal, simply because the number of renowned hospitals situated in this region greatly exceed the ones in the rest of the regions. However, recent trend shows that there is a growth in the number of prominent hospitals in the western and eastern region of the country as well. Since nurses are few in number, they tend to place greater emphasis on instrumental activities and are unlikely to have enough time for providing expressive aspects of care in these regions. As a result, the issue of "patient satisfaction" remains a grave concern. One of the important measures that should be taken by the management is to retain and motivate the nursing staff so that they can provide patients and family caregivers with expected care. As mentioned above, several studies have indicated affective commitment as the most significant predictor for turnover and job performances of the nurses in a hospital. This result seems consistent regardless of whether the hospital is located in a developed country or a developing one. Moreover, even in Asian countries like Indonesia or Malaysia, where cultural background is totally different from the ones in Europe, the study results concerning affective commitment have been similar. Therefore, it is worth examining the relationships among organizational characteristics and affective commitment of nurses in the western and the eastern regions of Nepal, which is exactly the main focus of the second part of this study.

Research 2: Examination of relationship among organizational characteristics and affective commitment of nurses in the western and eastern regions of Nepal

3.2.2 Purpose of the study

The purpose of this study was to identify relationships between the affective organizational commitment of the nurses and various organizational characteristics of the hospitals in the western and the eastern region of Nepal, where the nurses were employed. Based on the outcomes of this study, hospitals will be able to design appropriate policies to retain the nurses and thereby deliver better healthcare services to patients and family caregivers by providing both aspects of nursing care.

3.2.3 Methodology

Sample (Data Collection)

A request letter explaining our research objectives was sent to nine hospitals for data collection. The hospitals, registered under the Department of Health Science, were randomly selected from two development regions. Out of the nine hospitals, five (two from the eastern region and three from the western region) agreed to cooperate. The head nurse of each of these hospitals was requested to distribute the questionnaire to the nurses employed by the hospital. Altogether 310 questionnaires in English were distributed. The survey was conducted over a period of four months (between September and December, 2013).

Measurements

The questionnaire consists of three sections: a) Personal Characteristics b) Organizational Characteristics and c) Affective Organizational Commitment.

a) Personal Characteristics

Each participant was asked to provide the following personal data: age in years, academic qualification (ANM; Staff Nurse; BN; B.Sc. Nursing; MN), marital status (married; unmarried), and nursing experience in years.

b) Organizational Characteristics

This section contains questions regarding the following organizational characteristics: number of beds in hospital, number of night duties in per week. Data about "salary satisfaction" and "training satisfaction" was derived from the following single surveyed items: "Are you satisfied with your salary", "Are you satisfied with the training program organized by the organization?" The responses are measured in 4 point Likert scale ranging from 1 (strongly disagree) to 4 (strongly agree). Nurses' consideration about support from seniors was also assessed by a single item, "Does your senior (boss or ward in charge) support you?" The responses are made on 4 point Likert scale ranging between 1 (never) and 4 (always).

c) Affective Organizational Commitment

Organizational Commitment scale by Allen and Mayer, 1993 was used to measure the affective organizational commitment, which contains six items. Affective commitment consists of items such as "I would be very happy to spend the rest of my career with this organization". All items were measured by using five point scale ranging from 1 (strongly disagree) to 5 (strongly agree).

Ethical Considerations

The study was approved by the research ethics committee of Okayama Prefectural University and the ethics committee of each hospital involved in the study. Participating nurses were informed by a letter about the voluntary nature of participation, withdrawal option, and confidentiality in data handling. They were not required to sign a consent form. However, the returning of the questionnaire was considered an implied consent.

Data Analysis

First descriptive statistics such as total scores means and standard deviations were calculated for each variable. Multiple linear regression analyses were then carried out with the personal characteristics and organizational characteristic as the independent variable and organizational affective commitment, as dependent variable. The level of significance for each test was set at 5% ($p < 0.05$).

3.2.4 Results

Validity and Reliability

Following methodological tests were carried out to investigate the reliability and validity of the affective organizational commitment scale. Various indices namely goodness of fit index (GFI), adjusted goodness of fit index (AGFI), and comparative fit index (CFI) were measured to evaluate overall model fitness. Each of these fit indices take a value between the range of "0" and "1". In this study, the values of GFI, AGFI, and CFI were found as 0.942, 0.964 and 0.891 respectively, which demonstrated the fitness between the data and the model. The Cronbach α, which is a measure of scale reliability, for affective commitment (0.759) had a satisfactory value as well. Based on the results of these tests, descriptive statics were then calculated for

each variable of personal characteristics, organizational characteristics and affective commitment. Multiple linear analyses were then carried out with personal characteristics and organizational characteristic as independent variables and affective commitment as a dependent variable.

Descriptive Analysis

Table 1. Characteristic of the sample n=226

	Range	Mean	SD	(%)
Age		27.4	8.1	
Age Under 30				71.7
Nursing experience/M		77.2	88.6	
Marital status/N				
Single				114 (50.4)
Married				109 (48.2)
Qualification				
ANM				50 (22.1)
PCL				147 (65.0)
BN/B.Sc/M.Sc				29 (12.8)
Hospital bed number/N		305.4	212.4	
Night shift/W		2.0	1.0	
Salary satisfaction	1～4	2.2	0.7	
Support from boss	1～4	3.3	0.7	
Satisfy with training	1～4	2.5	0.7	
Affective Commitment	1～5	3.7	0.6	

The questionnaires were distributed among 310 nurses working at various hospitals; 240 (77.41%) participants completed the questionnaire and only 226 were found valid for the analysis. The participants had a mean age of 27.4 years with a standard deviation of 8.1 years. Taking the education levels of the participants, it was found that 22.1% were ANM, 65% were PCL graduates, and 12.8% were BN/B.Sc./MN graduates. The mean value of participants' nursing experience was

77.2±88.6 months. As for the marital status, 50.4% of nurses were married whereas 48.2% were single. The mean score of the nurses for Affective Commitment was 3.7±0.6 (Table 1).

Regression Analysis

Table 2. Regression Analysis n=226

	Affective Commitment	
	ß	P
Qualification	0.172	**
Nursing experience	0.182	**
Hospital Bed	-0.164	*
Night Duty	-0.154	*
Salary satisfaction	0.001	ns
Support from boss	0.138	*
Satisfaction with training	0.301	**
F	11.59	
R square	0.27	
Adjusted R square	0.24	

**p<.01, *p<.05

Initially, all hypothesized predictor variables were entered into the regression model. However, since there was a statistically strong significant correlations ($r=0.939$, $p<0.01$) between the two variables “age” and “nursing experience”, only the latter was used for the analysis. It should not affect the final outcome whatsoever because both of the variables are similar in nature.

For depended variable affective commitment, multiple regression analysis was performed by taking personal characteristics and organizational characteristics as

independent variables. The level of significance for each test was set at $p<0.05$ (Table 2). All independent variables were found significantly related to the dependent variable affective commitment (R^2 adjusted=0.24, $p<0.01$). The result shows that personal characteristic and organizational characteristic were most strongly related to affective commitment.

While two of the personal characteristics, qualification ($\beta=0.172$, $p<0.05$) and nursing experience ($\beta=0.182$, $p<0.05$) turned out positive and significant to affective commitment, another two variables of organizational characteristics, hospital bed number ($\beta=-0.164$, $p<0.05$) and night duty ($\beta=-0.164$, $p<0.05$) were negative and significant to affective commitment. However, support from boss ($\beta=0.138$, $p<0.05$) and satisfaction with training ($\beta=0.301$, $p<0.05$) were found to be positive and significant with affective commitment.

3.2.5 Discussions

Based on the outcomes of our study, this section discusses several issues regarding the relationships between the affective organizational commitment and various organizational characteristics of the hospitals considered in our study. The fundamental idea is to discover the significant factors that will be helpful in predicting nurses' work performance.

Descriptive analysis

The study revealed that the mean age of the respondents was 27.5 years. Moreover, 71.7% of the nurses were below 30 years, which is much higher than the national figure 29.6% as stated in the HRH Nepal country profile. One of the reasons for this high number of young nurses working at these hospitals can be attributed to a better work environment since the surveyed hospitals are recently built, technically

advanced, and central ones in these regions. Furthermore, 65% of the participating nurses were graduated PCL. Since there are no official figures available for the PCL graduates in the country as a whole, a direct comparison is not possible. Accurate statistical data regarding all the nurses in the nation are necessary for further research in the future.

Regression analysis among affective and normative commitment and organizational characteristics

According to the previous research, nurses who are committed to their hospitals are found to be highly likely to remain in the employing organization. Therefore, this study aims to identify the factors that affect the affective commitment of the organizational commitment scale. For depended variable affective commitment, multiple regression analysis was performed by taking personal characteristics and organizational characteristics as independent variables. All independent variables were found significantly related to the dependent variable affective commitment.

Previous research outcomes suggest that employees with strong affective commitment feel emotionally attached to the organization. Thus it is expected that employees with strong affective commitment have low rate of absent from work and are motivated to have better job performance. (Meyer & Allen, 1991; Meyer & Allen, 1997; Namba et al., 2008; Wagner, 2007; Beecroft, et al., 2008; Parry, 2008; Takase et al., 2008; Galletta et al., 2011). In this regard, our study also has the same result and therefore supports the previous findings. Moreover, to strengthen the affective commitment of the nurses in the hospital, it is important to understand how commitments are developed in the first place. The results also showed that personal characteristics and organizational characteristics were most strongly related to

affective commitment.

Two of the personal characteristics, qualification and nursing experience turned out positive and significant to affective commitment. In addition, two organizational qualifications "support from boss" and "satisfaction with training" were found to be positive and significant with affective commitment.

The variable "years of nursing experience" has emerged as one of the predictors of affective commitment. The result is similar to the ones published in the previous reports (Gregory et al., 2007; Jahangir & Shokrpour, 2009; Kuokkanen et al., 2003, Namba et al., 2008). The positive relationship between "years of experience" and organizational commitment might be due to the fact that a long working period in an organization naturally builds up a strong emotional attachment to that organization. However, further research is necessary to find out the casual relationship between "years of experience" and affective commitment since the results in this study did not identify it.

Qualification is another variable that has become apparent to be positive and significant with affective commitment. Nevertheless this result disagrees with the previous findings which suggest employees with higher level of education have rather lower level of commitment. It is because highly qualified employees either have higher expectations from the organization or have greater opportunities for alternative jobs (Grau et al., 1991). The result of the study suggests that, having an opportunity to work in the technically advanced hospitals is important for nurses to enhance their job related performances, which may ultimately build up a strong affective commitment to the employee organization.

Yet another equally important factor that may provide nurses a feeling of

attachment to the organization is the support from the supervising boss (nurse leader in this case). Nurses who were satisfied with their boss were highly committed to their organizations. This result was congruent with the previous study which showed that a nurse leader has a key role not only in providing direct support and advice to ward staff, but also in acting as an advocate for staff in discussions with the upper management (Shirley et al., 2008; Gieter et al., 2010). Contribution of a supportive nurse leader is one of the key factors in developing affective commitment of the nurses.

A significant relationship is also found between the affective commitment and the variable "training program". Several studies have revealed that the affective commitment of staff is intensified by training programs provided by the organization (Saks, 1995; Yvonne et al., 2011; Stinglhambe & Vandenberghe, 2003). It is because provision of such programs make the organization appear supportive and dependable, which may result in an increase in the organizational commitment.

Retaining nurses should be one of the most important policies of a hospital management. Organizational characteristics such as 1) salary, 2) support from seniors, and 3) training provided by the hospital, play important roles in this process. However salary was not a significant predictor of organizational commitment in this study. As the participant of this study were employed by the central hospitals of each region, which have good working environments, financial reward may be less important than organizational support.

3.2.6 Conclusions

The outcomes of our study suggest that the affective organizational commitment is strongly related to organizational characteristics and personal characteristics. Our study has revealed that two important factors that are essential for strengthening affective commitment of the nurses are 1) support from boss and 2) training program.

Chapter 4

Conclusions

In the rapidly changing social environment of Nepal where hospitals have already been plagued by serious shortage of nursing professionals, fresh challenges are beginning to emerge as people continue to become more conscious and more concerned about the roles and the responsibilities of nurses. This thesis analyzed some fundamental problems regarding nursing care in the hospitals in Nepal and made several recommendations for a more effective and efficient management of nursing professionals that could ultimately result in high quality patient care.

The study was carried out in two phases; in the first phase, the qualitative content analysis among the family caregivers who had had experience of attending on a patient during hospitalization was performed. As traditionally strong family ties prevail in the Nepalese society, it is quite common for the family caregivers to get involved in assisting a patient in the hospital. The study result revealed that family caregivers have no objection in keeping this tradition if the situation demands. It also showed that they are largely satisfied with nurses' technical skills. However, they have a strong desire to acquire specific knowledge on proper and effective patient care from the professional nurses. Moreover, family caregivers feel that better concern from nurses may help them take care of patients without anxiety. The study concluded that people have started possessing far greater expectations from nursing professionals and there seemed a large conceptual gap between the nurses and the patients/family caregivers regarding their job descriptions. While the nurses and their employers may feel that provision of "cure" services is enough to satisfy the patients and the family caregivers, the latter obviously have a desire for better "care" services as well.

The second phase of the study was focused on finding out recommendable

solutions for effective and efficient management of limited hospital staff, which may answer the problem regarding their leave intention and job performance. Several studies have suggested that organizational commitment is the best predictor for discovering the essential measures to be taken by the hospital management in order to reduce leave intention of the nursing professionals and strengthen their job performance. In this regard, this study also examined the relationship among the affective organizational commitment and organizational characteristics. The results showed that affective commitment had the strongest relationship with organizational characteristics. The study further found out that support from one's superior is necessary to have a positive effect on affective commitment of nurses. In addition, organization of incentive training programs in which nurses can participate is vital for keeping them remain motivated to their jobs.

The thesis concluded that while the problem of the nursing professionals shortage may not disappear in the near future, there are still several appropriate measures, which if taken properly, could assist in managing nursing professionals effectively and efficiently.

Chapter 5

Suggestions and Limitations of the Study

Based on the research outcomes, this study makes several suggestions on what measures can be taken by the hospitals and the health professionals in order to provide high quality patient care.

1. Nurses should make greater efforts to develop a trusting relationship with the patients and the family caregivers in such a way that everyone involved in the patient care can feel more comfortable. The nursing staff scarcity is the most likely reason why nurses devote most of their time providing "cure" services. While quality "cure" is one essential aspect of the nursing services, sufficient "care" services is also equally important. In order to fulfill the growing expectations of patients and family caregivers, nurses should be aware of their new kinds of responsibilities, which are mostly related with caring behaviors. Quality of care can be significantly improved by providing few simple services such as a) giving emotional support by listening to the patients and understanding their feelings, and b) giving more support to the family caregivers by showing them more concern and sharing knowledge about patient care with them.
2. One of the most challenging tasks for the hospitals in Nepal is to retain nursing staff so that the problem of staff shortage does not get worsened. That is why measures should be taken to ensure nurses receive more support from the upper level management to keep them motivated in the jobs. In addition, hospitals must organize incentive training programs which will also strengthen the organizational commitment of the nurses.

Although, this study analyzed some fundamental problems regarding nursing

care faced by the hospitals in Nepal and then presented few simple solutions by carefully collecting and analyzing the data, the study does have certain limitations.

1. The first limitation lies in the fact that the data obtained might not represent all the hospitals in Nepal. The hospitals investigated in this study are located in the western and the eastern development region of the country. Further research on the problems particularly faced in the urban areas and other development areas of the country should give a much broader picture of the problem. This will certainly be useful for improving the quality of care in Nepal as a whole.
2. Another limitation is the fact there was no verification of the kind of support which nurses want from their superiors. Nor was there any confirmation on any specific training program which the nurses expect from the organization. A detailed investigation in these regards is worthwhile.
3. The reliability and validity of affective organizational commitment scale was found mostly favorable in this study. However, this should be further investigated to inspect whether or not organizational commitment scale can be appropriately applied to hospitals in Nepal.

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