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Pediatric Nursing Program

Thesis Approval

**An Investigation of Discharge Planning Process Toward Hospital
Policy Reform; Southern West Bank Pediatric Wards as a Model**

Prepared by: Naila Mostafa Abd Al Haleem Al Masri
Registration number: 20610149

Supervisor: Dr. Sumaya Sayej

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The names and signatures of the examining committee
members are as follows :


1. Head of committee: Dr. Sumaya Sayej

Signature: 

2. Internal examiner: Dr. Asma Imam

Signature: 

3. External examiner: Dr. Ayesha Al-Rifai

Signature: 

Jerusalem-Palestine

1430-2009

Declaration

I certify that this thesis submitted for the degree of master is the result of my own research, except where otherwise acknowledged, and that this thesis (or any part of the same) has not submitted for a higher degree to any other university or institution.

Signed: -----



Naila Mostafa Al Masri

Date: 7 February 2009.

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Abstract

Background

Discharge from hospitals represents a serious and complex transition in patients' lives, since post discharge patients and their families begin to deal with repercussions of illness without the comprehensive support of health care team. Hence this has attracted the attention of researchers and policy makers since more than three decades to the discharge planning process.

The current study aimed to investigate the discharge planning process for sick children in the hospitals of southern West Bank-Palestine. By examining the physicians and nurses' perceptions and practices of the process, in addition to looking into the availability of regulations that control and organize this process.

Objectives

To explore the current discharge planning practices carried out in the study settings.

To assess the health professionals knowledge and attitudes regarding the provision of discharge planning.

To provide a formal diagnosis for barriers to effective discharge planning process in the study settings, that can provide a base for future quality improvement projects.

To establish a comparison among the three health sectors under study in terms of participants' perceptions and practices and regulations availability related to the DPP.

Methodology

A hospital based descriptive exploratory study was carried out in seven pediatric wards in southern West Bank-Palestine based on 129 physicians and nurses working in seven pediatric wards with a response rate of 91.5%.

Data collected through a direct interviewed questionnaire constructed by the researcher for the purpose of this study and was pre-tested for validity and reliability in addition to pilot testing prior to starting the data collection.

Findings

The study illustrated that three out of every four participants were not trained on discharge planning, and more than a half never performed discharge planning.

Since the academic and experience background for those participants was proved to come from the local faculties and hospitals in southern West Bank, this pointed to a serious lack in emphasizing the process in those institutions.

The participants regardless were physicians or nurses and regardless their health sector demonstrated having positive perceptions toward the process and the factors that contribute to the child's continuity of care and the mother's satisfaction from the process.

The majority of the participants were not satisfied from the current process, where only around a half were sure that children who are discharged from their workplace received adequate support through guidance and referrals.

Where the majority of those participants saw that the process must be delivered as a part of the multidisciplinary work in the child's care, they showed confusion on who is the key person thus the coordinator of the process. Since two thirds of them agreed on the physician to be the coordinator, a similar fraction agreed to assign a special professional to coordinate the process, and the agreement on the nurse as the coordinator of the process didn't reach statistical significance.

However less than a half of the participants indicated they seen regulations such as standards, protocols, polices, written forms for discharge planning in their workplace. The majority indicated that they depend on certain norms and agreed on procedure in the delivery of the process indicating that these regulations if were present, they were not actually followed or implemented.

The study revealed that the process is hindered by many barriers, and the most having these barriers was the governmental sector.

Recommendations

The most important recommendations including the recommendations agreed by the participants were:

To familiarize the MOH with the study results as to adopt the reform strategies targeting the current process through the cooperation with the different stakeholders.

Integrating the DPP in the health legislations as to guarantee the rights of the patients in continuity of care and professional support in addition to the better use of hospital beds.

The academic institutions and teaching hospitals to focus on teaching practical integration of the DPP as well as its theoretical context.

Establishments of regulations that will control and enforce the process.

Encourage the provision of social services for the sick children within the community.

Initiating supportive programs for the families of children with chronic illness and those with multiple needs.

To supply a list of institutions with telephone numbers and names of contacts, to be used as a tool for good referrals.

Research recommendations included: focus on clinical studies that prove the benefits of discharge planning; studies that explore the role of the community settings in the process, including the role of school nurses and studies that evaluate the process from the view of the patients and carer.

العنوان: اعادة تشكيل السياسات الصحية بما يتعلق باخراج الاطفال من المستشفيات: دراسته عمليه في أقسام الأطفال في جنوب الضفة كأمودج.

اعداد: نائله مصطفى المصري

اشراف: د. سميه صايح

ملخص الدراسة

خلفية الدراسة: تعتبر مرحلة خروج المريض من المستشفى من أصعب المراحل التي يتعرض لها، حيث يبدأ المريض بعدها مرحله جديدة يصبح فيها يتعاطى مع الألم و الصعوبات المحيطة بالتأقلم مع مرضه و استكمال علاجه في البيت والمجتمع في غياب الدعم الطبي من المهنيين المختصين. و من هنا جاء اهتمام المتخصصين و الباحثين منذ ما يزيد عن ثلاث عقود بما يسمى عملية التخطيط لخروج المريض. هدفت هذه الدراسة للتعرف على طبيعة عملية خروج الأطفال المرضى من مستشفيات جنوب الضفة الغربية في فلسطين و ذلك من خلال التعرف على مفاهيم الأطباء و الممرضات العاملين في أقسام الأطفال في هذه المستشفيات و ما يمارسونه على ارض الواقع بالاضافه إلى معرفة المعايير الموجودة لضبط و تنظيم هذه العملية.

الأهداف الخاصة

التعرف على ممارسات الأطباء و الممرضات لعملية خروج الأطفال في الأقسام التي تمت فيها الدراسة. تقييم المعرفة و التوجهات الموجودة لدى المشاركين في الدراسة تجاه عملية خروج الأطفال من المستشفى. إيجاد تشخيص منهجي للمعيقات التي تحول دون أتمام عملية التخطيط للخروج بشكل صحيح و فعال. عمل مقارنة بين القطاع الحكومي و المؤسسات غير الحكومية و القطاع الخاص فيما يتعلق بتطبيق عملية التخطيط للخروج، توجهات المشاركين نحوها و وجود معايير خاصة بتنظيم العملية.

منهاجيه الدراسة

هذه الدراسة هي دراسة استكشافية و صفيه عملت على وصف عملية خروج الأطفال المرضى في الأماكن التي جرت فيها الدراسة.

عينة الدراسة

تكونت العينة من 129 عامل صحي من الأطباء و الممرضات العاملين في أقسام الأطفال الموجودة في سبع مستشفيات في جنوب الضفة الغربية- فلسطين و تحديدا في منطقتي الخليل و بيت لحم.

كيفية جمع المعلومات

تم جمع المعلومات بطريقة المقابلة المباشرة مع المشاركين حيث تم تصميم استبيان من إعداد الباحثة لجمع المعلومات الشخصية و الاجتماعية و المتعلقة بموضوع الدراسة. و قد تم فحص صدق و ثبات الاداه من الناحية العلمية و العملية من قبل محكمين بالاضافه لتطبيق الاستبانة على عينه استطلاعيه قبل البدء في البحث.

النتائج

أظهرت الدراسة أن ثلاثة من كل أربع مشاركين لم يتدربوا على التخطيط لخروج المرضى أثناء دراستهم، في حين أبدى ما يزيد عن نصف المشاركين أنهم لم يمارسوا عملية التخطيط لخروج المريض إبدأ في حياتهم المهنية. و حيث أثبتت النتائج أن الخلفية الدراسية و الخبرة العملية لأغلب المشاركين كانت من جامعات و مستشفيات الضفة الغربية بما فيها القدس فقد كان هذا مؤشرا على عدم وجود تركيز على العملية من قبل المؤسسات المحلية التعليمية و المهنية. كما أظهرت الدراسة إن المشاركين لديهم توجهات ايجابية تجاه كيفية تطبيق العملية، تأثيراتها، أهميتها، و إشراك الأم و الطفل في القرار و التخطيط للعملية.

أظهرت الدراسة أن المشاركين غير راضيين عن العملية التي تقدم حاليا وأنه فقط حوالي نصفهم يعتقدون أن الأطفال الذين يغادرون مستشفياتهم يتلقون الدعم الكافي من حيث الإرشاد والتحويل قبل الخروج.

كما أظهرت النتائج وجود عدم وضوح لدى المشاركين حول من هو المسؤول عن تنسيق العملية بين الأطراف المختلفة، حيث انه في حين وافق ثلثي المشاركين على أن الطبيب هو المسؤول، أبدت نسبة مشابهة موافقتها على أن يتم تخصيص موظف سواء كان طبيب أو ممرضه لتنسيق العملية، أما الممرضة فلم تحصل الأصوات التي وافقت عليها على دلالة احصائية ذات أهمية.

في حين أبدى اقل من نصف المشاركين أنهم رأوا معايير أو سياسات أو بروتوكولات تنظم العملية في مستشفياتهم و كانت أغلبيتهم من القطاع اللاحكومي، تلاه القطاع الحكومي ثم القطاع الخاص. أظهرت الدراسة أن الغالبية العظمى للمشاركين اعتمدوا على عادات متفق عليها بينهم في تنفيذ العملية مما دل على عدم تطبيق هذه المعايير.

أظهرت النتائج أن العملية الحالية تعاني من عدة معيقات، وان القطاع الصحي الحكومي كان الأكثر معاناة من هذه المعوقات.

التوصيات

كان من أهم التوصيات و من ضمنها التوصيات التي وافق عليها المشاركون أن يتم إعلام وزارة الصحة الفلسطينية بنتائج الدراسة من اجل أن تتبنى إعداد الاستراتيجيات اللازمة لإصلاح العملية بالتعاون مع الأطراف المعنية.

أن يتم إدخال عملية التخطيط السليم لخروج المرضى في التشريعات الخاصة بالصحة لضمان حقوق الأطفال المرضى في استمرارية العناية و الدعم الطبي بعد الخروج بالإضافة الى الاستغلال الافضل لاسرة المستشفيات.

أن يتم إعادة صياغة أو إنشاء معايير جديدة تنظم العملية، التركيز على العملية في المؤسسات الاكاديمية و المهنية و التركيز على تعليم أساليب عملية لتطبيقها.

العمل على توفير برامج متخصصة لدعم الآباء والأمهات الذين يوجد لديهم أطفال مرضى بأمراض مزمنة أو لديهم احتياجات صحية متعددة.

أن يتم تشجيع تقديم الخدمات اللازمة للأطفال المرضى من قبل مؤسسات المجتمع المختلفة.

أن يتم إعداد قائمه بأسماء المؤسسات المختلفة التي تقدم خدمات صحية، اجتماعية أو مادية للأطفال مدون فيها عناوين وأرقام تلفونات و أسماء الأشخاص الذين يتم التنسيق معهم و توزيعها على المستشفيات لتعريف الموظفين بهذه المؤسسات و تسهيل التحويلات إليها.

أما التوصيات البحثية فكان أهمها أن يتم عمل دراسات يتم فيها تقييم العملية من وجهة نظر المرضى. و أن تجرى دراسات للعرف على دور المؤسسات و العيادات الصحية الخارجية في المجتمع في استمرارية العناية بالأطفال المرضى و التركيز على دور ممرضة المدرسة في هذه العملية.

Chapter I

Introduction

1.1 Introduction

Discharge from hospitals represents a serious and complex transition in patients' lives, since post discharge patients and their families begin to deal with repercussions of illness without the comprehensive support of health care team. This critical transition will increase their stress and anxiety that will serve to intensify their needs for information, education and reassurance (Clark et al, 2004).

For many patients, getting ready to leave the hospital is one of the most critical events in their hospitalization. McKenna et al (1999) believe that while most patients discharged from hospitals are able to go home with little or no support, others will require a package of care to support them back to good health.

Both literature and experience tell us that most children and their families are discharged with insufficient information and supportive services to facilitate their long-term adaptation to chronic condition. The problems that children and their families face only make their lives more difficult and unnecessarily complicated (Betz, 1990).

Foust (2006) claims that inadequate discharge planning will contribute to further emergency department visits, unplanned readmissions and post hospitalization adverse effects. Where proper planning for this transition will; contribute significantly to the person's future quality of life (Carroll & Dowling, 2007), increase the satisfaction of care, decrease the hospital length of stay, decreases the rates of unplanned readmissions, and decreases the expenditures on the patient's health (Birmingham, 2006; Macleod, 2006; Carroll & Dowling, 2007 and Walker et al, 2007).

The advances in medical technology, treatment practices of chronic illness and injuries in addition to the improvement in neonatal intensive care unit technology have enabled more children to survive with life sustaining support, life long treatments and medications (American Journal of Nursing, 2006; Lewis & Noyes, 2005). Moreover, the technological

improvement reduced the length of hospital stay. Therefore, patients discharged quicker and sicker (Carroll & Dowling, 2007), thus increased the need for comprehensive follow up and supportive discharge planning.

The American Journal of Nursing (AJN, 2006) reported "children, who are at risk for chronic physical, behavioral, developmental or emotional conditions, require a great deal of community assistance" (p103). Since these children are supposed to be cared for at home by their parents who are 24 hours responsible to take care, nurse and parent their child (Lewis & Noyes, 2005). These parents will require comprehensive education, training, referral and resource allocation to help them manage their patient's health, social, and financial needs (Clark et al, 2004).

Procter et al (2001) believe that it is the responsibility of service providers to ensure smooth and appropriate discharge of patients from hospitals, and they have to make sure that appropriate community services are in place to support them and their carers regarding this process. This can be accomplished through a comprehensive and careful discharge planning that does not only contribute to smooth transition of care but also can help in prevention of problems after discharge (Carroll & Dowling, 2007).

Discharge planning is not cost effective for the patient and his family only, McKenna et al (1999) claim that governments found a solution for the problem of blocked beds and increased waiting list for emergency admissions through effective discharge planning. According to Procter et al (2001) discharge planning not only reduces the length of stay and the unplanned readmissions but also used it as an outcome indicator at the organizational level.

An effective discharge planning process could be described as the construction and implementation of a planned program of continuing care, which meets the patient's needs after discharge, and essential elements of effective discharge planning include a multidisciplinary approach, early and coordinated assessment of patients needs for further care, in addition to effective communication (Emden et al, 1999).

According to studies done in the area of discharge planning, four distinct phases are described: assessment of the patients discharge needs, development of the discharge plan, provision of services or implementation of the discharge plan (including patient education

and referral services), and evaluation of the discharge plan (Watts & Grander, 2004). Moreover, the same authors indicated that the implementation phase includes ongoing assessment, treatment, education, referral, ensuring appropriate equipments are available and mobilization of appropriate community resources.

Given the scarce information regarding policies and strategies related to discharge planning process implemented within the Palestinian Health Care System and knowing that no data are available about the care of children after being discharged from West Bank hospitals in general and the southern region in specific. This study aims to target nurses and physicians working in pediatric wards in the southern region of the West Bank to assess their knowledge and perceptions of the discharge planning process including, regulations availability to control this process, and assessment of the current discharge procedures implemented in these health care facilities.

1.2 Problem statement

The Palestinian health care system suffers from many deficits that affect the application of most of the reforms and health improvement strategies. These include the political instability and its influence on the Palestinian social, economical and health aspects.

Discharge planning components such as assessment, education, communication (with the patient and within health professionals), coordination and collaboration between the different health care levels and institutions. In addition to mobilization of resources and proper referral according to the patient's needs are not functioning well and mostly traditional and informal.

The provision of discharge planning is an essential component both at the patient and the institutional levels, particularly for children due to their special developmental needs and the fact they will live more years with their illness than adults if it is a chronic one.

Number of beds per capita is low in the Palestinian occupied territories. The WHO annual report (2008) indicated that at the end of 2006, the Palestinian territories have 78 hospitals with a total capacity ratio of 13 beds per 10,000 populations which is low range within the Eastern Mediterranean region. Moreover it is well known to all health professionals that the available resources are scattered and the stakeholders of health care providers are with

different financiers and mostly with distinctive goals. Hence it is needed to assess the perceptions and practices of the health professionals working in the study settings, the availability of coordination and collaboration in-between these institutions and shed the light on the collaboration with the various social and financial institutions that work for the benefit of the sick children.

The present study aims to track the formal decisions, strategic plans, policies and standards targeting child's health by providing the first data regarding discharge planning in Palestine for policy reform in this integral area of health care. It also aims at tracking the attention for the need for collaboration between all available resources to attain an effective referral and best use of health and other services that act for the benefit of sick children.

1.3 Significance of the study

As inferred from the literature, discharge planning is a complex and very important aspect of nursing practice (Foust, 2006). The problem of unsuccessful transition of care from hospital to home is signaled among sick children both who are admitted for acute care and those who have chronic illness or those with multiple health needs (Foust, 2006 & Procter et al, 2001).

From own professional experience, the assessment of post discharge needs for the children and their families are very scarce, and mostly delivered at the moment of discharge. Discharge procedures and education if any are mostly traditional especially in the acute care pediatric hospitals. With the acknowledgment that there is no documented studies in Palestine describing discharge planning and no clear policies and standards targeting improvement of the discharge planning process. This study which aimed to investigate the current discharge planning process, and the means by which participants perceive it, and its concepts, is very important to track the attention of the decision makers' at the inpatient and community health care settings to the discharge needs of the sick children and their families. Hence, this might make their transition from hospital to home care easier and more successful, and maintain the continuity of supportive care post discharge. By introducing the principles of formal discharge planning through formal regulations such as standards, protocols, policies and training strategies. In addition to integration of the process in health legislations that can enhance the quality of health care delivery by health

professionals. Subsequently, this could lead to protect the rights of sick children, and their families through a professional coordination of services in addition to planning for effective use of hospital beds.

1.4 Purpose of the study

The purpose of this study is to explore the current practices and perceptions of pediatric nurses and physicians in southern WB pediatric wards regarding discharge planning process. Also it aims to provide a baseline data that might be used for future quality improvement and health policy reform emphasizing the importance of the discharge planning process integration into children health care.

Objectives

1. To explore the current discharge planning practices carried out in the study settings.
2. To assess the health professionals knowledge and attitudes regarding the provision of discharge planning.
3. To provide a formal diagnosis for barriers to effective discharge planning process in the study settings, that can provide a base for future quality improvement projects.
4. To identify differences among the three health sectors under study in terms of participants' perceptions and practices and regulations availability related to the DPP.

1.5 Research questions

1. What are the discharge planning practices currently implemented in the study settings?
2. Are there any protocols, standards, or policies that regulate the provision of the discharge planning in these settings?
3. What are the overall perceptions of the participants related to the DPP?
4. What are the measures believed by the participants to contribute the satisfaction of the child and his mother and continuity of the child's care?
5. What barriers to effective discharge planning can be identified by the participants?
6. What are the recommendations of the participants for improvement of the discharge planning process in the future?

7. Are there any differences among the governmental, the private and the NGOs health sectors in the availability of regulations that control the DPP or the perceptions and practices of their employees of this process?
8. Are there any differences in the perceptions and practices of the DPP between physicians and nurses?

1.6 Feasibility of the study

The study was carried out as a requirement for the Master's degree in pediatric nursing at Al -Quds University. The study is self funded and was implemented in south WB hospitals that are somewhat geographically feasible. The Health care professionals highly cooperated with the researcher particularly the heads of departments and head nurses. Ethically there was no harm for the participants, the anonymity was ensured and their consent was taken before participation in the study.

1.7 Background of the study

For most patients, discharge from hospitals is a routine and can be managed by simple instructions on treatments and follow up. But for those children with multiple needs or chronic illness, it is necessary to ensure proper preparations for the transition of their care at home or at the community settings and the continuity of professional support post discharge.

Going through the literature and upon understanding the components of proper discharge planning, we can see that our sick children are unfortunate in the areas of continuity of care, guidance, referrals, provision of social services and resource allocation.

Discharge planning must be patient centric and family centered (Birmingham, 2006), thus the discharge plan must be designed considering the holistic approach in assessing and managing the needs of the patient and his family. From own experience and the point of view of experts in the pediatric health setting, health professionals in Palestine mostly focus on the medical needs of the sick child neglecting his/her social, financial, psychological and spiritual needs.

While the literature suggest that the discharge planning process depends on interprofessional collaboration between health and welfare professionals (Atwal, 2002), and social rounds must run alongside with the medical round (Pethybridge, 2004). As health professionals we still lack the empathy with the patients, mostly neglecting to know the needs and expectations of the patient and his family neither as a human nor as a customer of our services.

However, there is no evidence-based data about the nature of the discharge process in Palestine. Health professionals mostly depend on some norms and verbally 'agreed on' procedures. The efforts to guide and educate the patients and their carers are still informal, and the partnership between hospitals, social services providers, and the other community settings are not well coordinated for the benefit of the discharged children.

Perceland (2003) believes discharge planning and coordination to include assessment of the child's needs, formulation of plans, provision of treatments and supplying necessary information to the family members. The plans should be made in accordance with the child's developmental, educational, and emotional level and the family should be involved in the formulation of the plans. Moreover Perceland (2003) indicated that the child's social, developmental and family status should be taken into consideration to ensure continuity of care post discharge. Perceland (2003) adds, at the time of discharge a written summary and recommendations for outpatient care should be available to all personnel and institutions involved in the future care of the child, referrals must be provided for all needed outpatient services, and the provider responsible for ongoing care should be contacted directly by the inpatient team before the day of discharge to ensure continuity of care.

Discharge planning is considered to be a very important role for all health professionals in general and for nurses in specific. It is well known that while other health professionals provide episodic interventions nurses are 24 hours available at bedside to monitor patient care so they mostly coordinate and guide the process (London, 2004; Watts & Grandner, 2004).

1.7.1 Background of study settings

The current study was carried out in the Southern West Bank hospitals–Palestine. The Palestinian Occupied Territories consist of Gaza Strip and West Bank (WB) including

Jerusalem. The West Bank is divided into four main regions; the northern region includes Nablus, Jenin and Tulkarem, the central region includes Jerusalem and Ramallah, the southern region includes Hebron and Bethlehem, and the region of Jordan valley including Jericho (MOH, 2001). A background on West Bank south region cities where the study will be conducted will be presented.

Hebron is located 36 km² to the south of Jerusalem in a mountainous area ranging between 800 to 1000 meters above the sea level. According to the (PCBS, 2008) the area of Hebron governorate is 997 km² (17.63% of the West Bank), the population of the governorate is about 552,164 (23.6% of the total population of the WB and 13.9% of the occupied territories in general). The total number of beds in the governorate is (434) which means about (0.7) beds per 1000 population divided between ten governmental and non governmental hospitals (PCBS, 2008).

Bethlehem is the birthplace of the Jesus Christ. It is located approximately 10 kilometers to the south of Jerusalem in an area of about 659 km², according (PCBS, 2008) the population is about 176,235 (7.5% of the West Bank population). The total number of hospital beds is 645 divided between eight hospitals including Bethlehem psychiatric hospital.

The study was carried out in seven pediatric wards in seven hospitals in south WB providing acute health care; they are two hospitals in Bethlehem, and five hospitals in Hebron. According to the providing health sector these hospitals are three governmental hospitals, three private hospitals, and one non governmental hospital (NGO).

Bethlehem hospitals are Bait-Jala Hospital (governmental general hospital) and Al Caritas Hospital (nongovernmental pediatric specialty hospital). Hebron hospitals are Alia Hospital (governmental general hospital), Yata Hospital (governmental general hospital), Al Ahli Hospital (private general hospital), Al Mohtaseb Hospital (private pediatric specialty hospital) and the New Hilal Hospital which is a private hospital belongs to the Palestinian Red Crescent Society.

The following is the background and description of the study settings according to the available data and statistics.

The governmental hospitals

The governmental hospitals including the pediatric wards follow the same policy of the Palestinian MOH, they provide free treatments and health services to the children from birth to three years old. There are some differences in the type of admissions since Alia hospital is considered a referral hospital, Yata hospital deals only with the acute care cases, and Bait Jala hospital is the main provider for care of oncology patients in addition to blood disorders cases.

Alia hospital

The main governmental hospital in Hebron. Was built in 1955 by the Jordanian government under the name of the princess Alia the daughter of king Hussein It passed several stages till was delivered to the Palestinian national authority in 1994 with 75 beds and 175 employees. The Palestinian MOH developed the hospital in many areas as they increased the hospital area to reach 15.000 sq.m through expansion of the northern wing which was funded by the Italian cooperation (WHO, 2008). The MOH introduced many new specialties, opened the continuous education department, and got the approval to consider the hospital as a teaching hospital. The number of employees increased to be 400 employees and the number of beds become 216 beds distributed on many departments such as surgical department (general, orthopedic, ENT, and urology), medical department, ENT, gynecology and obstetrics, pediatric, neonatal department, CCU, ICU, kidney dialysis and thalassemia units, Operation Theater and emergency department. The total occupancy rate of the hospital is 104.84% (Hospital records, 2008).

The study was conducted in the pediatric ward which was newly built by the Italian cooperation with a capacity of 60 beds. The total number of employees in that ward is 17 nurses and 13 physicians. The nurses are four staff nurses including the head nurse, and nine practical nurses. The physicians were five specialists including the head of the department in addition to eight general practitioners (GP). The occupancy rate at this ward is 106.68% (Hospital records, 2008).