



POLICY BRIEF

A STUDY ON NURSES'
PERCEPTION ON
OPTIMUM NURSE TO
PATIENT RATIO IN
DIFFERENT SERVICE
DELIVERY AREAS

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KEY ISSUES



Kenya's population growth rate averages 2.3 per cent per annum and human resources for health need to match the dynamics



Low nurse-to-patient ratio hampers health services delivery



The Health Workforce Status Report recommends a ratio of 83:10,000 population



WHO recommends the nurse-population at ratio to 25:10,000

1. INTRODUCTION

- The Nursing Council of Kenya ensures public safety by regulating nursing and midwifery education and practice. Part of this is enforcement of the established human resource for health norms. The norms outline the recommended ratios for different cadres to include nurse and midwife to patient ratios in different service delivery areas.
- The nurses and midwives undertake numerous care activities in a
 healthcare set up, including patient review, admission, planing for care,
 implementation of care activities and discharge. They provide continuous
 24-hour patient care, which is divided into several shifts. The quality of care
 provided in each shift can significantly influence the outcome of care in
 subsequent shifts, and thus optimal staffing is critical for each shift. it is
 imperative that the prescribed ratios match the context and is cognizant to
 the voice of the stakeholders.
- Likewise, optimal faculty and clinical instructors availability is a critical part
 for quality nursing and midwifery education and. It plays a crucial role in
 ensuring achievement of learning objectives; and impacts on quality of care
 that is provided by programme graduates.

2. OBJECTIVE OF THE STUDY

The main objective: to determine the stakeholders' perception on optimum number of nurses to patients in different health service delivery areas.

Specific objectives were:



1. To determine nurses' perception on optimum nurse to patient ratio in different hospital service delivery areas;



2. To determine healthcare managers perception on optimum nurse to patient ratio in different hospital service delivery areas;



3.To determine lecturers' perception on optimum lecturer to student ratio in nursing and midwifery training institutions; and



4. To determine nurses and midwives' perception on optimum clinical instructors to student ratio in nursing and midwifery training institutions

3. STUDY METHODOLOGY

- The study targeted 30 health facilities (level 1 to level 5) from which 1,500 nurses and 30 healthcare managers were sampled.
- In addition, lecturers from 33 training institutions formed part of the sample. A self-administered electronic tool was used for the nurses and lecturers while an interview guide was used for the healthcare managers.



30 Health Facilities



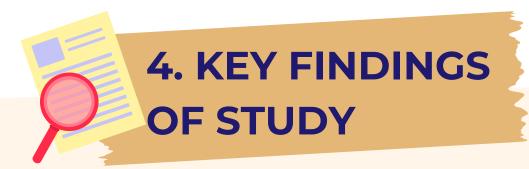
1,500 nurses



30 Healthcare managers



33 training institutions



- Average number of patients that a nurse attends to per shift in different service delivery areas was 19 patients with critical care units generally having fewer patient allocation as compared to general wards.
- Healthcare Managers suggested a slightly higher nurse to patient ratio compared to the numbers opined by the nurses and midwives
- Lectures' perception on optimum lecturer to student ratio, and on ratio of full time to part time lecturers were 1:10 and 3:2. respectively.
- Nurses' perception on optimum clinical instructors to student ratio in nursing and midwifery training institutions was (1) clinical instructor to 50 students

Table 1 Nurse to patient ratios in different hospital service delivery areas

Service Delivery Area	Stakeholder Responses/Perception
Outpatient department	1:50
Accident and Emergency	1:4
General medical ward	1:6
General surgical wards	1:5
General Pediatric ward	1:5
Psychiatric Ward	1:6
Labour ward	1:1
New Born Unit	1:4
Critical Care Unit	1:1
Pediatric Intensive Care Unit	1:1
Post Anesthesia Care Unit	1:2
Renal Unit	1:4
Oncology Unit	1:6
Gynaecology Unit	1:6

Service Delivery Area	Suggested Ratio(Responses)
Outpatient department	1:50
Accident and Emergency	1:6
General medical ward	1:7
General surgical ward	1:7
General pediatric ward	1:6
Psychiatric ward	1:8
Labour ward	1:2
New Born Unit	1:5
Critical Care Unit	1:2
Pediatric Intensive Care Unit	1:2
Post Anesthesia Care Unit	1:3
Renal Unit	1:5
Oncology Unit	1:6
Gynaecology Unit	1:7

Table 2 Recommendations of hospital managers on nurse to patient ratios as per service delivery areas.

S/N	Ratio	Suggested Ratio(Responses)
1.	Lecturer to student	1:10
2.	Full time to part time lecturer	3:2

Table 3 perception of the lecturers on lecturer to student ratio and ratio of full time to part time lecturers.

5. RECOMMENDATIONS



- 1. To ensure quality service delivery and patient safety, there is need for optimal nurse to patient ratio.
- 2. There is need to undertake a comprehensive survey covering all counties to ascertain the most current nurse to patient ratio to inform policy on recruitment/deployment of nurses across the country;

6. CONCLUSION

The findings indicate concurrence of the stakeholders on the proposed nurse to patient ratios in different service delivery areas, and adoption of the same is recommended.

7. REFERENCES

Cleave P. (2020) What Is A Good Survey Response Rate?

East, L. A., Arudo, J., Loefler, M., & Evans, C. M. (2014). Exploring the potential for advanced nursing practice role development in Kenya: a qualitative study. BMC nursing, 13(1), 1-11.

Jane E. B. & Peter G. (2012) Consensus Development Project (CDP): An overview of staffing for safe and effective nursing care.

Okoroafor SC, Kwesiga B, Ogato J, et al (2020). Investing in the health workforce in Kenya: Trends in size, composition and distribution from a descriptive health labour market analysis BMJ Global Health 2022;7:e009748.

Oliveria, Cucolo, Magalhaes & Perroca (2022) Beyond patient classification: the "hidden" face of nursing workload. Saville et al (2019) How many nurses do we need? A review and discussion of operational research techniques applied to nurse staffing.

Wakaba Misra V., Sedig K., Dixon D., and Sibbald S. (2020). Prioritizing coordination of primary health care

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