

**ASSESSMENT OF THE EFFECT OF YEARS OF EXPERIENCE ON
THE LEVEL OF TASK PERFORMANCE BY PRIMARY HEALTH
CARE WORKERS (PHEW) IN ENUGU STATE**

ABSTRACT

The study aimed at assessment of level of task performance as affected by working experiences of the primary healthcare workers (PHCW) in Enugu. Nine Local Governments and 302 PHCW were randomly selected using a multistage method. Questionnaire was used as the instrumentation with validity of 0.85. The result showed that those with 10 years and above perform better when compared with those with less than 10 years and those with more than 20 years, but generally the workers perform low in areas of provision of Health Education, force of simple laboratory test, community mobilization and identify environmental health hazards. It was then recommended that close supervision should be provided to the PHCW and in planning for task shifting in primary health, the years of experiences should be considered.

KEYWORD: Years of experience, level of task, task performance, primary healthcare workers

INTRODUCTION

Task is a unit of work that is convenient for working a plan or achieving a goal. It could be regarded as observable job element in a work setting. So task acquired through training as well as organisation and interpretation in practice. (Katz and Snow 1980, Porkin 1980). Performance on the other hand is the ability of the individual worker to perform a specific task. It is the execution of

33 functions by utilization of knowledge, skills and attitude acquired
34 through training as well as their organisation and interpretation in
35 practice, Ezenduka (2007).

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

45
46 Ransome – Kuti (1990) state that in Nigeria Primary Health Care
47 Workers (PHCW) should perform the following tasks, diagnosing
48 and treating common conditions with simple measures; identifying
49 pregnant women and ensuring that they deliver safely, identifying
50 malnourished children and providing health education in the
51 community; mobilizing the community for preventive action such as
52 the building of latrine, wells and road and spreading community

53 health care into and within the community in a most responsible
54 manner. In performing these tasks there are qualities needed to
55 possess by the health workers to be in a position to actually achieve
56 the aims of these series. Some of these attributes include training,
57 (iePoeteel States) years of experiences, age, marital status,
58 (Ezenduka 2007). Little has been done to highlight the effect of each
59 of these factors in the effectiveness of performance of these tasks.
60 What the policy makers in Nigeria are concerned with the task
61 shifting without putting into consideration these factors. WHO
62 (2008) recommendation and guideline on task shifting stressed
63 that, task shifting should be implemented alongside other strategies
64 that are designed to increase the total numbers of health workers in
65 all cadres. WHO also stressed that task shifting is proposed as a
66 efficient approach but one that will require significant investments
67 and that should not be seen as a substitute for other investments in
68 human resources in health. The guideline specify the quality
69 assurance mechanisms including standardized training, supportive
70 supervision and certification and assessment that will be important
71 to ensure quality of care.

72 This study is aimed at stressing the effect of years of experience of
73 primary health care workers on task performance in Enugu State of
74 Nigeria. The result may form a base on task shifting policy
75 implementation in Nigeria. Sullivan (2014) suggested that task
76 shifting should be called task delegation to allow CHEWS to be
77 supervised. This is because their activities has gone unchecked
78 because of ill informed laws, unnecessary competitions,
79 encroachment into areas they had no training on, economically –
80 induced elongation of training programmes to “meet up” and lack of
81 political will on the part of leaders. Task – shift concept is really a
82 programme to introduce to health field on other group to erode the
83 functions of the nurses while physicians’ tasks are well guided. The
84 main categories of PHC workers are the Public Health
85 Nurses/Midwives, Community Health Officers and Community
86 Health Extension Workers CHEWS. The CHEWS were trained on
87 how to perform specific tasks, study conducted in Calabar and
88 Ibadan revealed that majority of the CHEWS work as messengers
89 and aids in hospitals while others who found themselves in villages
90 provide predominantly curative services as against the preventive

core which is their main functions. (Adeniyi et al 1986) and Akpola (2011).

METHODOLOGY

Descriptive survey research design was adopted to analyze the task performed of primary health care workers in Enugu State of Nigeria. Enugu State is made of 17 Local Governments and 423 health centres. Multi stage random sampling health centres. In the first stage three LGA were randomly selected from each of the three senatorial district of the state given a total of 9 L.G.A. In the second stage, three health centres were randomly selected from each of the 9 LGA, given a total of 27 health centres. The total number of community health workers in the health centres selected were 315 because their number were few all of them were used for the study but only 302 were finally because 13 public health nurses/midwives were found in the 9 LGA and 10 of them were not in the clinics and not quality to be evaluated.

Self developed structured task performance questionnaire was used in data collection. The instrument was first used for data on the effect of years of experience on task performance. A pilot study in

one of the Local Government that was not selected for the study. A test retest reliability coefficient was 0.85. Permission was obtained from coordinators of primary health care in the selected LGA and all the respondents were assured that the information they provided is for statistical analysis only. The questionnaire were distributed to the respondents in their places of work and collected by the end of that day's work by the researchers. The data were analyzed using SPSS (version 20).

Table 1:

Task performance by PHCWs in Enugu State According to Years of Working Experience (N=302)

	Task Performed	Less than 10 years		11-20 years		>20 years	Row %	Total	
		n	%	n	%			n	%
1	Material health services (ante-natal, intra-natal, post-natal)	42	58.33	76	87.36	91	63.64	209	69.21
2	Child health services (growth monitoring, immunization)	65	90.28	62	71.26	104	72.73	231	78.49
3	Physical assessment of people to identify those								

	with serious health problems								
-	Provide health education concerning	60	83.33	86	90.85	120	83.92	266	88.08
-	Prevailing health problems and methods of control	69	95.83	80	91.95	107	75.35	256	84.77
-	Dangers of self medication and fake drugs	14	19.44	25	28.74	76	53.15	115	38.08
-	Resources available in health centres and community	20	27.78	30	34.48	26	18.31	76	25.17
-	Method of isolation of infectious cases	23	31.94	30	34.48	59	41.26	76	25.17
4	Poor housing and its health implication	12	16.67	46	52.87	46	32.39	104	34.44
5	Prevention and control of locally endemic diseases	50	69.44	72	82.76	103	72.54	225	74.50
6	Treatment of common diseases and minor injuries	69	95.83	80	91.95	125	87.41	274	90.73
7	Referral patients with serious health problems	65	90.25	84	96.55	110	77.46	259	85.76
8	Provide essential drugs such as panadol	24	33.33	65	74.71	90	46.65	160	52.98
9	Disinfect and								

	dress minor wounds	52	72.22	72	82.76	106	74.65	230	76.16
10	Keep basic records of vital events (births, death) diagnosis and treatment	63	87.50	61	70.11	104	73.24	228	75.50
11	Perform simple laboratory tests (urine and blood tests)	17	23.61	36	41.38	53	37.32	106	75.10
12	Mobilize and encourage community participation in health programmes	17	23.61	34	39.08	42	29.58	93	30.79
	Identify environmental health hazards in the community and provide solutions	13	18.06	36	41.38	44	40.76	93	30.79
	Home visits and contact tracing of treatment defaulters	46	63.89	42	48.28	88	61.97	176	58.28

123

124 Task performed

125 Data in Table 1 show variations in types of task performance

126 according to years of working experiences. The results show that

127 higher performance was recorded for respondents with 11-20 years

128 working experience than respondents with less than 10 years and

those above >20 years working experience in performance of the following tasks: referral of patients with serious health problems, physical assessment of people to identify those with serious health problems, maternal health services (ante-natal, post-natal) preventions and control of locally endemic diseases, disinfect and dress minor wounds, provide essential drugs such as panadol.

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

Table 2

Summary of Chi-square values verifying the differences in types of task performed by PHCWs in Enugu State according to Years of Working Experience (n= 302)

Types of Task Performed	Cal.X ² Values	Table X ² Values
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1	Material health services (ante-natal, intra-natal, post-natal)	13.72234*	.00105
2	Child health services (growth monitoring, immunization)	6.43240*	.04011
3	Provide health education concerning		
-	Prevailing health problems and methods of control	1.72803*	.42147
-	Dangers of self medication and fake drugs	104178*	.59399
-	Resources available in health centres and community	2.37972*	.30426*
-	Method of isolation of infectious cases	3.12057*	.21008
-	Poor housing and its health implication	4.71671*	.09458
4	Prevention and control of locally endemic diseases	2.29097*	.31807
5	Treatment of common diseases and minor injuries	7.62825*	0.2206
6	Referral patients with serious health problems	10.97495*	.00414
7	Provide essential drugs such as panadol	13.37146*	.00125
8	Disinfect and dress minor wounds	2.09756*	.35037
9	Keep basic records of vital events (births, death) diagnosis and treatment	5.86961*	.05314
10	Perform simple laboratory tests (urine and blood tests)	4.48946*	.10596
11	Home visits and contact tracing of treatment defaulters	3.91826*	.14098
12	Mobilize and encourage community participation in health programmes	8.65434*	.01320
148	Satisfying Significant		

150 The influence of years of working experience on the response task
151 performance was the main thrust of data in Table 1 and 2 the
152 results from Tables showed that years of working experience had
153 influence on the types of task performed by the respondents in
154 Enugu State. Data in Table 2 revealed that the differences were
155 significant at .05 level and 2 degrees of freedom. The findings
156 revealed that performance was higher among respondents with 11-
157 20 years of working experience than respondents with 10 years and
158 below experience in the performance of the following task: keeping
159 basic records of vital events (birth, deaths), diagnosis and treatment
160 ($X^2=5.869>.053$) and inhome visits and contact tracing of treatment
161 defaulters ($X^2=9.18>.141$). respondents with 11-20 years working
162 experience performed higher than those with 21 years and above
163 working experience in majority of the tasks such as: material health
164 services ($X^2=13.722>.421$); referral of patients with serious health
165 problems ($X^2=10.975>.004$); prevention and control of locally
166 endemic diseases ($X^2=2.291>.318$) and provision of essential drugs
167 ($X^2=13.371>.001$). Respondents who had worked below 10 years
168 could only perform higher than respondents with 11-20 years and
169 above in child health services ($X^2=6.432>.040$); provision of health

170 education concerning prevailing health problems and methods of
171 controlling them ($X^2=7.628>.022$). The findings are interesting.

172

173 **DISCUSSION**

174 It can be stated that from these results that community health care
175 workers performance is poor since their mean score in 7 out of 13
176 task evaluated is between 25.17-38.8%. The areas they had these
177 very low score include provision of health education, performance of
178 simple laboratory tests, community mobilization and identify
179 environmental health hazards in community. This results is in line
180 with Adeniyi et al (1986) and Akpala (2000) who stated that most of
181 the community health care workers in the villages provide
182 predominantly curative services as against the preventive care
183 which is their main function. This may also account for the high
184 material and infront mortality recorded in Nigeria as report by WHO
185 (2004) and Adoni et al (2005) who reported that Nigeria accounted
186 for about 10% of all maternal death rate in the world after India.
187 This is also in line with Ndie (2004) who opined that replacement of
188 Public Health Nurses with extension workers as is obtainable in
189 Nigeria today is not for the interest of the public.

The result is also in line with Cruckshank et al (1994) that stated that clinical experiences independently has a significant effect on competence. So it was expected that respondent with more than 10 years working experience should perform higher than respondents with less than 10 years. This result could also be of greater use in planning for task shift in Nigeria to ensure quality care. Certain years of experience should be considered with supporting supervision as stipulated in WHO (2008) guideline. It could be concluded from this study that community health care workers in Nigeria have low task performance and years of experience help to improve their performance and supportive supervision is needed to ensure quality care. It is recommended that public health nurses/midwives should be employed and in health centres in Nigeria to provide the much needed supportive supervision to ensure quality care in health centres.

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