

ORIGINAL ARTICLE

Nurses attitude and perceived factors that influence working in rural communities in Delta State, South-South Nigeria

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ABSTRACT

The study was aimed at determining nurses' attitude to and perceived factors that influence posting and working in rural communities in Delta State, Nigeria. Descriptive cross-sectional research design was used for the study. A total of 129 nurses covering the entire nursing staff working in these communities were studied. The instrument for data collection was questionnaire. The data obtained were subjected to simple descriptive statistics and *t*-test analysis. The results interestingly showed that nurses have positive attitude towards the acceptance of rural postings. This positive attitude notwithstanding it was concluded that community Health nurses should be posted to rural areas since they are better prepared by training to work in rural communities.

Key Words: Nurses attitude, Perceived factors, Posting and working, Rural communities

1. INTRODUCTION

In recent years, there had been concern for rural populace health status at both state and national levels of government in Nigeria which was reflected in the fourth National health plan (1980-1985) which sought to bring about a shift from curative to preventive care through "Basic Health Service Scheme (BHSS)". This was a comprehensive health care system that offers promotion, preventive, restorative and rehabilitative services to an increasing proportion of the population without their full involvement.^[1] But it was not until 1988 National Health Policy that Primary Health Care (PHC) was declared in line with the global declaration at Alma Ata.

The current national health indices have unfortunately remained poor. The maternal and child health situation which

is one of the indicators for a society's level of development as well as the performance of health care delivery system, have been either static, deteriorating or with slow progress.^[2] Data obtained from the Nigeria Demographic and Health Survey reports^[3] show that the under-five mortality rose from 183.75 per 1,000 live births in 2,000 to 201 per 1,000 live births in 2000, but rose to 100 in 2003. In terms of regional disparity, both infant and under-five mortality are highest in the North East (109 and 222 per 1,000, respectively).^[3] This disparity is also found between urban and rural area^[4] and it was attributed to shortage of health care providers especially nurses. The shortage of nurses who are the key health care providers at that level may be due to preference to posting to urban areas with basic social/infrastructural facilities and migration to developed countries.^[2,5] These situations

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may likely affect the attitude of nurses towards posting and working in rural settings. It has in fact been reported that nurses value more hospital nursing practice than community health nursing.^[6-8] Presently in Nigeria many nurses who accept postings to rural areas prefer to live in nearby urban centres and shuttle between the urban centres and the rural location of their professional assignment. This shuttling may affect their regularity, punctuality and commitment to work and consequently their work output. This may consequently reduce rural residents' access to utilization of PHC services. During the training of nurses in Nigeria, the student nurses are made to work for few weeks in health centers. This posting may not be enough to make them get enough experience in working in rural areas. There is another cadre of nurses specially trained for rural practice and they are Community Health Nurses. This cadre is trained on home visiting which make them understand the culture and values of the rural populace and their training is rural based.^[9] It therefore becomes necessary to identify the perceptions and attitudes of nurses with a view to proffering solutions towards a significant improvement in the acceptance of posting and working in rural healthcare settings. The purpose of this study, therefore, was to determine nurses' attitude towards working in rural areas and the perceived factors that may affect their acceptance of rural postings.

2. MATERIALS AND METHODS

The design of the study was descriptive cross sectional. The study was conducted in rural communities of Ika South Local Government Area of Delta State Nigeria. Ika is one of the rural Local Government Areas in Delta North senatorial district. There are 15 Primary Health Centres in the Local Government Area. The population of registered nurses working in these 15 health centres at time of study was 129, made up of 98 females and 31 males nurses of all cadres ranging from Nursing Officers II to Principal Nursing Officers. The respondents for this study therefore were the entire nursing staff (129).

The instrument used for data collection was a questionnaire developed by the researchers. It was first sent to two people that specialized on test construction for content validity. The questionnaire was pre-tested for reliability in another rural community with similar characteristics but not included in the study. Split half method was used to test the reliability of the instrument with correlation coefficient of 0.82 showing that the instrument is reliable. The instrument has three sections: A, B, C. Section A consists of 5 items on the socio-demographic information of the respondents while section B consists of 17 items on the respondents' attitude towards posting and working in rural areas. The study was approved

by the ethics committee of the State Ministry of Health. Informed verbal consent was obtained from each respondent before the administration of the questionnaires. The staff were contacted their places of work through several visits to the Health Centers and the questionnaire administered to them.

The data obtained were analyzed using simple descriptive statistics. A *t*-test analysis was also conducted to determine the influence of gender and marital status on nurses' attitude towards posting and working in rural areas. All data analyses were done using the statistical packages for social sciences (SPSS) version 13.0 for windows.

3. RESULTS

A total of 120 nurses responded to in the study. Out of these 120 nurses studied, 29 (24%) were males and 91 (76%) were females. More than half of the respondents (56.67%) were between 20-29 years while, 10% were less than 20 years. The mean age was 29 years with *SD* = 9. Majority of the respondents were single ie 87 (72.5%) while only 33 (27.5%) of them married. Assessment of the level of education indicated that 93 (77.87%) of them were only registered nurses; 21 (17.21%) were registered nurses/midwives, 4 (3.28%) had university education and nurses; 21 (17.21%) were registered nurses/midwives, 4 (3.28%) had university education and only 1 (0.82%) specialized in community health nursing less than half of the respondents (45.79%) were using officers II while the least number were the principal nursing officers 10 (9.35%) (see Table 1).

Table 2 shows the attitude of nurses towards postings to and working in rural areas. Majority of the respondents (76.7%) agree ($x = 2.72$) that there is nothing wrong with working in rural areas and that working in the rural area is not a waste of manpower (62.5%; $x = 2.24$), 55.8% also the majority, willingly accepted working in the rural area ($x = 2.48$) but 72.5% believe their working in the rural area is just temporal ($x = 2.66$). They in fact agree that rural posting in general should be for a short period of time ($x = 2.48$). On the issue of "I see working in the rural area as a punishment", 70.8% of the respondents disagreed ($x = 2.26$). Half of the respondents (50.8%) also disagreed ($x = 2.33$) that working in the rural area is not challenging; 60% thought that there is a lot of work to do there ($x = 2.58$).

Concerning attitude about postings to rural areas, majority of the respondents (66.7%) felt that rural posting should not be left only for nurses living in rural areas ($x = 2.25$); 55% also disagree that people from particular rural areas should be posted there to work ($x = 2.38$). Results, moreover, showed that the respondents did not believe that only those with cars

(64.1%) or who are unmarried should be posted to the rural areas. About half of the respondents agreed ($x = 2.46$) that people should be given the opportunity to accept or reject rural posting (53.3%) and that rural posting should be for those who specialized in community health nursing (57.5%; $x = 2.51$). In response to questions about life in rural communities, 63.3% ($x = 2.58$) agreed that life in rural area is not exciting; 55.8% ($x = 2.53$) felt rural posting cuts one off from cit life.

The result on Table 3 describing the distribution of respondents according to work pattern in rural areas and type of activities engaged in show that, 60% of the respondents go to work on daily basis, 67.5% of them report to work before 8 a.m. while 58.3% close from work between 2-4 p.m. Results also show that a greater percentage (45.8%) of respondents are on morning shift duty compared with other shift duties.

The activity they mostly engaged in as nurses working in rural settings, was school health programme (61.7%), followed by home visiting (58.3%), and care of patients in the wards (50%). The other activities engaged in, in ranking order were out patient treatment and family planning (49.2% respectively), routine immunization (48.3%), health education of the people in the community (48.3%), national immunization (42.5%), participation in community programmes (41.7%) and community mobilization (40.8%).

In the analysis of the difference between male and female nurses in their attitude towards working in rural areas, as shown in Table 4, the t -critical value (1.7291) being greater than t -observed value (1.650) indicate that there is no significant difference in the responses of respondents according to

gender.

Also Table 4 indicates that there is no significance difference ($p > .05$) in the attitude of nurses towards working in rural areas with reference to marital as the t -critical value of 1.7341 is greater than the t -observed value of 0.263.

Table 1. Distribution of socio-demographic characteristics of respondents (n = 120)

Variables	Frequency (n)	Percentage (%)
Sex		
• Male	29	24.17
• Female	91	75.83
Age (years)		
• < 20	12	10
• 20-29	68	56.67
• 30-39	27	22.5
• 40-49	9	7.5
• 50-59	4	3.33
• > 60	0	0
• Mean and Standard Deviation	29 (SD = 9)	
Marital Status		
• Single	87	72.5
• Married	33	27.5
Educational Status		
• Professional Registered Nurse	93	77.87
• Registered Nurse/Midwife	21	17.21
• Registered Midwife	1	0.82
• B.Sc Nursing	4	3.28
• Community Health Nursing	1	0.82
Professional Cadre/Rank		
• Nursing Officer II	57	45.79
• Nursing Officer I	35	28.04
• Senior Nursing Officers	18	16.82
• Principal Nursing Officers and above	10	9.35

Table 2. Nurses’ attitude towards postings and working in rural areas (n = 120)

Items	n(%)			Mean (SD)
	Agree	Disagree	Undecided	
There is nothing wrong with working in rural area	92 (76.7)	22 (18.3)	6 (5.0)	2.72 (0.55)
I willingly accepted my posting to the rural area	65 (55.8)	43 (35.8)	10 (8.33)	2.48 (0.65)
My working in the rural area is just temporal	87 (72.5)	25 (20.8)	8 (6.70)	2.66 (0.60)
I see working in the rural area as a punishment	33 (27.5)	85 (70.8)	2 (1.7)	2.26 (0.47)
Rural posting should only be for short periods of time	69 (57.5)	40 (33.3)	11 (9.17)	2.48 (0.66)
Working in the rural area is not challenging to me	49 (40.8)	61 (50.8)	10 (8.33)	2.33 (0.62)
There is a lot of work to do in the rural area	72 (60.0)	46 (38.3)	2 (1.7)	2.58 (0.53)
Working in the rural is a waste of manpower	36 (30.0)	75 (62.5)	8 (6.7)	2.24 (0.56)
Rural posting should be left only for nurses living in rural areas	35 (29.1)	80 (66.7)	5 (4.2)	2.25 (0.52)
Rural postings should be for those with cars	38 (31.7)	77 (64.1)	5 (4.2)	2.275 (0.53)
People should be given opportunity to accept or reject rural posting	64 (53.3)	47 (39.1)	9 (7.5)	2.46 (0.63)
Rural posting should be for the unmarried	31 (25.8)	79 (65.8)	10 (8.3)	2.28 (0.56)
Life in rural area is not exciting	76 (63.3)	37 (30.8)	7 (5.8)	2.58 (0.60)
Rural posting cuts off from new trends and innovations	67 (55.8)	49 (40.8)	4 (3.3)	2.53 (0.56)
People from particular rural areas should be posted to their places	50 (41.7)	66 (55)	4 (3.3)	2.38 (0.55)
Rural posting should be for those who specialize in community health nursing	69 (57.5)	43 (35.8)	8 (6.7)	2.51 (0.62)

The most common factors perceived by the majority of the respondents as affecting acceptance of posting and working in rural areas include lack of facilities and equipment for efficient practice less opportunities to acquire experience and improve skills in rural areas (75%), deficient social amenities and infrastructure (75%). Other factors that featured prominently were lack of opportunities to demonstrate professional competence (62.5%), professional isolation (60%) and separation from family (58.3%). However, there were some other factors which were not perceived by the majority of respondents as impending posting and working in rural areas such as professional specializations that are not community oriented (66.7%), limited knowledge of rural healthcare (63.3%), difficulty in changing environment (58.3%), life in rural settings being strange (58.3%) and the fear of losing the trend with city life and topical issues (56.7%).

4. DISCUSSION

The findings of this study indicate that nurses working at Ika Local Government Area have a more positive than negative attitude towards working in rural areas. Majority of the respondents did not see anything wrong with working in rural areas. They did not consider it a waste of manpower nor a kind of punishment to be posted there. The findings explain why majority of the respondents indicated that they willingly accepted the offer to work in rural areas which is however contrary to the findings of Blaauw et al.,^[10] who reported that health workers were reluctant to work in rural areas.

Though there is willingness by the respondents to work in rural areas, more than half of them (53.3%) indicated that people should be given the opportunity to either accept or reject rural posting. This stand will give opportunity to only those who are ready to work in such setting, thereby improve performance because there will be diligence, commitment and satisfaction. However, respondents felt that working in rural areas, either for themselves or others should be temporal (for a period of time). This attitude could be explained with what Hegney^[6] and Hayes et al.^[11] reported in their studies that nurses favour large urban hospitals over community care givers, (nurses inclusive) make repeated demands to be reposted to urban areas. Also lack of facilities and equipment for practice deficient social amenities and infrastructure, professional isolation among others, were among the factors the respondents indicated as factors militating against to accepting posting to and working in rural settings. A greater percentage of the respondents agreed that life in rural setting is not exciting (63.3%) and that rural posting cuts one off from city life and current trends. Previous studies have also reported poor quality of life in rural areas, rural social life not being enjoyable and rural life not being appeal-

ing as some of the nurses' reasons for being reluctant to live and work in rural settings.^[12]

Table 3. Distribution of Respondents according to pattern of working in rural areas and activities engaged in (n = 120)

Pattern	N	%
Regularity to Work		
• Daily	72	60
• 3-4 times/week	23	19.2
• 2 times/week	15	12.5
• Once a week	10	8.3
Time of Reporting to Work		
• Before 8 a.m.	81	67.5
• 8-9 a.m.	30	25
• 9-10 a.m.	6	5
• After 10 a.m.	3	2.5
Time of Closing from Work		
• 12 noon	2	1.7
• 1-2 p.m.	21	17.5
• 2-3 p.m.	70	58.3
• 3-4 p.m.	27	22.5
Duty Shift		
• Morning only	55	45.8
• Morning and afternoon	25	20.8
• Afternoon only	28	23.3
• Afternoon and night	12	10
Activities engaged in by respondents (a multiple response)		
• Care of patients in the wards	60	50
• Home visiting	70	58.3
• Routine immunization	58	48.3
• National immunization days	51	42.5
• Out-patient treatment	59	49.2
• Family planning	59	49.2
• Participation in community programme	50	41.7
• Community mobilization	49	40.8
• School health programme	74	61.7
• Health education in the community	58	48.3

These obstacles did not seem to have affected their regularity and punctuality to work as majority of the workers did not only go to work on daily basis, but were there before 8 a.m. and more than half of the respondents (58.3%) work for at least 7 hours daily. This indicates that the willingness of one to work in a rural setting may not be affected by these perceived factors.

Further findings of this study show that nurses perceived working in rural areas as challenging and that they had a lot of work to do. This is similar to the findings in other studies.^[13,14] This finding is expected considering the fact that rural health providers including nurses respond to a range of health relate problems which could be wider than their counterparts in urban setting. The lack of facilities and equipment

for practice may have also made the work to be more challenging and engaging, a factor also noted in other studies.^[15] Creativity and innovation, Fletcher^[14] and Dolphin^[16] notes that these are necessary attributes to adapt available equipment and resources to the individual needs of clients and communities.

It is also important to recognize that majority of the respondents engaged in activities external to the usual assignments

within the Health Centres, such as school health programme (61.7%), home visiting (58.3%), Health education of targeted groups in the communities (48.5%), national immunization (42.5%). These may have contributed to their having a lot of work to do irrespective of the identified factors to working in rural areas. Similar to this finding, CREHS^[17] reported that the nurses, studied in South Africa, felt working in rural areas is very stressful.

Table 4. Differences between gender, marital status and the respondents’ attitudes towards posting and working in rural settings

Paired Variables	N	Mean	SD	t-observed	t-critical	df
Male	29	2.54	0.61	1.650	1.7291	19
Female	91	3.36	0.32			
Married	33	2.39	0.38	0.263	1.7291	18
Single	87	2.40	0.32			

Findings of this study also show that the respondents did not feel that only nurses resident in or from a particular rural area should be posted there, an attitude also reported by Mullei et al.^[13] Some of them (31.7%) however indicated that being in possession of a car should be considered before posting to a rural area. This finding may imply that some of the nurses shuttled between the urban areas they probably live and the rural areas where they work. This could account for why almost half (45.8%) of the nurses did only morning shift while only very few (10%) did afternoon and night. It could also explain (though not in the majority) why some nurses went to work 3-4 times/week (19.2%) and some others 2 times per week (12.5%).

An interesting finding of this study was that out of the 120 nurses studied only one (0.82%) specialized in Community Health Nursing. The implication of this could be that either many nurses are not specializing in their field of nursing or that they are not being posted as they should to rural communities. This tendency either way will affect the quality of care being rendered in these communities. Although, all trained nurses to an extent are prepared to render services in all fields of nursing but for effective and required quality of care to be rendered in rural communities, it requires a specialized nursing practice, as Lassiter^[18] asserted, that demands a specialized range of knowledge, skills and attitude. The respondents in this study, moreover, felt that rural postings should be for those who specialized in community health nursing.

Result of the stud with reference to the role of gender and marital status on nurses’ attitude towards posting and working in rural areas revealed that there was no significant difference between the male and female nurses neither any

between single and married nurses. Majority of the nurses were females (75.83%) and single (72.5%) and could have perceived themselves as readily available and perhaps adventurous. More so, the earlier findings of this study indicated that 79 (65.8%) of the respondents disagreed that rural postings should be only for unmarried nurses. This finding could be further explained as stated by Ajala, et al.^[2] that health professionals posted to rural areas prefer to live in nearby urban areas and shuttle between the urban and rural areas. Marital status and gender may not, therefore, influence postings to rural areas since the shuttles are not peculiar to a particular demographic status. An earlier study in Africa came up with similar findings.^[17] CREHS, however, reported that though age and sex did not affect postings in South Africa, the student nurses who were single, who had children and who studied at a university were reported to be less likely to choose a rural job. Fletcher et al.^[14] also found that rural posting is the result of a complex interaction between a number of factors including ethnicity, discipline, age and sex. Perceived factors that could predispose the rejection of rural posting were lack of facilities, equipment/material to work with few opportunities to acquire professional competence, lack of incentives, deficient social amenities and infrastructure, lack of opportunities to demonstrate professional competence, professional isolation and separation from family. Similar results have been obtained in other studies.^[10, 13, 14, 19, 20] The studies in Kenya and South Africa, for example, reported that access to children or forced separation from those studying in urban areas may affect parents’ acceptance of rural posting. These findings imply that if policy makers wish to motivate, and attract health workers to rural areas and retain them there is need to address these negative factors that seem to nurse willingness to be posted and work in rural settings.

5. CONCLUSIONS

The respondents did not see anything wrong with working in rural areas neither did they consider it a waste of manpower nor a kind of punishment to be posted there. They also disagreed that rural postings should be only for unmarried nurses. Though there are some factors which continue to hinder successful rural recruitment and retention, and conse-

quently to effective delivery of quality care, it is definitely not the attitude of nurses. These insights should inform the future attempts in resolving the issue of shortages of health workers in rural areas by posting community health nurses who are better trained to work in rural areas.

CONFLICTS OF INTEREST DISCLOSURE

The authors declare they have no conflict of interest.

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