

# Experiences of University Nursing Students Regarding Overcrowding by Patients in The Training Health Facilities, Khomas Region Namibia

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## Abstract

Overcrowding in healthcare facilities has emerged as a critical issue, posing significant challenges in the delivery of quality patient care. In recent times, there has been an increasing number of patients at the health centres, medical, and surgical emergency conditions, placing more emphasis on the need for quality nursing care. The aim of this study is to explore the causes, consequences and potential solutions surrounding overcrowding in training health facilities. The study employed exploratory, qualitative design. Ninety-eight participants that registered for the academic year 2023 as fourth years at the University of Namibia were recruited and saturated at 9 respondents. Data was coded and analysed using Tesch's method of data analysis. Three Themes emerged from the exploration and description of nursing students clinical learning experiences. The results indicated that there was indeed overcrowding of patients in the health facilities. The study identified several major challenges confronting nursing students working in the training health facilities which are linked with lack of resources and staff.

**Keywords:** Overcrowding, Patients Training health facilities, Health care, Nursing students

## Key points:

- Healthcare services worldwide play a fundamental role in ensuring that the communities are free from any sickness or diseases which may affect them from time to time.
- The National Development Plan (NDP5) has the promises that looks at the improvement of the health care system, which states that all Namibians will have access to quality health care.
- Addressing overcrowding in health training facilities requires a multi-faceted approach.

## Introduction

Overcrowding refers to a situation where there are more people or objects than the available space can accommodate. In terms of living spaces, overcrowding can refer to a situation where there are too many people living in a particular space or dwelling. Overcrowding can lead to a range of physical and psychological issues, such as illness, stress, and lack of privacy. It can also impact the quality of life and general well-being of those affected (Savioli et al., 2022).

Healthcare services worldwide play a fundamental role in

ensuring that the communities are free from any sickness or diseases which may affect them from time to time. Thus, high-quality health care may help prevent illness and increase quality of life. The UN Partnership Framework (UNPAF) with Namibia includes the Social Transformation Pillar, which includes 'Good Health.' All individuals should have access to and use high-quality integrated health and nutrition services [1]. In developed countries, overcrowding can still be a problem, especially in areas with high immigrant population. For example, in countries like the United States, Canada, and the United Kingdom. In addition, cultural differences can also play a role in overcrowding practices, such as in multi-generational households. There are several reports in local media on poor health service by the caregivers especially contributed by the lack of sufficient health care facilities which in turn leads to overcrowding and long queues at clinics and hospitals in Namibia.

## Objectives

The objective of this research was to explore the experiences of nursing students on overcrowding by patients in Training health facilities as in the topic.

## Methods

Exploratory, qualitative design using a phenomenological approach was used in this study as the researcher explored student nurses' perceptions and an experience regarding overcrowding and what can be done to decrease overcrowding within training centres. All 98 fourth year nursing students registered for the academic year 2023 at the University of Namibia were selected as the population. Data was carried out from September to October 2023 and saturated on the 9th participant. Data saturation happens when no new information is emerging from the population and the same information is being repeated.

### Data collection

The researcher compiled a semi-structured interview guide, Audio recorder and field notes as data collection instruments with the central question: *What are your experiences regarding overcrowding at the training facilities.* Clearance was obtained from the school of nursing and public health and a written informed consent was obtained from participants after the purpose of the study was explained to them prior to data collection. The participants were recruited after their daily duty for the interview. Those who had busy schedules after their daily duty were approached on a different day to undertake the interview. Data was collected through face to face interviews lasting between 20 to 30 minutes using a semi-structured interview guide.

### Ethical considerations

The Helsinki declaration was adhered to throughout this study, permission to conduct the study was obtained from the School of Nursing and Public Health SoNEC06/2023 and written informed consent from the participants.

## Presentation of The Study Results

### Demographic Data

The demographic data as reflected in table 1 below indicates that seven (7) female and two (2) male participants participated in this study and their ages ranged between 22 and 42 years of age. The participants were provided with codes as (IFFI P) meaning, individual face-to-face interview participants, to maintain confidentiality. The female domination in this study was due to the fact that nursing is a female dominated profession, and the School of Nursing and Public Health was no exception as it had a low intake of male nursing students throughout the years. Table 1 provides an overview of the year of study, age and gender of the nursing students who participated in the face-to-face interview. The researcher conducted nine (9) individual face-to-face interviews, all which are fourth years respectively. Only three (2) males participated in the individual face-to-face interview.

**Table 1. Demographic Data Interview Participants**

Participant	Participant code	Year of study	Age	Gender
1.	IFFI P1	Fourth year	23	F
2.	IFFI P2	Fourth year	23	F
3.	IFFI P3	Fourth year	22	F
4.	IFFI P4	Fourth year	22	F
5.	IFFI P5	Fourth year	24	M
6.	IFFI P6	Fourth year	22	F
7.	IFFI P7	Fourth year	23	F
8.	IFFI P8	Fourth year	42	F
9.	IFFI P9	Fourth year	22	M

### Themes and Sub-Themes

Data was collected through face-to-face interviews up to the point of data saturation, and as already indicated, data were sorted into

themes with corresponding subthemes. The following themes and subthemes derived from the analysis are as discussed below and reflected in table 2

**Table 2. Themes and Sub-Themes**

THEME 1	SUB – THEMES
Lack of Space	Non-conducive environment for care
	Lack of privacy and confidentiality of patients
	Risk of infections
THEME 2	SUB – THEMES
Poor Nursing Care	Delayed treatment for patients
	No treatment for patients

	Difficulty in rendering care to patients
THEME 3	SUB-THEMES
Lack of Resources	No Equipment in the facilities
	Shortage of Staff

### Theme 1: Lack of Space

Overcrowding in the health facilities was a great concern for participants. Participants expressed that inadequate space in the health facilities hinders quality nursing care delivery.

Participants expressed their frustration in having to nurse patients in corridors making the performance of some nursing procedures practically impossible.

*“My first year I saw patients being treated in the corridors which does not allow for privacy that was one of my experiences. Where ever you go there is nurse- patient ratio. Meaning we have so many patients and few nurses with limited resources which causes overcrowding as patients have to wait all for the resources, equipment to be available to them for treatment to commence” (Participant 6).*

#### Sub-theme 1: Lack of Conducive Environment

The lack of a conducive environment is a significant barrier to providing quality patient care in healthcare facilities. Addressing these challenges would require significant investments in healthcare infrastructure, including adequate staffing levels, improved working conditions, and sufficient funding for healthcare facilities. Such investments would help improve the quality of care provided to patients while also enhancing the job satisfaction of healthcare professionals (Mosadeghrad, 2014)

*“Patients are okay but we do not have enough staff to cover for the patients so the work load becomes too much for the amount of staff that are there and you can see it cause visual signs of stress and does not provide a conducive environment for the students to participate in the treatment of patients” (Participant 4).*

#### Sub-theme 2: Lack of Privacy and Confidentiality

The lack of privacy and confidentiality in overcrowded training health facilities is a significant barrier to accessing quality healthcare.

*“So at least maybe they should come up with a booking system where if a patient, for instance, follow up, like patients that are supposed to come to follow up, they book and then they come one by one instead of just coming and gather at the place. And you know confidentiality and privacy of other patients is not ensured. So a limited number of patients to be seen per day.” (Participant 1).*

#### Sub-theme 3: Risk of Infection

Overcrowding of patients in training health facilities can result in an increased risk of infection. The presence of sick patients in the waiting areas often results in the spread of infections.

The perceived risk of infection in overcrowded training health facilities is a significant concern for patients and healthcare professionals.

*“Because the more people are in one place the chances of*

*acquiring infections” (Participant 6).*

### Poor Nursing Care

Poor nursing care emerged as a significant concern. Patients experience inadequate attention, there is delays in receiving care, and lack of individualized support.

*“if the patients are a lot the nurses don’t get time to pay attention on what the students are doing and don’t have time to give proper demonstrations thus disadvantaging the students and patient care” (Participant 6).*

#### Sub- theme 1: Delayed Treatment for Patients

Overcrowding in training health facilities revealed that delayed treatment is a significant issue for patients. Participants reported patient’s extended waiting times before receiving necessary medical attention.

*“For me it feels like the resources do not cater for all patients example there is only 2 thermometers so meaning treatment will be delayed because they now have to wait long, whiles the nurses are waiting to treat patients’ patients have to wait for their vitals to be taken causing delaying causing overcrowding as the queues keeps getting longer” (Participant 7).*

#### Sub-theme 2: No Treatment for Patients

Participants highlighted instances where patients did not receive the necessary medical attention due to the overwhelming patient load and resources constraints. This can have serious implications for patient’s health and well-being, as timely and appropriate treatment is crucial for their recovery.

*“Well according to what I’ve experienced because I’m also a nursing student overcrowding derails Patient care in like so many ways and it lets patient to like rather stay at home and not seek medical attention because they are scared of overcrowding at facilities. Especially clinics.” (Participant 3).*

#### Sub-theme 3: Difficulty in rendering care to patients

Participants observed that there was difficulty in providing adequate care to patients. Due to the high patient load and limited resources, healthcare professionals faced challenges in delivering comprehensive care to all patients.

*“I have noticed that when the ward is overcrowded than its difficult to give specific nursing care to the patients. The staff are not equipped in terms of numbers and the number of patients around and sometimes that would force the nurses to ask students to work sevens just to cater for all patients so we are facing difficulty providing specific care” (Participant 5).*

### Theme 3: Lack of Resources

Participants reported that the facilities were ill-equipped to handle the increasing patient load, resulting in shortage of essential

supplies, equipment, and personnel.

*“The main cause of overcrowding in hospitals is the lack of resources so the moment you realize that you don’t have enough resources than you should already expect patients to be waiting for long. its lack of resources, shortage of staff making the waiting period too long. We don’t have enough health facilities, high population meaning patients will be frequenting at the same facilities causing overcrowding” (Participant 7)*

#### **Sub-theme 1: No equipment in the facilities**

Participants stated that the lack of some logistics and consumables at the health facilities affected quality patient care. Participants mentioned that due to the influx of patients to the units, the bed capacity in the wards and screening rooms in the clinics are inadequate to contain the patients. Some vital resources needed for delivery of care were sometimes not available at the time of need, broken or limited.

*“We don't have enough resources to accommodate the patient. So, without the resources, the patient stays longer than what they are actually supposed to be in the hospital or like the hospital period of time. And also, then, at the clinic they keep coming back because we don't have medications” (Participant 2).*

#### **Sub-theme 2: Shortage of staff**

Understaffing was a major issue expressed by all participants. According to the participants, adequate staffing is necessary for effective nursing care and reduces work stress. Participants indicated that in some cases, nurses have to run shifts alone or with students amidst increasing workloads. They further emphasized that it was more worrying when registered nurses have to ask students to work overtime to care for patients due to lack of staff. Participants reported being overwhelmed with the increasing number of patients admitted to the units and this affects healthcare delivery.

*“We do not have enough staff to cover for the patients so the work load becomes too much for the amount of staff that are there and you can see it cause visual signs of stress and does not provide a conducive environment for the students to participate in the treatment of patients” (Participant 4).*

### **Discussion**

#### **Theme 1:**

Lack of space in the health facilities was one of the major challenges expressed by participants, making healthcare delivery tedious. Nurses could not perform the full iterative circle of the nursing process due to the uncondusive working environment and this affects the quality of patient care delivery leading to poor patient outcomes [1]. The current study finding is consistent with previous studies conducted across the globe identifying lack of space due to overcrowding in the health facilities as a major challenge to quality care delivery. Overcrowding in the health facilities may occur as a result of the shortage of nursing staff, the number of patients waiting to be seen, bed shortage, and delays in treating or assessing patients already in the facilities [2]. Therefore, if the crisis of crowding is to be solved, interventions designed to address the problem must be tailored towards identified specific causes.

#### **Theme 2:**

The shortage of nursing staff in the health facilities remains an important issue of interest to hospital administrators, nurses, and physicians. The current study revealed that understaffing was a challenge experienced by student nurses. According to the participants, adequate staffing is necessary for effective patient care delivery. To help bridge the gap most participants had to work overtime to assist their colleagues in the next shift. The findings of this study are not different from a Canadian study where participants expressed a shortage of nursing staff in the ED which led to ED nurses working overtime [3]. A similar challenge was found in China where they faced a shortage of emergency nursing staff in the ED. The World Health Report in 2006 classified Ghana among 36 countries in SSA facing a health workforce crisis Atakro et al., (2016) which necessitated government interventions through the Ministry of Health to address a myriad health workforce challenge. Recently out of about 115 650 employed public sector health workers, 58% were nurses and midwives in Ghana [1]. From 2008 to 2018, there has been a remarkable increase in the nursing workforce of about 370%. Nonetheless, empirically, there exists a persistent shortage of nurses and midwives in most hospitals and clinics across Ghana. As in recent times over 40,000 trained nurses and midwives have been unemployed between 2016 to 2019 while health facilities across the country are in dire need of these professionals. Due to the extended credit facility agreement between the government of Ghana and the International Monetary Fund with its associated austerity measures, most of the graduated nurses from 2016 and 2018 could not be immediately employed [4].

#### **Theme 3:**

Participants recounted the challenges they encounter in delivering patient care amid the unavailability of basic equipment. In most emergency units in Ghana, patients reporting to the units are not triaged and most emergency centres are poorly equipped, under-resourced, and overcrowded [5]. Our study finding is consistent with a study conducted in Ghana by Atakro et al., (2018) where nurses complained of a lack of material resources to work with. Another study by Hines, Frazee, and Stocks, (2011) also found that ED nurses were confronted with several challenges which included inadequate resources to work with due to decreased reimbursement by insurers. Participants in the current study expressed their dissatisfaction when they lack adequate resources to work with. As the ED is most often the first point of call for patients, resourcing it implies quality care, quick recovery and discharge, client and relative satisfaction, good hospital image, and reducing overcrowding.

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Canadian study where participants expressed a shortage of nursing staff in the ED which led to ED nurses working overtime [6]. A similar challenge was found in China Lam et al., (2018) where they faced a shortage of emergency nursing staff in the ED. The World Health Report in 2006 classified Ghana among 36 countries in SSA facing a health workforce crisis which necessitated government interventions through the Ministry of Health to address a myriad health workforce challenge. Recently out of about 115 650 employed public sector health workers, 58% were nurses and midwives in Ghana. From 2008 to 2018, there has been a remarkable increase in the nursing workforce of about 370%. Nonetheless, empirically, there exists a persistent shortage of nurses and midwives in most hospitals and clinics across Ghana. As in recent times over 40,000 trained nurses and midwives have been unemployed between 2016 to 2019 while health facilities across the country are in dire need of these professionals. Due to the extended credit facility agreement between the government of Ghana and the International Monetary Fund with its associated austerity measures, most of the graduated nurses from 2016 and 2018 could not be immediately employed [7].

### Conclusion

The study identified several major challenges confronting nursing students working in the training health facilities such as overcrowding, understaffing and lack of resources. These challenges if not managed and resolved will endanger quality nursing care delivery.

It is important that the government and hospital managers pay attention and invest resources into the health facilities to reduce the challenges of inadequate resources and staffing to improve on overcrowding. There is a need for hospital managers to develop innovative strategies and policies that will support the working environment of nurses and student nurses to provide quality care to patients. It is also imperative for management to validate the expressions of concerns from student nurses and provide appropriate solutions to foster a positive working environment. The Government can emulate from the outline of healthy China 2030 Plan pointed out that we should improve the medical and health services system from both the supply and demand sides in October 2016.

### Relevance for clinical practice

It is important that the government and hospital managers pay attention and invest resources into the health facilities to reduce

the challenges of inadequate resources. Overcrowding by patients can lead to a range of physical and psychological issues, such as illness, stress, and lack of privacy.

### Author contribution

Joseph Galukeni Kadhila was responsible for supervision and drafting of the manuscript. University of Namibia, Rosalia Tjirundu was responsible for drafting of the manuscript and data collection, University of Namibia.

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### References

1. United Nations Partnership Framework 2019-2023. (2019). United Nations Partnership Framework: A Partnership for the Eradication. 34
2. Atakro, C. A., Gross, J., Sarpong, T., Armah, E., & Akuoko, C. P. (2018). Qualitative inquiry into Registered General Nurses' experiences in the emergency centre. *African Journal of Emergency Medicine*, 8(1), 16-20.
3. Morley, C., Unwin, M., Peterson, G. M., Stankovich, J., & Kinsman, L. (2018). Emergency department crowding: a systematic review of causes, consequences and solutions. *PloS one*, 13(8), e0203316.
4. Enns, C. L., & Sawatzky, J. A. V. (2016). Emergency nurses' perspectives: Factors affecting caring. *Journal of Emergency Nursing*, 42(3), 240-245.
5. Lam, S. K., Kwong, E. W., Hung, M. S., Pang, S. M., & Chien, W. T. (2019). A qualitative descriptive study of the contextual factors influencing the practice of emergency nurses in managing emerging infectious diseases. *International journal of qualitative studies on health and well-being*, 14(1), 1626179.
6. Asamani, J. A., Amertil, N. P., Ismaila, H., Akugri, F. A., & Nabyonga-Orem, J. (2020). The imperative of evidence-based health workforce planning and implementation: lessons from nurses and midwives unemployment crisis in Ghana. *Human Resources for Health*, 18(1), 16.
7. Hines, A., Frazee, T., & Carol Stocks, M. H. S. A. (2011). STATISTICAL BRIEF# 116. Emergency.

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