# Dialogue Summary

## On

## Improving nursing performance for in-patient department at Cambodian public hospitals through an improved nursing shift arrangement

This Policy Dialogue convenes key policymakers and stakeholders to capture contextual information, tacit knowledge, views and experiences including potential recommendation to address high priority issues.

The Dialogue was informed by a pre-circulated Briefing Note to allow for focused discussion among policymakers and stakeholders.

## Acknowledgements

The policy dialogue meeting was arranged and organized by the National Institute of Public Health (NIPH) team and our 2 Cambodian fellows as part of first policy fellowship program. We would like to acknowledge the core team including Lama Bou Karroum and Clara Abou Samra at K2P Center for their technical support as part of the K2P Mentorship Program. We would like to acknowledge the Alliance for Health Policy and Systems Research at the World Health Organization for financial support as part of Knowledge to Policy (K2P) Center Mentorship program [BIRD Project] aimed at strengthening evidence-informed decisions and policymaking in the country.

The views expressed in the dialogue summary are the views of the dialogue participants and

## Dialogue

The policy dialogue about improving nursing performance for in-patient department at Cambodian public hospitals through an improved nursing shift arrangement, was held on 15 June 2022 at the Phnom Penh Hotel, Phnom Penh, Cambodia.

The policy dialogue was facilitated by Prof. CHHEA Chhorvann, the director of the NIPH.

## Citation

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## Preamble

The NIPH Policy Dialogue, hosted 16 diverse stakeholders including representatives from:

→ Policy and Decision-making departments

→ National and sub-national representatives

→ Community-based organization

→ Research Institute

The policy dialogue was facilitated by Prof. CHHEA Chhorvann, the Director of the National Institute of Public Health (NIPH).

### Background to the Policy Dialogue

The Policy dialogue was convened in order to support a full discussion of relevant considerations (including research evidence) about a high-priority issue in order to inform action.

**Key features of the dialogue were:**

Identifying and selecting a relevant topic according to predefined criteria

1. Presenting an issue currently being faced in Cambodia;
2. Focus on different underlying factors of the problem;
3. Focus on four recommendations of an approach for addressing the policy issue;
4. Informed by a pre-circulated briefing note that synthesized both global and local research evidence about the problem, recommendations and key implementation considerations;
5. Informed by a discussion about the full range of factors that can inform how to approach the problem and possible recommendation of an approach for addressing it;
6. Brought together many parties who would be involved in or affected by future decisions related to the issue;
7. Ensured fair representation among policymakers, stakeholders, and researchers;
8. Engaged a facilitator to assist with the deliberations;
9. Allowed for frank, off-the-record deliberations by following the Chatham House rule: "Participants are free to use the information received during the meeting, but neither the identity nor the affiliation of the speaker(s), nor that of any other participant, may be revealed"; and
10. Did not aim for consensus. Participants' views and experiences and the tacit knowledge they brought to the issues at hand formed key input to the dialogue. The dialogue was designed to spark insights that can only come about when all of those who will be involved in or affected by future decisions about the issue can work through it together. The dialogue was also designed to generate action by those who participate in the dialogue and by those who review the dialogue summary.

# Deliberations about the problem

The participants of the dialogue discussed the overall framing of the problem of 24 hours nursing shift arrangement at the public hospitals in Cambodia has been reported to have negatively impact as adverse consequences on staff nurses' quality of life, no time for capacity improvement, stressful, anxiety, exhausted, medication errors and resulted poor quality of nursing care. It is needed to improving nursing performance for in-patient department at Cambodian public hospitals through an improved nursing shift arrangement. Participants also recognized the importance and admitted that it is indeed a problem and agreed on the

need to address the underlying factors leading to the problem. Only one of the participants raised that there is still limitation of finding available data and problem analysis in Cambodia context.

# Deliberations about underlying factors

Participants then movedto discuss the underlying factors of the problem. Most participants agreed on the approach to the problem at the governance, health service delivery, health financing, health information system and cultural and socioeconomic factors and lifestyle among patients. There is a suggestion from one participant that we should look at the details problem as a system. For example, the level of healthcare at which the patient should get the screening, the place to refer the patient after screening, and the lack of human resources.

### Governance arrangements

Shortage of nurse in hospital was discussed in details. One participant agreed that we met a human resource shortage, especially at provincial level. He mentioned that there are two main parts in Cambodian health facilities: medical unit and nursing unit, both will affect the patient care. Our challenges are culture of intervention of staffs turn-over even new staffs have been recruited every year. In addition, another participant revealed that more efforts have been done through Overtime (OT) support on duty for nurses from our Ministry of health which is in line with the labor law, rule of overtime and rule of incentive for OT.

### Health service delivery arrangement

One participant added in health care system, 24 hours is for only duty day. In real practice, the current fact only 4h on day time and no one have full satisfaction but limited evidences in Cambodian context. Moreover, we must understand and highlight key structure of health system on health care services, nurse for Minimum Package Activities (MPA), Complimentary Package Activities (CPA) including CPA1, CPA2, CPA3, & National level.

Another participant raised that 8-hour arrangement actually have been set to apply in 2012 by our ministry but it was rejected by many ministries and our staff themselves. Then it was on-hold on that agenda since then. Due to limited supporting data in Cambodian context for current practice, one participant shown the case in Takeo referral hospital, they used to apply 12 hours during Covid-19 response among nursing students and it seems work well and sanctified up to

90%. However, among our staff themselves, commitment and leadership were still limited. In addition, other one participant raised in Battambang Provincial Hospital, they used to apply 12 hours shift in 3 services (Emergency, surgery, post operation units. Currently, it still implements this 12h working shift in post operation unit. For Emergency and surgery unit, It has been postponed due to rotating staff for prevention and control of covid-19. In fact, 24h working duty is not real practice, they spend around only 6 hours in duty day. However, there are still more challenges that some staff take some time off for personal or additional tasks. Most participants agreed that the 24h working shift arrangement, was not fit with real life as human being and we accept that we are not able to work 24 hours for duty day.

### Health financing arrangement

One participant clarified that law for incentive on duty-day was actually introduced between 2005 and 2006. It has 2 types including week-day (1.5 time of working-day) & holiday (2 times) by division between basic salary and total hour per month (around 200 h/month). Then it comes as 10 times per month with 15000 riel/time. However, all staff didn't clearly understand.

### Cultural and socioeconomic factors and lifestyle among patients

Most participants seemed to agree on the challenges of limited study in Cambodia of nurse satisfaction on 24-hour, 8-hour and 12-hours working shift. One participant proposed to further searching if any available data or conducting more research.

# Deliberations about the Recommendations

# Deliberations about the Recommendations for Addressing the Problem

All participants discussed all the recommendations and strategies laid out in the briefing note.

**Recommendation 1: Develop a standardize of 8-hour-work-shift model for nurses at the IPD of the public hospitals.**

One participant agreed that it would be good to put 8 hours working shift as our MoH regulation, **but that is not feasible to apply for our current situation as it was** used to try but it did not work due to not enough staff. In fact, only some services including ED, ICU, and maternity services that need to apply for 24 hours working service with day-off-8h and normal working day with 8h. To address financial barriers, there should be invited the Ministry of Economic and Finance (MoEF) and Ministry of Civil Service to join next round-table if this problem has been more discussed with higher level. Other one participant suggested that recommendation should mention specifically which services should be apply 8 hours shift and follow by the regulation from MoH. This should start and limit only CPA3 & National level. Other one participant said it seemed like a broad and sharp recommendation (straight-forward). In regard to recommendation, there is not full consistent with key strategies that raise about leadership that link to recommendation 2. We should more stress and consider feasibility of number of nursing team at each facility level. However, one participant agreed that, piloting proposed recommendation should be done and monitored the progress if supporting from ministry. In the meantime, another participant agreed and suggest to try 12-hour working sift first rather than 8-hour arrangement. Then, one participant suggested that we should have further study on perception of nurse's staff on this proposed shift arrangement. He doesn't believe that 8-hour working shift should not be relevant in Cambodian quality of care. For implementation consideration, one participant raised that this recommendation is part of improving quality of care through nursing process, then duty day/shift will absolutely be solved. One participant mentioned that actually, 8- or 12-hour shift is still able to apply for Cambodia when we adopted as rule or regulation. However, we need to be

careful or considered when changing the shift hour with the following functions: staff commitment, satisfaction, available resources, specific services, skill-mixed and planning of daily rotation nurse-staff managed by head of nursing department. Moreover, one participant suggests to provide additional feasible working shift arrangement at CPA3, for instance 8-hour in morning shift, 6-hour in afternoon shift and 10-hour at night shift. Based on this case, at least we tried our best to implement below 12-hour shift arrangement.

However, one participant agreed on presenting example of nursing team arrangement to support recommendation one. 3 teams with 2 nurses per team are possible as availability of current staff (at least 6). It is good to change to 8-hour as we need to improve quality of care and also number of patients for monitoring and knowledge of medical care nowadays have been increased, therefore quality of care should be strengthened through revision of working shift arrangement among nurses. At the same time, one participant agreed that 8- or 12-hour working shift should be specified with only some services including Emergency/ICU, IPD, maternity ward as hospital directors clearly understand how to manage it. Other one participant seemed to have positive feedback on this recommendation that application on 8-hour or 12-hour working shift, depends on agreement and commitment from implementers as its final goal is to provide higher quality for health care services to whole population.

**Recommendation 2: Empowering nurse to take the leadership role in the hospital to have the opportunity to do a strategic review and management work to promote nursing profession in the Cambodian healthcare system.**

Most participant agreed to have this good recommendation, and a participant suggest to put these key actions lead by NIPH for capacity building. However, other one participant suggested to keep this alternative setting as one of key strategies to support recommendation 1.

# Next Steps

# Next Steps

After thorough discussion of the problem and recommendations, participants agreed on the following next steps:

- More update on problem, underlying factors and also specific proposed policy recommendations through piloting at CPA3 level at specific services.
- This briefing note will be able to use to support MoH for developping national guideline on nursing shift arrangement between 8-12h

It was agreed that the NIPH dialogue summary report along with the revised briefing note will be shared with each stakeholder organization as guiding report and that they can use it where applicable and they would communicate internally and externally with relevant stakeholders to advocate for improvements in current nursing shift arrangement within any health care organizations and systems. Also, they can discuss the need to operationalize key recommendations that came out from the dialogue meeting and put them into action as a model for piloting in any hospital and keep documents and lesson learnt.