

NURSES' EXPERIENCES IN CARING FOR CHILDREN WITH NEONATAL SEPSIS AT HOLY INNOCENTS CHILDREN'S HOSPITAL IN NYAMITANGA DIVISION, MBARARA DISTRICT. A CROSS SECTIONAL STUDY.

Andrew Tumwine*, Christine Acio
Mbarara University of Science and Technology.

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Abstract

Background

The study aims to assess Nurses' experiences in caring for children with neonatal sepsis at Holy Innocents Children's Hospital in Nyamitanga division, Mbarara district.

Methodology

A qualitative descriptive study design was used. The study involved eight (8) participants, and a purposive sampling method was used.

Results

All participants were qualified nurses and had completed their basic nursing training successfully. 7 were residing in the hospital staff premises, unlike one. Nurses have a heart of interest, express love for caring for sick children, and show no comparison between their efforts with their payments. They express their challenges in the form of fear, a feeling of worry and threat, find themselves overwhelmed by work on the ward, and express a desire to improve on their already present skills to improve care, especially concerning educating mothers on issues related to home practices on children. Others have weaknesses in controlling their emotions, especially at the workplace, after considering their inputs of care, achieved pediatric experience while caring for children with neonatal sepsis, and have innovative skills to deliver nursing care to these Neonates. *The raised* spread of infection on the ward and the failure to observe safety precautions have been associated with poor infection control by nurses.

Conclusion

The experiences of nurses in care were both achievements basing on; devotion, Nurse motivation and achievements whereas challenges were basing on; Inadequacies, Hindrances of care, Cultural involvement, Nurses' and Mothers' challenges.

Recommendation

A level of specialization in pediatric nursing care delivery is required to ensure evidence-based practice. Observations are made through staff appraisals to identify and support incapable nurses with vocational interests in caring for children to go for further studies in pediatric nursing so that evidence-based practice is implemented.

Keywords: Nurses' experiences, Neonatal sepsis, Holy Innocents Children's Hospital.

Submitted: 2025-01-29 **Accepted:** 2025-02-26 **Published:** 2025-03-31

Corresponding Author: Andrew Tumwine

Email: andrewtumwine9@gmail.com

Mbarara University of Science and Technology.

Background of the study

Globally, neonatal infections have been found to contribute up to 25% of neonatal deaths every year. More than one-third of the estimated four million neonatal deaths around the world each year are caused by severe infections, and a quarter, which is around one million deaths, as a result of neonatal sepsis. Nurses who participate in caring for neonatal patients, who are sometimes called critical care nurses (Abdel Latif, M.E et al, 2007), work primarily in intensive care units (ICUs) to provide extensive care to the neonatal patients (Frank L.A et al, 2005)

Depending on the type of ICU, the neonatal nurse might need to care for more than one patient or manage the needs of several neonates, which nurses are required to

fulfill. This makes neonatal nurses seem to have a life of their own and only devoted to work by dedicating a good portion of their time to enriching the lives of children (Fraser J. A, 2007)

In Africa, nurses face the problem of excessive work overload, fatigue, experience of reduced pleasure, and loss of interest in their work, which is a result of the insufficiency of staff required to serve a large number of patients on the wards. (Abdel Latif M. E et al, 2007). Some nurses have resorted to searching for better working conditions, salaries, career opportunities, resourced health systems, and political stability, among others (Mok, E. & Leung S.F, 2006)

A study conducted by the International Council for Nurses (ICN) on South African nurses indicated that the shortage

of nurses is due to migration from their home countries in search of bigger wages. In addition to getting all the blame when things go wrong, they find themselves increasingly dissatisfied with their work due to a lack of motivational support coupled with minimal recognition and limited opportunity to participate in greater hospital decisions. (Betha et al., 2008)

However, some nurses have remained progressive and moving forward, being able to give the best care possible to their patients in need as well as remaining an actual part of the force that makes decisions for the facility in which they work (Beal.J.A, 2005).

In Uganda, infection is still a risk to the newborn and a major cause of neonatal morbidity and mortality. Many mothers have lost their children in the first month of life due to neonatal sepsis, which has been linked to other non-surgical conditions such as hydrocephalus and spina bifida. For every 3000 children born, 2 or more children will develop hydrocephalus in infancy (Bruns, D.A & Klein S, 2005)

Nurses are part of the healthcare delivery team aiming at promoting health and preventing infection in these children; therefore, a study to explore experiences that nurses have while caring for these neonates was necessary. The study aims to assess Nurses' experiences in caring for children with neonatal sepsis at Holy Innocents Children's Hospital in Nyamitanga division, Mbarara district.

Methodology

Study area

The study was carried out in Holy Innocents Children's Hospital, located in the Nyamitanga division in Mbarara district. The district is located in southwestern Uganda, approximately 295 kilometers (183 miles) by road southwest of Kampala. The approximate coordinates of the hospital are 00 37 25S, 30 28 24E (Latitude 0.6236; Longitude 30 64 00). The coordinates are approximate because the hospital does not yet appear on most publicly available maps.

The study area was selected because of was a Children's hospital where several children with neonatal sepsis are admitted, and besides, the area was accessible to the researcher. The study area receives approximately 14000 patients annually. It has registered a high count of children having neonatal sepsis of about 20% of the total admissions-Hospital records, 2010

Study design

A qualitative descriptive study design was used, which would best help the researcher explore the nurses' experiences in caring for children having neonatal sepsis.

Sample size

This being a qualitative study, the sample size depended on the attainment of a level at which saturation and redundancy of data being collected based on its quality would be. (Polit, 2006)

Sampling method

A purposive sampling method was used. This would ensure only nurses who were working in the neonatal section and who would easily be available be enrolled in the study. (Creswell. J W, 2009).

Study population

Inclusion criteria

The study only included nurses who were in direct contact with neonatal sepsis patients and were able to articulate their experiences concerning caring for patients having neonatal sepsis.

Exclusion criteria

Nurses working in the hospital but not in close contact with patients having neonatal sepsis were not included in the study.

Instrument for data collection

An in-depth interview guide highlighted in Appendix II was used. This helped to guide the researcher in asking questions aimed at exploring the experiences of nurses caring for neonatal sepsis children in the neonatal ward. It was a written interview. (Polit, 2006)

Credibility

The collected information was interpreted and later shared again with responsible participants so that they could evaluate whether the analysis done matched their personal experiences.

Transferability

A full data analysis was done to explain the research findings from the study to create the confidence that results can be based on to explain the situation in another health setting.

Dependability

The findings were considered dependable since the bracketing principle was observed throughout the analysis so that the trustworthiness of the findings is guaranteed. The gathered experiences were taken back to responsible informants to check if they related to their accurate experiences, and then changes obtained from informants were incorporated into the final description. (Polit, 2006)

Ethical Clearance

Informed consent

A written informed consent highlighted in Appendix I was sought from the study subjects, who were assured that refusal to participate in the study would not affect their relationship with the researcher and that in case they felt uncomfortable during the study, they were free to withdraw. Consent was issued before the study process began (Creswell J. W, 2009)

Ethical considerations

Ethical approval was given by the Mbarara University of Science and Technology Department of Medical Research and Ethics Committee. A letter permitting the researcher to carry out the study was obtained from the Mbarara University of Science and Technology Department of Nursing.

Informed consent

Written informed consent was sought from the study subjects, who were assured that refusal to participate in the study would not affect their relationship with the researcher and that in case they felt uncomfortable during the study, they were free to withdraw.

Research purpose

Participants were briefed about the intentions of the study and its importance; this enabled them to participate freely in the study. (Polit, 2006)

Data storage

The data obtained was kept under lock and key (Creswell, J.W, 2009), which was only accessed by the researcher for data analysis.

Privacy and confidentiality

Special permission was sought from informants to get their views before the interview, Participants were assured that the information obtained was not to be shared with anybody and would be considered private, only used for research purposes.

Ethical approval was done by Mbarara University of Science and Technology Department of Medical Research and Ethics Committee. A letter permitting the researcher to carry out the study was obtained from Mbarara University of Science and Technology Department of Nursing.

Data analysis

The data obtained was analyzed by Colaizzi's (1978) approach of content analysis which was done by

immersing in the transcription and later re-reading through, then significant statements were extracted to get the underlying meaning which were organized into meaning units, and the formed units were arranged in broader categories and themes (Polit, 2006). To ensure accuracy, a second reviewer double-checked the translation.

Results

Participants' demographic profile.

The study involved interviews of 8 purposively selected participants who were nurses working at Holy Innocents Children's Hospital and had practiced in the neonatal section. All respondents were nurses aged between 25 years and -31years. Seven out of the eight respondents were Banyankole; the males constituted the most dominant sex, and all respondents were, by chance, Catholics. Among the entire 8 participants, only one was officially married. All participants were qualified nurses and had completed their basic nursing training successfully. Seven out of the eight participants were residing in the hospital staff premises, unlike one.

Description of participants.

The participants' written responses were transcribed in the form of written descriptions. The researcher immersed himself, read, and later re-read through the transcriptions from where he managed to derive twenty-seven categories under seven themes that describe the Nurses' experiences in caring for children with neonatal sepsis at Holy Innocents Children's Hospital.

Below are thematic statements that were derived from the nurses' responses.

1. Devotion
2. Nurses' challenges
3. Nurse motivation and achievements.
4. Inadequacies
5. Hindrances of care
6. Cultural involvement
7. Mothers' challenges

The relationship between the above thematic statements and their categories are shown in Table 1.

Table 1: Table of Results.

Nurses' responses	Categories	Thematic statements
<p>I thank you for taking an interest in neonates. Caring for neonates is like caring for any other human being that is sick, but caring for neonates, particularly those with sepsis, is important (P1)</p> <p>Provision of care to children with neonatal sepsis accords me the opportunity to reverse life...(P8)</p> <p>I love kids and I was daring to work in the children's hospital but with the little exposure I have got, I have realised that neonatal nurses should be more of vocational nurses but not nurses who are money oriented and un settled.....neonatal nurses should not balance the efforts they put in with their pay because it will never balance but instead become devoted and hope for Gods blessings. (P4)</p> <p>Seeing babies cure from this condition after completing treatment and regaining good health brings a smile to my face.(P5)</p>	<p>Interest in neonatal care</p> <p>Life saving</p> <p>Love for neonatal care</p>	<p>Devotion</p>

<p>I hate caring for children with neonatal sepsis ... it takes more time on the ward, neonatal life is threatening, and I am always tense... (P2)</p> <p>I rarely get enough time to provide holistic care to the neonate because of other patients/children in the ward who also deserve the care...(P2)</p> <p>I find it tiresome to nurse these babies who need frequent observations as they tend to be pyrexia and tachycardia (P5).</p> <p>I feel I do not have experience in exchange blood transfusion used in the management of hyperbilirubinaemia because it's not done at Holy Innocents Children's Hospital. It is challenging to teach mothers that they should not take children for false tooth extraction and millet disease (P3)</p> <p>I see most of the neonates recovering but the periods of recovery is unidentified....(P1)</p> <p>Nurses are supposed to control their emotions, but it is sometimes hard to control an emotional state of seeing a neonate dying after all the efforts, energy, and medications given. Surely, it is sad (P4)</p> <p>.... death rate of babies with neonatal sepsis is a little higher than that resulting from other causes (P5).</p> <p>Nurses are health care staff who spend a lot of time with patients. They are exposed too much to occupational hazards like needle stick pricks during I.V insertion, which exposes them to long time infection such as HIV/AIDS and hepatitis (P4)</p> <p>I think nurses, instead of being blamed ...at least they should be</p>	<p>Fears, worries, and threats</p> <p>Work overload.</p> <p>Need for continuous training.</p> <p>Nurses' emotions at work.</p> <p>Ward accidents</p>	<p>Nurses' challenges</p>
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<p>appreciated for what they do. I think abusing a tired nurse after all the workload at the end of the duty is like adding an insult to a jury; this makes matters worse, and it is not a solution (P4)</p> <p>... in addition to accepting all the blame when things go wrong I feel like leaving the profession but there is nothing to do since it's my bread winner. (P4)</p> <p>Daily procedures and ward rounds tend to piece off the mothers, and they tend not to comply with other procedures (P5)</p> <p>It has been a blessing to me caring for the neonates. This is because many mothers pray for me..... Mothers bless me, and I feel like even God in heaven has executed it. (P7)</p> <p>I feel I am gaining a lot, especially on job training in matters about neonatal care and paediatric care in general. For example, I know that a child with irritability, convulsions, twitching, bulging fontanelle fevers, high high-pitched crying will require a lumbar puncture to rule out meningitis.(P3)</p> <p>I feel great knowing all the above and even more...</p> <p>I feel like Oh God, you blessed me with the knowledge and skills to work with him in healing the people he created. (P3)</p> <p>I feel I am having a good quality of life because not only does it give me income (salary) but also helps me to interact with people of different socioeconomic characteristics. (P6)</p> <p>I feel I have gained skills in health education through educating mothers on feeding of neonates, aseptic handling of their babies, ensuring appropriate attendance of antenatal care, and teaching them about safe delivery to prevent the</p>	<p>Blaming nurses.</p> <p>God's blessings from mothers.</p> <p>Gaining through practice</p> <p>Improvement in nurses' quality of life.</p> <p>Skills from neonatal care practice.</p>	<p>Nurse motivation and achievements.</p>
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<p>common causes of neonatal sepsis (P3)</p> <p>....sometimes it takes long to call a Doctor but as a nurse I try to use my initiative skills, like trying to resuscitate until other assistance comes in ...(P4)</p> <p>From the time I have worked on the neonatal ward, I have realised that however all efforts are made to save these children's lives, not all resources are available.insufficiency of sundries, canulars, syringes, infusion pumps, oxygen cylinders and not forgetting the most important emergency and resuscitation equipment. (P4)</p> <p>Sometimes, I think to myself that if the staffing was good, services would be effective because nurses do a lot of work. They become too exhausted, and surely, working 4 days a week on 12-hour shifts per day for a total of 48 hours a week is not an easy task (P4).</p> <p>As a staff member with no decision-making power, I depend on higher levels of management to make decisions. I think a big hospital for children, the only of its kind with out a suggestion box is a big problem. Some staff may not be able to express their problems due to fear of intimidation, insecurity of their jobs, and punishment; a suggestion box would at least cater for that (P4)</p> <p>The temperature in neonatal sepsis disorganises my care and comfort to neonates. I failed to get an isolation room for these children with neonatal sepsis(P2)</p>	<p>Innovativeness</p> <p>Limited resources on the ward.</p> <p>Limited staffing</p> <p>Need for a suggestion box.</p>	<p>Inadequacies</p>
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<p>In my observation, in the majority, sources of infection are hygiene related, say during labour or at any stage during neonatal age (0-28) days (P1)</p> <p>Safety precautions are not taken into account, nurses and attendants (mothers, visitors) can encourage spread the infection and hence delay recovery or even lead to death...(P1)</p>	<p>Lack of isolation space.</p>	<p>Hindrances of care.</p>
<p>Dirty environment and poor handling of babies during delivery contribute to neonatal sepsis. Few cases of neonatal sepsis are well diagnosed(P2)</p>	<p>Infection spread</p>	
<p>Interestingly, mothers sometimes believe that the condition is due to traditions.</p> <p>Traditional healers do false tooth extraction (ebiino)... ancestors, sacrifice on umbilical stumps.....(P1)</p>	<p>Poor infection control on the ward.</p>	
<p>I have observed that the commonest causes of neonatal sepsis are secondary to false teeth extraction, poor hygiene, poor cord care, plus use of herbs to bathe neonates (P5)</p> <p>Due to the long time on antibiotics, mothers feel their children are be witched(P2).</p>	<p>Contributing factors to neonatal sepsis.</p>	<p>Cultural involvement</p>
<p>The majority of neonatal sepsis cases are brought too late to the hospital(P8)</p> <p>Most neonates are brought in late from the time of developing sepsis; thus, they come with central nervous system involvement, and they suffer complications (P5)</p>	<p>False beliefs.</p>	

<p>These patients overstay on ward ... average stay on ward being 5 days, with this stay; mothers' psychological state is affected, about other needs and expenses.... In this, they end up requesting for discharge against medical advice when babies have not completed their treatment regimen (P6).</p> <p>I remember a neonate who spent 2 months on the ward with wounds all over the body, including the scalp (P5).</p> <p>Most of the mothers with neonates who come with neonatal sepsis have a low level of education and low level of understanding(P5)</p>	<p>Mothers' feelings.</p> <p>Delays towards care.</p> <p>Costs and expenses needs</p> <p>Period of stay in ward.</p> <p>Education level</p>	<p>Mothers' challenges</p>
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Theme One: Devotion.

Interest in neonatal care

The nurses' responses generated for nurses indicated that they have a heart of interest in caring for children with neonatal sepsis.

"I thank you for taking interest in neonates, caring for neonates is like caring for any other human being that is sick but however caring for neonates particularly those with sepsis is important" (P1)

Life saving

Some nurses displayed a spirit and desire to save these children's lives from neonatal sepsis as

As indicated by one participant, *"Provision of care to children with neonatal sepsis accords me the opportunity to reverse life..."(P8).*

Love for neonatal care

Several respondents expressed love for caring for sick children and showed no comparison between their efforts with their payments as stated by respondents below.

"I love kids and I was daring to work in the children's hospital but with the little exposure I have got, I have realized that neonatal nurses should be more vocational nurses, not nurses who are money-oriented and unsettled.....neonatal nurses should not balance the efforts they put in with their pay because it will never

balance but instead become devoted and hope for Gods blessings..."(P4)

Seeing babies cured of this condition after completing treatment and regaining good health brings a smile to my face.(P5)

Theme Two: Nurses' challenges Fears, worries, and threats

In this category, nurses are seen to express their challenges in the form of fear, a feeling of worry, and threat as indicated by one respondent.

"I hate caring for children with neonatal sepsis ... takes more time on the ward, neonatal life is threatening and am always on tension..." (P2).

Work overload

Some nurses find themselves overwhelmed by work on the ward, and this is expressed as a challenge, as said by respondents.

"I rarely get enough time to provide holistic care to the neonate because of other Patients/children in the ward who also deserve the care....."(P2)

"I find it tiresome to nurse these babies who need frequent observations as they tend to be pyrexia and tachycardia..." (P5).

Need for continuous training

Some nurses expressed a desire to improve on their already present skills to improve care, especially concerning educating mothers on issues related to home practices on children as stated by one, *"I feel I do not have experience in exchange blood transfusion used in the management of hyperbilirubinemia because it's not done at Holy Innocents Children's Hospital. It is challenging to teach mothers that they should not take children for false tooth extraction and millet disease....."* (P3)

"I see most of the neonates recovering but the period of recovery is unidentifiable..." (P1)

Nurses' emotions at work

Other nurses were found to have weaknesses in controlling their emotions, especially at the workplace, after considering their inputs of care as indicated by the participants below.

"Nurses are supposed to control their emotions, but it is sometimes hard to control an emotional state of seeing a neonate dying after all the efforts, energy, and medications given; surely it is sad" (P4)

"..... death rate of babies with neonatal sepsis is a little higher than that resulting from other causes" (P5).

Ward accidents

As nurses care for these children with neonatal sepsis, they are faced with the challenge of encountering ward accidents and occupational hazards, as noted by one of the respondents: *"Nurses are health care staff who spend much time with patients. They are too much exposed to occupational hazards like needle stick pricks during I.V insertion, this exposes them to long time infection such as HIV/AIDS and hepatitis"* (P4)

Blaming nurses

In this category, nurses are seen to express their feelings of being blamed at their workplace, such as being abused and failing to appreciate their efforts. This is shown by responses like, *"I think nurses, instead of being blamed ...at least they should be appreciated for what they do. I think abusing a tired nurse after all the workload at the end of the duty is like adding an insult to injury; this makes matters worse, and it is not a solution."* (P4)

"... in addition to accepting all the blame when things go wrong, I feel like leaving the profession but there is nothing to do since it's my breadwinner" (P4)

"Daily procedures and ward rounds tend to piece off the mothers and they tend not to comply with other procedures" (P5)

Theme Three: Nurse motivations and achievements

God's blessings from mothers

In this category some nurses felt they were getting God's blessings from mothers of children with neonatal sepsis especially after caring for these neonates as indicated by

responses below, *"It has been a blessing to me caring for the neonates. This is because many mothers pray for me.....Mothers bless me and I feel like even God in heaven has executed it"*. (P7)

Gaining through practice

Some nurses have achieved pediatric experience while caring for children with neonatal sepsis as indicated by one nurse; *"I feel I am gaining a lot, especially on the job training in matters pertaining neonatal care and pediatric care in general for example I know that a child with irritability, convulsions, twitching, bulging fontanelles fevers, the high pitched cry will require a lumbar puncture to rule out meningitis"* (P3).

Improvement in nurses' quality of life

Other nurses feel that they have a good quality of life because they are earning. This is seen in the response below: *"I feel I am having a good quality of life because not only does it give me income (salary) but also helps me to interact with people of different socioeconomic characteristics."* (P6)

Skills from neonatal care practice

Nurses working for neonatal sepsis children were found to achieve skills, especially in teaching mothers about neonatal feeding.

"I feel I have gained skills in health education through educating mothers on the feeding of neonates, aseptic handling of their babies, ensuring appropriate attendance of antenatal care, and teaching them about safe delivery to prevent the common causes of neonatal sepsis." (P3)

Innovativeness

Other nurses have used their innovation skills to deliver nursing care to these Neonates...

"Sometimes it takes long to call a Doctor but as a nurse, I try to use my initiative skills, like trying to resuscitate until other assistance comes in ..." (P4)

Theme Four: Inadequacies

Limited resources on the ward

In this category, nurses expressed a state of insufficiency of resources on the ward which was hinted at by one of the respondents down; *"From the time I have worked on the neonatal ward, I have realized that however all efforts are made to save these children's life not all resources are available.insufficiency of sundries, cannulas, syringes, infusion pumps, oxygen cylinders and not forgetting the most important emergency and resuscitation equipment."* (P4)

Limited staffing

Some nurses raised a concern about having limited staff in the neonatal ward to improve the services rendered to patients, given being too exhausted at work;

"Sometimes I think to myself that if the staffing was good, services would be effective because nurses do a lot of work they become too exhausted and surely working 4 days a

week on 12-hour shifts per day a total of 48 hours a week is not an easy task.”(P4).

Need for a suggestion box

Other nurses expressed a desire to have a suggestion box and that making use of it would be very useful to pass on their problems to higher levels of management as stated by one; *“As a staff with no decision-making chances I depend on higher levels of management to make decision. I think a big hospital for children, the only one of its kind without a suggestion box, is a big problem. Some staff may not be able to express their problems due to fear of intimidation, insecurity of their jobs, and punishment; a suggestion box would at least cater for that.”*(P4)

Lack of isolation space

Nurses working in the neonatal section noted that the isolation space for neonates is not enough as indicated by one: *“The temperature in neonatal sepsis disorganizes my care and comfort to the neonate and have failed to get an isolation room for these children with neonatal sepsis”*(P2)

Theme Five: Hindrances of care Infection spread

The spread of infection on the ward was raised by respondents as indicated: *“In my observation, in the majority, sources of infection are hygiene related say during labor or at any stage during neonatal age (0-28)days”* (P1).

Poor infection control on the ward

Failure to observe safety precautions has been associated with poor infection control by nurses as stated by one: *“Safety precautions are not taken into account, nurses and attendants (mothers, visitors) can encourage spread the infection and hence delay recovery or even lead to death...”*(P1)

Contributing factors to neonatal sepsis

Some nurses noted that certain environmental factors promote infection, which is passed on to these neonates as indicated by the response below: *“Dirty environment and poor handling of babies during delivery contribute to neonatal sepsis ...few cases of neonatal sepsis are well diagnosed”*(P2)

Theme Six: Cultural involvement False beliefs

Nurses indicated that the cultural beliefs of mothers are associated with increasing cases of neonatal sepsis as a result of unhealthy practices as indicated by their responses below;

“Interestingly, mothers (some) believe that the condition is due to traditions. Traditional healers do false tooth extraction (ebiino)... ancestors, sacrifice on umbilical stumps.....”(P1). *“I have observed that the commonest causes of neonatal sepsis are secondary to false teeth*

extraction, poor hygiene, poor cord care plus use of herbs to bathe neonates”(P5)

Mothers' feelings

Other nurses expressed a concern that at times mothers associate their long stay in the hospital with traditional influences as stated by one respondent;

“Due to a long time on antibiotics, mothers feel their children are bewitched”(P2).

Delays towards care

Some nurses expressed a concern that most of the patients are delayed at home, which delays the initiation of treatment, and this results in complications;

“Majority of neonatal sepsis cases are brought too late to hospital (P8). Most neonates are brought in late from the time of developing sepsis thus, they come with central nervous system involvement, and they suffer complications.”(P5)

Theme Seven: Mothers' challenges Costs and expenses

Nurses found out that the long stay in bed is too costly for the parents because it demands

financial due to costs and expenses. *“These patients overstay on ward... average stay on ward being 5 days, with this stay; mothers' Psychological state is affected, about other needs and expenses. In this, they end up requesting for discharge against medical advice when babies have not completed their treatment regimen.”*(P6).

Period of stay in the ward

In this category, nurses express a concern that patients with neonatal sepsis often spend a long time admitted, as stated by one response. *“I remember a neonate who spent 2 months on the ward with wounds all over the body including the scalp”* (P5).

Education level

Other nurses indicate that mothers' educational level often is associated with neonatal sepsis: *“Most of the mothers with neonates who come with neonatal sepsis have low level of education and low level of understanding”*(P5)

Discussion

Characteristics of the respondents

Personal characteristics of the participants, such as age, sex, and marital status, had no significant association with the findings; however, other characteristics such as area of residence work workplace, and religion had a magnitude influence as far as delivery of care is concerned.

Area of residence about the workplace

The majority of the respondents had their areas of residence in staff quarters provided by the

hospital, this is probably attributed to efforts to ensure adequate nurse coverage for duties as well as avoiding long distances of nurses coming to work.

Religion

The majority of the respondents were by chance Christians, and they involved their religious faith in delivering effective nursing care to these babies through love and care.

Theme One: Devotion

Devotion emerged as one of the themes describing the experiences of nurses caring for children with neonatal sepsis. In this perspective, devotion refers to a spirit of great love, care, and support (Oxford Advanced Learners Dictionary, 2010). The nurses' responses about evolved categories that explain the theme of devotion are probably attributed to being vocational and having an interest in neonatal nursing care as highlighted in one of the responses;

"Seeing babies cured from this condition after completing treatment and regaining good health brings a smile to my face" (P5)

This is in line with Hanna Ashcan (2009) to be strong in the face of death and sickness while maintaining a gentle and loving attitude towards our patients is an important lesson for us to learn. How to strengthen our original motivation is something we need to learn outside our technical knowledge of nursing.

Theme Two: Nurses' challenges

Nurses' challenges also resulted in a theme describing the experiences of nurses in caring for children with neonatal sepsis. A challenge is a test of one's abilities or resources in a demanding but stimulating undertaking situation. (Oxford Advanced Learners Dictionary, 2010). It emerged from categories that explain how some nurses are scared of working in the neonatal ward section, probably because they are faced with huge workloads, spending much time with these patients predisposed them to occupational hazards and besides being blamed when things go wrong. As stated by one respondent;

"I hate caring for children with neonatal sepsis ... takes more time on the ward, neonatal life is threatening and am always on tension..." (P2)

"... in addition to accepting all the blame when things go wrong I feel like leaving the profession but there is nothing to do since its my bread winner" (P4).

This concurs with Hanna Aschan et al. (2009); some patients come to trust you in time, while others are adamant that they see only a doctor. The only thing you can do is to continue providing quality care and treating patients with concern and kindness. And finally, even though you're qualified to treat patients in most ways, there are times when you may feel inadequate because you cannot prescribe medication or undertake certain tasks.

Theme Three: Nurse motivation and achievements

Nurse motivation and achievement was a thematic statement derived from God's blessings from Mothers; Gaining through practice; Improvement in nurses' quality of life; Skills from neonatal care and Innovativeness as its underlying categories.

Motivation refers to the process of boosting the morale of employees to encourage them to willingly give their best in accomplishing assigned tasks (Oxford Advanced Learners Dictionary, 2010).

Among the thousands of types of professions all over the world, there are very few that offer you a chance to help others who are in need. The profession of being a nurse offers you the advantage of lending a helping hand to the poor and the sick. It not only pays you a salary at the end of each month but is capable of giving the immense pleasure and satisfaction that people earning millions of dollars might never be able to get (Altman, 2005).

William Clayton Bower (2011) goes on to note that nurses gain a lot of privileges, not only employment but also wishes, especially when patients are well and discharged to go back to their homes. This is in line with the respondents, who gain skills through practicing neonatal care, interacting with people of different socio-economic characteristics, and improving their quality of life.

Theme Four: Inadequacies

Inadequacies was a theme derived from categories; Limited resources on the ward;

Limited staffing, a Need for a suggestion box, and a Lack of isolation space.

Inadequacy refers to a state of inability to deal with the situation. (Oxford Advanced Learners Dictionary, 2010).

Some nurses expressed a concern that to save neonatal lives, certain resources are not enough, especially the emergency resuscitation equipment, staffing, and limited space to isolate cases, and since they are not at the decision-making level, a suggestion box that would help problems to managers were unavailable

Theme Five: Hindrances of care

The theme hindrances of care were derived from three categories: Infection spread, Poor infection control on the ward, and contributing factors to neonatal sepsis. Some nurses responded through their observations that the majority of the sources of infection are hygiene-related, especially during labor if safety precautions are not considered, as well as nurses, mothers, and visitors being potential sources of infection to these children. However, these are not the only ways children are predisposed to neonatal sepsis as indicated by Lehner R, (2011). Besides poor handling of neonates, it is seen that most of the children with low weight at birth often are predisposed to neonatal infections.

Theme Six: Cultural Involvement

The theme of cultural involvement was derived from three main categories: False beliefs, Mothers' feelings, and Delays towards care. Culture refers to the customs and beliefs, art, way of life, and social organization of a particular country or group (Oxford Advanced Learners Dictionary, 2010). Nurses observed mothers having beliefs of truth on false teeth (ebiino) and false millet (oburo), which are later taken for extraction coupled with poor hygiene and delays in seeking medical attention, all resulting in neonatal sepsis.

This is in line with Mutai J (2010) complications of tooth bud extraction are among the leading causes of hospital admissions in East Africa. Since the outcome of a false tooth extraction is severely fatal, false tooth removal is considered a social and cultural health problem.

Theme Seven: Mothers' Challenges

The theme of mothers' challenges was derived from three categories: Costs and expenses, Period of stay inward, and Education Level

Some nurses noted that the average stay of these neonates in the ward is five days; some end up requesting for discharge against medical advice due low level of understanding coupled with strenuous financial costs and expenses.

Conclusion

Regarding the findings obtained from the study, it was found that the experiences of nurses in caring for children with neonatal sepsis were both achievements based on themes; Devotion,

Nurse motivation and achievements, whereas challenges were based on themes, Inadequacies, Hindrances of care, Cultural involvement, Nurses' and Mothers' challenges.

Limitations of the study

Availability of participants

This study should have been done better; however, participants were always unavailable due to involvement in fixed ward programs, and they had less time to participate in the study.

Time

A systematic preparation and analysis of data was time-consuming, and the time limit available constrained effective conduct of the study; however, efforts were made to conduct the research according to the proposed work plan.

Ethical challenge

Some respondents may give wrong information due to internal fear of being blamed.

Recommendation

There is a need for ongoing training and reconstruction of the nurses' mind in relation to health care delivery to the

neonates, improvement in infection prevention strategies such as hand washing to promote quick recovery.

More studies to obtain reasons as to why mothers take their children for false tooth extraction and the effects of cultural beliefs on neonatal care are needed.

A level of specialization in pediatric nursing care delivery is required to ensure evidence-based practice. Observations are made through staff appraisals to identify and support incapable nurses with vocational interests in caring for children to go for further studies in pediatric nursing so that evidence-based practice is implemented.

There is a need for a suggestion box to enable nurses to forward their problems to the management to table so that feedback concerning outcomes can be received through departmental heads. This will decongest issues raised in general meetings.

Acknowledgment

First of all, I thank God for the Almighty whose unending love, gift of life, and courage have kept me going through perseverance in the hunt for Knowledge. I am greatly indebted to several people who have assisted me at various stages during my time at school, especially my dear mom, Mrs. Stella Maris Keihangwe, who was always available in times I needed her most, importantly towards the accomplishment of this research. A great attribute goes to my supervisor, Ms. Christine Acio, who tirelessly guided me through her continuous encouragement, which has been of great contribution to this production. Your patience and positive criticism shaped this research, surely, I would not have made it without your support. May the Lord God continue protecting you and add you more courage so that you continue guiding his people. My hearty thanks go to all the lecturers, the entire students body; the finalists 2009-2011 particularly my course mates Kabale C, Akello S, Akankunda S, Tumwine M, Were P, Sunday M, Mbattude D and Wandulu P from whose support I have been able to persist and continue my struggle. Special thanks go to Mr. John Baptist Mujuni, who personally helped me in times of financial crisis to further my career, and Dr. Andrew Ndamira, who also guided me in this research. With your assistance, I cannot go without recognizing the participants of this research for their devotion and active participation. You are the skeleton of this study through your responses, which were analyzed to yield the shape of this research; I highly appreciate your response.

List of Abbreviations

WHO – World Health Organization

ICU – Intensive Care Unit

ICN – International Council for Nurses

Source of funding

There was no funding for the study.

Conflict of interest

No conflict of interest was declared.

Author contributions

Tumwine Andrew collected data and drafted the study manuscript.

Christine Acio supervised all phases of the study.

Data availability

Data is available upon request.

Author Biography

Tumwine Andrew, a student pursuing a bachelor of nursing science at Mbarara University of Science and Technology

Christine Acio is a lecturer at Mbarara University of Science and Technology.

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PUBLISHER DETAILS:

Student's Journal of Health Research (SJHR)

(ISSN 2709-9997) Online

(ISSN 3006-1059) Print

Category: Non-Governmental & Non-profit Organization

Email: studentsjournal2020@gmail.com

WhatsApp: +256 775 434 261

Location: Scholar's Summit Nakigalala, P. O. Box 701432,
Entebbe Uganda, East Africa

