The Factors Influencing the use of the Protocols of Care Implanted at the Hospital Idrissi Kenitra-Morocco

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Abstract

The objective of this study is to explore the factors affecting the use of care protocols by care staff at the El Idrissi Hospital in Kenitra.

The main results showed difficulties in the use of the protocols of care, since 56% of the respondents are supervised in their practice. 53% of respondents contribute to the development of care protocols. 63% of respondents are convinced of the usefulness of the
protocols in improving the quality of care, compared to 52% who perceive them as a reminder, 11% said that protocols of care influence their practices and none of these participants said care protocols are not essential for practice. 74% were not aware of the protocol project, 52% said they did not refer to the protocols when they needed it in practice, 36% referred to a doctor, 42% had a chief nurse. 38% of participants felt demotivated with protocol use, only 48% of respondents said the access to protocols was easy, 38% did not have protocols in their care units, 60% Asserted that the protocols of care are simple, 40% affirmed the existence of a coherence of the protocols of care with the available resources.

**Keywords:** Protocol of care; care staff; health professional; hospital

1. **Introduction**

The protocols of care allow guaranteeing an appreciable level of quality in the services of the care. They describe the techniques to be applied and the instructions to be observed in order to give a given care at a given moment to a given patient. They serve as a reference tool for caregivers to provide better patient management even in the event of a change of team. This is why care protocols must be properly established, updated regularly and in accordance with the most recent recommendations and technological and scientific developments in the field of health. Similarly, they must be clearly drafted and updated on a regular basis, in addition to being accessible to all healthcare staff to assist in the prevention of infectious risks, to ensure quality care and to ensure the safety of Patients during their stay or stays in the different care units of the health facility.

The protocols of care in intensive care provide a certain level of care. They ensure, when properly established and updated in a very regular manner, a practice of nursing in accordance with the most recent recommendations and accepted as the best by the greatest number. They will serve as a link in the care between the different teams and during the renewal of personnel. They also serve as a support for younger nurses to reduce the level of work stress. They can improve the quality of care significantly by reducing the length of stay in intensive care or hospitalization. Yet nurses who use these protocols must be aware that they are only used to assist in decision-making for a given care at a given time in a given patient with their own expectations and experience. Competence in nursing is more than the ability to follow a rigid protocol. It includes the ability to meet the needs of a patient and family, and professional judgment on the situations encountered while being aware of the responsibilities it entails.

The protocols of care, by facilitating the learning and the technical realization of the care, allow the caregiver to move away from the gesture to take an interest in the demand of the individual and to give a holistic care. (Fabrice & Claude, 2008)

In keeping with this logic, Moroccan hospitals are working to equip their staff with work instruments and protocols of care to improve the quality of care and the practice of caregivers.

The objective of this study is to explore and describe factors related to the use of care protocols by staff at the EL IDRISSI hospital in Kenitra.

2. **Methodology**

The approach adopted was based on a descriptive approach to investigate factors influencing the use of care protocols implanted at the EL IDRISSI Kenitra hospital.
2.1. Study Environment

This research is carried out at the El Idrissi hospital, which is a regional hospital, established as a State Service Managed in an Autonomous Way (SEGMA) since 1994. It has a regional vocation and serves the population of the region Gharb Chrarda Beni Hsen which is estimated at 1,901,301 inhabitants. To implant in the town of Kenitra "chief place of the region" on an area of 6.5 hectares of which 1.5 hectare constructed with a vertical structure of pavilion. It opened its doors in 1933 and renovated in 1980 and expanded in 1998. Its litter capacity is 416 beds distributed on 25 services including 12 medical specialties, 11 surgical specialties and 04 specialties medico-technical. (Estate Master Plan, 2016)

The place of the present study is constituted by all the units of care, namely: medicine, pneumo-phtisiology, pediatrics, prematurity, surgery, emergency, resuscitation, traumatology, maternity, pediatric surgery.

The reasons for this choice relate to the importance of these services in view of the fact that they fulfill an important role at the level of the hospital as various providers of care which call for the use of adapted protocols for better taking In charge of patients.

The total staff of the El Idrissi hospital is 488, of whom 274 are nurses, 122 physicians (87 specialists) and 92 administrative and support staff. (hospital project, 2016)

The choice of this structure is justified by: a) its regional vocation b) the large number of staff, and c) the presence of an operational CLIN, in addition to the feasibility of the study, and the culture of research is insufficiently developed in this hospital.

2.2. Population under Study

The target population consists of all health personnel including midwives and anaesthesiologists working at the level of the aforementioned services.

The population is composed of the following groups: (a) the total number of health care staff using the protocols of care and which are 207 in number, and (b) the staff comprising the PSI head nurse and the Nurses heads of departments involved in the study and who, along with their various responsibilities, are involved in the use of protocols of care of which there are 10. Thus the target population is 2017 healthcare workers.

2.2.1. Inclusion Criterion

The survey included all caregivers involved in care and practicing in the care departments mentioned above and using care protocols.

3. Methods of Data Collection

In order to collect the necessary data from the sampling population, the authors recommended using a questionnaire sent to the healthcare staff, in order to collect the information necessary to produce a synthesis meeting the objectives previously determined.

The questionnaire survey is an observation tool that quantifies and compares information. The latter is collected from a representative sample of the population targeted by the evaluation. (Mars 2016)

Our questionnaire consists of a set of questions constructed in order to obtain the information corresponding to the questions of the evaluation and defining the starting problem in elementary questions to which the respondent will be able to answer perfectly.

Our survey combines two types of questions: Closed-ended questions, used to obtain factual information, to judge whether or not an agreement is reached with a proposal, to know the respondent's position on a range of judgments and open-ended questions, Improvement of the existing leaving the respondent's answer free in its form and length.
3.1. General Considerations

To ensure the success of our study a set of general considerations were taken care of, namely:

- Obtaining prior authorization from the establishment.
- Study participants are not asked to answer questions, so they are aware of the value of self-determination and the confidentiality and anonymity of the questionnaire.

In this context, respect for the right to self-determination is achieved through the free and informed consent of all participants, after explaining (a) the content and purpose of the study, (b) its advantages, and (c) the possibility of withdrawing from the study at any time.

4. Results of the Study

The main results of this study are: 56% of the participants are supervised in their practice, while 44% are not; 30% said that certain protocols of care were updated and adjusted, 53% said that the care protocols used in their services were updated and 17% opposite; 30% said that certain protocols of care were updated and adjusted, 53% said that the care protocols used in their services were updated and 17% opposite; the results of this study have shown that 53% of respondents contribute to the development of care protocols and 47% do not contribute; 63% of the respondents were convinced of the usefulness of the protocols in the improvement of the quality of care, 52% perceived them as a reminder, 11% said that the protocols of care influenced their practices; 74% were not informed about the draft protocols, compared with only 26%, while 59% of the latter were informed through meetings, 30% by posters and 11% by a colleague. Note that 52% reported not referring to protocols when needed in their practice, 36% of them referred to a doctor, 42% to a chief nurse and 22% to a colleague; 38% felt demotivated with the use of protocols when presenting care; 48% of respondents said access to care protocols was easy, while 28% said it was difficult and 24% said that access was easy; 62% reported the existence of protocols in their care units, while 38% did not have care protocols; 60% said care protocols were simple, while 16% said they lack simplicity and clarity, and 24% said they were not straightforward; 40% Participants in the study specifically stated that there was consistency in care protocols with resources available, compared to 27% who said they did not and 33% attributed little coherence.

5. Discussion of Study Results

5.1. Characteristics of Participants

The study targeted a sample of 165 nurses and physicians, with an 80% participation rate that remains acceptable in relation to the nature of the sampling recommended. In addition, respondents' characteristics are as follows: (a) The age group in the over 40 age group represents 50% of the participants; (B) the majority of the participants in the study are female (62%), (c) more than half have seniority in the public service of more than ten years; (D) With regard to seniority in the post, 56% of the participants in the study have a seniority exceeding 10 years, a seniority testifying to a wealth of experience.

As previously stated; The survey was carried out in a random manner and in order to offer the same chance of participation to the entire mother population, we can come out by a quick reading of the different characteristics of the participants; They are over 40 years of age, wisdom and experience that can reassure us of the reliability of the data we have collected, with regard to the female gender, the participation rate is This is probably due to the emotional impact women have on this sector and their positive attitude towards those around them because they tend to provide help and support For those who need them (patients), and for their inclination to social and voluntary work. 56% of the participants have a seniority of more than 10 years, such a quality is characterized by the double face;
One dark and the other brilliant; The first presents the retro negative effect on the skills of the individual, the second the experience that fully participates in the refinement of the individual. In order to clarify this position, it is essential to reconsider this situation in the organization (motivation) in order to make the negligent engaged and demotivated a stakeholder in the precursor of the progress of our study.

5.2. Organizational Factors

5.2.1. Supervisory Factors

The goal of caregiver supervision is to improve good practice and to help solve problems and overcome barriers in different situations, and in addition to its importance as a good tool for the professional to acquire, A greater clinical competence that helps the patient to achieve the greatest welfare and guarantees the communication with the entourage in order to judge its impact on the patient, his family, the care team and the care establishment.

The results of the study compared to the supervision dimension revealed that some of the participants in the study, 56% are supervised in their practice, while 44% are not.

The supervision of health personnel on the adaptation of the protocol of care is an important means to guarantee a better quality of care. All staff involved in the care process need to be made aware of the importance of care protocols.

Behavioral and cognitive therapies propose to respond to the suffering of patients by means of an experimental, systematic methodology re-evaluated at each time of the management. The care contract that defines the objectives to be reached, developed by the patient and the healthcare team, as well as the theoretical and technical mastery constitute the necessary framework for an empathic therapeutic relationship. Consequently, supervision seems essential to evaluate practices and to readjust them, as well as to allow a better identification and management of the affects involved. (Nursing project steering committee, 2010)

5.2.2. Factors Related to the Updating of Protocols

The results of the study revealed that some of the participants, 30% said that certain protocols of care were updated and adjusted, 53% said that the care protocols used in their services were updated and 17% opposite.

The updating of the protocols of care is never final, their evaluation and modification must be permanent in order to follow the scientific, technical and technological evolution as well as the recent news adopted in the field of the health.

The tools of good practice and help for action are valuable for clinical activity. The formalization of care in these tools may seem tedious especially when there is no documentary background. However, their development or updating has many advantages in terms of the participation of teams, possibly multi-professional, mobilizing knowledge, questioning practices in the light of new knowledge, making reliable documents Safe care. All these elements contribute to a quality care of the patients and participates in the elaboration and the formalization of professional knowledge. (Ljiljana., Annie, & Françoise, 2002).

5.2.3. Factors Related to the Involvement of Caregivers in the Development of Protocols

The construction of a protocol is always adjustable according to the changes and changes in knowledge in the field of care as well as the particularity and constraint of each health service or health facility. To take into account its factors in the drafting of the protocols of care, the participation of the nursing staff in the elaboration of the protocols is essential to ensure a good construction which respects the theoretical data and their application in the field.
However, the results of this study have shown that 53% of respondents contribute to the development of care protocols and 47% do not because of lack of time or because they have never been trained subject.

The nursing staff respect the procedures to be followed and all protocols concerning the control of each of these risks. It participates in their elaboration and validation. Staff are involved in the development of care protocols for nursing situations and techniques that have a particularity such as: difficulty, risk, technical innovation, change in skills, variability in practice. (Breuil Terry and all(2011). P.7-24).

6. Personnel Factors
6.1. Factors Related to the Perception of the Role of Protocols

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7. Personnel Factors
7.1. Factors Related to the Perception of the Role of Protocols

In order to guarantee a high level of care and to improve the care of patients at the level of the various services and units of care, the nursing staff must be aware of the impotence of the application of the protocols of care in order to reduce the risk To transmit to the patient an infection which can be
responsible for the deterioration of his state of health during his stays at the level of the services of care.

The results of the study showed that 63% of the respondents were convinced of the usefulness of the protocols in the improvement of the quality of care, 52% perceived them as a reminder, 11% said that the protocols of care Influenced their practices and none of the participants asserted that protocols of care were not essential for practice.

The quality of care is ensured by observing the recommendations contained in the protocols. The infectious risk corresponds to an insufficiency of the level of hygiene and asepsis required in terms of microbiological efficiency. It may be responsible for infections transmitted to the patient, and / or nursing staff, by direct or indirect contact. The nurse participates in the implementation of an infectious risk prevention policy by applying protocols or rules of good practice to prevent any contribution of micro-organisms during the realization of the nursing care. (Breuil Terry and all(2011). P.7-24)

7.2. The Attitude to Change
If the staff are not involved in the protocol development process, or they were not informed at any stage of the protocol project, judgment or assessment of staff’s attitude to change cannot be done, this is all the more true in the absence of communication on the subject between the managers and the nursing staff.

In fact, 74% were not informed about the draft protocols, compared with only 26%, while 59% of the latter were informed through meetings, 30% by posters and 11% by a colleague. Note that 52% reported not referring to protocols when needed in their practice, 36% of them referred to a doctor, 42% to a chief nurse and 22% to a colleague.

There is some resistance to the use of existing protocols, especially since the majority of this sub-population belongs to the tranche with an age exceeding ten years, hence the deduction that the process of accompanying change Training and information was not assured. Change is well managed when actors understand the underlying reasons and know what role they play. As such, it is crucial for managers to promote honest dialogue, allowing for the expression of any concerns or disarray on the part of those affected by change. In this respect, a two-way, flexible communication plan is essential, especially in the case of a technological change project, communication becomes the cornerstone of all human interaction.(Sanae.K, 2008).

7.3. Motivation
Of those who participated in the survey, 38% felt demotivated with the use of protocols when presenting care. By questioning the relationship between motivation and the use of care protocols, most demotivated staff responded that protocols are not subject to interpersonal discussion.

Motivation is a dynamic state that has its origins in a person’s perceptions of himself / herself and his or her environment and that motivates them to choose an activity, to engage in it and to persevere in its accomplishment in order to ‘to reach a goal. Social norms and values are part of the motivational factors transmitted by imitation and conformational pressure. It should be noted that self-esteem is the main component of motivation. This will create self-confidence and therefore bring about a certain existential certainty in the value of the things we do. (Tracy.R, 2012)

8. Protocol Factors
8.1. Factor Related to Protocol Accessibility
The ease of access to care protocols contributes to the improvement of the quality of care, to the development of working collaboration between professionals, and to the training and information of health professionals.
According to the survey results, 48% of respondents said access to care protocols was easy, while 28% said it was difficult and 24% said that access was easy.

Caregivers have long been formalizing their care practices through tools such as protocols, procedures, etc. This has become a necessity in the context of health facility certification and health security.

At the level of the unit of care, care practices must be formalized in the form of protocols or procedures in order to facilitate access to information by users. This is why a protocol must be accessed easily, accessible at all times, tidy and ranked.

The drafting of such documents is also a tool for evaluating care and contributing to the in-service training of staff. It is desirable that the protocols be handed over to each new staff upon arrival or accessible and posted permanently in the service.

In December 2001, for its part, the Council of the doctor’s order indicated in its report entitled "Recommendations Concerning the Relationship Between Anesthetists and Surgeons, Other Specialists or Health Professionals" that the ablation of the epidural catheter is carried out on Prescription of the physician resuscitation anesthesiologist, written and signed or according to protocols of care validated and accessible to all. (stéphanie.T, 2011)

8.2. Factors Related to Protocol Availability

In the field of health, nursing, like any other service, must have an organized quality assurance system that is part of the quality project of the institution, and it is within this framework that care protocols Developed, used and updated.

The results of the study compared to the "availability" dimension revealed that some of the staff participating in the study, 62% reported the existence of protocols in their care units, while 38% did not of care protocols.

Improving access to quality care for everyone must be a constant concern of those in charge of the health facility. They must therefore ensure the availability of protocols of care in all departments and departments concerned, as well as the availability of equipment, qualified and motivated staff, in addition to ensuring information and dissemination of protocols of care.

Documentation is an essential part of the quality management system. The institution must establish and maintain procedures to monitor and review all documents (produced internally and from outside sources) that are part of the quality documentation. A checklist of documents, with version status and distribution status identification, should be readily available.

Procedures must ensure that:
A. Each document, whether technical or quality, has a unique identification number, version number and date of application;
B. The authorized and appropriate procedures are available in all necessary places, eg near the instruments;
C. Documents are kept up to date and revised as necessary;
D. Any document that is obsolete be withdrawn and replaced by the revised and authorized document, with immediate effect
E. Any revised document shall contain references to the previous version;
F. Old and obsolete documents are kept in the archives to ensure traceability in the evolution of methods; All copies are destroyed;
G. All staff concerned be trained in new and revised procedures;
H. Quality documentation, including records, should be kept for at least five years.

A change control system must be in place to inform staff of new or revised methods. (World Health Organization, 2010)
8.3. Factors Related to the Simplicity of the Protocol

The quality of care protocols is simplicity and clarity, enabling caregivers to use them adequately and easily to improve the quality of care and provide better patient care.

Of all respondents, 60% said care protocols were simple, while 16% said they lack simplicity and clarity, and 24% said they were not straightforward.

In order to facilitate the understanding and use of the protocols, staff must be adequately trained on the role and use of the protocols, with a view to defining the conduct to be taken or the measures to be implemented in certain situations.

Formalize the protocol: in the form of a simple and short document. This document must be easy to use during consultation or visit. Write a protocol identity card, specifying in particular the resource person / referent of the protocol. (High Authority of Health, 2015)

8.4. Resource Compliance Factors

Caregivers refer to up-to-date care protocols, validated by professionals who are competent in their fields and approved by the institution's managers who ensure their dissemination; Their implementation, their use and their actualization.

Participants in the study specifically stated that there was consistency in care protocols with resources available for 40%, compared to 27% who said they did not and 33% attributed little coherence.

To ensure proper protocol compliance, a description of the existing resource and material requirements as well as staff training and knowledge must be provided.

Efficiency is often the first dimension taken into account to measure quality. It is the ability to achieve desirable outcomes (care), provided they are delivered well to those who need it and not to others. Stresses that effectiveness is the ability to achieve or achieve any improvement in health outcomes. Appropriateness is a closely related notion that is commonly integrated with effectiveness and means that the care provided corresponds to clinical needs and is based on sound medical recommendations (Zeynep & Com-Ruelle, Décembre 2008)

9. Strengths and Limitations of the Study

9.1. Strength of the Study

The notable strengths of this work are, inter alia, in: (a) the exclusivity of the study to address aspects related to the use of care protocols, (b) the diversification of the profiles of the persons concerned, A survey that proves to be a plus for greater reliability and scientific rigor, and (c) the quality of the study, which is proved by having several providers of protocol of care arranged.

9.2. Study Limit

Obviously, the findings reported are to be qualified, as this analysis of the factors influencing the use of protocols of care by the professionals was confronted with certain limits, (a) Limit of the instrument, despite efforts to compensate for its deficiencies By confrontation and discussion with the concerned, it remains a potential bias. Indeed, in addition to its subjective nature, which makes possible the intrusion of interpretational biases, a questionnaire to identify obstacles to the use of care protocols cannot identify precisely, Differences or similarities between factors (b) the study does not reflect the extent of the reporting and does not allow for in-depth investigation of the interactions of factors influencing the use of care protocols; and (c) non-involvement Departmental structures that lay out the guidelines for health care management policy in health care facilities.
Conclusion
Care protocols are considered care tools to improve the effectiveness, safety and quality of care that remain an ultimate goal of any health care system.

As part of this objective, the tools of nursing practice have evolved continuously and significantly, including the adoption of protocols of care which is the result of a rigorous, methodical and objective approach. Indeed they serve as a reference and communication tool in the care services that help to make the appropriate decisions when offering services for a given patient. They also contribute to the reduction of occupational stress and ensure the continuity of care in the different departments and health units even in the event of a change in the healthcare staff.

This study found that 56% of respondents were supervised in their practice, 30% said that some care protocols were updated and adjusted, and 17% stated that not all protocols were updated. 53% of respondents contribute to the development of care protocols and 47% do not. 63% of the respondents are convinced of the usefulness of the protocols in improving the quality of care, 52% perceive them as a reminder, 11% said that the protocols of care influence their practices and none of these participants, Stated that care protocols are not essential for practice. 74% were unaware of the draft protocols, 52% said they did not refer to the protocols when needed in their practice, 36% referred to a doctor, 42% to a chief nurse and 22% to one colleague. 38% of participants felt demotivated in the use of protocols, only 48% of respondents said access to the protocols were easy, 38% did not have protocols in their nursing units, 60% said that the protocols of care are simple, 40% affirmed the coherence of the protocols of care with the resources available.

Thus, the implementation of care protocols is important in view of the fact that they allow autonomous caregivers in certain crisis situations and facilitate decision-making in order to guarantee the best care for patients and improve the quality of care.

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