Special Issue: Nursing and Healthcare: Current Scenario and Future Development



ISSN No: 2319-5886

International Journal of Medical Research & Health Sciences, 2016, 5, 7S:512-515

Status of nursing services in hospitals

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ABSTRACT

The concept of care is entirely complex and subjective so that there can be no treatments without care and more than half of health services are including care. Nursing is one of the most important components of hospital services and nurses group is very important group and after doctors, forms the largest group of technical staff employing in the field of the care of patients. The population of the study includes the employed nurses and the samples (specialist nurses, nurses and nursing assistances) were selected with simple convenience sampling method. In this study, 40 patient caregivers were asked to write all the activities done during their shifts in a form of story, and then their daily stories were recorded and analyzed by the researcher. Also, the services were classified by nominal group (the group of experts and professors of nursing). the results showed that 41.9% of services which the nurses were doing during working shift were basic services that could be also done by nurses were placed in the category of skilled nursing services. In relation to the first objective of study, i.e. determining the types of care services that were also done by nursing assistances.

Key words: Nursing services, nursing assistances, patient caregivers, levels of care

INTRODUCTION

The concept of care is entirely complex and subjective so that there can be no treatments without care and more than half of health services are including care [1].Nursing is one of the most important components of hospital services and nurses group is very important group and after doctors, forms the largest group of technical staff employing in the field of the care of patients [2]. On the one hand, the quality of the care has been raised as a priority in the health care system, particularly in the nursing services and in most countries, it is the basis of grading and accreditation of hospitals [3]. The quality of health care is a level of services that increases the possible desirable outcomes and is consistent with current professional knowledge. Since the nurses form a large group in the health system and their activities have significant effects on the care outcomes, ensuring the quality of services provided by nurses has been already considered by the authorities of health system [4].

Now, Iran is facing a serious shortage of nursing staff so that in public hospitals, about 80 thousands nurses provide services for 80 thousands beds and this means that there is one nurse per one hospital bed. But the standard nurse to hospital bed ratio is at least two nurses per one hospital bed and in order to realize it, the same number of nurses should be trained and employed [5].

In a one study, most satisfaction was related to the services provided in the Intensive Care Unit and the least one was related to the services provided in the emergency unit. Highest satisfaction score was related to the aspect of technical and professional care in the Intensive Care Unit and the lowest satisfaction score was related to the aspect of training the patient in the surgery unit [6].

In a study, the findings showed that the most participants raised the quality of nursing cares in the targeted cares, including subthemes of the most optimal care, caring based on the needs of patient, caring based on the nursing process, having an attitude of caring, goal-based care, caring to obtain patient satisfaction and science- and knowledge-based care. In the views of many participants, the most optimal care represents the high quality nursing cares. The most optimal care leads to meet the physical, mental, emotional, social and spiritual needs of the patients [7].

In another study, the results showed that the nurses assigned their 6.14 hours in day shift and 6.25 hours in night shift to the electronic health record system. On average, in night shift, the nurses spent 9.33 minutes per patient on electronic record [8].

In a study, the results showed that the majority of nurses (62%) had low job satisfaction, 34% of them had moderate job satisfaction and 4% of them has high job satisfaction. On the other hand, 19.4% of patients were completely satisfied with provided nursing services and 72% of them were moderately satisfied and only 6.8% of them were dissatisfied. Chi-square test showed that there are no relationships between job satisfaction of nurses and age, gender, kind of shift, kind of employment, working experience and marital status. The nurses who wished to retire at the age of 20 had a lower job satisfaction. The hospitals where the nurses had high job satisfaction, also the patients were more satisfied with nursing services and in contrast, the hospitals where the nurses had lower job satisfaction, also the patients were more dissatisfied with nursing services [9].

Given that now, 9000 students annually graduates in Bachelor of Science in Nursing [10]; this study has been conducted with the aim of "investigating the status of nursing services in selected hospitals affiliated to Iran University of Medical Sciences".

MATERIALS AND METHODS

Research method

This research is a qualitative study on categorizing nursing services provided in the selected hospitals affiliated to Iran University of Medical Sciences.

Population

The population of this study are the nurses employed in the selected hospitals affiliated to Iran University of Medical Sciences in Tehran Town.

Research environment

Research environments of this study were Hazrat-e Rasool-e Akram Hospital, ShafaYahyaeian Hospital and ShahidMotahari Hospital.

Sample

The sample of this study included the specialist nurses, nurses and nursing assistances employed in the selected hospitals affiliated to Iran University of Medical Sciences and the patient caregivers of patients in Tehran Town.

Sampling method

The simple and convenient sampling method was used in this study.

Sample size

In this study, 40 patient caregivers were asked to write all the activities done during their shifts in a form of story, then their daily stories were recorded and sampling was stopped after data saturation.

Data analysis method

At first, the data was analyzed by researcher and the interviews were classified to conceptual codes and then, listed services were classified by nominal group (the group of experts and professors of nursing).

RESULTS

As can be seen in table1, the maximum nursing services (41.9%) done by patient caregivers has been basic services and the minimum ones (18.9) has been related to specialized services.

Services	Basic nursing services	Public nursing services	Specialized nursing services	total
Frequency	140	131	63	334
Percentage	41.9	39.2	18.9	100

The results showed that 41.9% of services which the nurses were doing during working shift were basic services that could be also done by nursing assistances. 39.2 % of the services done by nurses were public services and only 18.9% of the services done by nurses were placed in the skilled nursing work category.

The results of this study showed that much of the activities done by nurses in their working shift is related to primary activities and cares that need no special expertise and even, can be provided by nursing assistances. Doing these activities and primary cares can be time-consuming and leads to disinterest and job dissatisfaction in addition to energy dissipation and wasting time. Today, death, disease, disability, discomfort and dissatisfaction are mentioned as the most important indicators of quality. In order to highlight the concept of the quality of provided cares, these are cited because there are relationships between them and power and skill [11].

In the study on nursing classes in other countries, the plurality of words can sometimes make the identification of the tasks and responsibilities of the groups difficult. Kleinpell et al. (2008) has investigated the job description of the group of the nurses. In critical situations, the words of Nurse Practitioners (NPs) and Physician Assistances (PAs) are used for the health care providers for critically ill patients who are of treatment care. There are currently about 115 thousand of active nurse practitioners in America, they have master degree and their education and training process for the care of children was started in the 1960s and their duties changed to the care of critically ill patients in 1990s. Acute care nurse practitioners had started their activities since 1995 and about 68% of them work in Intensive Care Unit. They are trained to care the critically ill patients in ICU and have passed the training programs such as chest tube insertion, central venous, endotracheal intubation, ventilator treatment management and hemodynamic monitoring. Kleinpell investigated the changes in the duties so that an identified job description has been raised for these nurses [12]. The results of this study showed that endotracheal intubation and hemodynamic monitoring are of the specialized nursing cares and this result is consistent with the results of the study by Kleinpell et al. (2008).

In this study, more than 40% of nursing activities can be provided by any groups of patient caregivers. It seems that by training a new group of treatment team, called primary services provider (nurse assistances), wasting time and energy dissipation will be prevented and the time and energy will be spent for the patients in need. Management and Planning Organization of Iran noted the clear tasks of nurses in the description form of organizational tasks that some of them are to determine and record the health problems and needs of the patients, nursing diagnosis based on research, knowledge and skill, to plan care activities based on the objectives and priorities and to register them in the records. By reviewing the activities of the nurses and a description form of the duties of the nurses, it can be concluded that about half of nursing activities are not related to the job description provided for them. This can be attributed to the shortage of trained nurses.

McKenna (2004) writes that the concept of unqualified protection force is not a new concept in health and such forces have been always used in the hospital environments. In USA, several names have been provided for this group: such as nursing aids, patients' care aides, nursing service technicians and unlicensed assistive personnel. Also, in England, the words of health care assistant (HCA), clinical support workers, ward assistant and home care assistant are used for these forces. The labels and names are confusing and can jeopardize patient safety. So, the acceptable term of HCA is used [13]. Someone believe that achieving the best outcome of treatment depends on nurses and nurse assistances with specified ratio (Zimmermann, 2000). Also, evolution and development of health care aids have a positive impact on reducing the workload of nurses and doctors [13].

CONCLUSION

In relation to the first research objective, i.e. to determine the types of care services provided by patient caregivers, the results showed that 41.9 % of care services provided by nurses were basic care services which could be done by the patient caregivers.

In relation to the second research objective, i.e. to determine the types of care services provided by nurses, the results showed that 39.2 % of care services provided by nurses were public care services which could be done by nursing assistances.

In relation to the third research objective, i.e. to determine the types of care services provided by nurses, the results showed that 18.9% of care services provided by nurses were specialized activities which could be done only by nursing knowledge and expertise.

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