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*Health care system reform and the scope of independence
in decision making by environmental/family nurses. II. Evaluation
of preparation of nurses for a modern model of environmental care*

Until the 1990's corrective medicine and activities biased towards a sick person, or simply an illness, remained the focus of attention of medical staff. The model of care valid at that time contributed to the perception of nursing as an additional profession in which satisfying biological needs of patients and fulfilling doctor's instrumental orders were most important (9). A hierarchical system of relationships: doctor – nurse – patient, was dominant in health care institutions. The process of transition in primary health care (PHC) towards family medicine was aimed at the provision of wide access to high quality complex health services (5). The starting point for the improvement of health care system, as well as nursing care, was the analysis of the modern definition of health in consideration of health preferences of health services recipients (1,10,11).

Considering two criteria: time and degree of nurses' independence, nursing was divided into traditional and modern. The nursing process was first introduced in hospitals, then at patients' places of residence and their environment of habitation (2,4). Responsibility of a nurse for the whole process of work with a patient was assumed in the nursing process – a synonym of the modern attitude towards care. Evaluation of the results of care was also important. The new model of care required keeping specific documentation.

Apart from this, there appeared a need for a rational interest in international theories concerning nursing (3,6,7), for there is no talking about a modern model of environmental care and widening the scope of independence of making decisions by nurses if we do not refer to the contemporary theoretical assumptions (12).

Hence, two research problems were formulated: 1. Is the modern method of work applied in the practice of environmental/family nurses? 2. What theoretical concepts facilitate decision making in matters of nursing?

MATERIAL AND METHODS

The material was collected in 2000. The study was conducted by means of a diagnostic survey carried out in the Białystok Region which covered 50 environmental/family nurses employed in non-public health care units (experimental group) and 60 from public units (control group).

The research procedure and characteristics of the population examined were described in detail in the previous* article.

RESULTS

The first results presented in this part of the article concern the practical application by nurses of a modern method of work-process of nursing. The nursing process consists of four integral stages: diagnosing the health state of a patient in the context of the demand for nursing care, planning of care, performing activities and evaluation of the nursing results. All the stages mentioned are important and often referred to an organizational cycle of organized activities.

The greatest number of respondents, both from the experimental and control groups (98% and 95% respectively), when asked about the process of nursing admitted that they diagnosed the state of their patients (Tab.1). Also, with respect to the second stage, i.e. care planning, the percentages of nurses applying it in practice were similar: 96% and 92% respectively. As many as 98% and 92% of respondents respectively referred to the third stage concerning the performance of activities in positive terms. The lowest values were observed with respect to the last stage of the nursing process – evaluation. 86% people from the experimental group and 81.66% of those from the control group reported that they evaluated the results of nursing.

Table 1. Nursing process in the practice of environmental/family nurses

No.	Stages of nursing process	Responses	Experimental group		Control group		Total	
			N	%	N	%	N	%
1	Diagnosing state of health	yes	49	98.00	57	95.00	106	96.36
		no	1	2.00	2	3.33	3	2.73
		lack	-	-	1	1.67	1	0.91
2	Care planning	yes	48	96.00	55	91.66	103	93.64
		no	2	4.00	4	6.67	6	5.45
		lack	-	-	1	1.67	1	0.91
3	Performance of activities	yes	49	98.00	55	91.66	104	94.54
		no	1	2.00	4	6.67	5	4.55
		lack	-	-	1	1.67	1	0.91
4	Evaluation of results	yes	43	86.00	49	81.66	92	83.63
		no	6	12.00	7	11.67	13	11.82
		lack	1	2.00	4	6.67	5	4.55
In general			50	100.00	60	100.00	110	100.00

The question concerning the type of records kept at nursing workplaces was an issue complementary with the first problem. The analysis of results showed that the documentation equivalent to the traditional model of nursing is valid in the majority of public PHC units in the Białystok Region. Statistical analysis of the results allows us to presume that a significantly smaller number of environmental/family nurses employed in new organizational forms of PHC registered the performed tasks in documentation which did not meet the requirements of the nursing process, compared to those employed on unchanged basis 60% and 91.67% respec-

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tively, $p < 0.001$. A significantly greater number of people in the experimental group kept in practice the documentation defined as "other" – 34%, compared to the control group – 1.67% ($p < 0.001$). This documentation was equivalent neither to the documentation characteristic of the nursing process nor the traditional one.

The second research area covered respondents' opinions concerning the practical use of the theoretical concepts of nursing published in international literature (Fig.1). The study showed that the majority of nurses did not apply any of these concepts, as the highest values concerned nurses who did not provide an answer to this question. A significantly greater number of respondents of the control group (90%) did not mention any theory which, in their opinion, would be useful in practice, compared to the experimental group (50%), $p < 0.001$. Another difference at the same level of significance ($p < 0.001$) concerned the theory most frequently applied. A significantly greater number of nurses employed on contract basis (46%), compared to the staff of the control group (8.33%) admitted that while performing everyday activities they referred to the D. Orem model indicating the scope of 'self-care deficit'. A small percentage of respondents of the experimental group only (22%) mentioned the V. Henderson theory, which emphasises the importance, of holistic approach to a patient. According to 10% of the staff employed in non-public health units, the theory by C. Roy is useful at work, while 4% of them mentioned the theory by F. Nightingale, who is considered to be the creator of modern nursing.

Environmental/family nurses employed in traditional structures of PHC, did not actually mention any of the theories (Fig.1), apart from the concept of nursing by D. Orem (8.33%), as useful in the nursing of patients. Therefore, it is surprising that despite such a small percentage of the staff applying theoretical assumptions of modern nursing in practice, over 50% of respondents reported that nursing theories facilitate decision making with respect to tasks (54% of respondents from non-public health units and 51.67% of those from public units). The nurses also expressed an opinion that these theories enable a conscious selection of the methods of acting (54% and 53.33% respectively).

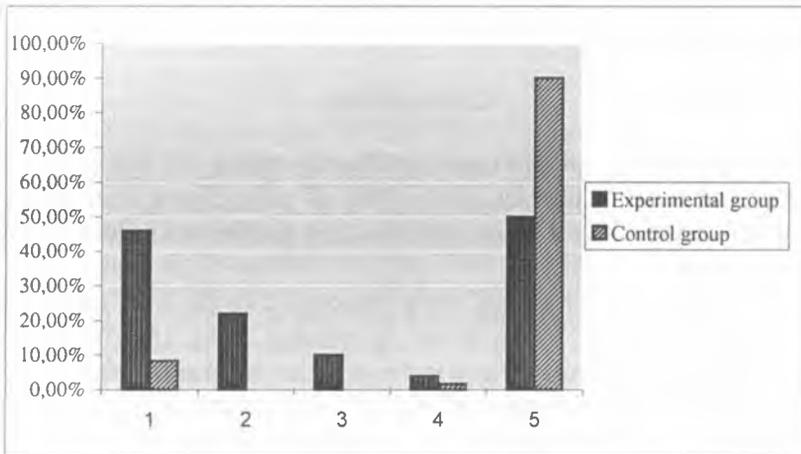


Fig. 1. Application of nursing theories in the practice of environmental/family nurses; 1 – theory by D. Orem ($p < 0.001$), 2 – theory by V. Henderson, 3 – theory by C. Roy, 4 – theory by F. Nightingale, 5 – lack of response to the question ($p < 0.001$)

DISCUSSION

During the period when the nurse-patient relationship was defined as 'a limited activity and limited co-operation' (Z. Kawczyńska-Butrym) the role of a nurse was confined to the skilful performance of orders (4). In such a situation it was not surprising that nurses remained passive in the activity resulting from medical diagnosis. They could not undertake any independent tasks with respect to people covered by care, because the lack of their own diagnosis made such a behaviour impossible (9).

The new approach to nursing and awareness of the complexity of its goals requires decision making by people who currently perform the occupation. These are decisions concerning nursing made as a result of rational problem solving, clear-sighted evaluation of the situation, preceded by genuinely collected information (8). The modern method of work-nursing process fulfils such requirements. This process is a system of mutually complementary conceptual-analytical and manual-instrumental activities (2,12). The skill of logical thinking, experience or even intuition, are also important. Despite the fact that the implementation of the nursing process into occupational practice was originated in Poland already in the 1980's, not all the staff know its assumptions. It happened that some nurses in the study did not know that the stages distinguished in the question constitute an inseparable whole (Tab.1).

The lack of documentation which would enable the collection of data indispensable for the correct course of individualized care in one place, is not conducive for the new model of environmental care. Similarly, poor knowledge of the theory of nursing does not allow the development of the nursing practice realised, based on verified occupational knowledge (3,6,7).

Hence, it may be assumed that despite the declarations of nurses concerning the importance of the practical application of modern nursing theories in reality, the majority of them do not work very independently. They are confined to performing doctor's orders making independent decisions in matters of patient care to a small extent. It should be emphasized that this concerns a group of nurses who, due to their work in the community, have the greatest area for independent decision making.

CONCLUSIONS

1. A vast majority of environmental/family nurses did not work with the method of the nursing process. Only 14% of respondents from non-public health units and 6.67% of those employed in public units documented the course of nursing.

2. Less than 50% of nurses (46%) employed in the new organizational forms referred to the D. Orem theory of nursing. They constituted a group which significantly more often applied in practice various theories of nursing, as compared to the nurses employed in traditional structures.

3. Slightly over 50% respondents reported that theoretical concepts facilitate decision making concerning their own scope of tasks and enable a conscious selection of the way of acting.

4. Independence in decision making with respect to nursing was low – 50% of respondents of the experimental group and 90% of those of the control

group did not mention any theory as the basis on which they performed their occupation.

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SUMMARY

Changes biased towards the autonomy of the nursing occupation originated by formal regulations do not yet designate the actual independence of nurses. This independence is determined by the modern method of work-nursing process and application in practice of a selected theory of nursing. The question pertaining to the knowledge and practical usefulness of nursing theories was justified by an anticipated positive effect of these theories on the working process. They not only indicate the goals of care, but also the scope of tasks and their type. The study was conducted by the method of a diagnostic survey with the use of questionnaire forms, and covered environmental/family nurses employed in public health care units (n=60), and non-public units (n=50). The data obtained and the results of statistical analyses allowed us to presume that environmental/family nurses do not apply the method of the nursing process, and in the majority of cases did not keep the required records. The respondents had no knowledge of international concepts of nursing. People employed in new organizational forms significantly more often referred to the theory by D. Orem, compared to those working in traditional structures.

Reforma ochrony zdrowia a zakres samodzielności decyzyjnej pielęgniarek środowiskowych/rodzinnych.

II. Ocena przygotowania pielęgniarek do nowoczesnego modelu opieki środowiskowej

Zmiany w kierunku autonomii zawodu, zapoczątkowane formalnymi uregulowaniami, nie oznaczają jeszcze faktycznej samodzielności pielęgniarek. Determinuje ją nowoczesna metoda pracy – proces pielęgnowania i stosowanie w praktyce wybranej teorii pielęgnowania. Pytania o znajomość oraz praktyczną użyteczność teorii pielęgnowania podyktowane były przewidywanym pozytywnym wpływem teorii na proces pracy. Wskazują one nie tylko na cele opieki, ale też na zakres zadań i ich charakter. Badania przeprowadzono metodą sondażu diagnostycznego za pomocą techniki ankietowej. Objęto nimi pielęgniarki środowiskowe/rodzinne z publicznych (n=60) oraz niepublicznych zakładów opieki zdrowotnej (n=50). Otrzymane i opracowane statystycznie wyniki upoważniają do stwierdzenia, że pielęgniarki środowiskowe/rodzinne nie stosują metody procesu pielęgnowania. W większości przypadków nie prowadziły także wymaganej dokumentacji. Badane nie wykazały się również znajomością światowych koncepcji pielęgnowania. Osoby zatrudnione w nowych formach organizacyjnych istotnie częściej niż pracujące w tradycyjnych strukturach odwoływały się w praktyce do teorii D. Orem.