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*Organizational skills of nurses employed in ambulatory health care
in the management of own practice. IV*

To provide incentives for an individual to manage own business it is necessary to adjust stimuli to the current needs of the participants of the process of changes, including changes in the nursing subsystem (5, 11). Nurses ascribe a very high rank to economic stimuli, especially salaries, as well as partnership in a therapeutic team. Organizational skills associated with independent organizing and managing of a nursing practice are also important.

A nurse may provide services on the basis of the following contracts: individual, independent organized as a practice of people performing the same occupational education. or various – group contract, contract of employment within the practice of a family physician (3).

Both educational and organizational skills create a close relationship with independence and possibility to work based on an individual or group nursing contract (4). Both the skills in the management of own practice and responsibility for the decisions made are important (2, 7).

The legal regulations adopted by the Parliament in the area of the occupational practice of nurses marked out a certain scope of their occupational independence, which allowed the signing of contracts with this occupational group (8, 10). Hence, the following research problem was posed: Is there a relationship between the preparation in the area of organization and management and work on contract basis? As an answer to the problem posed, the following hypothesis was formulated: The skills in managing own practice allows nurses to propose a varied offer of nursing services, to be independent and responsible for the decisions made.

MATERIAL AND METHODS

Methods, techniques and research tools, as well as the characteristics of the population examined are presented in Part I of the article*.

RESULTS

Nurses need skills which would, to a greater extent, allow them to independently enter the market of health services, and define the specific character of their services. Hence, the nurses were asked to evaluate their own organizational preparation for signing contracts with the payee, according to the 6-degree scale.

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Own organizational preparation on the level of 3 scores was reported by 40% of nurses from non-public health units and 37.78% of those employed in public units. This was the largest group among the respondents providing evaluation according to the 6-degree scale. The smallest group were nurses who mentioned one score (Table.1). Differences in evaluations occurred on the level of score 6, such a high evaluation being reported by 13.33% of nurses from non-public units, whereas in public units this evaluation was not mentioned at all.

Table 1. Evaluation of the degree of organizational preparation for signing contracts with the payee in the opinion of nurses

No.	Degree of preparation	Units			
		Public		Non-Public	
		No	%	No	%
1	0	10	22.22	5	11.11
2	1	2	4.44	3	6.67
3	2	9	20.00	3	6.67
4	3	17	37.78	18	40.00
5	4	7	15.56	10	22.22
6	5	-	-	-	-
7	6	-	-	6	13.33
Total		45	100.00	45	100.00

A significant difference was noted on the level of 2 scores. In this group there were 20% of nurses from public units and 6.67% of those from non-public units. A total lack of preparation according to the 6-degree scale – zero (0) was mentioned by 22.22% of respondents from public units and by less than half (11.11%) of those from non-public units.

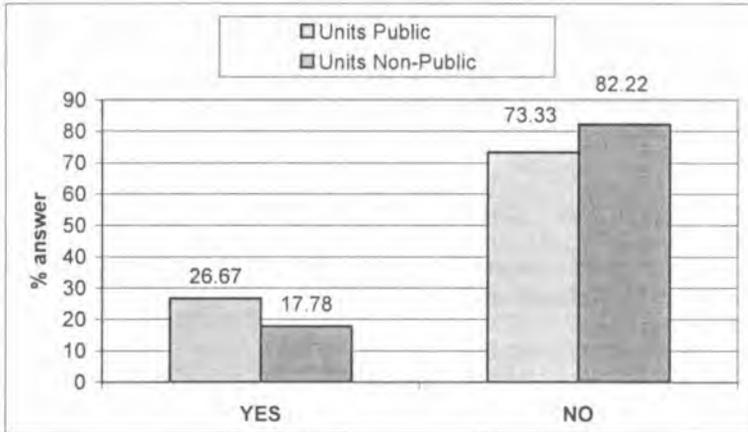


Fig. 1. Participation of nurses in improvement courses in the area of organization and contracting nursing services

While submitting the offer to the payee, the nurses defined the organizational and legal form of the services provided. They created new units and own practices. Entering the environment with a varied offer and the provision of high quality nursing care requires good practice management, as well as knowledge of regulations concerning the legal status of contracts.

Among the nurses examined, 51.11% of those from public units admitted that they possessed knowledge of regulations concerning the legal status of contracts, and 33.33% of nurses employed on a contract basis mentioned the civil code. As many as 62.33% of nurses from non-public units reported that they did not know the legal regulations in this area, compared to 44.44% of respondents from public units.

The participation of nurses in improvement courses in the field of organization and contracting nursing services was evaluated. The replies in both groups were similar. A greater number of nurses from non-public health units did not participate in any of the forms of post-graduate education (82.22%), compared to those employed in public units (73.33%) Figure. 1.

According to 48.89% of nurses from non-public units and 33.33% of those from public units, the reason for not participating in improvement courses was the lack of offers in this respect. A limited number of participants in the training did not allow 17.78% of respondents from non-public units and 22.22% of those from public units to take part in the course.

DISCUSSION

While considering the issues of independence and occupational individuality, K a w c z y ń - s k a - B u t r y m in one of her reports paid attention to the two elements of this problem: education and organization (4). In both cases, greater skills of nurses are necessary. Although this concerns the scope of skills of the group other than practice nurses, there is a close relationship between actual independence and possibility to work on the basis on an individual or group nursing contract (4, 9).

In activities biased towards the provision of services by nurses from health care units, the knowledge of business management and of the essence of marketing health services is necessary to obtain the anticipated results (1, 9). In order to provide high quality services it is necessary to know the expectations of the recipient. The problem of improving quality in health care is the issue of development of an individual business according to the standards, as well as expectations, of services recipients (1). Hence, a defined organizational preparation is necessary on the part of nurses as services providers.

CONCLUSIONS

1. Practice nurses' low self-estimation with respect to their knowledge and skills in management is not a good indicator for independence in making decisions by this occupational group. Over one third of nurses from public and non-public health units evaluated their own organizational preparation as 3 scores according to a 6-degree scale. A total lack of preparation – 0 score, was reported by as many as 2% of respondents from public units and over 11% of those employed in non-public units.

2. Poor organizational preparation of nurses for signing contracts for nursing services, and insufficient knowledge of legal regulations in this area, do not favour good management of own practice, independence and responsibility for the decisions made concerning care of patients.

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SUMMARY

The relationship was analysed between the preparation of nurses employed in ambulatory health care in the area of organization and management, and work on a contract basis. It was assumed that the skills in managing own practice allow nurses to enter the environment with a varied offer of nursing services, to be independent and responsible for the decisions made. The hypothesis was verified based on the analysis of results of studies conducted among nurses in Białystok and surrounding towns. The research tool was a questionnaire form. The results of the studies showed that the nurses possessed insufficient knowledge of legal regulations concerning contracting services – 62.33% of nurses in non-public units and 44.44% of respondents in public units. Lack of improvement courses in the field of organization and contracting nursing services were the reason for poor knowledge about managing own business among nurses. Poor organizational preparation of nurses for signing contracts for nursing services, and insufficient knowledge of legal regulations in this field, do not favour good management of own practice, independence and responsibility for the decisions made.

Umiejętności organizacyjne pielęgniarek ambulatoryjnej opieki zdrowotnej w zarządzaniu własną praktyką. IV

Zbadano zależność między przygotowaniem pielęgniarek ambulatoryjnej opieki zdrowotnej z zakresu organizacji i zarządzania a pracą na podstawie kontraktu. Założono, że umiejętność zarządzania własną praktyką pozwala pielęgniarkom wyjść do środowiska ze zróżnicowaną ofertą usług pielęgniarskich, być samodzielnymi i odpowiedzialnymi za podejmowane decyzje. Hipotezę zweryfikowano na podstawie analizy wyników badań, przeprowadzonych wśród pielęgniarek Białegostoku i okolicznych miast. Narzędziem był kwestionariusz ankiety. Wyniki badań wskazują na niedostateczną znajomość przepisów prawnych kontraktowania świadczeń (62,33% pielęgniarek w podmiotach niepublicznych i 44,44% badanych w zakładach publicznych). Brak doskonalenia na temat organizacji i kontraktowania usług pielęgniarskich był przyczyną małej wiedzy pielęgniarek na temat zarządzania własną firmą. Słabe przygotowanie organizacyjne pielęgniarek do zawierania kontraktów na usługi pielęgniarskie oraz niedostateczna znajomość przepisów prawnych w tej dziedzinie nie sprzyjają dobremu zarządzaniu własną praktyką, samodzielności i odpowiedzialności za podejmowane decyzje.