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*Change in the form of organizing nursing services
in ambulatory health care. I*

Changes in health care management are a characteristic feature of modern systems of health protection (1). Many of these systems, not only in Poland, introduce new management methods (4). Thus, in the 80s of the 20th century, the focus of attention was on the economic elements of health care. The main emphasis was placed on the estimation and control of the cost of medical services (2). This resulted in the shortening of hospitalization period, and consequently in a decrease in the number of hospital beds, the main expense of care covering diagnostics, treatment and nursing care of patients being transferred to ambulatory health care. In the 90s of the 20th century, the method of calculating the cost of care was modified, with the consideration of health benefits resulting from their realization. It then became clear that, among other things, health education and the preparation of patients for self-care may significantly improve the results of treatment, also decreases stress and pain associated with the pathological process, improves general well-being of patients, minimises the number of repeated hospitalizations and visits to the outpatient department, and accelerates the regaining of health (6).

Practice nurses employed in outpatient health care departments should be charged with many of the above-mentioned tasks. Irrespective of the ultimate organizational form assumed by the reformed system of health care, nurses, as the most numerous group of medical workers, in a significant way affect the realization of objectives adopted in the health care system. Without well organized nursing services and their improvement it is difficult to achieve evident progress with respect to quality and results of care (3, 7).

The essence and contents of nursing itself should be directed towards independence in the realization of such activities as: health promotion, health education, prevention of diseases, provision of nursing health care resulting from actual needs of patients, participation in the regaining of psycho-physical capabilities by the disabled and people not adjusted to various life situations, preparation of patients and their families for self-care and self-nursing (8).

The objective of the studies was to determine the relationship between change in the organizational structure and method of financing health care, and the scope of tasks at nursing workplaces in ambulatory health care. Therefore, the following research problems were posed: 1. Has the change in the method of financing nursing services affected the form of organizing services of this occupational group in ambulatory health care? 2. What is the effect of legal and organizational form of contracting nursing services on the scope of tasks at nursing workplaces in ambulatory health care?

MATERIAL AND METHODS

In order to solve the research problem the method of a diagnostic survey was selected. This method is a way of collecting knowledge concerning structural and functional attributes, as well as the dynamics of social phenomena, opinions and attitudes of selected population groups, intensity and directions of the development of individual phenomena (5). The study technique was a questionnaire form containing 23 general and Yes/No questions and a specification. The study was conducted among a group of health units providing ambulatory nursing services, which had signed nursing contracts with the insurer – individual, group of individual practices, non-public health care units, or as accompanying practices (contract of employment in the practice of a family physician). The study covered practice nurses whose range of tasks concentrated on the performance of work within outpatient department. The area of study was Białystok and cities within 100 kilometres from Białystok.

It was assumed that the scope of tasks at nursing workplaces in ambulatory health care may be differently handled in public and non-public units. Therefore, the study covered equal numbers of practice nurses employed in both of these organizational forms. Pilot studies were carried out in May 2000, while the proper study was conducted in November – December 2000. A general number of 104 research tools was distributed – 52 questionnaire forms in non-public units and the same number in public units; 90 questionnaires were regained, which constituted 86.54% of the population examined. In both types of health units the age of nurses was similar. The greatest number of nurses were aged over 40 – in public units this age group constituted 57.78% of nurses, whereas in non-public units – 46.67%.

The period of employment in ambulatory health care varied in both research groups. The greatest number of nurses (35.56%) in public health units had a period of employment in ambulatory care from 11–15 years. The same percentage of respondents (35.56%) in non-public units had worked in ambulatory care from 5 to 10 years.

RESULTS

The evaluation of the effect of change in the method of financing nursing services on the form of organization of services of this occupational group was undertaken by a part of respondents from non-public and public units. The majority of practice nurses from non-public units (77.78%) perceived the effect of change in the way of financing on the character of nursing services. Nearly a half (46.67%) of respondents in this group associated this effect with the possibility to choose the form of organising services. In public units such a possibility was noticed by 11.11% of nurses.

Factors were analysed which in the opinions of nurses facilitate the organisation of nursing services in ambulatory health care (Table 1). The greatest number of nurses in non-public units (55.56%) indicated good co-operation in a therapeutic team, possibility of contracting services (22.44%) and economic stimuli (20%). Knowledge and experience were also important (17.78%). Organizational independence of nurses was mentioned by only 8.89% of respondents from non-public units.

The majority of respondents in public units (75.56%) did not observe factors which would facilitate the introduction of changes. Only 11.11% of nurses mentioned the possibility of contracting services. In the opinion of 53.11% of practice nurses from non-public units and 40% of those in public units, the low rate *per capita* was the factor which considerably hindered the implementation of changes (Table 2). In their replies the nurses emphasized lack of actual connection between expenditures and possibility to achieve the assumed objectives posed by a newly developing practice (institution, organization). According to 46.67% of nurses from public health units, lack of sufficient knowledge concerning systemic changes did not facilitate the introduction of changes. In non-public units this factor was reported by 15.56% of respondents.

Table 1. Factors facilitating the organization of nursing services in Public and Non-Public Health Units

No.	Facilitating factors	Units			
		public		non-public	
		No.	%	No.	% *
1	Co-operation in the team	4	8.89	25	55.56
2	Economic stimulus	-	-	9	20.00
3	Possibility of contracting services	5	11.11	11	24.44
4	Knowledge and experience	-	-	8	17.78
5	Independence of nurses	2	4.44	4	8.89
6	Unperceived factors	34	75.56	3	6.67

* The percentages do not add up to 100.00 because some of the nurses in the study indicated more than one factor facilitating the organization of services

Table 2. Factors hindering the organization of nursing services in Public and Non-Public Health Units

No.	Hindering factors	Units			
		public		non-public	
		No.	% *	No.	%
1	Low rate <i>per capita</i>	18	40.00	23	53.11
2	Lack of knowledge concerning system reform	21	46.67	7	15.56
3	Lack of co-operation within team	8	17.78	11	24.44
4	Increase in documentation tasks	3	6.67	1	2.22
5	Lack of negotiations with physician	-	-	3	6.67

* The percentages do not add up to 100.00 because some of the nurses in the study indicated more than one factor facilitating the organization of services

The analysis of organizational and legal forms of services provided by nurses in public and non-public units allowed us to presume that the main form in public (100%) and non-public units (68.89%) is an accompanying practice – contract of employment in the practice of a family physician. This form of services provided was evaluated in positive terms by 42.22% of nurses from non-public units, while only one person among respondents from public units was satisfied with this organizational and legal form of realizing services.

In order that the form of the services provided met the expectations of nurses, 68.89% of respondents in public units desired some changes. In non-public units such an answer was provided by 17.78% of respondents. In the opinions of 40% of nurses in non-public units and 28.89% – in public units, material resources constituted an appreciated value providing satisfaction in the realization of services.

The second research problem concerned the effect of legal and organizational forms of contracting nursing services on the scope of tasks of practice nurses employed in ambulatory health care. The change in the scope of tasks was reported by 86.66% of nurses in non-public units. This change was confirmed

by 13.34% of nurses in public units (Table 3). The greatest number of respondents from non-public units mentioned an increase in duties (40%). Simultaneously, an increase with respect to duties, work activities and scope of documentation was observed by 24.44% of respondents. The new form of organizing services increased independence at work according to 22.22% of respondents in non-public units.

Table 3. Effect of the form of organizing services on the scope of tasks at workplaces in Public and Non-Public Health Units

No.	Change in the scope of task at workplace	Units			
		public		non-public	
		No.	%	No.	%
1	Increase in independence at work	-	-	10	22.22
2	Increase in duties	3	6.67	18	40.00
3	Increase in activities with documentation	3	6.67	-	-
4	Increase in duties and activities with documentation	-	-	11	24.44
Total		6	13.34	39	86.66

DISCUSSION

The authors investigating the influence of organizational changes on health effects and quality of care notice that the Polish system of health care undergoes an evolution similar to that experienced by West European countries during the period of the last 20 years, but at an increased pace (7). The changes implemented in the organization of nursing services offered in outpatient departments are poorly visible in the present system of health protection. Undoubtedly, in order to actually exist, they require a radical change in attitudes and stereotypes of thinking, as well as activities trained in the past. It would then be easier to accept what is new and as yet unknown.

Contracting nursing services is not easy and unfamiliar to nurses. It is considerably limited by insufficient knowledge concerning both the changes taking place in health care, and the legal and organizational skills in contracting nursing services. Practice nurses are still perceived as persons with limited independence who perform 'doctor's orders'. Certainly the scope of changes in the work of a nurse should cover health education of patients and their families and the preparation for self-care. Nurses unequivocally indicate the financial factor as meaningful while changing the form of organizing services. In respondents' opinions, this is a very important element which enables the widening of the scope of nursing ambulatory care.

CONCLUSIONS

1. The development and variation in forms of organizing nursing services in ambulatory health care after the change of the method of their financing are not large. Services are realized in the form of accompanying practice (in public units 100% and non-public – 68.89%) and in the form of Non-Public Nursing Health Care Unit – 31.11%.

2. New forms of contracting nursing services caused an increase in duties

(64.44%) at nursing workplaces in ambulatory health care. This, however, does not concern promotion, prophylaxis and patient education in this respect. Only for 22.22% of nurses from non-public units is a widened scope of duties simultaneously associated with their independence at work.

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SUMMARY

The present article is the first of a cycle devoted to the scope of problems concerning independence in decision making while performing tasks at a workplace of a practice nurse in ambulatory health care, after the implementation of financial contracts from health services insurance. The objective was to determine changes at nursing workplaces in public and non-public health care after the implementation of health system reform. In order to achieve the assumed goal the method of diagnostic survey was applied. The study technique was a questionnaire form. The study was conducted in 2000, and covered 45 nurses from public and non-public units each, in Białystok and towns within an area of 100 kilometres. The results of the study indicated that the development and variations in the forms of organizing practice nurse services in ambulatory health care are not considerable. An increase in duties at nursing workplaces in ambulatory health care is neither actually connected with expenditures on services, nor with the widening of practice nurse decision area.

Zmiana formy organizowania usług pielęgniarskich w ambulatoryjnej opiece zdrowotnej. I

Artykuł stanowi pierwszą część cyklu poświęconego zakresowi samodzielności decyzyjnej w wykonywaniu zadań na stanowisku pielęgniarki w praktyce ambulatoryjnej opieki zdrowotnej po wprowadzeniu kontraktów finansowych z ubezpieczenia świadczeń zdrowotnych. Celem pracy było określenie zakresu zmian na stanowiskach pielęgniarskich w publicznej i niepublicznej opiece zdrowotnej po wprowadzeniu reformy ochrony zdrowia. Zastosowano metodę sondażu diagnostycznego. Techniką badawczą był kwestionariusz ankiety. Badanie przeprowadzono w roku 2000, objęto nim po 45 pielęgniarek w zakładach niepublicznych i publicznych. Terenem badań był Białystok i miasta w promieniu do 100 km. Wyniki badań wskazują na to, że rozwój i zróżnicowanie form organizowania świadczeń pielęgniarki w praktyce ambulatoryjnej opieki zdrowotnej są niewielkie. Wzrost obowiązków na stanowiskach pielęgniarskich w ambulatoryjnej opiece zdrowotnej nie jest realnie powiązany z wydatkami na usługi ani z poszerzeniem obszaru decyzyjnego pielęgniarek praktyki.