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Decision area and occupational independence of nurses in ambulatory health care. II

The realization of tasks regarding the maintenance of health of patients by physicians and nurses employed in ambulatory health care must be of a mutually complementary character. The integration of the nursing environment around goals, the search for mutual features and occupational solidarity allowed the development of a model of family nursing in primary health care (PHC). In this model, a family nurse plays an independent and important role as the person taking care of people within her charge in their family environment (2). The transformation of the structure of PHC may constitute a point of reference for nurses permanently employed in outpatient departments, so-called practice nurses. They have a chance to benefit with respect to: independence at work, unequivocal specification of duties, competence and responsibilities, emphasizing the proper position of a nurse in the process of privatisation of the structures of ambulatory health care, improvement of the quality of services, equipping practices according to needs at nursing workplaces, launching the home market of services, including competition, actually connecting expenditures for nursing services with economic effects and increase in the scope of the tasks fulfilled, elevating occupational status, improvement of occupational qualifications and providing incentives for the development of changes and efficiency in the management of own unit (4).

The reforms which took place in PHC have not always been complementarily connected with variations in practice nurses care in ambulatory health care, therefore the following research problems were posed: Are the preconditions for the widening of the area of decisions by practice nurses fulfilled in ambulatory health care? The dependent variable, which is the analysed scope of tasks of a practice nurse, was investigated by means of the following indicators: the scope of duties assumed, independence at work, responsibility, possibilities of occupational development, making decisions concerning the methods of work, the competence to make decisions.

MATERIAL AND METHODS

The study was conducted in 2000 in Białystok and towns in the Białystok Region and covered 45 practice nurses employed in non-public health care units, and 45 nurses from public health units. A detailed characteristics of the method and study techniques, as well as a description of the population examined was presented in Part I of the article* .

* A. Ksykiewicz-Dorota, T. Szczurak.: Change in the form of organizing nursing services in ambulatory health care. I, ANNALES UMCS, Sectio D (Medicina) vol. LIX, N 2, 167.

RESULTS

As many as 84.44% of practice nurses from non-public health units provided an evaluation of the current scope of their occupational duties. They mentioned that this scope was sufficient at their workplaces. The same evaluations of their duties were reported by 82.22% of practice nurses in public units. The respondents who were in agreement with the current scope of duties simultaneously pointed out a deficit in the scope of competence – 15.56% in both units respectively.

In non-public institutions, 37.78% of practice nurses mentioned the lack of proper proportions between duties and the scope of matters for which they were personally responsible. The same opinion was expressed by 28.94% of the nurses examined in public units. A greater number of nurses from public units (71.11%) considered duties and responsibilities as well-proportioned, compared to those employed in non-public units (62.22%).

The scope of nursing practice in ambulatory health care enabled full independence at work in the opinion of 73.33% of nurses in public units and 64.44% of those employed in non-public units. According to both groups of nurses, the independence in realizing tasks was limited by the subordination to a doctor (15.56%). In the opinion of nurses from non-public units these were activities dominated by instrumental tasks (5.56%). Lack of the tasks considered, according to the act in the matter of the occupation of a nurse and midwife, was limitation in independence – reported by 11.11% of nurses employed in public units.

One of the permanent elements of the working environment was the right to independent actions and making decisions (5, 6). The analysis of the study material showed that in about one third of practice nurses in both groups, their regular duties did not cover clearly specified occupational competence and responsibilities. In the opinion of 66.67% of respondents from public units and 62.22% of those from non-public units had the freedom to make decisions concerning nursing.

The expectations of nurses with respect to duties, competence and responsibility at their workplace, were also analysed. The greatest number of nurses expected changes in the area of the scope of competence (46.67%) in non-public units and 33.33% in public units (Fig.1). Lack of competence practically liberates nurses from responsibility (7). Therefore, the nurses expected an increased responsibility with the widening of the scope of competence – 28.89% of nurses employed in non-public units and a slightly smaller percentage – 17.78% – in public units. A similar number of nurses in both groups indicated adjustment of tasks according to qualifications. A nurse providing high quality care for a patient and a healthy person must be equipped with knowledge and improve qualifications. In the opinion of 80% of respondents from public units, currently, the nurses have insufficient possibilities for post-graduate training according to the needs. This opinion was confirmed by 60% of respondents from non-public units.

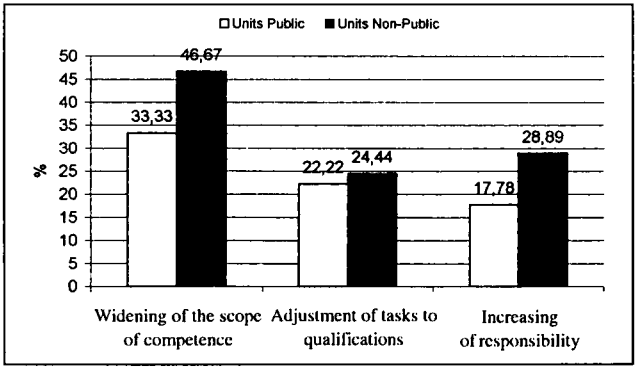

Fig. 1. Changes with respect to the scope of duties, competence and responsibility expected by nurses

In order to increase the scope of decision making in patient care, apart from proper education and training, good material resources should be available and a certain degree of freedom in their use. Nurses from non-public units evaluated their material resources at work based on contracts in more positive terms. The greatest number of respondents evaluated this as sufficient (40%), followed by satisfactory (33.39%) and poor (26.67%) (Table 1). The evaluation of material resources as very good did not occur in any of the groups.

Table 1. Evaluation of material resources by nurses from public and non-public health units for work on contract basis

No.	Evaluation	Units			
		public		non-public	
		No.	%	No.	%
1	Very good	-	-	-	-
2	Satisfactory	3	6.67	15	33.33
3	Sufficient	11	24.44	18	40.00
4	Poor	31	68.89	12	26.67
Total		45	100.00	45	100.00

Changes in nursing, biased towards the autonomy of this occupation, could not take place without the application at work of the method of the nursing process (5). This method assumes the recognition of patient needs, the adjustment of activities to actual needs, and the evaluation of the realization of this method. The method of a nursing process is derived from the organizational cycle of organized activity (7). In non-public units in ambulatory health care, over a half of the nurses (55.56%) did not work according to the nursing process. In public units, this percentage was 77.78% of respondents. Table 2 presents the reasons for not applying this method. This was most often due to unfamiliarity with the method (40% of nurses in public units and 28.89% in non-public units), and short contact with a patient (20% and 11.11% respectively).

Table 2. Reasons for not applying nursing process in occupational activity by nurses employed in public and non-public health units

No.	Reasons for not applying nursing process	Units			
		public		non-public	
		no.	%	no.	%
1	Lack of knowledge of nursing process	18	40.00	13	28.89
2	Insufficient contact with a patient	9	20.00	5	11.11
3	This is not a method of work at my workplace	8	17.78	7	15.56
Total		35	77.78	25	55.56

DISCUSSION

According to the record in the project of health system reform, the scope of transformations in primary health care is based on the institution of a family physician. A practice nurse employed in ambulatory health care, as a person co-operating with a physician, should have a clearly specified scope of duties, competence and responsibility. In order to fulfil the requirements posed by the realization of tasks, the work of both physician and nurse should be mutually complementary and supportive. The successful realization of these activities at nursing workplaces requires competence which would enable an independent choice of goal and way of acting. Responsibility at nurses workplaces should therefore be understood as an obligation of an employee to fulfill in the best possible way the tasks covered by the agreement between services provider and services receiver. The reform in health care, which has been taking place for several years, did not eliminate the fact of a conflict between family physicians or physicians partnerships, and nursing partnerships, in the competition for contracts for so-called nursing services in a complex package. This does not favour the creation of independent nursing workplaces, including competence for independent activity and decision making.

CONCLUSIONS

1. The current scope of duties satisfies the expectations of the majority of nurses employed in both non-public and public units. Nurses in public units have greater independence and well-proportioned duties and responsibility.

2. In public units, the conditions for widening the decision area of nurses are less favourable.

3. The regular scope of duties, competence and responsibility, in about one third of practice nurses in both types of units does not cover occupational competence, which is a component of nursing care in accordance to the current legal regulations in this area.

4. Nurses in non-public and public units anticipate changes with respect to competence, and therefore increased responsibility and adjustment of tasks according to qualifications.

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SUMMARY

Contrary to family nurses, practice nurses employed in outpatient departments did not change their scope of duties very much compared to the period prior to the reform of health care. The study presented the current and expected scope of tasks, with the consideration of the area of independent decision making in ambulatory health care. The dependent variable was the scope of nursing practice, which was analysed by means of the following indicators: the scope of duties realized, scope of independence at work, scope of responsibility, possibilities of occupational development and making decisions concerning the methods of work, the competence to make decisions. The study covered a group of 90 nurses employed in public and non-public health care units in Białystok and its area, and was conducted with the use of a questionnaire form. It was observed that practice nurses expected changes with respect to competence, and consequently increased responsibility and adjustment of tasks according to their qualifications. Nurses from public units had less favourable conditions for widening their decision area. The analysis of the study material showed that the regular scope of duties and responsibility in one third of nurses in both groups did not cover occupational competence. In order to independently plan and make decisions, nurses must be trained and improve their knowledge. In the opinion of 80% of respondents from public units and 60% of those employed in non-public units, nurses do not have sufficient possibilities for post-graduate education according to the needs.

Obszar decyzyjny i samodzielność zawodowa pielęgniarek praktyki
w ambulatoryjnej opiece zdrowotnej. II

W odróżnieniu od pielęgniarek rodzinnych pielęgniarki praktyki pracujące na terenie przychodni niewiele zmieniły obowiązków w swoim zakresie w porównaniu z okresem sprzed reformy opieki zdrowotnej. W badaniach przedstawiono istniejący i oczekiwany zakres zadań z uwzględnieniem obszaru samodzielności decyzyjnej ambulatoryjnej opieki zdrowotnej. Zmienną zależną był zakres praktyki pielęgniarskiej. Badano ją przy pomocy następujących wskaźników: realizowanego zakresu obowiązków, zakresu samodzielności w pracy, zakresu odpowiedzialności, możliwości rozwoju zawodowego, decydowania o metodach pracy, prawa podejmowania decyzji. Badanie przeprowadzono w grupie 90 pielęgniarek zatrudnionych w publicznych i niepublicznych zakładach opieki zdrowotnej Białegostoku i okolic przy użyciu kwestionariusza ankiety. Stwierdzono, że pielęgniarki praktyki oczekują zmian w zakresie uprawnień, a tym samym zwiększonej odpowiedzialności oraz dostosowania zadań do swoich kwalifikacji. Do poszerzenia obszaru decyzyjnego mniej korzystne warunki mają pielęgniarki w zakładach publicznych. Z analizy materiału badawczego wynika, że około 1/3 pielęgniarek w obu grupach nie ma uwzględnionych uprawnień zawodowych w zakresie obowiązków i odpowiedzialności. Aby móc samodzielnie planować i podejmować decyzje, pielęgniarki muszą być przygotowane merytorycznie, doskonalić wiedzę. W opinii 80% respondentek z zakładów publicznych i 60% badanych w zakładach niepublicznych pielęgniarki nie mają dostatecznej możliwości kształcenia podyplomowego zgodnie z potrzebami.