

NURSING PERSONNEL AND QUALITY OF HEALTH CARE

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ABSTRACT — The key role in the organization of medical care is assigned to nursing personnel, which provides both the processes of organization of medical care and its implementation under the guidance of a doctor or independently, to actual issues of optimization of the healthcare system and the implementation of innovative mechanisms of personnel policy. In this regard, an important issue to date is the quality of nursing care and the conditions for achieving it.

KEYWORDS — average medical staff, quality of medical care, determinants of nursing staff.

Objective:

To determine the willingness of nursing staff to participate in the quality management of nursing care.

Methods

To assess the quality of nursing care, a sociological method was used.

The tasks

included the analysis of factors affecting the quality of nursing staff.

Results of the study

Nurses aged 20 to 30 years were 13.5%; from 30 to 40 years — 25.5%; from 40 to 50 years and from 50 years and older — 30.5%, respectively. More than half of the respondents (54.5%) had a general medical experience of more than 20 years. To the question *Is the model of integrated care for patients viable when 5–10 patients are assigned to one nurse?* About 50% of the respondents gave a positive response and believed that such an approach would improve the quality of work (23%), increase individual responsibility (18%) and will contribute to the professional growth of the nurse (13%). About 40% of respondents denied the existence of this model, 10% of respondents found it difficult to answer the question. However, in many medical organizations, the staff daily performed a limited amount of medical manipulation, working in the procedural, dressing or post, while losing the basic knowledge and skills obtained during training in educational

institutions. As a result, a specialist who increases his qualification and receives a certificate in the specialty *Nursing* does not have all the competencies within the acquired specialty. To the question *Would the increase in the volume of independent interventions through the acquisition of new skills affect the quality of nursing care?* 54% of the respondents answered positively, and 32% found it difficult to answer, indicating that the average medical staff was not sufficiently informed about the scope and feasibility of introducing new functions, and the absence clear opinion on this issue.

To the question *Should the growth of professional skills and the quality of nursing care depend on wages?* 71% of the respondents gave a negative answer. The majority of respondents sought to improve their professional level and acquire new competencies. Priorities in increasing knowledge and skills were distributed as follows: 70% of respondents sought to learn new technologies and improve professionally; 68% relied on knowledge of simple medical services; 45% sought to improve their psychological communication skills; knowledge of legal documents and application and interaction of drugs are relevant for 38% and 32% of respondents, respectively; 27% were interested in the main causes of diseases. The interest of medical workers in the study of standards and new technologies indicated a persistent motivation of staff to increase professionalism. The application of the standards facilitated the work of nursing staff, optimized the costs of material and working time, improved the quality of service and reduced the probability of errors, 76% of respondents confirmed that the developed algorithms and instructions approved directly by the medical organization are at the workplace. However, only 65.5% agreed with the introduction of the personal responsibility of the nurse for the overall outcome of the disease (improving the patient's condition), and 15% of the average medical workers did not consider it necessary to introduce personal responsibility for the provision of nursing care. In this case, middle managers need to be educated within the Nursing Development Program, where the role and functions of a nurse in society are aimed at increasing the responsibility for providing nursing care and increasing the authority to provide it.

On the question *What factors can affect the quality of care?*, The respondents gave several answers. In the first place there was an improvement in material and technical support (55%), on the second — improvement of working conditions (53%), at the third

— load reduction (26%), on the fourth — optimization of the number of documents (20%), on the fifth — continuous training in the workplace (21%), the sixth — training of the staff in psychological aspects of communication with patients (16%), in the seventh — material compensation (13%).

The most important criterion for the quality of nursing care (with several variants of answers) was the overwhelming number of respondents who considered timely performance of medical appointments (92%) and adherence to the curative-protective and sanitary-epidemiological regimes (57%). Approximately one third of respondents are oriented toward the patient, considering it an important criterion for taking care of the patient (35%) and communicating with the patient and his relatives (27%). However, about 80% of medical workers claimed that they taught the patient and his relatives the methods of self-management and patient care. The reason for this was the shortage of working hours of the nurse and the possibility of fulfilling only the main purposes, the preparation of documentation. And the time for communication with patients and their training was minimal. It can be assumed that this distribution of priorities in the use of working time had an impact on 46% of respondents' answers about disagreement in the distribution of incentive payments based on the opinions of patients. 36% of the respondents answered positively. The determinants of improving the quality of nursing care in the opinion of 79% of respondents were: reducing the risk of professional errors; 21% — professional discipline. Improvement of the patient's health was important only for 55% of average medical workers, an increase in the quality of nursing care for the prestige of the medical organization was important only 17% of respondents. These data point to the fact that employees lack motivation for external quality control. There is no clear focus on the final result of the provision of medical services: improving the patient's health and increasing the prestige of the medical organization in order to attract patients.

The current monitoring of the quality of nursing care according to the survey is as follows: 36% of the respondents are verbally verified; 51% claim that the results of the control are fixed in expert cards and the register of defects, and only 19% of the respondents are informed of the results; up to 14% of the respondents do not receive the results of the control. The overwhelming majority of respondents (71%) answered that the quality of nursing care was monitored continuously, 17% learned about the results once a month, and 10% could not answer this question.

However, the question *Who directly controls the quality of their work?* Caused some difficulties, and

33% of respondents could not answer the question. The rest of the respondents had the answers: senior nurse (45%), head of the department (11%), chief nurse (11%). That is, the average medical staff is most motivated to the internal level of quality control. He considers professional performance indicators as important criteria for his work (92% for medical appointments), and is less motivated to improve the patient's health (57%).

Staff motivation aimed at improving professional skills is based on improving knowledge and skills, knowledge of standards of simple medical services, knowledge of regulatory documents and improving psychological communication skills. The work of middle managers should be aimed at nurturing and forming personal interest of personnel in the quality of nursing assistance, professional growth. Nursing personnel need to be involved in the management and improvement of quality of patient care.

The staff is not sufficiently informed about the procedure for assessing the quality of nursing care, its purposes. Based on the survey conducted, it can be argued that the analysis of the errors is not performed with the staff in full. At oral delivery of results (33%) the personnel had no information about criteria of an estimation of quality of the nursing help.

Thus, the assessment of the willingness of nursing staff to participate in the management of the quality of nursing care has shown the lack of awareness of nurses about the procedure for assessing the quality of nursing care, its goals, considering the most important criteria for its work indicators of professional activity.

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