

RISKS ASSOCIATED WITH THE WORK OF DISTRICT NURSES

ZAGROŻENIA WYNIKAJĄCE Z PRACY PIELĘGNIAREK/PIELĘGNIARZY ŚRODOWISKOWYCH

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ABSTRACT

Introduction. There are many risks appearing in a work of district nurses which remarkably hinder their occupational activity and very often is a reason for changing the profession.

Aim. The aim of this research was to identify chosen risks associated with the work of district nurses.

Material and methods. To carry out this research a method of diagnostic pool using questionnaire techniques was used. The questionnaire consisted of 20 multiple choice questions. The research was carried out from December 2013 to March 2014 among district and family nurses in the Mazovian Province.

Results. Community work was described as hard by 48% of respondents. The most often chosen factors responsible for overloading district nurses are: very low pay (88%), to high community expectations (87%), not enough employment (85%), burden associated with travelling to patients (84%), psychological (83%), administrative (60%).

Conclusions. Main difficulties faced by district nurses in the course of their work in basic healthcare were: excessive overload with administrative duties, burden associated with travelling to patients (distance) and psychological burden. Very low pay, to high expectations from the community and not enough number of district nurses employed constitutes a big problem in the community work.

KEYWORDS: district nurse, occupational risks, workload.

STRESZCZENIE

Wstęp. W pracy pielęgniarek/rzy rodzinnych pojawia się mnóstwo zagrożeń, które znacząco utrudniają im aktywność zawodową, a niejednokrotnie są przyczyną zmiany zawodu.

Cel. Celem pracy była identyfikacja wybranych zagrożeń występujących w pracy pielęgniarek/rzy środowiskowych.

Materiał i metody. W celu przeprowadzenia badań zastosowano metodę sondażu diagnostycznego z użyciem techniki ankiety. Kwestionariusz zawierał 20 pytań zamkniętych. Badania przeprowadzono od grudnia 2013 do marca 2014 roku wśród pielęgniarek/rzy środowiskowo-rodzinnych w województwie mazowieckim.

Wyniki. Pracę w środowisku jako ciężką określało 48% badanych. Najliczniejszymi czynnikami obciążającymi pielęgniarki/rzy rodzinne/nych są: zbyt małe zarobki (88%), zbyt duże oczekiwania ze strony środowiska (87%), niedostateczna liczba zatrudnienia (85%), obciążenia wynikające z dotarcia do pacjenta (84%), psychiczne (83%), biurowe (60%).

Wnioski. Głównymi obciążeniami w pracy pielęgniarki/rza w podstawowej opiece zdrowotnej były: nadmierne obciążenie czynnościami biurowymi, obciążenia wynikające z konieczności dotarcia do pacjenta (odległości) oraz obciążenia psychiczne. Zbyt małe zarobki, zbyt duże oczekiwania ze strony społeczeństwa i niedostateczna liczba zatrudnionych pielęgniarek/rzy stanowi duży problem w pracy środowiskowej.

SŁOWA KLUCZOWE: pielęgniarka środowiskowa, zagrożenia zawodowe, obciążenia.

Introduction

The work of district nurses is one of the most responsible and difficult occupations as it is connected with protection of one's life and health. It requires availability and ability to manage everyday problems. However, to match up those challenges district nurses ought to have stabilised work situation and feel safe in the profession.

The profession of district nurses should create mutual benefits where, by helping others, the district nurse has an opportunity to develop professionally and intellectually and has a right to a decent pay for efforts undertaken.

The current situation of Polish district nursing raises a lot of concerns. On one hand, one can see a rapid development of academic nursing which increases the chances of occupational independence of district nurses, increases the quality of services, increases the demand for medical care due to aging society and also raising qualifications as well as the transformation of the nursing educational system. However, on the other hand, one encounters the constant reduction of nursing posts and increase in the number of patients. This is connected with a decrease in the quality of services provided [1–4].

The nurse overloaded with responsibilities finds it difficult to provide high level of services. Currently in the work of district nurses there are many problematic situations resulting from the ambiguous interpretation of regulations, load of administrative duties, claims and aggression from patients and too high expectations from the community. Describing risks associated with the work of district nurses allows for the implementation of measures which would prevent deepening of feeling unhappy, physical and psychological overload of nurses and, what follows, quitting the job or emigration [5–7].

In the work of family nurses there are many risks remarkably hindering the professional activity and contributing to the change of profession. Polish nursing struggles with a high risk to the status of Polish health services which, in turn, affects further development of nursing. The characteristics of those risks are organisational – associated with the reduction in the number of nurses and legal ambiguity which impairs work undertaken; economical – associated with the unsteady economic and organisational situation of the Primary Health Organisation in Poland; and also medical which are impaired by inaccuracy between development of medicine and development of nursing [8–10].

Aim

The aim of this work was to identify chosen risks associated with the work of district nurses.

Material and methods

To carry out this research a method of a diagnostic pool using questionnaire techniques was used. The author's own questionnaire, consisting of 20 multiple choice questions, was used as a research tool. The research was carried out from December 2013 to March 2014 amongst 100 of family/district nurses in the Mazovian Province and employed by state and private Primary Health Organisation Institutions. Respondents quite willingly took part in the research.

Results

Amongst respondents employed in state and private primary care institutions the majority was formed by females (85), the remaining were male (15).

The biggest number of respondents were in the under 30 age group (39%). 37% of people were in the group of 30 to 40 years of age. The third group consisted of nurses from the age group of 41–50 years; they represented 18% of all respondents. People at the age of 50 and over claim 6% of respondents.

Nearly half of the respondents' (48%) earnings are between 1700 PLN and 2000 PLN a month. 25% of respondents receive up to 1700 PLN. In the third group

there are 20% of people with monthly earnings between 2001–2300 PLN. The smallest number (7%) of respondents was formed by those whose monthly earnings exceeded 2300 PLN.

More than a half (55%) of respondents live in urban areas and 45% of respondents – in rural areas.

Medical services contracted by teams or Private Healthcare Institutions are carried out by 53% of respondents. The individual contract, arranged as a group practice, is used by 24% of people to provide services. The last group consisted of nurses working on the basis of individual contracts – 23%.

The biggest group (44%) is formed by respondents with the higher 1st degree education + community course. Secondary education + community course is held by 29% of respondents. People with the higher 2nd degree Master's diploma represent 27%. The level of education decreases with age – older people gained mostly secondary education and the younger ones proudly hold the Master's diploma.

In rural areas live more nurses with the secondary education and urban ones prevail with those with higher education.

Amongst respondents the essential argument on choosing the community based work is the lack of the shift-based system – 24% answers. Thy community based work is perceived as calmer than for example hospital by 13% of respondents. The third argument turned out to be desire to work in the community (11%). 10% of respondents chose community based work because of the possibility to take up paid employment. Other arguments were: less psychological overload (9%), higher autonomy of this occupation (9% of answers), stronger recognition of nurses' qualifications (8% of answers), coincidence (7%), less professional responsibility (6%), higher remuneration in Primary Health Organisations (3% of answers).

The difficulty level of community work was described as hard by 48% of nurses and as medium hard (33%). 9% of respondents do not perceive the difficulty level in community based work as heavy.

Most respondents (88%) claims that work of family/district nurses is not appropriately remunerated. 12% of respondents said it was rather appropriately paid.

Uncertainty from the risk of general unemployment is felt by 49% of respondents. Definitely 43% of respondents do not feel this way, 8% of those asked do not have a defined opinion on the subject.

A relationship between feeling uncertainty from the risk of general unemployment, respondents' gender and their monthly income was noted. Those respondents who earn the most feel more confident. In comparison to men, women more often feel threatened with general unemployment.

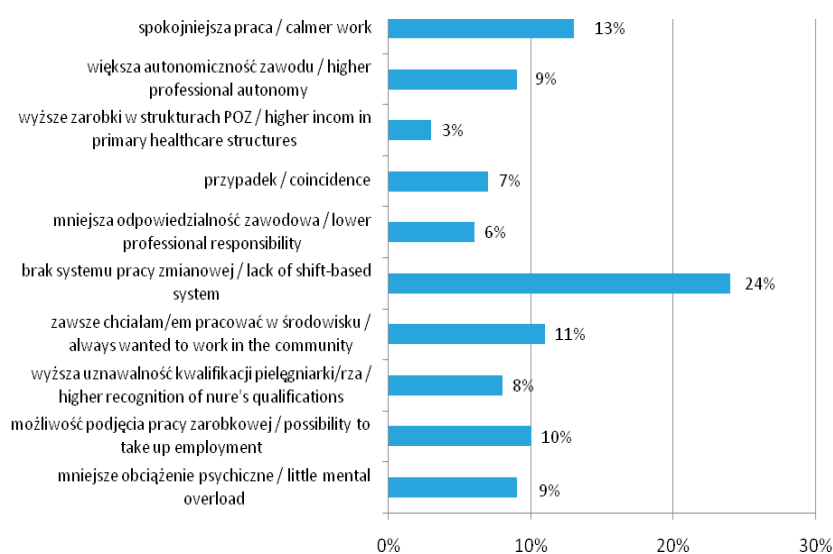


Figure 1. Arguments deciding on choosing community based work

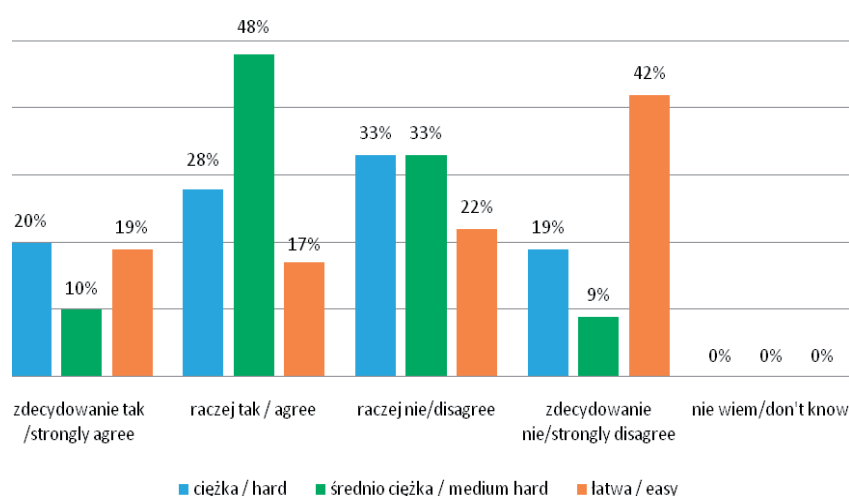


Figure 2. Difficulty level of community based work

According to data, 64% of respondents are afraid of consequences associated with self-employment. 29% of respondents do not fear the consequences and 7% of respondents do not have a defined opinion on the subject. According to 44% of respondents, fear is a result of lacking community activity in signing up active lists of district nurses. 35% of those asked do not fear such consequences and 21% of respondents do not have a defined opinion on that matter.

The highest numbers of factors burdening district nurses working in the community are: too low earnings (88%), too high expectations from the community (87%), not enough employment (85%), distance and necessity to travel to patients (84% of respondents), psychological factors (83%), fear from being self-employed (64%), aggression from patients and their families (58%), com-

petition between district nurses (32%), lack of autonomy in the job (31%).

There is a correlation between the age of respondents and burden associated with the need to travel to patients. Older people are less likely to complain about this type of burden than younger ones. It was also noted, that people working through group contracts, Private Healthcare Institution, complained more about the administrative burden.

The biggest group is formed by people who reach patients within 30–60 minutes (68%). 24% of nurses reach patients within 10–15 minute. Respondents who take longer than 60 minutes to travel represent a group of 6% and 2% were not able to define time needed to travel to patients.

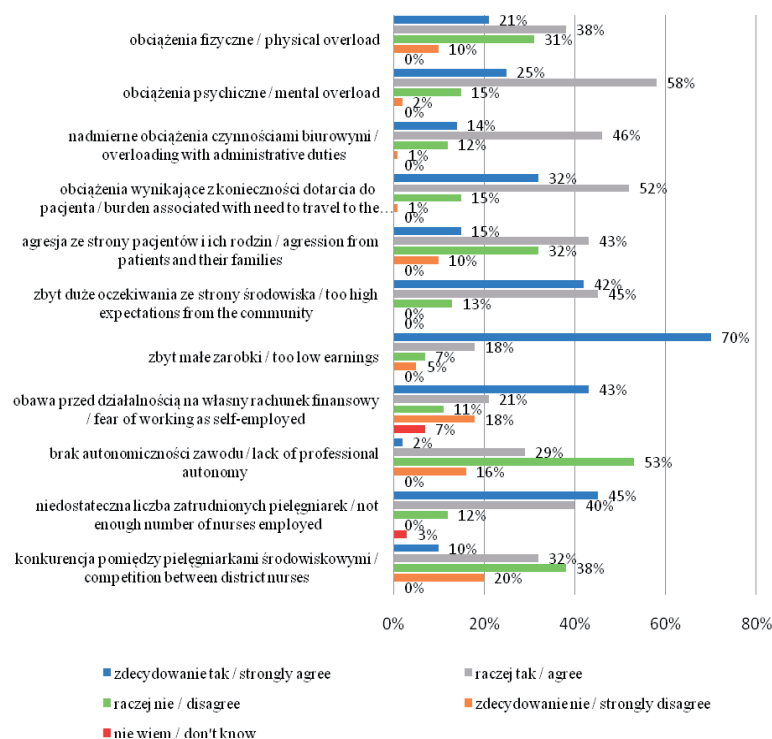


Figure 3. Burden associated with community based work

It was noted that respondents' age, gender, place of residence and way of contracting provision of medical services had no impact on an average travel time to patients.

A little correlation was noted between an average travel time to patients and monthly earnings. Those who earned more needed more time to reach patients.

An average time spent on providing services did not exceed 10 minutes only in 5% of respondents. Most respondents (55%) spend on this between 10 and 30 minutes. 36% of respondents need between 30 to 60 minutes and 4% of respondents were not able to define an average time spent with patients.

It was noticed that time spent on providing services to patients was not affected by age, gender, place of residence and way of contracting provision of medical services. There is a little correlation between respondents' education and time spent with patients. People with higher education devote less time for this.

Only 59% of nurses were happy with their work, 26% of respondents were neutral about their happiness in community based work and 15% were unhappy.

A correlation was ascertained between the level of work satisfaction and respondents' age, their education and way of contracting provision of medical services. More often people with the higher education and younger ones, who are contracted on a group contract (Private Healthcare Institution), are happy with their work.

The level of work satisfaction was not affected by respondents' gender, place of residence and monthly income.

Nursing is perceived as vocation and would be chosen again by 54% of people. 11% of respondents would have chosen a completely different occupation. This occupation would not be chosen again by 18% of respondents because of lack of respect from the society and 17% do not have an opinion in that matter.

Discussion

Nursing is a very responsible occupation in which a nurse carries out duties to the patient and meets his/her medical, physiological and social needs. By providing services nurses themselves are exposed to a number of professional risks in their everyday work.

The research carried out shows that the biggest risks in the work of district nurses are risks resulting from too low earnings (88%), too high expectations from the community (87%), not enough employment (85%), burden associated with the need to travel to the patient (84%) and psychological burden (83%).

Amongst the risks in the community based work a big group of respondents (60%) named problems with managing documentation which is associated with constant changes in regulations. It may also be associated with keeping too much documentation in a quite short period of time, which limits the time needed for environment recognition and planning the work with

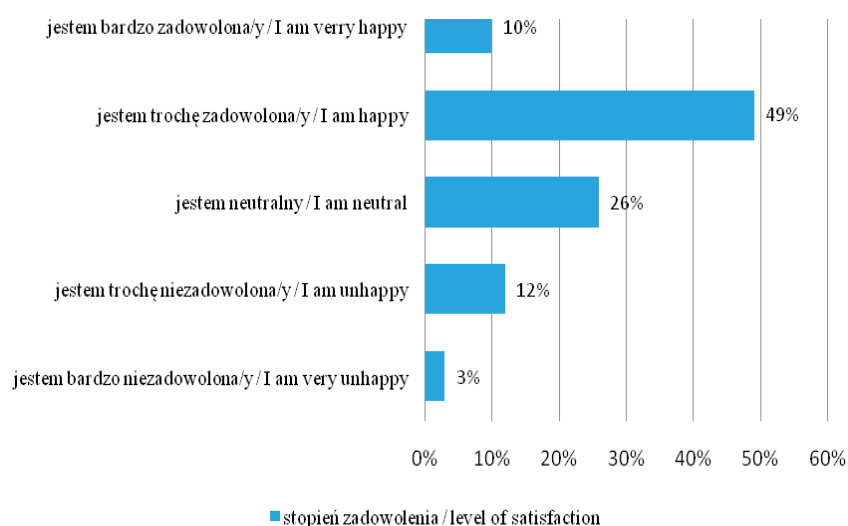


Figure 4. Level of work satisfaction

the patient and his family. In order to be able to quickly evaluate the quality and effectiveness of services and gather information one has to have proper documentation. However, there is a problem resulting from correctly prepared documentation in the reformed system of primary healthcare, which causes obstructions in the flow of information and problems in a teamwork. That, in turn, diminishes care effects.

District nurses' documentation that is currently in force does not allow for full monitoring and evaluation of carried out services. Its contents is not fully used by other team members in care planning. Thus, district nurses working in accordance with the process of caring have no opportunity to show their professional actions [11, 12].

Nurses are also complaining about aggression from patients and their families (58% of respondents). This can be connected with too high expectations from the community. Very often in emergency situations nurses have limited help prospects. More often patients ask for care that is beyond district nurses' remit. A consequence of their reaction is verbal aggression and quite often even physical. This strongly influences mental health, motivation and effectiveness of work [13].

Respondents' opinion on a way their work independence was perceived by co-workers was also analysed. 58% of respondents firmly stated that the autonomy level is insufficient. Those results are confirmed in the work of other authors, where also more than a half of the respondents described the autonomy level as insufficient [1, 12]. Nurses perceive the autonomy of their work a little bit differently once contracts are introduced. It turns out that definitely the higher work autonomy is noticed by 75% of respondents.

Respondents point out to long-term negligence in the healthcare as a main cause of that – 28% of answers. The second place is taken by too slow changes introduced by the government – 21%. The introduction of the National Healthcare Fund came third – 19% and 11% – unfavourable contracting of nursing services. Less important factors are: organisation of nurses' work (9%), the Primary Healthcare Organisation reform (8%), education of nurses (4%).

After the healthcare reform introduction the district nurse's role in Poland is undermined. Before the introduction of the healthcare reform researches reported that working time of district nurses is inappropriately used, they are overloaded with doctors' commissions and have a very small input in recognition of patient's needs and appropriate care [10].

Since contracts were introduced 83% of people have indicated a high increase in responsibilities. Nurses noticed definite changes expressed by the higher autonomy in work performed – 26% of respondents.

Independence and separation of nursing is shown by many authors. It can be seen based on Owłasiuk's results [11] that the majority of primary care doctors appreciate professional independence of nurses in providing care. More than a quarter of respondents claims that nurses should open their own practice.

According to Glińska and others [12], a factor determining the implementation of the modern model of nursing, by large based on the autonomy of the nursing occupation, is the co-workers' attitude in both nurses and doctors. Results from Ślusarska and others [14] show that the professional activity of nurses largely depends on doctor's decision.

A correlation between respondents' gender and their opinion on the increase in work carried out was observed. Men more often than women and on larger scale indicated the increase of that independence. It was noticed that people with a lower monthly income more frequently connected changes introduced after the contract with diminishing nurses' role in primary healthcare.

Moreover, the correlation between the means of medical services provision and opinions on changes after the contract introduction was observed as well. People who provide services through the team contract, private healthcare institutions less often note changes in remuneration and changes in the competition between nurses providing healthcare. To a lesser degree diminished role is also noticed by nurses in primary healthcare. A very small correlation was observed in changes between the competition among nurses and their education level. People with the higher education spot those changes more.

Similar tendencies have already been observed. It is worth mentioning that research undertaken by Stachowska and others [1] showed a high number of beneficial and unfavourable changes in the profession noticed by nurses after introducing the reform. As positive ones they considered: self-fulfillment, independence. As negative ones they considered: too many responsibilities, too much paperwork, too wide area, a high number of patients, the lack of certainty at work and remuneration, and insufficient decision-maker's knowledge about the district nurse's role.

Results obtained showed that more than a half of respondents (59%) were happy from the community work.

This job, despite of many disadvantages, is related to helping others and it brings professional satisfaction. It may refer to a fact that for district nurses a highly motivating factor is working with the patient and professional independence, which remarkably influence the quality of services and professional responsibility [15].

Conclusions

1. Lack of shift-based work, calmer work and higher professional autonomy have prevailing importance in choosing work by district nurses.
2. Overloading with administration duties, burden associated with the need to travel to the patient (distance) and mental overload constitute main risks in nurse's work within primary healthcare.
3. Too low income, too high expectations from the community and not enough number of employed nurses constitute a big problem in community based work.
4. Nurses working in primary healthcare experience satisfaction with the work they do.

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