



HEALTH STATUS, PSYCHOLOGICAL AND DEONTOLOGICAL ASPECTS OF ACTIVITY IN NURSING STAFF OF “MALATIA” MEDICAL CENTER (ARMENIA)

Sahakyan K.R., Mardiyani M.A.

Department of Health Governance and Economics, Yerevan State Medical University, Yerevan, Armenia

Abstract

The medical sociological examination of nurses was performed in Armenia at “Malatia” Medical Center according to the specially elaborated Questionnaire. The survey was aimed to study the health state of nurses of the modern large multi-profile hospital.

The obtained data intend the idea of enhancing the prestige of nurses’ profession. It is necessary to rationalize the working place of nurses, taking into account specialists’ wishes, and to individualize the official duties in order to optimize the activity of nurses in a large multi-profile hospital.

It is important to periodically evaluate the satisfaction of patients by nursery service and compare with expectations, as well as to include such subjects as bioethics and psychology in teaching curriculum of nurses. This would contribute to the formation of deontological standards and communication skills.

Keywords: nurse, health status, professional and personal qualities of nursing staff.

INTRODUCTION

The studies on medical workers’ job conditions and their health state revealed that the work in medical institutions lays down significant demands to a worker’s organism, his/her physical condition and endurance, the volume of operative and long-term memory, the ability to resist the main harmful professional factors such as biological, psychoemotional and ergonomical [Vishnyakov N., 1998; Griever M., 2007]. Among the medical personnel, the nursing staff has more unfavorable indices of health than doctors and workers of other branches of the national economy. Therefore, the problem to strengthen and save the health of this contingent is actual [Blumenthal D., 1996; Safina O., 2006]. In order to work out the procedures of saving and promoting health of the nursing staff it is necessary not only to observe the morbidity rates of this professional group, but also the morbidity forming factors. Under such conditions, the psycho-deontological knowledge and skills of medical workers gain main significance defining the relation with partners in the treatment process. The above-

mentioned criteria cause the necessity to study the health of medical nurses in the conditions of contemporary huge multi-profile hospital.

MATERIAL AND METHODS

The current research was carried out on the basis of “Malatia” Medical Center (Yerevan, Armenia) from 2005 till 2010. The nursing staff (144 persons) were the object of this research. The medical sociological examination of nurses was done using the specially prepared Questionnaire of 117 issues to estimate the health state and life style of this cohort. The questions had the following parts: identification part, material and social, household conditions of life, psychological climate in the family, interrelation in the work group, parameters of the life style, medical activity and conditions of the working activity, relation to the specialty, and relation to the patients. The complex of contemporary methods of research in social hygiene and medical management was also used including statistical, sociological and monographic ones. Statistical processing was performed by standard program packages of applied statistical analysis (Statistics for Windows XP; Microsoft Excel).

Address for Correspondence:

Yerevan State Medical University
2 Koryun Street, 0025, Yerevan, Armenia
Tel.: (374 93) 489 100
E-mail: mmarina87@mail.ru

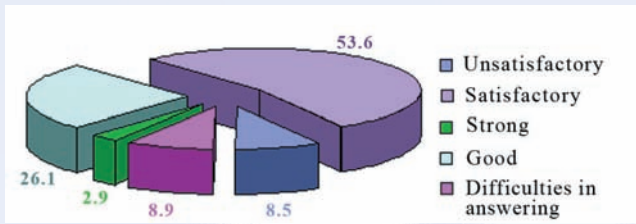


Figure 1. The medical nurses' estimation of their health by 5-point scale.

RESULTS

The health of nurses was studied on the basis of subjective perception, the place of health in the system of values. The self-estimation of medical workers was not high: "excellent" only in 2.9%, "good" in 26.1% (Figure 1).

The significance of health category for the medical nurses was high considering it as the main life value, but every fifth did not take care of her health. Those, who took care of their health, began to realize the health value after the frequent acute diseases that significantly reduced the life quality (75.5%), or the fact of chronic diseases revealing (11.8%), the negative experience of relatives influenced on 12.4%, and only 0.3% had the health care as the life norm since childhood, in the family (Figure 2).

According to opinion of survey participants, the following factors contribute to health promotion (Figure 3):

- firstly, rational regimen of work and rest;
- secondly, timely and complete treatment of the emerged disease;
- thirdly, psychological comfort;
- fourthly, locomotor activity;
- fifthly, getting rid of harmful habits.

According to Questionnaire data, four out of five medical nurses did not follow the nutrition regimen:

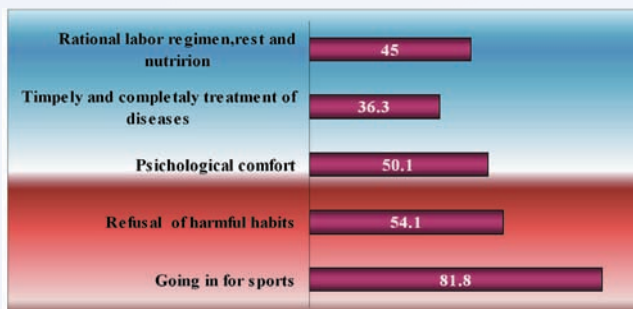


Figure 3. Factors of health maintenance in opinion of medical nurses. Going in for sports – 45

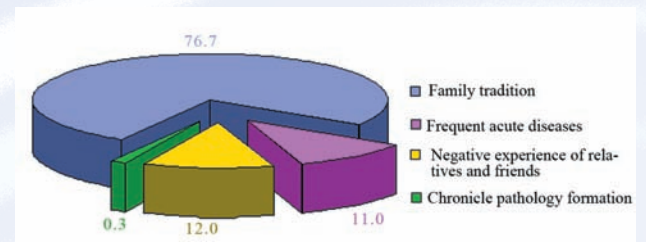


Figure 2. The reasons that made medical nurses take care of their health.

during working days they had 1-2 meals a day. Every third nurse could not rationally organize her rest. The less half of nurses went in for sport, only one out of seven nurses attended sports clubs and swimming pools.

The quarter of medical nurses was attached to tobacco smoking and 89% of them did not give up smoking. The problem study showed that every third nurse complained of chronic fatigue, each twelfth suffered from insomnia. The importance of treatment was estimated by medical nurses as the second significant procedure; however, less than a quarter of them addressed for qualified medical aid. During illness 22.8% nurses continued to work and did not take any procedures to correct their condition, 31.7% nurses were self-treated, 22.6% were treated by national medicine procedures and only 22.9% nurses visited doctors. They took medical certificates only in emergency cases: in acute surgical pathology and conditions when they could not physically do a job. The motivation of such attitude to their health was economical (32.1%) or job-related necessity (20.9%), the life style, the initial family regulations, the upbringing (36.2%) (Figure 4).

Among the nursing staff, every third nurse had chronic diseases of cardiovascular (58.2%), respiratory (35.3%), locomotor system (3.9%). The chronic pathology formation was in the period of youth

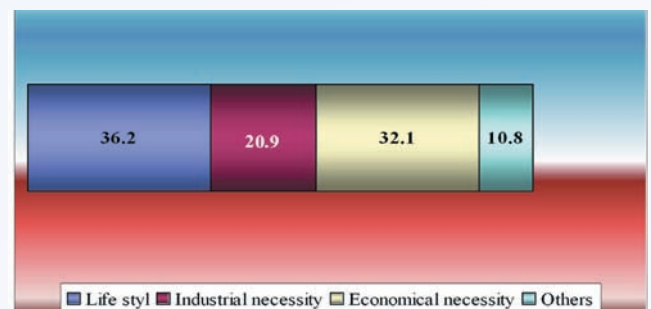


Figure 4. The reasons for medical nurses' destructive attitude to their health.

(34.6%) and maturity (35.1%). The seven out of ten medical nurses had chronic diseases while studying at medical college or working in a hospital. Out of 109 persons, 42.2% was in the dispensary registration, suffering from chronic diseases. Thus, 18.7% followed doctors' recommendations, but 39.6% tried to regulate the regimen of work and rest, only 5.5% periodically had a rest in a sanatorium, 28.6% could not allow themselves rehabilitation procedures.

Thus, the health state of medical nurses can be estimated low, destructive, not contributing to its maintenance and recovery. In contrast, the declared attitude to health is positive as a great value, one of the main life priorities. The obtained data make us think over the reserves of health: setting the goals for prophylactics of diseases must become the basis of upbringing in a family and at all stages of professional education. According to disease of temporary incapacity (DTI) of medical nurses', in 2005 sickness rate made 330 days per 100: a quarter lower than in the health care personnel on the average. Within 5 years the reduction of disease rate quantity is observed by 36.2%, the days of incapacity decreased by 30.0% and this recession is fixed practically in all cases of diseases, except the diseases of musculoskeletal system where the relative stability is observed. In comparison of DTI indices with the results of Questionnaire 4.5-fold increase of cases was revealed. Therefore, on the basis of illness complaints, morbidity reached 4952 cases per year, while the temporary incapacity made 1102.

Our investigations were carried out on the basis of medical prophylactic institutions, which improve the system of measures on workers' health safety and labor conditions. The attitude to the medical staff is not the same. The most important issues among preventive procedures, in opinion of medical nurses, are the following: prophylactics of season infections and yearly treatment of persons having chronic diseases (59.9%), regular medical examinations of workers (31.2%), the possibility of recovery in preventoriums, sanatoriums (14.1%), arrangement of catering/feeding for employees (8.4%). The third of nurses are satisfied with the quality and the volume of prophylactic examinations (39.6%), almost the same quantity considered these examinations as formality (39.3%). Every eighth nurse supposed that there were no prophylactic and rehabili-

tation procedures for them. For obtaining hygienic characteristics of medical nurses, life conditions, material status, labor conditions, psychological climate in the family and in the working staff were studied. Only the third of colleagues with specialized secondary medical education were satisfied by present material and social conditions. The majority of medical nurses (95.6%) considered a favorable microclimate in the family to be the most important thing for them; however, less the half (45.9%) had harmonic marital relations, and every third of the family contacts caused anxieties, pain and sufferings. Thus, 83% considered themselves happier compared to others.

Medical nurses' job differs in high level of neuro-emotional tension as remarked by 80.7% of them, high physical loads (58.3%), working in an obligatory pose (47.7%), conditions of informational pressing (41.0%). It brings to the fact that every seventh nurse suffered from the tiredness in the middle of working shift, and each the 14th began the working day without any rest. Only 4% of medical nurses allowed themselves a little rest on job at any time, others had extremely intensive schedule. Every third nurse liked the job and got satisfaction. Among nurses 2/3 had kind-hearted relations making friends in the working staff, but the half of them considered relations as harmonic because of mutual benefit and interaction. At the same time, one of the three workers realized that in disputable situations, the final decision was on the basis of confirmation, reconciliation (39.4%), the same percentage was convinced that the labour disputes must be solved by the authorized pressed principle, *the head in position*, but not by the fairness of workers; 12% did not believe in the fairness of decisions at all.

The average level of medical nurses' satisfaction by their positions made 3.4, corresponding the uncertainty zone: 11.8% of nurses were not satisfied by their positions; 41.1% found out their positions neither bad, nor good; 47.1% estimated their state as "rather satisfied". The level of the total satisfaction correlated with the professional satisfaction ($r=+0.78$) and the level of material compensation ($r=+0.49$). According to our research, the two thirds of representatives of medical nurse specialty love their job; more than 72% of nurses are satisfied with it. However, if they had the choice of specialty,

Table 1.

Comparison of patients' and doctors' opinions about the main significant personal features of medical nurses (in %)

Respondents	Features				
	Attention	Conscientiousness	Assiduity	Discipline	Responsiveness
Patients	69.3±2.7*	76.7±4.2*	69.3±2.7*	52.5±1.5*	51.6±2.5*
Doctors	92.5±7.5*	89.5±5.7*	87.5±5.6*	71.5±4.2*	97.7±7.7*

Note: *Indices are 99.5% statistically significant ($P < 0.001$).

Table 2.

Comparison of patients and doctors' opinions about the main significant personal features (in %)

Respondents	Features					
	Kind-heartedness	Responsiveness	Tolerance in communication	Patience	Sociability	Sympathy
Patients	65.3±2.5*	51.2±1.5*	51.4±1.5*	43.2±0.5*	45.3±1.5*	27.7±0.5*
Doctors	87.4±3.5*	77.4±4.5*	83.7±5.5*	77.1±4.5*	79.2±4.7*	62.6±2.1*

Note: *Indices are 99.5% statistically significant 99.5% ($P < 0.001$)

59.8% of them would have the same alternative. The three quarters of respondents would never recommend the young generation to choose and become a medical worker, as this job is less paid (80%), not prestigious (47.6%), not respected by others (23.6%), does not give moral satisfaction (14.4%), frequently nurses perform activity not peculiar to the profession, less interesting job (9.2%) (Figure 5).

DISCUSSION

Every third nurse (33.6%) informed that if she had a possibility, she would change this job to more prestige and highly paid one. The obtained data make us think over procedures to strengthen the prestige of nurse specialty. To create a virtual and

ideal portrait of a nurse, the opinions of patients, doctors and nursing staff were analyzed and comparison was done with the reality. To the patients' points of view, an ideal nurse must be professional in her job (95%), having the number of personal features (42%); for every fifth the appearance of a nurse was of importance. In the rating of professional qualities the conscientiousness, assiduity, attention, and discipline prevailed (Table 1).

Only every fifth patient recognized the individuality of the medical nurse's activity, the rest considered that a medical nurse is mere executive of doctor's instructions, and they never took into consideration that a medical nurse is the assistant of a doctor. Therefore, the majority of patients, firstly, estimated the executive quality of the medical nurses refusing them to decide individually (Table 2).

Doctors estimated professionalism (96%) of medical nurses, the actuality of personal features (57%), and appearance (34%). In the ranking of professional features, the leading positions took attention (82%), conscientiousness (89%), assiduity and responsiveness (87%), discipline (71%). Doctors also remarked such human features as kind-heartedness in relations (87%), patience and responsiveness (77%), tolerance in communication with patients (83%), sociability (79%) and sympathy (62%).

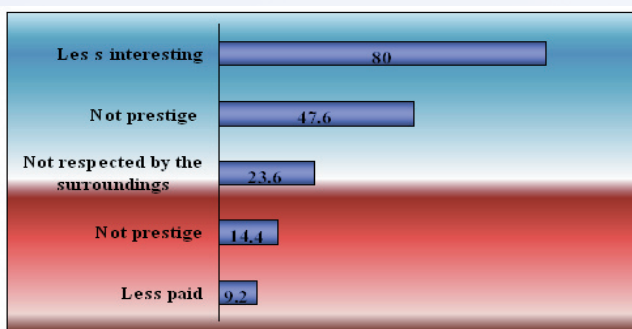


Figure 5. The reasons for medical nurses not recommend young generation to choose the specialty of nurse.

The medical nurses consider that it is time to make reforms in nurse business, but they disagreed in opinions on the character of necessary improvement: 42.6% voted for palliative changes, 42.9% for radical modernization of the entire nursing service. What do we need to change? Among nurses 94.8% supposed it is time to have more independence in the nurse service; 84.7% nurses thought, if they had the changes in salary, - all the problems would be solved in the service. However, 21.9% nurses considered that the main changes must be oriented to altered relation to their specialty from the side of colleagues (31.9%) and patients (53.7%). First of all, it is necessary to decrease the load of medical nurse (82.2%) and computerize document rotation (49.7%). Furthermore, to comply with contemporary demands, it

is important that nursing staff have new knowledge and increase qualifications (98.9%).

CONCLUSION

Thus, in order to optimize the medical nurses' activity at huge multi-profile hospitals the following is necessary:

- ✓ To rationalize medical nurses' place taking into account requests of specialists;
- ✓ To individualize the official responsibilities;
- ✓ To estimate periodically patients' satisfaction by nursing service and compare them with expectations;
- ✓ To include the subjects, which contribute to formation of deontological standards and skills of communication: bioethics and psychology in teaching medical nurses.

REFERENCES

1. *Blumenthal D.* Collaborative management in chronic illness. *New Engl. Med. J.* 1996; 33(5):.1136-1141.
2. *Griever M.E.* [Life quality and working conditions of the medical staff of municipal huge specialized medical institution] [in Russian]. In: Abstracts of XII All-Russian scientific practical conference "Young scientists in medicine". Kazan. 2007. 123-124.
3. *Safina O.G.* [Ethical bases of nurse business: history and present day] [in Russian]. Collected scientific papers "Contemporary problems in social pediatrics and public health organization" devoted to the 20th anniversary of the Social Pediatrics and Public Health Organization Department of St. Petersburg State Pediatric Medical Academy. St. Petersburg. 2006. 146-147.
4. *Vishnyakov N.I.* [Questioning visitors as a method of operative quality control on treatment process] [in Russian]. *Problems of social hygiene and medical history.* 1998;-1: 48-50.