Nurses’ Perception about Comprehensive Nursing Service

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Abstract. The purpose of this study is to analysis the nurses’ perception about comprehensive nursing service to provide basic information for being enlargement of comprehensive nursing service policy. This study was quantitative research to compare with comprehensive nursing service hospital nurses’ perception and non comprehensive nursing service hospital nurses’ perception using questionnaires. 156 nurses who working 3 general hospitals at the comprehensive nursing service and 3 general hospitals at the non comprehensive nursing service around Seoul areas. This study achieved the approval of IRB committee (HY-14-07-12) before the start. The participants' demographic characteristics were analyzed by frequency, percentage and nurses’ perception about comprehensive nursing service by independent sample t-test. Between the comprehensive nursing service hospital nurses' perceptions and non comprehensive nursing service hospital nurses' perceptions, there was the homogeneity of variance as ages, job duration and subjective health status, but not in monthly income. In regards to comprehensive nursing service, ‘necessary’ was 80 (51.3%) and ‘unnecessary’ was 75 (48.1%). The perception of about comprehensive nursing service of comprehensive nursing service hospital nurses was statistically significantly higher than that of non comprehensive nursing service hospital nurses (t=8.164, p<.000). And the perception of policy and quality about comprehensive nursing service of comprehensive nursing service hospital nurses was statistically significantly higher than that of non comprehensive nursing service hospital nurses, too (t=-2.929, p=.004). However, there was no statistically significant differences about the comprehensive nursing service task (t=1.883, p=.062) and comprehensive nursing service responsibility (t=1.354, p=.178) between two hospitals. If the government wants to expand comprehensive care services, it is the first important thing to be established in the legislation requiring of a working standard for a scope of work and teamwork within clear makeup and responsibilities of nurses. In other words, the legal status and the institutionalization of the scope that nurses must follow was expressed strongly. This study expects to be useful resources for providing the psychological and environmental institutions for nurses so as to concentrate on their nursing service in the hospital for steady resettlement of comprehensive nursing service.

Keywords: Comprehensive nursing service, Nurses' perception, Team care
1 Introduction

In South Korea, the ratio of the utilization of personal caregiver service is 14.8% in tertiary care hospitals, 13.8% in general hospitals, 15.5% in hospitals and 85.5% in hospitals for the elderly, so the longer the hospitalization with chronic disease, the higher the utilization of personal caregiver becomes [1].

In Korea and Taiwan, caregivers' personal employment and family nursing occur partly because the number of nurses is relatively less than in other countries, while the ratio of the number of practical placement nurses is 1:5 in the U.S. and that is 1:7 in Japan, while it is 1:12-15 in Taiwan and 1:15-30 in South Korea [2]. In the personal caregiver employment service, caregivers work independently from the hospital and are employed by individual patients, who pay them, or service company employees in the medical institution connect them with patients. Or it is operated in complex and various forms where a department in charge in the hospital connects caregiver companies with patients. The purpose of comprehensive nursing service is that nursing resources provide nursing and care instead of guardians or personal caregivers at the acute care hospital.Unlike the pilot project that simply supported care fees by the will for the improvement of the system for problems of care in 2012 when the comprehensive nursing service was introduced by the Ministry of Health and Welfare, it is a fundamentally innovative model of hospitalization service that is centered around patients, which does not need the guardians' residency with the expansion of nursing resources and the introduction of nursing organizational teams for holistic nursing [3].

Comprehensive nursing service presents a model of persons in charge for each action of nursing service and nursing assistants' works. Nurses’ works have high difficulty, have direct impacts on patients' medical conditions by the results, and in principle, should be performed by them, since patients are in a severe state [4-6]. Under the comprehensive nursing service to be fully expanded in 2018, if the boundary or responsibility is unclear when nurses perform the nursing service with nursing assistants and caregivers [7-9], the number of medical malpractice may increase, and it is difficult to define the responsibility for the malpractice, too, so they may face a risk of excessive interrogation about responsibility. This may impose heavy burden and responsibility on the nurses, so prior to the execution of the expansion of the system it should be reconsidered and complemented. Thus, due to a change in the health care system of comprehensive nursing service, an increase in their responsibility for nursing malpractice is expected, so it is necessary to check their perceptions about the comprehensive nursing service.

2 Method

2.1 Research Design

This study conducted a prior survey on changes in working environment with the nurses working at a hospital operating comprehensive nursing service. This study is quantitative research attempted to provide basic data for the expansion of
comprehensive nursing service by reviewing the nurses’ perceptions about comprehensive nursing service, using the survey tool developed based on the previous qualitative investigation.

2.2 Subjects

Subjects of the quantitative research were two groups, a group of nurses in a hospital operating comprehensive nursing service (hereafter, “comprehensive”) and a group of nurses in a hospital not operating comprehensive nursing service (hereafter, “non-comprehensive”).

As for the size of the subjects, as a result of application of a two-tailed test with Moderate effect size = .5, Power = .8 and Type I error = .05 presented by Cohen [10], 132 subjects were produced, 66 from each group, and considering the failure rate about 20%, 159 samples were decided in total.

2.3 Data Collection

As for data collection in quantitative research, data were collected from the nurses working at medical institutions, at one tertiary care hospital and five general hospitals located in Seoul and the metropolitan area, from January 10 to February 10, 2015. As for the method of sampling the nurses, it was conducted at the demonstration hospital operating comprehensive nursing service for the hospital operating comprehensive nursing service.

The researchers who filled in the consent form in writing after the descriptions about the research purpose, method and the possibility of withdrawal from participation in the middle of the survey. They signed on the consent form to participate in research, and the researcher and each research participant kept one copy of it.

2.4 Data Analysis

For quantitative research and data analysis, the data obtained through questionnaires were analyzed, through descriptive statistics including frequency and inference statistics using independent sample t-test, using SPSS Win-Version 18.0. As structured questionnaires, nurses’ general characteristics and perception of comprehensive nursing service were analyzed.

3 Result

An independent sample t-test of the difference in the perception about comprehensive nursing service between two groups was conducted on a five-point scale. In order to satisfy the assumption of normality, a Levene’s test for equality of variance was conducted. With significance probability greater than 0.05, it was
found that the equal variance was assumed, and the difference in the average of the two groups was tested.

The results of the independent sample t-test of the perception about comprehensive nursing service in the nurses at the comprehensive hospitals and the non-comprehensive hospitals regarded four variables. The perception about comprehensive nursing service system was statistically significantly higher in the nurses at the hospital operating comprehensive nursing service (Average=4.22) than in those at the hospital not operating comprehensive nursing service (t=8.164, p<.000). The perception about nursing quality with the expansion of comprehensive nursing service was statistically significantly higher in the nurses at the hospital operating comprehensive nursing service (Average=3.54) than in those at the hospital not operating the service (t=2.929, p=.004). There was no statistically significant difference in the perception about nursing work with the expansion of comprehensive nursing service between the nurses at the hospital operating comprehensive nursing service (Average=4.19) and those at the hospital not operating the service (t=1.883, p=.062). There was no significant difference in nurses’ perception about liability with the expansion of comprehensive nursing service between nurses at comprehensive hospital (Average=4.37) and those at non-comprehensive hospital (t=1.354, p=.178).

4 Conclusion

In this study, there was a difference between a ward operating comprehensive nursing service and a ward not operating the service. The comprehensive ward was caring for patients, arranging nursing areas in an existing way with additional substations, centered around the central station. This has a merit that nurses provide the patients with quick nursing when they perform their jobs, but there are rather too many tasks one nurse has to perform, which tends to drop nurses’ self-esteem and increase their resignation rate. As a result of this study, 51.3% of the participants agreed the expansion of comprehensive nursing service and 48.1% did not agree, and of the reason why comprehensive nursing service would not be necessary, the deepening of the phenomenon of the lack of nursing resources was the highest (16.0%).

This reflects a concern about the increase of nurses’ works, and rather the dissenting opinion of the nurses at the hospital not operating comprehensive nursing service is great, which reflects a negative perception of concern about the increase of work. It is necessary to understand the issue exactly before the enforcement of this project, so that comprehensive nursing service can be settled substantially, and it is necessary to assess and supplement cyclical tasks for more efficient settlement of successful health care. In addition, when the system is expanded, it is necessary to consider the fact that nurses who carry out the comprehensive nursing service are likely to resign due to the burden of work and responsibility for nursing malpractice unless compensation for their legal and physical risks is considered.
References