

# Innowacje i wyzwania w edukacji pielęgniarskiej dla praktyki klinicznej – synonim dobrej praktyki

Innovations and challenges in the education of nurses for clinical practice – synonym of good practice

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## STRESZCZENIE

### Innowacje i wyzwania w edukacji pielęgniarskiej dla praktyki klinicznej – synonim dobrej praktyki

**Wstęp.** Pielęgniarstwo w Serbii dąży do dostosowania się do wymogów europejskich, ale jest również obciążone wieloma problemami związanymi z przemianami. Bierze odpowiedzialność za określenie własnych potrzeb zawodowych poprzez wyzwania i możliwości w celu dalszego rozwoju, zwłaszcza w pielęgniarskiej praktyce klinicznej. Wzmocnienie profesji i potencjału badawczego, jak również satysfakcji pacjenta ze świadczonych usług, to synonimy dobrej praktyki, do której zmierzamy.

**Cel.** Celem niniejszej pracy jest określenie poziomu wykształcenia pielęgniarek w systemie opieki zdrowotnej, co powinno się przyczynić do regulacji kompetencji pielęgniarek, poprawy jakości opieki pielęgniarskiej oraz satysfakcji pacjentów ze świadczonych usług.

**Materiał i metoda.** Przeprowadzono badania ilościowe z zastosowaniem kwestionariusza dla pacjentów: HCAHPS (Ocena Świadczeniodawców i Systemu Opieki Zdrowotnej) oraz pielęgniarek: Kwestionariusz Koordynacji Opieki (Weinberg, Cooney-Miner, Perloff, 2006). Do analizy danych wykorzystano statystyki opisowe. Użyto programu SPSS 16.0.

**Wyniki.** Przedstawione dane mają charakter wyników wstępnych. Badaniami objęto 212 pielęgniarek i 205 pacjentów z czterech klinik w Belgradzie – chirurgicznej i chorób wewnętrznych oraz szpitala ogólnego w Smederevo. Większość badanych pielęgniarek to kobiety (95%), odpowiedzialne za opiekę pielęgniarską (76,9%). W większości są to absolwenci średnich szkół medycznych (70,2%), absolwenci wyższych szkół zawodowych (26,4%) oraz absolwenci studiów (2,5%). Ich średni staż pracy wynosi 14 lat. Jednocześnie pracuje i uczy się 29,8% ankietowanych. W proces podejmowania decyzji w pracy zaangażowanych jest 32,2% badanych. Wystarczająco dużo czasu dla pacjentów oraz ich potrzeb deklaruje tylko 28,1% pielęgniarek. Prawie połowa badanych uważa, że dobrze realizuje swoją pracę (50,4%) i postrzega siebie jako profesjonalistów (63,6%). Stale doksztalca się 65,3% pielęgniarek. Zawodowe relacje pielęgniarek i lekarzy zostały ocenione jako dobre (65,3%). Natomiast opiekę nad pacjentem oceniono jako bardzo dobrą (43,6%). Satysfakcję z pracy deklaruje 56,2% badanych. Istnieje statystyczna zależność między satysfakcją z pracy i wykształceniem pielęgniarek ( $p=0,014$ ). Pacjenci ocenili gościnność i szacunek ze strony pielęgniarek (89,2%) oraz lekarzy (83,2%). 73,6% pacjentów zawsze otrzymuje zrozumiałe informacje dotyczące efektów leczenia i zdecydowanie poleca szpital (67%), w którym się leczy.

**Wnioski.** Obszar organizacji pracy, umiejętności, doświadczenia i pozycji pielęgniarek w zespole, jak również w procesie podejmowania decyzji, nie może zostać oceniony bez realizacji badań naukowych. Niniejsze badania pokazały satysfakcjonujące wyniki w aspekcie samoświadomości pielęgniarek i osobistej odpowiedzialności za ich status i rozwój zawodowy, co przyczynia się do satysfakcji pacjentów z usług medycznych, a tym samym do rozwoju dobrej praktyki medycznej.

**Słowa kluczowe:** pielęgniarstwo, praktyka kliniczna, opieka zdrowotna, pacjenci

## ABSTRACT

### Innovations and challenges in the education of nurses for clinical practice – synonym of good practice

**Introduction.** Nursing in Serbia is moving towards alignment with European integration, also burdened with many problems of transition, taking the responsibility of identifying their own needs of the profession through the challenges and opportunities for further improvement, particularly in clinical nursing practice. Enhancing research capacity and the profession, as well as patient satisfaction with the services provided, is a synonym of good practice, which we aspire.

**Aim.** Defining the level of education of nurses in the clinical practice of the health care system. This should contribute to the regulation system of competence of nurses, improvement of the quality of nursing care and patient satisfaction with health services.

**Material and methods.** A quantitative methodology with the original questionnaires for patients: HCAHPS (Hospital Consumer Assessment of Healthcare

Providers and Systems) and nurses: Care Coordination Survey (Weinberg, Cooney-Miner, Perloff, 2006). For data analysis we have used descriptive statistical methods; data were analyzed by SPSS 16.0.

**Results.** The study included 212 nurses and 205 patients from four clinics in Belgrade-surgical and internal medicine and general hospital from Smederevo. Results of the questionnaire applied to a sample of nurses show the dominance of female subjects (95%). Most surveyed nurses deal with nursing care (76.9%). Concerning educational level - most of nurses have secondary school diplomas (70.2%), while higher vocational education is with 26.4% and faculty - 2.5% of respondents. The average number of years of service is 14. Working and being educated at the same time is reported by 29.8% of respondents. In the decision-making process there are involved 32.2% of them. Only 28.1% of them have enough time for patients and their needs. Almost half of respondents believe that they do a good job (50.4%) and see themselves always as the professionals (63.6%). The continuously educated ones account for 65.3%. Doctors and nurses have good working relationships (65.3%) and evaluate patient care as very good (43.8%). Job satisfaction is confirmed by 56.2% of respondents. A high statistic relative importance with nursing education and satisfaction is found ( $p=0.014$ ). Patients evaluated hospitality and respect by the nurses in 89.2%, by the doctors - in 83.2%; 73.6% of patients always got a clear explanation about the effect of the drug and very highly recommend the hospital (67%). The presented results are preliminary in character.

**Conclusions.** The area of the organization and work processes, skills, expertise and position in the team of nurses, as well as in decision-making process, cannot be analyzed without the research. This study shows satisfying results in the aspect of self-awareness of nurses and personal responsibility for their status and professional development, which contributes to patients' satisfaction with health services, and therefore the development of good clinical practice.

**Key words:** nursing, clinical practice, health services, patients

## INTRODUCTION

Nursing in Serbia is finding its way towards harmonization with European integration, also burdened with many problems of transition, taking the responsibility of identifying their own needs of the profession through the challenges and opportunities for further improvement, particularly in clinical nursing practice. Although the fact that the nursing care in Serbia is still legally undefined, dependent and hard to measure, efforts are being made in order to overcome the existing situation and to create a modern nursing care system. A considerable aspect of professional trends is related to the development of self-awareness and responsibility for personal status, professional development and empowerment, which is essential for overall social perfection of nursing, mainly in the area of clinical practice. Enhancing research capacities and professional competence in clinical nursing through the development of profession itself, plus patients' satisfaction of services provided, is a synonym of good practice which we aspire [1,2].

The nursing system in our country, as well as in other countries around the world, is in the process of accelerated changes passing from an extremely dependent, to an independent professional discipline. Adopting the Act on Higher Education (2005) permitted the nurses the education on the three-year vocational level, yet the process of harmonization with secondary education, the legitimate status and competence between the two, has not been completed yet. The basis for the new reforms is set by the Bologna Declaration, which has been applied since 2007 [3,4].

Secondary schools continue to provide the students with the basic level of education, and with all the positive corrections; they retained the system of education in the form of specialized teaching departments (paediatrics, gynecology, dentistry, pre-schools, etc.). Acquisition of specific knowledge in the narrow area of nursing, and without

prior mastering the general vocational knowledge sufficiently, did not prove to be a positive solution in practice.

As a challenge to the education of nurses for clinical practice and teaching, engaging nurses-teachers, enthusiasts, there was introduced a specialized training for a period of one year with 60 points ETC (2010). Currently, there are five recognized specialist programs: Nursing in Public Health, Clinical Practice, Elderly Health Care, Health Care in Psychiatry and Methodology of Teaching Health Care designed for future teachers in the field of nursing. With the ongoing changes regarding Higher Education, there is an introduction of vocational master in perspective (Master Professional, 2 years, 120 ETC) [5].

Raising the educational level of nurses is an indispensable and reasonable request, not only because of the quality of professional practice, but also because of the effectiveness of medical practice and health care in general. While considering the future system of nursing education, it is necessary to make a major shift from traditional one, which was devoted to the disease, to the contemporary model, where there is a focus on the health and wellbeing.

The research we present in this paper aimed to contribute to the definition of the level of nursing education in clinical practice in the health care system, in order to regulate the competence system of nurses and to improve the quality of nursing care, which would ultimately influence a greater satisfaction of patients with the nursing attendance and with the services provided.

## MATERIAL AND METHODS

The study was conducted in March 2012 in Belgrade. The study involves 212 nurses and 205 patients from two clinics in Belgrade from different clinical departments (field work). There was used a customized part of the questionnaire for nurses and patients: Coordation Care Survey (Weinberg, Cooney-Miner, Perloff, 2006); HCAHPS (Hospital Consumer Assessment of Healthcare

Providers and Systems). We next examined the socio-demographic characteristics, employment status, educational level, the assessment of quality of care provided, the degree of mastery of skills, assessment of safety at work, job satisfaction, which means “evaluation of health care in the department” and “I have enough time for patients and their needs” and the security in own abilities to perform the job. Statistical analysis was performed using the methods of descriptive and exploratory analysis, cross-table methods, using the Pearson  $\chi^2$  test. Data analysis was performed in the statistical software package SPSS 14.0 for Windows. The research was approved by the ethics committees of institutions working in the accordance with the principles of Good Clinical Practice (GCP).

## RESULTS AND DISCUSSION

■ Tab. 1. Socio-demographic characteristics of nurses and level of education

	N=212	100%
<b>Gender</b>		
Male	15	7.1
Female	197	92.9
<b>Working role</b>		
Nurse manager	4	1.9
Head nurse	40	18.9
Nurse	168	79.2
<b>Years of work</b>		
5 years	50	23.6
6 to 10 years	45	21.2
11 to 15 years	39	18.4
16 to 20 years	29	13.7
More than 20 years	49	23.1
<b>Working on this unit</b>		
1 year or less	14	6.6
1-2 years	22	10.4
3-4 years	35	16.5
More of 5 years	141	66.5
<b>Working hours per week</b>		
12 hours or less	6	2.8
12-24 hours	2	0.9
24-36 hours	72	34.0
More than 36 hours	132	62.3
<b>Level of education</b>		
High school diploma	163	76.9
Vocational school diploma	42	19.8
Bachelor degree / Faculty diploma	6	2.8
Nurse specialist	1	0.5
<b>Currently in school</b>		
No	129	60.8
Yes	83	39.2

Most of nurses deal with the nursing care (79.2%), with an average of over ten years of service (13.52%) and relatively low percentage of high vocational (19.8%) or college education (2.8%). Only one nurse (0.5%) has a specialist education. A high percentage of respondents who are educated while working (39%) indicates an increased awareness that in the future reformed health system, there will be necessary to have a higher education degree for all the nurses.

■ Tab. 2. Nurses' job satisfaction

	N=212	100%
<b>Job satisfaction</b>		
Highly satisfied	60	28.3
Somewhat satisfied	111	52.4
Somewhat dissatisfied	20	9.4
Very dissatisfied	21	9.9
<b>Decision making</b>		
Never	107	50.5
Rarely	37	17.5
Sometimes	31	14.6
Often	30	14.2
Always	7	3.3
<b>Burn out</b>		
Never	13	6.1
Sometimes	87	41.0
Often	76	35.8
Always	36	17.0

Although 44 (20.8%) of nurses in examined sample occupy the management positions, the obtained data show that only 3.3% “always” participate in decision making, and are “often” involved in only 14.2%. More than half nurses (52.4%) identify themselves as “partially satisfied” with their job, 28.3% as “very satisfied” and 9.9% very dissatisfied.

■ Tab. 3. Assessment of the nursing work quality and self-assessment of professional skills

	N	%
<b>Rating the quality of care</b>		
Excellent	5	2.4
Very good	28	13.2
Good	43	20.3
Fair	83	39.2
Poor	53	25.0
<b>Continued education</b>		
Rarely	3	1.4
Sometimes	22	10.4
Often	54	25.5
Always	133	62.7
<b>Commitment to patients</b>		
Never	16	7.5
Rarely	54	25.5
Sometimes	64	30.2
Often	52	24.5
Always	26	12.3
<b>Level of agreement</b>		
Agree	55	25.9
Strongly agree	57	26.9
Very strongly agree	82	38.7
Neutral, disagree	18	8.7

The high degree of confidence in their own abilities is reported by 72.3% nurses. Compared to evaluating their skills and job satisfaction, statistical significance was found ( $\chi^2=30.042$ ,  $df=18$ ,  $p=0.037$ ). The assessment of quality of care (Table 3) provided “very good” rating at 39.2% nurses and “excellent” at 25.0%. Commitment to patients as: “often” (24.5%) and “always” (12.3%) of the nurses. Signifi-

cant percentage of respondents (62.7%) felt that continuing education “always” should be part of the professional activities of nurses. Analysing the relationship between “quality care” and “continuing education” was found statistically significant ( $\chi^2=24.245$ ,  $df=12$ ,  $p=0.019$ ). Relationship between quality of care and job satisfaction provides statistical significance ( $\chi^2=74.699$ ,  $df=12$ ,  $p<0.001$ ), and the relationship between the quality of care and dedication to patients shows a high significance level ( $\chi^2=58.025$ ,  $df=16$ ,  $p<0.001$ ).

Data obtained from the patients’ opinions about the characteristics of social interaction with nurses, as well as satisfaction with the quality of communication in 84.9% of respondents indicate that the nurses relate to patients with courtesy and respect, and “always” (67.3%) or “often” (25.4%) receive information and understandable explanations.

Research results will be the basis for further planning and organizing the education of nurses, nursing and advanced nursing roles. Continual professional development is an imperative, because knowledge is the only human resource that cannot be spent, but it can expire. Nurses are obligated to become more active in finding the proper way for better development of nursing [6]. Power, knowledge and strength of nurses are still unadjusted and invisible at the moment of making an important decisions [7]. We will succeed if we encourage innovations, originality and develop knowledge and communication skills, make new ways of work and problem solutions, trying to simplify the reality.

## CONCLUSIONS

Nursing as science and skill, requires rational monitoring and application of skills specific to the profession. The area of the organization and work processes, of skills, expertise, position of nurses in the team as well as in decision-making process, cannot be observed without the research. This study shows satisfying results in the aspect of self-awareness of nurses and personal responsibility for their status and professional development, which contrib-

utes to patients’ satisfaction with health services, and therefore the development of good clinical practice.

Increased overall educational level of population and raised educational level of all professions, requires from the nurses a studious approach to work with educated populations and complex health problems, so that they can perform their tasks and be accepted as competent professionals in their field of work.

According to WHO attitude, higher and specialized education is necessary for nurses to develop systematic, meticulous, long-term learning, the acceptance of analytical and critical thinking and research in health care, with the ability of good observation, teamwork, and gaining a healthy, scientific basis for nursing practice.

Nurses have the obligation and duty to make themselves, through the education of communication, in the competent, emotionally mature and stable people, able to understand and cope with emergencies, health problems, suffering and ethical dilemmas.

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