The Necessity of Change in Providing Nursing Care in Greece: Case Presentation (Implications in Basic Nursing Care)

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ABSTRACT

The benefit of nursing care is a multidimensional phenomenon with various reactions from the patients and from nurses as well. The interest in clinical practice of health-care scientists is increased, year by year, and this is appeared by the publications in the television and magazines.

Patient care is mainly nurses responsibility and never it was not as important as in our days. Public's expectations have been increased so that the patients and their families complain when the provision of health care is not good. Nursing, as a science, should follow the changes that taking place in health care in order to correspond to new challenges.

The paper describes the models of providing nursing care that are used today, analyzing team nursing as the "predominance" model that can be applied in Greece. The advantages of the model are reported and the plan of application is described. The roles of nursing staff are determined and the cost of the change is reported.

It is generally accepted that whichever model of providing nursing care we are using into practice, neither the objective of nursing care it changes but also not the quality of care to patients.

Key words: team nursing, providing care, plan

Introduction

For lots of years few attention was given in the growth of nursing practice in Greece. In most hospitals, due to lack of nursing staff, the nursing care is provided via the model "distribution of work". In that model, all nursing work is divided in activities and then distributed in one or more nurses (eg making beds, providing psychological support, giving medication, etc) (Salvage and Wright, 1995). Although there is a paucity of research in Greece regarding this model, it appears that patients and nursing staff find this model not satisfactory. Salvage and Wright (1995) describe the reasons that this model are not effective, first the care are divided in a number of actions that is connected with the medical diagnosis and second, nurses are described as individuals that cover mainly the individual care of patients.

However, subjects that emerge daily, for example, new expectations of nurses and patients, the need to provide holistic care to patients and continuing nursing education, give the impulse for changes in the nursing science. In other European Countries, for a example in Great Britain, in the of decade of 80's, the model distribution of work collapsed and nurses began to work models of clinical practice that the patient was the centre of nursing care, as team nursing, patient allocation and primary nursing.

Model distribution of work

Nurses, today, are found difficult to finish correctly their work. Basic nursing care such as psychological support and communication between nurses and patients, almost, do not exist. The main disadvantages of distribution of work model are two. First, it creates hierarchical work (Wilkinson, 1994). In other words, nursing care such as patients bath and feeding, are responsibilities to the assistant nurses or practical nurses, while work that is required scientific knowledge, is assigned in staff nurses. Thus, the basic nursing care which helps the nurse to develop personal relation with the patient and gives the possibility to observe the patient condition, it occurs rarely by staff nurses.

The second disadvantage is that nursing care becomes partial with minimal continuity of care (Wilkinson, 1994). Patient care is usually presented as a "line of works" and each aspect of needs is shared in different individual. The partial work is enhanced the creation of routine which has become so much strict, that also patients and nurses is occupied so much with the routine that forgets the basic needs (Waters, 1985). Consequently, patients are complained with regard to the care that is provided for them (Pearson, 1986). The publications in the press and in televisions certify the problems in patients care. It should be reported that the lack of nursing staff is the main factor that causes this situation.

It is true that if we increase the number of nurses, the situation probably will be better. But this is government responsibility and we cannot propose anything on this subject. What, however, we can make, is change nursing "status" by exploring the effectiveness of clinical nursing practice and promote innovations, that will improve patients care. As a result, new frames, models and protocols can be developed for the clinical practice.

It is generally acceptable that the models of clinical practise determine the nursing philosophy into practice (Fawcett, 1995). Thus, changing model of clinical practice is promoted new nursing philosophy. The fact that the societies change rapidly, forces the nursing science to follow these developments. Remaining constant in her philosophy, is removed by the social ambitions and thus it is isolated. This paper comes simply, to make the beginning of new innovation in nursing clinical practice, follow other colleagues.

In this paper, the model that benefits care, is team nursing. The particular model was preferred and not the others, because primary nursing is the entrusting of small number of patients in a nurse from admission to discharge (Pearson, 1988), while the model patiet allocation, is the way of nursing care which includes the entrusting of small number of patients in a nurse that however, changes daily (Pearson, 1988). As a result, both models need an appropriate number of nurses in order to work properly. In Greece, they are working about 36,000 nurses, that correspond 3,6 nurses in 1,000 residents (ESNE, 2004). In Greece, it appears that the lack of registered nurses leads to only one aim, "the job to be done". Keeping that in mind, it looks that the lack of nursing staff in Greece, does not permit the above models to be effective in clinical practice.

Proofs that support the change

Pearson (1992) describes team nursing as a system that benefits nursing care and is focused in idea of good team work. However, Butterworth and Faugier (1992) gave more explicit definition of team nursing. They propose that team nursing is the distribution of small number of nurses (team) in a group of patients, which is responsible for the patient care during hospitalisation. Researches have found that team nursing promotes high levels of nursing care (Wright 1990, Pearson 1992).

According to personal experiences in this model, nurses view patients as entity, designs and provide nursing care more personally. According to Lionis and Koutis (1995) viewing person as entity, it helps in the promotion of good communication and counselling abilities. Also, it helps nurses to develop close relations with the patients. When the communication is free, continuous and open, it creates an atmosphere of confidence and support. An example can be the pre-operation teaching. Giving information to patients with regard to their operation, what to wait for (before and after the operation) and giving support, hearing the questions and their concerns, the intensity and the stress can be decreased.

Besides, designing and providing patient care, nurses begin to move to more autonomous role (Pearson, 1992). The autonomy of nursing practice can be described by the power of nurses to make decisions regarding patient care and also when nurses feel responsible for their decisions. The main aim of clinical nurses is to develop their leadership abilities that can increase confidence and provide better quality of care (Gardner, 1991). In addition, the autonomy of nursing practice enhances nurses so as to behave to them with respect from other health sciences (medicine).

It is true that when nurses provide care in a holistic way, they learn their patients better, they avoid the routine of work and provide better care to patients. Also, this model gives the possibility to each member of the team to consult and discuss as a team any problems or difficulties that they occur (Fawcett, 1995). As a result, it offers possibility of tightening the relations between the staff.

Furthermore, team nursing promotes the humanitarian approach of nursing care which gives the opportunity to patients and relatives to participate in their care (Berry and Metcalf, 1986). This participation can be extended from the negotiation in the care plan up to the management of medication (educate patients and families).

In team nursing model, nursing staff is divided into two teams. Each team has a leader. It is the person who is in charge for planning and organisation of nursing care to patients. Each leader gives report to head of the department (sister), who manages and supervises the whole ward.

The sister is considered an important part in team nursing. It has been found that the sister can help in the support and growth of clinical practice (Butterworth and Faugier, 1992) and also provides protection to free and reliable clinical practice (Butterworth, 1995). In team nursing the sister has an important role to play such as to analyse situations, determine priorities, offer alternatives to patients, support staff nurses and provide innovations for effective nursing care.

When nurses have clear picture for the values and their visions, they will provide better quality of nursing care. In other words, what nurses believe for the patients, influence, finally, the way they work. It is true that the values guide clinical practice (Waters, 1985). Nurses need an environment to develop their abilities. The team should realise that the individual needs are team needs. They should trust each

other and according to Cole (1988) they are shared their problems and not only work as team but also think as a team. The conflicts do not help in the achievement of their needs. Each member of the team, should understand not only the roles of other members of the team but also to perceive these roles. With this way, nurses anticipate conflicts between the members and misunderstandings. Salvage and Wright (1995) propose that when the nursing team works well and support each other, the patients feel satisfied from the nursing care.

Plan Implementation

The pilot application of team nursing model requires the creation of long-term project and thus careful planning is needed in order to avoid conflicts and misunderstandings between the staff.

Table 1: Plan and implementation of team nursing modelî

PLAN

I) Recognition for education before the application
2) Introduce the model to nurses
3) Description of nurses role
4) Analysis of nurses role
5) Introduce the model to patients
6) The ward implements the model
7) Evaluate the situation and change (if necessary) the plans of application

IMPLEMENTATION

I) 3 months. It is important the individual that will develop the model to know it very well
2) 3 weeks.
   The Ist week, leaflets will be given to nurses
   2nd + 3rd week, the vision of nursing practice will become explicit
3) I month. Four meetings will take place
   Ist + 2nd: Discussion and questions from the previous meeting.
   3rd + 4th: Description of roles.
4) 2 months. Six meetings will take place
   Ist + 2nd: Conclusions from the proposed roles. Discussion and questions.
   3rd + 4th: Analysis of roles. Shaping the teams. Examples will be given to staff.
   5th + 6th: Criticism of meetings.
5) 2 weeks. Information leaflets will be given to patients/relatives. If the patients have questions, the staff will give the required clarifications.
6) 2 - 3 months.
7) I month. Six meetings will take place.
   Ist + 2nd: Research (questionnaires will be given to patients in order to evaluate the model).
   3rd + 4th: The staff will evaluate the model. The teams will discuss the positive and negative issues of the model.
   5th + 6th: The teams will discuss and evaluate the problems that occurred and alternatives will be proposed.

Roles

In team nursing, all nurses have a role. It is important to describe the proposed roles in order to be explicit about the contribution of each member of the team. More precisely, the sister is the coordinator of all activities and communication. She is the person in-charge for the provision of nursing care, the orientation of new staff and teaching students. In order to achieve the duties successfully, she should have clinical experience and academic qualifications (postgraduate degrees) (Butterworth, 1995). Thus, it will support (clinically) the nurses, she will be the person in-charge for the teaching of clinical educational courses and will function as a researcher.

Nurses will be responsible for patient care. Nursing staff will be divided in 2 teams. Each team will have a leader that will be determined by the sister (usually the most experience nurse). Each team will be constituted from 2-3 nurses (depends on the number of beds) and will care for about 10 patients. The team leader of the team will be responsible to divide, applied and evaluate the nursing care (Salvage and Wright, 1995).

Students will be distributed in each team under the supervision of the sister. Depends on the study level, they will work with the other members of the team or will undertake some patients independently. Thus, the students will not be `a pair of hands' helping the staff, but will be members of the team and they will have a role to fulfill. According to Butterworth and Faugier (1992) the way that a department is organised and how nurses are working are the most important factors for the learning environment of student nurses.

Design

Although the design is very often considered important, is ignored by the nursing science. In order to fully understand the proposed model of clinical practice, regularly meetings should take place. Physiotherapists, the sister and the medical professor of the department meet each week and the medical professor will provide medical directives (Watets, 1985). At these meetings, issues such as effectiveness, efficiency, impartiality and acceptance of the model will be discussed.

The design for the model of clinical nursing practice can also be achieved through patients. Patient satisfaction is one way to measure quality of nursing care (Baker and Whitfield, 2002). Questionnaire will be given to patients in order to estimate clinical nursing practice. Thus, analyzing the results of the questionnaire the teams can determine whether the patients are satisfied with the nursing care and how well the model is working.

Cost

The word ´innovation' determines the change. It is true that changing something, will cost something, and the model of team nursing is not an exception. The categories that include cost are reported below:

a) Equipment: photocopy machine. The fact that each nursing sector has the above equipment, the cost is annihilated. **b)** Education and training: staff information and patients orientation. Through information leaflets the staff and the patients/relatives will be informed for the new model. The leaflet will be constructed in collaboration with academic (nursing) staff. With regard to the production of leaflet, it can produce via photocopy and therefore the cost is annihilated. Questionnaire will be used (in collaboration with academic colleagues) and the production of these will become via photocopy. The analysis and presentation of results will become in collaboration with the academic staff. Conferences will take place in the hospital. Books and magazines with regard to new model should be bought (2,000 Euros). **g)** General expenses: a blackboard will be bought (200 Euros) which all patients will be entered, the teams (the teams are divided in blue and red teams) and the nursing staff that is working in each shift.

According to Fawcett (1995) the long term plans should include the economic resources that are needed and the resources that are available. We presented the resources that are needed for the application of team nursing model. The question is, what resources are available? As we are mentioned before, the cost of application is about 2,200 Euros. It is important to report that from this money, only the 200 Euros are essential for the pilot implementation of the model. The remainder money (2,000 Euros) includes material which will be useful when the model is applied completely into practice. For the pilot implementation, 200 Euros, is needed. The sister will negotiate with the economic department of the hospital.

Conclusion

The paper describes the team nursing model and presents a plan to implement the model into clinical practice. We wish this model to be applied and work properly in order to make important contribution in nursing clinical practice. Consequently, developing the nursing practice will involve improvements in nursing education, research and administration (Wright, 1990).

We also believe that the application of team nursing model will have positive results not only to nurses and nursing science, but also in the quality of patients care. More precisely, team nursing is focused:

-in the recognition and application of nursing as a therapeutic act
-in the growth of autonomous role for nurses
-in better patients treatment and prevention (holistic care)
-better collaboration of nursing staff (the team has the same aims, values and visions)
-in the creation of new roles for nurses
-better cooperation between nursing staff and patients/relatives

The time is suitable for nursing in our country, `to break the shell' and to become open and positive with regard to the dreams and achievements. The aim of nursing science is, through innovations, to provide the best nursing care to patients.

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