SURVEY OF PATIENT HEALTH CONSULTATION AND EDUCATION PROVIDED BY HOSPITAL NURSING PERSONNEL

Japanese Nursing Association
Survey & Research Section
Development & Promotion Department

OUTLINE OF SURVEY

1. Purpose of Survey
Health consultation and education for patients provided by nursing personnel are gaining more importance in hospital nursing service to support the life of patients with chronic illness. The cost of such nursing service, however, is not reimbursed under the current health insurance system. This survey was conducted with the purpose to provide basic data upon which cost of health consultation could be determined and made reimbursable by the health insurance system.

2. Subjects and Methods of Survey
The survey was composed of two different surveys conducted under different methods.
A. Survey of Health Consultation by Hospital Nursing Personnel
Questionnaires were sent to 558 hospitals that were considered to have specific section whose primary function was the provision of health consultation and education for patients with chronic illness. 157 questionnaires were recovered, among which 139 were valid replies. Nursing personnel in charge of the above section was asked to complete the questionnaire. The study was conducted as of January 1990.
B. Response from Patients

188 patients who were provided with health consultation and education were selected from nine hospitals in Tokyo area which returned valid replies for the above Survey A. The investigators of JNA Survey and Research Section interviewed those patients to find out patients' response to the service. These interviews were conducted during June to August 1990.

FINDINGS OF SURVEY

A. Survey of Health Consultation by Hospital Nursing Personnel

1. Consultation Service System

1) Staffing:

In 107 hospitals out of 139 hospitals responded, health consultation was provided by full-time permanent staff. In the remaining 32 hospitals, consultation was provided on a part-time basis by staff from wards or outpatient departments. Average staffing level of nursing personnel in health consultation section was 3.2 persons, the breakdown being public health nurse 1.9, midwife 0.1, nurse 1.1, and assistant nurse 0.1. It should be noted that in 78 hospitals (72.9%) the staffing level was less than 3 nursing persons.

2) Record Keeping and Conference on Health Consultation:

92.1% of the hospitals responded kept records of health consultation for patients. Conference on health consultation was held on a regular basis as a rule in 32.7% of the hospitals responded, not on a regular basis but whenever necessary 43.9%, and not at all in 19.4% of the hospitals.

2. Staff Qualification for Health Consultation Service

77.0% of the hospitals responded had some requirements for personnel engaged in health consultation. Most frequent requirements were experience 72.2%, licence 71.3%, and additional training 50.0% (multiple replies).

3. Characteristics of Patients and Contents of Health Consultation

1) Number of Cases of Consultation:

115 hospitals reported the total of 3395 cases of consultation conducted during one week of the period of the study, an average 29.5 cases per hospital.
2) Characteristics of Patients:
   a) Breakdown by Patient Age:
      Less than 12 months    4.5%
      Ages  1 – 5           2.4%
      6 – 14                1.9%
      15 – 39               15.1%
      40 – 64               41.3%
      65 – 69               12.8%
      70 and over           22.0%
   b) Visiting Nursing Service:
      Health visits were made to 19.0% of the patients following health consultation provided to them during the second week of February 1990.
   c) Type of Disease:
      Diabetes 90.6%, cerebral vascular disease 83.5%, hypertension 79.1%, heart disease 74.8% (multiple replies).
   d) Medical Treatment and Equipment Required:
      Tube feeding at home 61.2%, self-injection at home 60.4%, suction 59.7%, oxygen treatment at home 54.0%, self-catheterization at home 51.1%, stoma 49.6%.

3) Persons Requesting or Making Referrals for Health Consultation:
   Requests came from patient or his family 91.4%, consulting physician of the hospital 87.1%, nursing personnel of hospital ward 77.7%, nursing personnel of outpatient department 74.8%, nursing personnel of local health center 48.2%, nursing personnel of municipal government 48.2% (multiple replies).

4) Length of Time of Consultation:
   When asked how much time was spent for consultation per patient, the most frequent reply was “30 to 60 minutes” (43.9%), followed by “15 to 30 minutes” (34.5%).

5) Health Consultation and Education for Patients by Nursing Personnel:
   Diet 95.0%
   Minor concerns about physical conditions 93.5%
   Medical equipments for personal use 92.1%
Medication 86.3%
Emergency care and measures 84.9%
Observation of physical conditions 82.0%
Physical exercises 82.0%
Family health 81.3%
Welfare service resources 81.3%
Progress and course of disease 79.9%
Consultation with hospital physicians 79.1%
Tools and devices for patient care 79.1%
Municipal visiting nursing service 79.1%
Meeting patients basic needs 77.7%
Maintenance and improvement of ADL 77.0%
Bed sores 76.3%

6) Coordination of services with other personnel involved in patient care is essential to conduct patient consultation and education effectively. Coordination was reported necessary particularly with:
   Consulting physician 95.7%
   Nursing personnel at wards 92.1%
   Nursing personnel at outpatient departments 89.2%
   Nursing personnel at local health centers 78.4%
   Nursing personnel at municipal governments 77.7%

7) Income from Health Consultation and Education:
   70.5% of the hospital responded reported no income at all from services provided by nursing personnel assigned to health consultation and education section.

4. Evaluation of Health Consultation and Education Service by Nursing Personnel
   Nursing personnel in charge of the service were asked to describe how they evaluated their consultation service for patients and families. Their replies were analyzed and summarized as follows.
   1) Benefits for Patients and Families:
      — Information about course of disease, basic needs of patients, medication, and/or handling
of medical equipments help them release of their anxieties.

— Patients feel secure as they are assured of the availability of care and service when necessary.
— Patients can utilize effectively social and medical resources available to them.
— They feel encouraged by being recognized of their efforts to get well.
— Nursing personnel in hospital are in advantageous position to provide health consultation and education to patients effectively as they have good coordination with hospital physicians and easy access to patients’ physical and medical information, and are able to coordinate other necessary hospital services for the benefits of patients.

2) Benefits for Hospital Administration:

The respondents indicated that health consultation service contributed favourably to hospital administration in the following way, although the service cost was not reimbursed from current social health insurance system.
— Better patients service and improved reputation of the hospital resulted in increase of clients.
— Higher turnover rates of hospital beds contributed to increased income.
— Decrease of patients interrupting treatment and decrease in outstanding accounts resulted in increase in hospital income.
— Information obtained concerning the needs of patients and families contributed to better hospital administration.
— The service contributed to enhance staff motivation and development.
— Cooperation with other hospitals and organizations was improved.

B. Response From Patients

1. Patients’ Evaluation of Health Consultation and Education by Nursing Personnel

58.5% of the patients interviewed replied the service was “very helpful” and 39.4% replied “helpful”. When asked in what respect it was helpful, the most frequent reply was “informative and questions answered” 86.4%, particularly on diet 78.0%, on rest and exercises 50.9%, and on disease 46.5%.

84.2% of patients indicated that the service was also helpful because they felt assured that they had someone to consult with. Chronically ill patients wanted their questions answered
and their anxieties relieved, and such needs were found to be met by nursing personnel of health consultation and education section.

Other favourable responses from patients included: increased ability of self-care (or by family members). 79.3%, felt more at ease and comfortable after being given advice 58.2%, motivated to change life style and habits 51.6%, communication with physicians made easier 42.4%.

2. Consultation with Nursing Personnel vs. Physicians

When asked about the difference of health consultation with physicians and with nursing personnel in terms of contents and physician's/nursing personnel's attitudes, 60.1% of the patients interviewed replied there were differences and 35.1% replied no difference. About half of the patients chose to consult with nursing personnel because they felt more at ease with nursing personnel, or because they wanted specific information and assistance on daily life.

SUMMING UP

Nursing personnel engaged in patient health consultation and education were found to perceive their role and function as follows. “Patients with chronic illness and their families usually experience a variety of anxieties and difficulties in their daily life. They need resourceful persons with whom they can consult their problems personally. Some of their problems are shared with patients with similar conditions, and some are peculiar to them. Patients and their families expect nursing personnel to give them appropriate assistance so that they can deal with their problems, thus in the course of time enabling them to maintain and control their health for themselves.” They tried to meet patients’ needs at every level of their life, either upon request from patients/families, or based on their assessment of patient conditions.

Patients evaluated health consultation and education by nursing personnel as helpful to them. They regarded those nursing personnel as resourceful persons providing them appropriate information and relieving them of their worries and anxieties.

Hospital nursing personnel are in a position to provide health consultation and education
effectively, based on close contact with patient's consulting physician and better access to patient's medical records. Patients who needed continued medical treatment at hospital felt that they benefited from individualized consultation service from hospital nursing personnel.

It should be noted that at present the health consultation service is provided at the expense of hospital, only by those hospitals that have good reason to believe in the contribution of health consultation service to overall hospital administration.

Obviously there is an urgent need for the provision of organized quality health consultation and education service by hospital nursing personnel. Such service is essential in helping patients with chronic illness and their families to enable them to effectively control their daily life utilizing social resources available to them. There should be increased social recognition of the importance of systematized health consultation service supported by sound financial basis. It is necessary that health consultation fee is introduced into and be made reimbursable by the social health insurance system.