

Survey Regarding Information and Advice Provided by Nurses to Patients

Japanese Nursing Association
Survey & Research Section
Development & Promotion
Department

1 . Out line Survey

In recent years, the importance of patients selecting and becoming involved themselves in treatment methods and manner of recuperation has been pointed out; it also seems that patients and families who think in this way are gradually on the rise. In such circumstances, appropriate information and advice from the physicians are indispensable. However, patients have often been unable to speak with or ask doctors directly about questions and concerns related to their illness, treatment method or manner of recuperation, and have resolved their concerns through nurses in the past.

Nurses have provided information and advice concerning manner of recuperation to patients until now; however, today, case workers, PTs, OTs, pharmacists and nutrition specialists have come to play similar roles, giving rise to a need to assess collaboration among these professions.

Then, to what extent do nurses of hospital wards actually consult with patients and families, and on what subjects? What sort of division of roles is desirable with the other professions? The aim of the survey is to better understand such questions and create a basic reference material in

assessing the relationship of nurses to the patients and their families in the future.

2 . Target of Survey

Of the 28 institutions nationwide which agreed to cooperate with the survey of the Association survey office, (23 general hospitals, 5 mental institutes), wards of internal medicine, surgery and psychiatry were designated, and the nursing staff including the head nurses of those wards participated.

3 . Method of Survey

Survey sheets for the number of participants were sent out to the head nurses. After completing the sheets, each hospital collected the envelopes and returned them by mail to the survey office.

4 . Period of Survey

March, 1995.

5 . Collection Of the 1,691 survey sheets sent out, effective number collected was 1,552 (91.8%).

Results of Survey

1. Attributes of Respondents

95.3% were female; in the "psychiatric" ward, 17.1% were male nurses. The ratio of male nurses in the "psychiatry" department is high compared to other diagnostic departments.

Average age was 35.1 years. By diagnostic department, the average age of the "psychiatry" department was the highest at 40.3 years.

Regarding licenses held, 83.0% possessed a license for nursing. 17.0% possessed a license for enrolled nursing.

The average number of continuous work years as a nurse was 12.5 years. By department,

"psychiatry" had the longest average of 15.9 years.

Average number of hospitals one had worked for was 1.9.

27.3% of the hospitals had "100-299 beds."

22.7% of the hospital type and kind were medical corporations and individuals.

Regarding ranks, 80.2% of the "total" had "no title in particular," 8.6% were "chiefs," and 7.3% were "head nurses."

Regarding other professions they had worked with, 46.9% of the "total" had worked with PTs, and 46.1% with "case workers."

By department, those in "psychiatry" had the highest rate of "having worked with others," "case workers" 74.5%, "OTs" 73.6%; however, their rate of having worked with "PTs" was lower than others, at 38.5%. As a "whole," the rate of having worked with "PTs" in the hospitals they are employed by was the highest at 79.8%. By department, 94.1% in "psychiatry" had worked with "case workers" and "OTs," compared to 41.9% with "PTs."

In the psychiatry department, the ratio of case workers is high in order to promote patients leaving the hospital. In institutions where occupational therapy is incorporated into the program of a hospitalized patient, the percentage of OTs is higher. However, as the recovery of physical functions through rehabilitation is not directly connected to discharge from the hospital, the ratio of PTs employed is low.

2. Concerns of Patients Expressed to Nurses

The ratio of nurses responding that they have "often" or "sometimes" been told by patients that he/she is worried "whether his symptoms have been correctly conveyed to the doctor in charge, combined come to 77.3% of the "total."

As for the ratio of nurses who have "often" or "sometimes" been told by patients that he/she is worried "whether his feelings have been correctly conveyed to the doctor in charge, "combined come to 82.7% of the "total."

The ratio of nurses responding that they were "often" asked by hospitalized patients to "convey my feelings to the doctor in charge" was the highest in "psychiatry" at 46.0% and compared to the ratio of 18.7% for a combined "often" of other departments, the disparity is considerable, being more than double.

From these results, it is noted that nurses serve as mediators who convey the patients' feelings to the doctors, and in the "psychiatry" department with less doctors than other depart-

ments, there is a considerable difference.

95.8% of the nurses have "often" or "sometimes" heard of worries concerning a hospitalized patient's illness or treatment from the patients themselves or their families.

Also 94.2% of the nurses have "often" or "sometimes" been asked to explain a hospitalized patient's illness or treatment by the patients themselves or their families.

The ratio of those stating that their response to hospitalized patients or their families concerning worries about the illness or treatment were "not perhaps totally sufficient, but mostly adequate," was the highest in every department.

With regard to illnesses and treatment methods, more nurses responded that the choice "2. Nurses convey the concerns of the patient and the family to the doctor and ask the doctor to explain again," was closer to their opinion than the choice 1." As the doctor's explanation alone is inadequate, the nurse should make effort to explain if requested by the patient and the family," at 78.0%, or close to 80%. However, in "psychiatry," 30.1% responded that choice 1 was closer to their thinking.

3. Content and Frequency of Consultation by Patients and Families

"Regarding daily life activities," "immediately after hospitalization," and "patients and families concerning return to the home," the "psychiatry" department had the highest rate of receiving consultations. As a result of distributed analyses, a significant disparity was noted. This is considered to be due to the fact that in the case of the "psychiatry" ward, patients may protest strongly immediately following hospitalization, or that the families are concerned whether the patient can recover or not. Regarding return to the home, it seems that talks are held in response to the worry whether the patient can adapt to society after leaving the hospital.

The ratio of "telephone calls from patients' families after leaving the hospital" is 3.4% for "psychiatry," 0% for "surgery" and "combined," 0.5% for "internal medicine," and the overall percentage of communication with ward nurses after leaving the hospital is low. This probably reflects the fact that in "psychiatry" where a patient may repeatedly leave and reenter a hospital, it is easier to talk with ward nurses he/she is familiar with. In the cases of "internal medicine," "surgery" and "combined," a nursing plan has been established in which once the need for the patient to be hospitalized is gone, they become part of the outpatients so that ward nurses do not become involved with patients who have been discharged.

With regard to "introduction of medical equipment," in the case of "psychiatry," as there

are few patients who are discharged still using the medical equipment in the same way as care articles, ward nurses are usually not involved after a discharge. A significant disparity was seen as a result of the distributed analyses in terms of receiving consultations by "telephone from patients/ families discharged from the hospital." "Concerning the diet," all departments did not communicate with most ward nurses after a patient was discharged. In psychiatry particularly, the rate of response stating they "often" are called on by "patients and families" is the lowest, indicating a significant disparity in the results of the distributed analyses as well.

"Concerning use of welfare services," the rate of those responding that they "often" communicated with ward nurses after a discharged patient became an outpatient was 0.0% in the case of "surgery" and "combined."

4. Do You Think Your Response to Patients' and Families' Consultation is Adequate?

Regarding the question of adequate response to the patients' and families' consultation, most departments had a high rate of the response, "perhaps not totally sufficient, but generally adequate." Looking at the departments with a high ratio of "responding adequately" to each question, with regard to "daily life activities," "psychiatry" has a high rate of 14.3%. In addition, "psychiatry" responded that they "did not receive consultations" concerning "care articles," "introduction, usage, purchasing method of medical equipment," and "diet" respectively at 33.9%, 37.3% and 12.4%, which were lower than other departments and indicated a significant disparity in the distributed analyses as well. This is thought to be due to the fact that few patients have concerns regarding "care articles," "introduction, usage, purchasing method of medical equipment," and the "diet" in psychiatry.

5. Method of Explanation to Patients and Families in Consultations

Looking at methods of explanation considered to be appropriate when a patient or a family consults nurses one question at a time: regarding "intake of medication," "psychiatry" has a slightly high percentage of 7.1% responding that "mainly nurses should explain to the patient until he understands." The ratio of the response "mainly pharmacists should explain," is 10.6% in psychiatry, which is lower than other departments. This suggests that in "psychiatry," nurses bear a large role in instructing intake of medication.

Concerning "content of examination, method, time," all departments have a high rate for

the response, "doctors, examination technicians, nurses should all explain from their own standpoints."

Concerning "daily life activities," the response, "PTs, OTs and nurses should all explain from their own standpoints," was the most frequent. On the other hand, in "psychiatry," 24.5%, the highest among other departments, responded that "mainly nurses should explain to the patient until he understands."

Concerning "introduction, usage, purchasing method of medical equipment," a high 10.9% in "psychiatry" responded that "mainly nurses should explain to the patient until he understands," while in other departments the response ratio of "mainly case workers should explain" was high. A significant disparity was indicated as a result of the distributed analyses as well.

"Concerning the diet," the rate of the response "mainly nurses should explain to the patient until he understands," was high in "psychiatry" with a 7.1%, and as a whole, the highest rate of response was that "nurses and nutrition specialists should explain from their own standpoints."

"Concerning the use of welfare services," half of the total respondents replied "case workers and nurses should explain from their own standpoints," while 40% responded that "mainly case workers should explain."

Trends differed with each question as to which profession should respond to it; however, there was not a single question to which the response "mainly nurses should explain to the patient until he understands," bore the highest ratio.