

INTEGRATION OF NURSING SERVICE AND EDUCATION AT ST. JOHN'S, BANGALORE

The idea to initiate integration of nursing service and education was introduced by Mr. Dileep Kumar, INC President during his visit to St. John's National Academy of Health Sciences. The management took up the suggestion after which implementation of the Dual role in St. John's National academy of health sciences took place on 1st July 2013, wherein, qualified faculty from the College of nursing contribute their knowledge in the clinical field and the senior nursing fraternity from the hospital are involved in the training and supervision of student nurses.

PLANNING

The steps involved in the process were as follows:

- A Decision was taken by the Executive Council in November 2010 to explore the possibility of integration.
- A Committee was constituted consisting of Chief Of Medical Services (Chairperson), Principal CON, Nursing Superintendent, Professor CON & Asst Nursing Suptdt.
- The Mandate of the committee was to study the process at other institutions (NIMHANS & CMC Vellore), to assess the feasibility of integrating Nursing Services & Education at SJMCH, to identify possible hurdles in implementation & to lay down the process to achieve integration
- The committee visited CMC Vellore on 11th Feb 2011 & NIMHANS on 17th Feb 2011
- Activities of the committee included Series of Meetings, Brain Storming, Discussing the possible benefits , thoughts and concerns
- The committee came up with suggestions & a proposed plan of
 - Unified Head for both Services & Education,
 - The Senior posts could be in rotation from an eligible pool
 - Area Faculty responsible for a section/Area according to specialty. (Professor or Assoc Prof)
 - Designation & utilization of Supervisory Nurses of the hospital to be looked into.
 - Pilot the plan in one area , add the entire floor & add on floors in a phased manner
- **Proposal for implementation of Dual role was submitted on 22nd March 2011**
- Pilot project was conducted in Nov./ Dec. 2012 on 5th Floor . (Medicine Floor),

Prof in Med Surg was Overall responsible for dual role, Assisted by a faculty (Asst Prof), one Tutor in each ward along with the Ward In charges.

The team was largely involved in patient care issues and staffing, staff training.
- After piloting the feasibility of integration was established and the same was implemented.

IMPLEMENTATION:

- On 01st July 2013 integration of nursing service and education came into effect at St. John's.
- New Organogram was implemented
- New Appointment letters were issued to the concerned faculty.
- Orientation meeting for all stake holders was held on the very same day.

The overall Objectives were as follows:

- High quality nursing care
- Optimum utilization of nursing manpower
- To evaluate the quality of nursing services and education.
- Encourage a Collaborative approach.
- Synergize the effort of nursing educators and senior staff nurses
- Bridge the gap between theory and practice
- Foster commitment & accountability

ONGOING EVALUATION:

- Feedback from different categories of health care personnel were obtained.
- Meetings and discussions with DNS/Mentors/Head nurses helped in evaluation.
- Research study: *Perception and attitude of health personnel regarding concept of integration was done in St. Johns Medical College Hospital.* 500 health personnels from different categories were selected. A Likert rating scale was used to collect the data. The results showed that 77.8% of the subjects had very good perception; 92.8% had a favorable attitude towards the concept of integration. There was also a significant correlation between perception and attitude towards concept of integration.

BENEFITS:

To the organization:

- Effective utilization of nursing manpower cost effectiveness;
- Promotes decentralization: authority, responsibility and accountability given to DNS/Mentors .
- Research enhanced by including hospital staff into research teams.
- Recruitment of staff nurses enhanced by use of OSCE.
- Improves image of the hospital –good quality care/ other organizations also approached us as to how we started and how we overcame challenges
- Promotes interdisciplinary interaction and collaboration.

To clinical environment

- Humanistic approach to learning—supervision by qualified staff/ Drs were more involved in teaching
- A good working team spirit- regular meetings with the concerned HODs(Doctors)
- An efficient, flexible management
- Teaching and learning support of nursing from qualified staff.

To the students

- Uniformity / consistency in teaching & practice.
- Interns were found to be more confident in skills
- Positive learning environment
- Exposure to ideal Role Modeling
- Continuous supervision & learning takes place.
- Training of mentors & head nurses for supervision of students

To the patients

- Improvement in standard of care by holistic approach.
- Pooling in of ideas for patients benefits
- Team approach, Better planning, implementation & evaluation of care
- Improvement in quality indicators

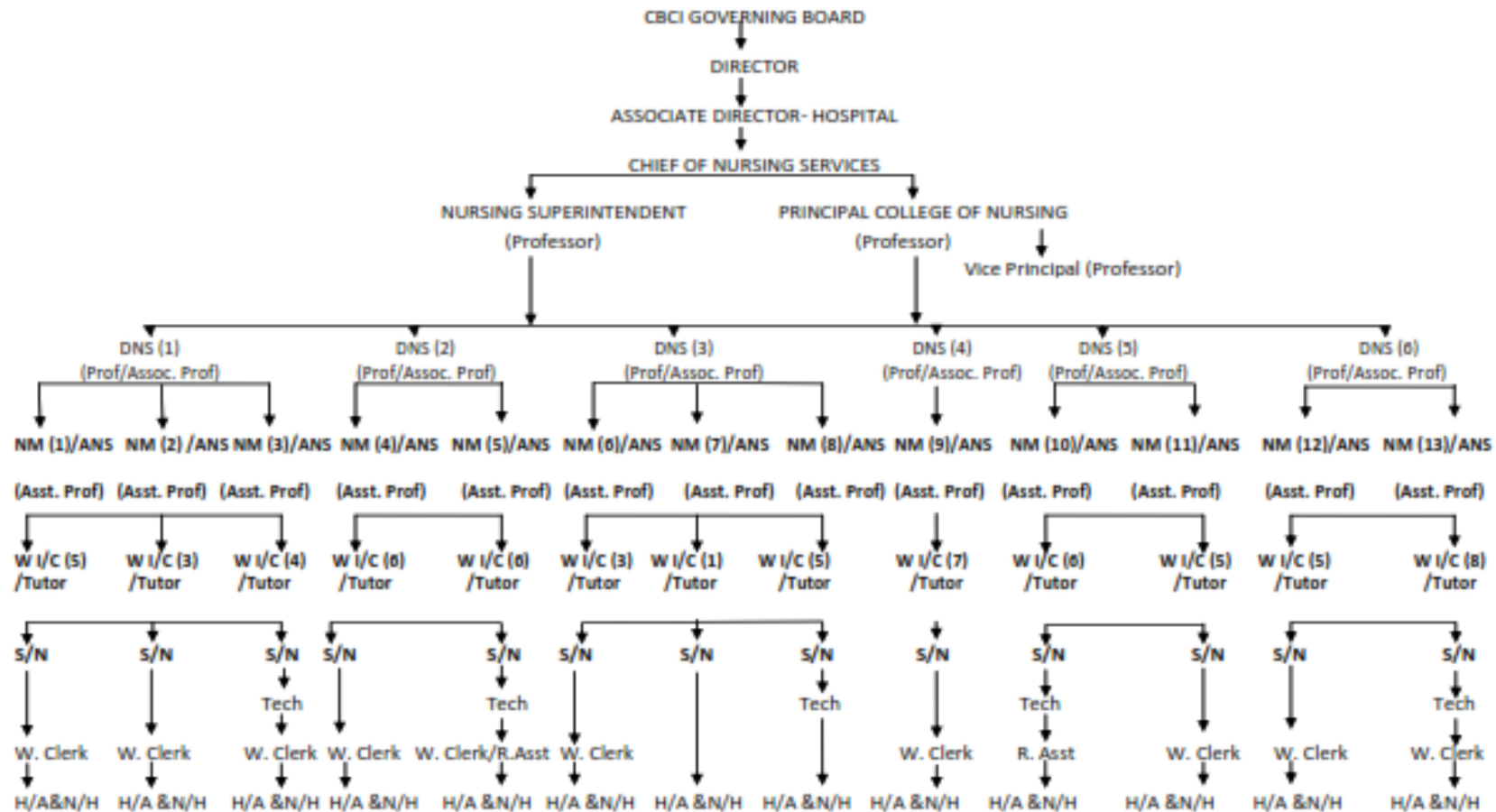
ONGOING CHALLENGES

- Quality time spent with students supervision has come down from college faculty due to increased workload. No time to counsel students.
- Feedback from some students regarding classes by hospital staff; not very appreciative
- Hospital staff not very eager to take up student supervision
- Hospital staff expect CON staff to be there round the clock; not realizing teaching load and other college activities
- CON staff stress and burn out at times, not able to complete task on time
- Workload increased but no additional increment for the same

WAY FORWARD:

- 360° feedback to be taken
- Restructuring needed as per hospital requirement

ORGANIZATION CHART OF NURSING SERVICE DEPARTMENT (SJMCH)



DNS : Deputy Nursing Superintendent
ANS : Asst. Nursing Superintendent
NM : Nurse Mentor
WI/C : Ward Incharge/ Head Nurse
S/N : Staff Nurse

W. Clerk : Ward Clerk
R. Asst : Registration Assistant
H/A : Hospital Aide
N/H : Nursing Helper

To assess the perception and attitude of health personnel regarding the concept of integration in nursing

Brighty George¹, Dr. Bindhu Mathew², Dr. M.A Mohan³

¹MSc. Nursing student, St. John's College of Nursing, Bangalore

²Associate Professor, St. John's College of Nursing, Bangalore

³Professor, St. John's Medical College Hospital, Bangalore

Abstract:

Introduction: Integration of nursing education and service is a challenge. Nurses need to accept it to promoted effective leader and enhance knowledge. They need to have a clear perception and attitude for its success. This study was done to assess the perception and attitude of health personnel regarding the concept of integration in nursing.

Methods: A non experimental descriptive survey was conducted using 500 health personnel which included staff nurse, doctors, ward clerks and hospital aides. They were selected by disproportionate random sampling method. The instruments used for data collection was a Likert type rating scale to assess the perception and attitude of health personnel.

Result: The health personnel 77.8% had a very good perception and 92.8% had a favourable attitude towards the concept of integration in nursing.

Conclusion: The ultimate aim of nursing profession is quality care, which is assured when it is in the hands of competent nursing personnel. Hence, we as professionals should focus on bridging the existing gap between nursing service and education by the concept of integration.

Keywords: concept of integration, perception, attitude, health personnel.

Introduction:

Nursing is a vital service provided to mankind by dedicated nurses, for which they need to be on the frontline to review and optimise the healthcare delivery by improving access, promoting higher quality of care, developing new roles and taking up leadership qualities more intensively.¹ This can be effectively managed by effective integration between nursing education and service because a high quality care is defined as being consistent with current professional knowledge and increasingly likelihood of desired patient care outcomes.

The gap between nursing education and service has its historical roots, as the schools attached to the hospital were largely staffed by the students, which preceded over their learning needs. This led to the creation of separate institutions for nursing education with independent administrative structures, budget and staff in order to provide an effective educational environment.²

There has been a considerable progress in nursing over the past several decades, especially in the area of education. The already existing nursing educational programmes have been strengthened and re-oriented in order to ensure that the graduates have the essential competence to make effective contributions in improving people's health and quality of life. This has thus resulted in rapid qualitative advances in education field but lacked comparable improvements in nursing service. This is because, even though we are producing quality graduates they are moving from bedside service to the education or teaching side of nursing profession, because of which the quality care that would have been given, is left out.³

The complexities of health and nursing care today make expanded nursing knowledge a necessity in contemporary care setting. ⁴ In nursing we have teachers with post graduate to PhD qualifications, who are functioning as academicians more than a bedside nurse or nurse manager. The clinical areas on the other hand are staffed with nurses of diploma to graduate qualification. By the utilization of these highly qualified nurses in the clinical areas will definitely improve the level of critical thinking, planning and implementation of care. Thus, the transformation of health care and nursing practice requires the integration of nursing service and education.

A study was conducted in three central government hospitals/schools of nursing in Delhi on nursing personnel from education, administration and service to

obtain their opinion towards dual role. It was found that 92.4% of the nursing personnel expressed agreement for dual role. None of the nursing personnel disagreed with performing dual role. There was no significant difference in opinion of nursing personnel towards dual role between nurse educator and nurse practitioner. It also concluded that the nursing personnel felt that dual role is necessary in nursing, as it has advantages like better learning experience, good quality nursing care, better coordination between nursing service , education and personnel development.⁵

A study conducted by WHO, on the process and outcome of integration between nursing services and nursing education to improve quality of nursing services and nursing education in South East Asian Countries, at College of Nursing in All India Institute of Medical Sciences, found that the integration process is effective for improving the quality of nursing care as perceived by doctors, nurses and undergraduate nursing students and in improving the patient's satisfaction from nursing care. Quality of nursing care perceived by doctors improved from 26.06% to 30.68%, nurses perceived an increase of 7% and quality of nursing perceived by students improved from 18.10% to 33.36%. There was an improvement in patient satisfaction from 40.29% to 70%. Job satisfaction of nursing personnel increased from 9% to 86%. Utilization of nursing time shows an increase of 20% in patient care complex and a reduction in non-productive work from 32% to 15% and off station time from 24% to 9% percentages. This shows that integration between nursing services and nursing education is feasible to implement provided suitable measures are adopted to maintain high level of job satisfaction among nurses.⁶

A study was done in Kasturba Hospital Manipal, to compare the perception of health care consumers, deliverers and nurse educators on nurses, nursing practice

and education, with 30 samples in each 3 groups. The study findings revealed that there was a significant difference found in the median perception scores on the nursing education system between nurses and nurse educators ($Z= -2.581$, $p<0.0125$) as well as physicians/surgeons and nurse educators ($Z= -4.176$, $p<0.0125$) in relation to the nursing education system the health care consumers scored low (mean=10, SD=3.35) in total perception scores as well as in nursing education system in particular (mean=2.37, SD=1.40).⁷

A study was conducted in 13 different colleges in India, to assess the attitude of 46 nurse educators and nurse practitioners towards the concept of dual role. It revealed that 78.57% of nurse educators were having favourable attitude towards dual role. The nurse educators from the institution where the dual role was practised have more favourable attitude than nurse educators from other institutions.⁸

Thus, considering the above mentioned reviews, the present study was conducted to assess the perception and attitude of health personnel regarding the concept of integration in nursing.

Objectives:

1. To assess the perception of health personnel regarding the concept of integration in nursing.
2. To assess the attitude of health personnel towards the concept of integration in nursing.
3. To determine the correlation between perception and attitude towards the concept of integration in nursing.
4. To determine the association of
 - Perception with the baseline variables.
 - Attitude with the baseline variables

Hypothesis

H₁: There will be a significant correlation between the perception and attitude of health personnel at 0.05 level of significance.

H₂: There will be a significant association of perception with the selected baseline variables at 0.05 level of significance.

H₃: There will be a significant association of attitude with the selected baseline variables at 0.05 level of significance.

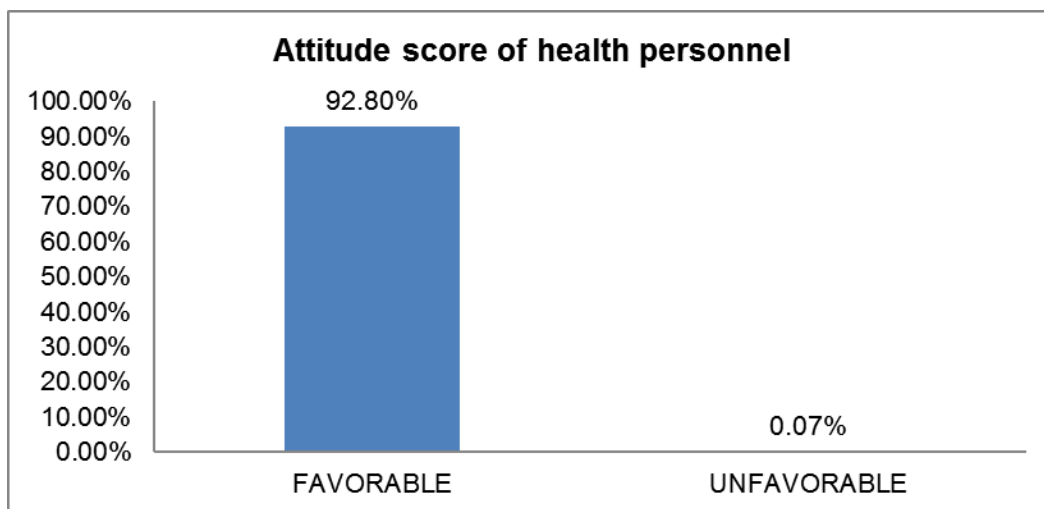
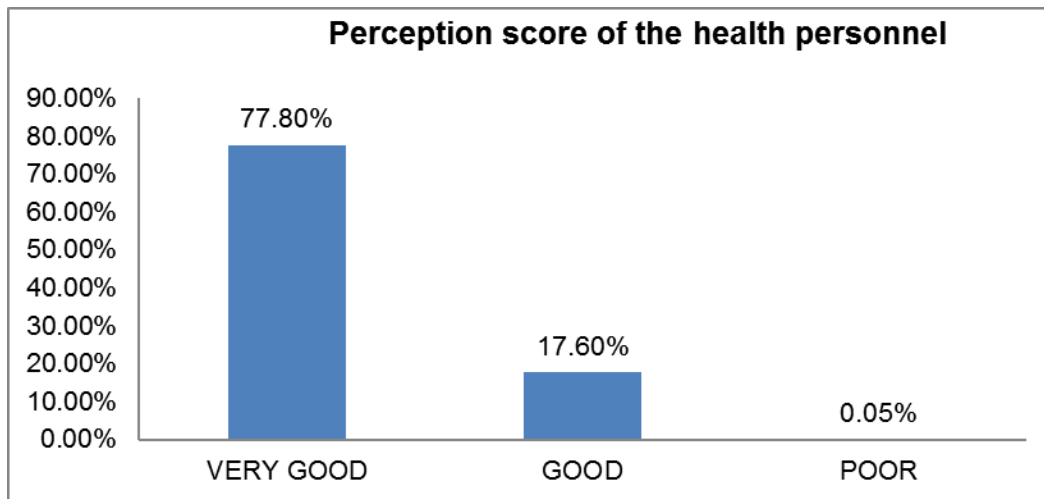
Methodology:

The research design used for the study was non experimental descriptive survey design. The sample size comprised of 500 health personnel with a minimum of 6 months experience in St. John's Medical College, Bangalore. The sampling method used was disproportionate stratified random sampling method which resulted in the selection of 80 doctors, 321 nurses, 21 ward clerks and 78 hospital aides, who were selected by lottery method. All staffs directly involved in the integration role and are from college of nursing were excluded.

The purpose of the study was explained to the participants and an informed consent was obtained prior to the study. A likert type rating scale was then administered to assess the perception and attitude of health personnel regarding the concept of integration. The perception rating scale had 22 items and the attitude scale had 20 items. Each item had two alternatives agree and disagree. The time duration given to each participant to fill a questionnaire was 25 minutes.

Result:

The study shows that, out of 500 study samples, 77.80% had a very good perception and 92.80% had a favourable attitude. It also shows a significant correlation found between perception and attitude of health personnel towards the concept of integration in nursing. The study also shows a significant association of perception with age, qualification, years of working experience in the present college and total years of working experience at 0.05 level of significance. There is no significant association of attitude found with the baseline variables at 0.05 level of significance.



Discussion:

The descriptive analysis of the perception of health personnel towards the concept of integration revealed that 77.8% had a very good perception and only 0.04% had a poor perception towards the concept of integration. It also revealed that 85% of the health personnel perceive that the concept of integration in nursing improves quality of patient care by better planning and better documentation of care. In a similar study done by WHO in AIIMS reveals that the quality of care perceived by doctors improved from 26.06% to 30.68%, nurses perceived an increase of 7% and quality of nursing perceived by students improved from 18.10% to 33.36%.⁶

With respect to the attitude of the health personnel, 92.8% had a favourable attitude and only 0.07% had an unfavourable attitude. A similar study conducted in Delhi with nursing personnel as samples revealed that 92.4% of them had a favourable opinion towards the concept of integration.⁵ In another similar study done with nurse practitioners and nurse administrators as samples revealed that 78.57% of them had a favourable attitude towards dual role.⁸

The findings in the study show that there was a significant correlation between perception and attitude of the health personnel towards the concept of integration in nursing at 0.05 level of significance. The value of 0.45 shows that there is a positive correlation between perception and attitude. Hence, it means that the attitude of the health personnel will be favourable if they have a good perception towards the concept of integration.

In the present study, there was significant association of perception with age, qualification, years of working experience in the present institution and total years of working experience at 0.05 level of significance.

There was no significant association of perception with gender, designation and area of posting at 0.05 level of significance. The attitude findings revealed that there was no significant association of attitude with the selected baseline variables at 0.05 level of significance.

A similar study done on nursing personnel also revealed that there was no significant association of the opinion score with the baseline variables i.e. age, designation, professional education and professional experience

Limitations:

The patient satisfaction was not assessed as baseline data for which comparison was not available prior and after integration.

Recommendations:

- Patient outcome survey can be done to know the change in patient care after integration.
- A qualitative study on experience of staff involved in integration could be undertaken.
- Study can be done to assess the various factors related to the favourable and unfavourable attitude and perception of the health personnel.

Conclusion:

The findings of the study have some important implications in the field of nursing administration, practice and education. The nursing professional need to focus more on bridging and removing the existing gap between nursing service and nursing education by the implementation of this concept in the institutions, because the ultimate aim of the profession is quality care which is assured when it is in the hands of competent nursing personnel.

References:

1. Raeve Paul. The Importance of Nursing Services in the European Union January 2012. Acquired from internet.
2. Dunn S. and Hansford, B. Undergraduate nursing students' perceptions of their clinical learning environment. *J Adv Nur.* 2008; 25(6):1299- 1306.
3. Weatherston LA. Bridging the gap: Liaison between nursing education and nursing service. *J Adv Ser*, 1981 March; 6(2):147-152.
4. M Sharif, S Masoumi. A qualitative study of nursing student experiences of clinical practice. *BMC Nurs.* 2005; 4(6): 1-7
5. Balachandran Rathi. Dual role of nurses as educators and practitioners. *Nurs J of Ind.* 2008; Vol XCIX No. 10: 231-233.
6. Gupta Sandhya , Vasta Manju.. Collaboration between nursing service and education to improve nursing services and education in south Asian countries (India). *Indn J Of Nurs & Midwif.* 1998; Vol.I No. 31-38.
7. George Anice, Judith Erna. Nursing education: Opportunities and challenges. *The Nurs J of Ind.* Acquired from internet.
8. Hemnalini Esther. A study to assess the attitude of nurse educators and nurse practitioners towards dual role. (Unpublished thesis, University Of New Delhi) 1970.