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STUDY OF ORGANIZATION AND MANAGEMENT PRACTICES OF ICU AND THEIR RELATIONSHIP TO PATIENT SEVERITY ADJUSTED OUTCOMES

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ABSTRACT

Aim: Objective of the study is to examine the organization and management practices of ICUs and their relationship to patient severity adjusted outcomes.

Methods: A cross-sectional design study. Sample of the study: The sample was selected purposive (non-probability) of 25 ICU nurses. The questionnaire was constructed for the study.

Results: 68% of nurses agreed that they having good atmosphere in their working area, where 4% disagree with this, 28% said neutral. 76% nurses agree they had safety climate in ICU and 12% were disagreed with this statement. 48% of nurses were felt their stress during their work, 36% were not know their stress their working. . 66% agreed that they had good quality of work. 82% agreed that they get help from doctors during their work. 42% of nurses disagreed.

Conclusion: Our study concludes that professionalism in intensive care unit nurses are not up to the mark. There must me training and developmental program must be conducted to enhance the critical care environment and the quality of work life.

KEYWORDS : ICU, nurse, hsopital

INTRODUCTION

Critical care or ICU nursing is a specialisation of nursing which deals specifically with patients experiencing high-dependency, life –threatening conditions. There are a range of ICU specialties where critical care nurses may work including surgical, trauma, coronary, medical, paediatric, burns, cardiothoracic and high risk nurseries. Nurses in the ICU often work in conjunction with a multidisciplinary team of doctors, consultants, physiotherapists and various other specialists to ensure optimal patient care. Critical care nursing can be mentally and physically demanding with long hours (including night shifts), extensive patient handling and high-pressure conditions. Critical care nurses must be able to make sophisticated judgements quickly as patients in ICU are often unstable and can experience rapid physiological decline. The duties of a critical care nurse may include assisting physicians during procedures, checking patients' vital signs, taking blood samples, managing ventilation and life support equipment and ordering diagnostic tests. A critical care nurse can also administer medication and provide patients with personal care, such as bathing and dressing. In the intensive care unit people are constantly looked after and monitored by a highly specialised team, which includes consultants, physiotherapists, dieticians and nurses, each of them with specialist knowledge and skills. Specially trained nurses provide round-the-clock care and monitoring, and there is a high ratio of nurses to patients - each person in ICU is usually assigned his or her own 'named' nurse.

AIM

Objective of the study is to examine the organization and management practices of ICUs and their relationship to patient severity adjusted outcomes.

MATERIALS AND METHODS

A cross-sectional design study. Sample of the study: The sample was selected purposive (non-probability) of 25 ICU nurses. The questionnaire was constructed for the study. The instrument consisted two parts: Part I: socio demographic characteristic, which includes variables (age, gender, level of education, years of the service in the field of the nursing profession, years of experience in the intensive care unit, training session). Part II: The questions are concerned with issues related to communication, coordination, conflict management, leadership, perceived unit team effectiveness, organizational culture, and related factors.

RESULTS

40 nurses from various departments were questioned about the professional practice in their intensive care units. 48% of nurses are from 18 to 29 years age, 30% from 30 to 39 years. 20% from 40 to 49 years, 3% from 50 to 59 years. 70% of nurses are female in this study, 30% were male nurses. 45% of nurses completed B.Sc. Nursing course, 35% of nurses completed M.Sc. Nursing course and 20% of nurses completed diploma in nursing course. Regarding experience in nursing job, 45% were experienced between 6 to 10 years, 30% were 2 to 5 years, 15% were 11 to 15 years, 5% were greater than 16 years experience and 5% were less than 2 years experience. 35% of nurses working intensive care unit of medical ward, 25% were working in trauma ward in causality, 20% of nurses were working in post surgery ward intensive care unit, 10% were working cardiac critical care unit and 10% were working in neonatology, pediatrics critical care unit. 68% of nurses agreed that they having good atmosphere in their working area, where 4% disagree with this, 28% said neutral. Maintaining a safe environment reflects a level of compassion and vigilance for patient welfare that is as important as any other aspect of competent health care. 76% nurses agree they had safety climate in ICU and 12% were disagreed with this statement.

Table 1 Effects of Organizational and Environmental factors on Professional practice of nurses

Variables	Agree	Neither Disagree or Agree	Disagree
Good Atmosphere in place of work	68%	28%	4%
Safety climate in ICU	76%	12%	12%
Recognition of stress level during work	48%	16%	36%
Teamwork climate in ICU	36%	22%	42%
Effective communication with team	56%	24%	20%
Treatment goals achieved	82%	16%	2%
Problem in Decision Making	18%	46%	36%
Quality of work life is good	66%	12%	22%
Physician support during work	82%	4%	14%
Shortage of Resources	38%	42%	20%

The safety climate is defined as shared perceptions of workers regarding the level of safety of their work environment. Most important of these dimensions are management commitment and safety performance feedback from managers and coworkers. A strong safety climate is associated with positive attitudes among workers, which can influence the adoption of safe behaviors and practices and help reduce accidents and injuries. Positive attitudes also influence job satisfaction and performance. Incorporating elements needed for a positive safety climate is the first step in influencing worker and patient safety. Workers need to know that administration is concerned about their safety; supports their efforts; and will use information on safety-related issues, problems, and errors only to improve the system and not for retribution.

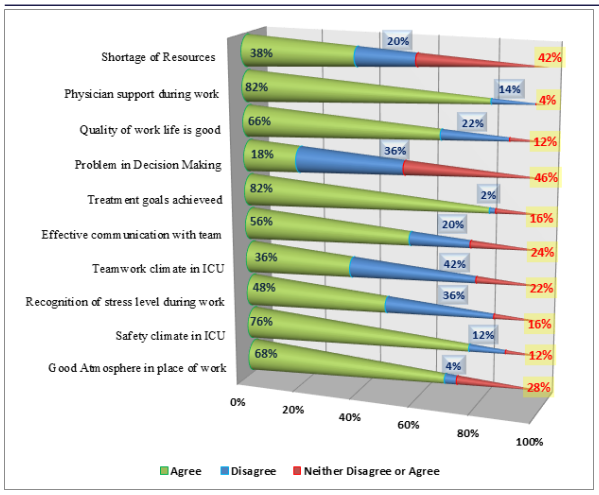

Figure 1 Effects of Organizational and Environmental factors on Professional practice of nurses

48% of nurses were felt their stress during their work, 36% were not know their stress their working. The numbers of emergency admissions, deaths on the ward, and minor menial tasks (such as retrieving equipment or drugs from another ward) contributed to medical residents feeling overwhelmed. Stress affects patient outcomes and frequency of patient incidents. The underlying causes of stress were not scrutinized further; they found a strong relationship between the degree of stress (on a stress continuum scale) and the occurrence of patient incidents. Several studies have shown that job stress may be a risk factor for hypertension and increases in left ventricular mass index.

36% of nurses agreed that they have good team work, 42% nurses felt that they have no team work in ICU. A systems approach, which focuses on the conditions under which individuals work rather than on errors by individuals, has been suggested to address health care errors. The goal is to build systems that avert errors or mitigate their effects. 56% agreed that they have effective communications with their ICU nurses, 20% were disagreed with this. 82% were nurses were agreed that their treatment goals were achieved. 18% had problem in decision making during their tasks in ICU, 36% disagreed with this. 66% agreed that they had good quality of work. 82% agreed that they get help from doctors during their work. 42% of nurses disagreed.

CONCLUSION

Overall, there is an emerging evidence base pointing to the need for positive organizational climate. For the most part, the research findings were consistent; patient and employee outcomes were affected by organizational climate. However, the strength of the relationship between organizational climate and job satisfaction was stronger than the relationship between organizational climate and turnover.

REFERENCES

1. Benner P, Hooper-Kyriakidis P, Stannard D: Clinical Wisdom and Interventions in Critical Care, A Thinking-in-Action Approach. Philadelphia: Saunders; 1999.
2. Thompson C: Clinical experience as evidence in evidence-based practice. J Adv Nurs 2003, 43:230–237.
3. Fulbrook P: Developing best practice in critical care nursing: Knowledge, evidence and practice. Nurs Crit Care 2003, 8:96–102.
4. Inger J, Andershed B, Gustavsson B, Ternestedt BM: Knowledge constructions in nursing practice: understanding and integrating different forms of knowledge. Qual Health Res 2010, 1:1500–1518.
5. Carper BA: Fundamental patterns of knowing in nursing. ANS Adv Nurs Sci 1978, 1:13–23.
6. Benner P: From novice to expert: excellence and power in clinical nursing practice. Menlo Park, CA: Addison-Wesley Publishing; 1984.
7. Benner P, Tanner CA, Chesla C: Expertise in Nursing Practice: Caring, Clinical Judgment and Ethics. New York: Springer; 1996.
8. Estabrooks CA, Rutakumwa W, O'Leary KA, Profetto-McGrath J, Milner M, Levers MJ, Scott-Findlay S: Sources of practice knowledge among. Nurses Qual Health 2005, 15:460–476.
9. Benner P: Extending the dialogue about classification systems and the work of professional nurses. Am J Crit Care 2005, 14:242–272.
10. Spichiger E, Wallhagen MI, Benner P: Nursing as a caring practice from a phenomenological perspective. Scand J Caring Sci 2005, 19:303–309.