STATE OF HEALTH AND LIFE OF COMMUNITY NURSES IN HUNGARY

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Summary

Community (district) nurses play a very important role in basic health care. Their work and responsibility are not only to help the family doctors' work but also to protect and restore the good state of health of the inhabitants.

The object of the research is to survey the community nurses' state of health, circumstances of life and occupational environment, furthermore to explain their nursing, preventive and health-improving mission because in the scope of the National Public Health Programme, district nurses can also do a lot in the interest of achieving the aims and realizing the tasks.

The basic methods of the research are mail survey and comparative statistic analysis. An aimed study was made, such a qualitative inquiry which gives information about a concrete population in accordance with the aim and type of the research, utilizing the secondary information, too. On the basis of a list, the National Basic Health Care Institution (OALI) made a random sampling with 2000 nurses from the basic multitude of 5854 district nurses. In the scope of the mail survey, 2000 questionnaires were sent in the company of a request and directing letter. Altogether 768 questionnaires have come back, which is the 38 percent of the aimed sample and the 13 percent of the basic multitude. N=768.

According to the survey, district nurses mostly have secondary school or OKJ nurses (technical school) qualification, overwhelming majority of them have been working in the field of public health for at least 10 years. Most of them have written contract of employment, they work mostly in the legal status of being employed. This year, 72 percent of them have taken part in further vocational training. The characteristic features of district nurses' work are the expert storing and managing of medicines; the preventing, screening and care; controlling of registering and administration. Although district nurses perform health-caring and health-improving activity, their independence is generally restricted in this work. Last year only 48 percent of district nurses took part in such health-caring and health-improving programme. Community nurses are generally satisfied with the appreciation of their work. According to the most district nurses' opinion more money should have been given for the improving of the state of basic health care and less administration would be enough. In the majority of the cases community nurses qualify their own physical and mental state of health and their human relations as good. Community nurses relatively have a lot of kinds of illnesses and complaints; among others there are the backache that is in connection with the sitting way of life, furthermore the varicose veins of lower limbs. Seventy percent of the answerers do not smoke and the rest of the nurses smoke either only occasionally or regularly. The overwhelming majority of community nurses generally have not taken part in colon tumour or heart- and circulatory diseases screening, which is thought provoking from the point of view of the mediation of health-conscious behaviour. Every year the majority of the nurses took part in pulmonary According to the testimony of the survey, community nurses' state of being accepted and their openness to the direction to their patients are there on the parts of both health experts and patients. Basically, it would be important the better utilization of human resources and its increasing from qualified and numbering point of view in the interest of effective and successful implementation of the Public Health Programme. The results of the inquiry and the literature review appear during practical work. After the inquiry, the got results can help the planning of the future line of nursing.

Key words: Health – life – nurse – community

INTRODUCTION

In the name of nurses all over the world, the International Council of Nurses have declared those intention according to which it would cooperate in the interest of realization of basic health care in practice, too (Miller, Morrow, 1998). This declaration have presented the well-known fact according to which till now nursing staff performed and will also perform in the future the majority of health care in the most health care systems; because of this fact, success of the international medical efforts mostly depend on what is like the training and vocation of the nurse profession.

Community nurses play a very important role in basic health care. Their work and responsibility are not only to help the family doctors' work but also to protect and restore the good state of health of the inhabitants. This important work can be performed on a suitable level by those district nurses who are well-trained, satisfied with their work and occupational environment and have stable job. In our research we were curious about district nurses' state of health and circumstances of life and work. Further aim of our present study is to get to know their nursing, preventive and health-improving mission because in the scope of the National Public Health Programme, district nurses can also do a lot in the interest of achieving the aims and realizing the tasks (National Public Health Programme). Precedents of the research: In the scope of HU9302 Phare Medical Reform Programme of the European Union, a study was carried out about basic health care and within this about the position of district nurses with the direction of TÁRKI (Phare Medical Reform Programme of the European Union).

METHOD

Basic methods of the research are mail survey and comparative statistic analysis. On the basis of a list, the National Basic Health Care Institution (OALI) made a random sampling with 2000 nurses from the basic multitude of 5854 district nurses in 2002. In the scope of the mail survey, 2000 questionnaires were sent in the company (District nurses state of health, circumstances of life and work) with a request and directing letter. Altogether 768 questionnaires have come back, which is the 38 percent of the

aimed sample and the 13 percent of the basic multitude. N=768.

RESULTS

Rate of returned questionnaires according to counties: Answering district nurses usually sent back questionnaires from every county. The most questionnaires came back from Pest County (19 percent) while the least questionnaires came back from Győr, Moson-Sopron County. Demography features: Answering district nurses are between 30 and 50 years in the most cases according to their age group.

Type of settlement: According to the returned questionnaires, on the basis of the mail survey, 42 % of district nurses live in a village, 50 % of them in a town and 8 % of them in a county town, including Budapest.

Qualification: 0.3 % of answering district nurses completed 8 elementary school, 17 % of them 8 elementary school and school of nursing, 29 % of them only school of nursing, 52 % of them any other secondary school or OKJ nurse (technical) school, 0.1 % of them college of nursing and 2.5 % of them are qualified nurses.

Type of houses: Regarding the fact that 42 % of district nurses – according to the evidence of the returned questionnaires – live in a village, 50 % of them in a town and 8 % of them in a county town, including Budapest, this is why 69 % of them live in a family house and 25 % of them in an owner-occupied flat.

Transport to work: More than half of district nurses, exactly 51 % use car to go to work, 4.5 % of them motorbike, 41 % of them bicycle and 30 % of them use public transport.

How long have you been working in public health? Overwhelming majority of district nurses have been working in the field of public health for at least 10 years. 3 % of district nurses have been working in public health for 1-5 years, 8 % for 5-10 years, 32 % for 10-20 years and 57 % for more than 20 years.

How long have you been working at this workplace? Overwhelming majority of district nurses have been working at the same workplace for a long time, for at least 5 years.

Written contract of employment: Overwhelming majority of district nurses, 91 % have written contract of employment, 5 % have

business contract, 3 % have both and 1 % have neither. It can be seen that overwhelming majority of district nurses work in the legal status of being employed, with every advantages and disadvantages of it.

Would you take part in further vocational training? 9 % of district nurses do not make the plans for taking part in any further vocational training, which is a very small rate. Overwhelming majority of them, more than 90 % design to take part, exactly 67 % in the form of scored training. The remaining part of them would take part in vocational training (district public health care 10 %), health college study (10 %) postgraduate study (2 %) and university study (1 %). Taking part in vocational or further vocational training is guaranteed completely by the employer in 61 % of the cases while in 35 % is guaranteed partly and 5 % are not guaranteed at all.

Taking part in any further vocational training this year: This year 72 % of district nurses have taken part in further vocational training which is not a contradiction with the previous facts because these trainings are not needed in every year.

How many settlements are there in the supplying districts? Most of them supply only one settlement (79 %).

Number of patients in the practice: Number of patients in the practice follow the national statistics. 10 % of district nurses work in such a practice where the number of patients is not more than 1000 heads, 32 % of them supply 1001-1500 inhabitants, 38 % of them supply 1501-2000 inhabitants and 20 % of them work in a 2000 heads practice.

Type of supplying settlement: In the workplace of district nurses districts are the usual town type in the most cases (48 %), besides this in towns council estates are also typical (25 %), in villages closed and built village parts (44 %) and small farms (18 %) are typical.

Type of district: Almost 1/3 of asked and answering district nurses (31 %) thought that in their district there are more endangered inhabitants than the average; according to 55 % of them in their district there are more people over 60 years of age than the average and 24 % of them said that they had to wander more than 10 kilometres to supply their district.

Forming of working place in the district:

72 % of district nurses work at such a workplace where they are in the same place with the doctor, while 28 % of them work in a separated room.

Whose job is guarantying deputyship? 87 % of district nurses think that guarantying deputyship is the job of the employer, the remaining 13 % think that this is the workers' job. Surely behind this opinion there is that experience that employers guarantee deputyship. Unfortunately in 13 % of the cases, employers cannot or do not want to guarantee deputyship in the required cases, which hold back workers' training or further training; hinder their relaxing facilities, furthermore prevent their taking part at important family events (wedding far from their home, funeral etc.), which is very important for the most people.

Are their deputyship guaranteed in their absence? District nurses' deputyship is not guaranteed for 24 % of them in their absence, and for 76 % of them is.

Features of the work: Characteristic features of district nurses' work are the expert storing and managing of medicines; the preventing, screening and care; controlling of registering and administration; preparation and sterilization of matters, performing nursing activities; arranging patients' emergency care through ambulance service; cooperation with home help service, home nursing and welfare officer service; recognizing emergency cases; first aid in case of mortal danger; health-caring and health-improving activity; guarantying and arranging patients' physical hygiene and taking part in practice management. 33-96 % of district nurses take part in performing these activities. It can be seen that 29 % of district nurses do not take part in health-caring and health-improving activities; 34 % do not take part in guarantying and arranging patients' physical hygiene and 67 % of them do not take part in practice management. The latter refers to the fact that district nurses perform as attendants in practice; and in the majority of cases they do not have a say in the main points of strategic decisions in connection with the practice.

Computer operation: Computer is a very important helping tool for district nurses' work. It is a lucky situation if doctors do not monopolize operating the computer, since in 39 % of the cases district nurses operate

computers; in 4 % doctors do, in 58 % both do. 19 % of district nurses write receipts on the computer, 37 % use the word processor for correspondence; 80 % perform any other works with the computer.

Health-caring and health-improving: 14 % of district nurses do not perform any health-caring or health-improving activities; 54 % do not perform independently but take part in them; and 32 % perform such activities independently. These refer to the fact that district nurses – though performing health-caring and health-improving activities – are restricted in their independence in connection with this kind of work.

Advising, inquiries: District nurses, despite of their limited independence of health-caring and health-improving activities, in several cases give advice and inquiry for patients and their relatives and inhabitants seeking them. They give diet advices for diabetic people; advice and inquiry about symptoms of high blood-pressure and about warning symptoms of diabetes; they give diet advices for fat patients; advice for helping giving up smoking; diet advices for cardiac and circulatory patients; inquiry from warning symptoms of cardiac infarction, malignant tumours, form of motions and spinal column diseases; give advices for helping giving up alcohol drinking; inquiry about connection between smoking and pregnancy; about the recommended form of motion in cases of cardiac and circulatory diseases; about risk and warning symptoms of stroke; about connection between smoking and oral hygiene; symptoms of using drugs in order to get to know it; and advice for giving up using drugs.

Taking part in health-caring and health-improving programmes: Last year only 48 % of district nurses took part in such health-caring and health-improving programme but it is obvious this activity can be performed during several years.

Work compared with qualification: 84 % of district nurses think that their work corresponds to their qualification; according to 11 % their work is lower standard than their qualification, and according to 5 % it is higher standard. According to these district nurses' opinion about their own qualification and the high standard of their work agree in the majority of cases. Satisfaction with work appreciating:

District nurses are generally satisfied with the appreciation of their work. They are satisfied with the appreciation of the community to a great extent and they are dissatisfied with their material appreciation considerably. They are quite satisfied with the safety of their work, with self-realization possibilities and with moral appreciation of their work. After material appreciation they are satisfied with leaping forward possibilities the least.

Leaving career is planned: Only 14 % of district nurses make a plan for leaving nursing career in 5 years, but it is not a slight since on the basis of their qualification costs and professional experience, they would be needed in basic health care.

What makes you stay in public health care? First of all, content of work (69 %), assignment (63 %) and the community (55 %), to a slighter degree professional success (47 %), and circumstances of work (43 %) make district nurses stay in nursing career.

Changing in position of basic health care: In last 2 years position of basic health care did not change according to 37 % of district nurses, according to 11 % became better, according to 1 % became much more better, according to 38 % became worse and according to 13 % became much more worse. All in all, according to 37 % of district nurses the position of basic health care did not change, according to 12 % became better and according to 51 % became worse. Improving the position of basic health care: For improving the position of basic health care according to 87 % of district nurses more wages should be paid. According to 86 % of district nurses less administration would be enough, according to 76 % simplification of laws, according to 68 % modernization of surgery, according to 59 % improving of human attitude, according to 55 % better relation with hospitals, according to 54 % better relation with surgery, according to 43 % patients' increased protection of interest, according to 26 % raising in staff numbers, according to 18 % other measures, facts. Incomes: On a scale of 1 and 10, where 1 point indicates the lowest level and 10 point indicate the highest level, the majority of district nurses usually defined their incomes on lower levels. 23 % of answerers placed themselves in the middle incomes lines, 13 % placed themselves on higher than the before

mentioned class, (only one answerer placed him/herself on the highest income point 10 in this scale), 64 % placed lower, inside this 19 % on income point 4, 23 % on income point 3, 15 % on income point 2 and 6 % on the lowest income point 1. Source of income: Overwhelming majority of district nurses, 91 % of them have written contract of employment, 5 % have business contract, 3 % of them have both, so overwhelming majority of district nurses work in the legal status of being employed. Beside their full-time incomes, they have some incomes from bribe in 26 % of cases, from part-time job in 23 % of cases, from other source in 16 % of cases, from casual psychical work in 12 % of cases, from business in 6 % of cases and from casual mental work in 4 % of cases.

Employing quality: Overwhelming majority of district nurses, 83 % of them are private doctors' employees, 11 % are public employees, and 6 % are privates. Basically these refer to district nurses' defencelessness to family doctors.

Plan for founding a new enterprise: 91 % of district nurses do not make a plan for starting a new enterprise, 4 % plan it in their present profession, 6 % plan it in another profession different from their present job.

Taking of annual holidays: 7 % of district nurses do not take their annual holidays, 40 % of them take partly, 52 % take completely. Practically half of district nurses do not or only partly take their annual holidays.

Body height, body weight, and body mass index (BMI): District nurses within the age group 31 and 60 years are significantly ($p=0,001$) heavier compared to their body height than their mates of the same age and gender. In the before mentioned group BMI index is on average 25.2, while in the latter group is 24.3 kg/m³.

State of health: District nurses qualify their own state of health as good on a scale of 1 and 7 where 1 point indicates the worst, 7 points indicate the best and 4 points indicates the average state of health. On the other hand women in Budapest of the same age qualified their state of health ($p=0,01$) with significantly higher, 5,24 points several years ago despite that in the sample the rate of young people are significantly higher than in the sample of

women in Budapest of the same age.

Physical state of health: In the majority of the cases district nurses qualified their own physical state of health as good on a scale of 1 and 4 where 1 point indicates the worst and 4 points indicate the best physical state of health.

Mental health: In the majority of the cases district nurses qualified their own mental state of health as good as their physical mental state on a scale of 1 and 4 where 1 point indicates the worst and 4 points indicate the best mental state of health.

Human relations: In the majority of the cases district nurses qualified their human relations as good or outstanding on a scale of 1 and 4 where 1 point indicates the worst and 4 points indicate the best human relations.

Going in for sports regularly: District nurses quite rarely go in for sports but they do it even more often compared to inhabitants.

Diseases, complaints: District nurses relatively have a lot of kinds of illnesses and complaints; among others there are backache (57 %) that is in connection with the sitting way of life, furthermore indisposition (46 %), varicose veins of lower limbs (32 %) and painful spondylosis (30 %), which is in connection with load and beakformation of vertebrae. Diseases, treatment: 15 % of district nurses take medicine against high blood pressure and 1,3 % have heart diseases that restrict their work.

Further complaints, diseases: Compared with Budapest women of the same age between 31 and 60 years district nurses have backache ($p<0,05$) more often while Budapest women have heart and circulatory diseases, cough, asphyxia, dyspnoea, ankle tumescence, nervousness and insomnia ($p<0,05$) more often. 4-5 % of district nurses have diabetes, 12 % have slight heart and circulatory diseases (1,3 % have heart disease that restrict them in work), 21 % cough regularly, 12 % are tortured by asphyxia and dyspnoea, 41 % of them have permanent backache, 20 % often have stomach ache and nausea, 6 % often have diarrhoea and 1 % have bloody defecation; 12 % never have had ankle tumescence or leg ulcer. 31 % of district nurses often or permanently feel nervousness, 12 % feel depression, 23 % of them are tortured by insomnia, 7 % have bad sense of hearing and 17 % have bad sight.

Psychiatry; taking analgesic, sedative and sleeping draught: 5 % of district nurses have been treated for psychiatric diseases. In last 14 days 46 % of them have taken analgesic, 19 % of them have taken sedative and 5 % of them have taken sleeping draught.

Chosen family doctor, seeing a doctor: 97 % of district nurses have chosen family doctor. 3 % of district nurses have seen a doctor in a week; 7 % formerly, but in a month; 8 % in half a year; 9 % in a year; 6 % in 5 years; 61 % have never seen a doctor. Last year 6 % of district nurses saw a doctor six or more times, 7 % of them four or five times; 27 % of them two or three times; 27 % of them have not seen a doctor.

Employment of basic health care: 28 % of district nurses employed outpatients department in last 3 months; 13 % of them have been in hospital for at least 1 day and 11 % of them have been on sick-leave.

Smoking, help giving up: 70 percent of district nurses do not smoke, further 13 % of nurses smoke only occasionally, 16 % of them smoke regularly. 23 % of smoking district nurses have 1 or 2 smokes; 20 % have 3-5 smokes; 28 % have 6-10 smokes; 26 % have one box; 2 % have more than one box. For that question according to them where they can find help for giving up smoking, according to 74 % of district nurses at the family doctor, according to 28 % at surgery, according to 17 % at T.B. clinic; according to 34 % at OEK; according to 29 % at other places.

Drinking alcohol: 56 % of district nurses do not drink alcohol; 13 % occasionally and 0.3 % regularly.

Taking part in screening: Overwhelming majority of district nurses generally have not taken part in colon tumour or heart and circulatory diseases screening. Every year most people have taken part in X-ray screening (66 %), uterine cervix screening (54 %), diabetes screening (38 %) and breast tumour screening (31 %).

DISCUSSION

The Ljubljana Charta (http://hjem.get2net.dk/DetAabne_Akademi/ljubljana.htm) about reorganization of basic health care accepted in 1996 drafted concretely those basic rules that have to direct the reorganization be aimed at

public health care system. It is claimed in this Charta that human dignity, fairness, solidarity and vocation ethic determine directives of basic health care reform; clear aims be set concerning available health benefit; be human centred; concentrate on quality; stand on suitable material base; and turn stressed to basic health care. In basic health care reforms have to guarantee that health services protect and promote health on every level; improve quality of life; prevent and treat diseases; rehabilitate patients; and look after deadly diseased people. Nowadays in Hungary, average period of doctor-patient meetings is very short (at outpatient departments was 5.9 minutes in 2001) (Medical statistical year-book 2001); in consequence of this besides present conditions it is not possible that the activity of doctors working in basic health care will extend in the direction of health-improving or inside this of health-raising.

Besides doctors, nurses are the main figures of basic health care. They create the greatest part of public health workers. According to the World Health Organization basic health care is the obvious extending of nursing practise (Miller, Morrow, 1998); most of basic activities of health care can be classified in nursing. Nurses have connections with patients and their families (so healthy people); because of this they can play an important role in transmitting information in connection with health if they are prepared for this during training. Nurses in basic health care can supply their work entirely and with competence, if nurse basic training and further training are extended and laws defining nursing are also extended equivalently (Miller, Morrow, 1998). Source of many health problems can be found in private and communal lifestyle, so their solutions request changing in thinking, behaviour and lifestyle. More effective solutions of these problems request creativity, fantasy and innovative approach by nurses.

According to results of our inquiry, district nurses – mainly if they are qualified – can take an important role in giving of advice for patient and their family members. Its main obstacle is that Hungarian customs in health care admit only the doctor as a figure who is in connection with patients and have independent ordering law. On the other hand in other countries besides doctors, any other figures qualified in

a suitable way have significant works in connection with training advising patients, moreover, with employing of certain inquiring (screening) methods.

For example in Finland where in Programme North-Carelia (Puska at al, 1995), hypertonic ambulances performed the screening of hypertonic patients, which was directed by a public health nurse. Beside surgery, these operated in the same building and their task was to measure those people's blood pressure that reported to medical examination for any reason and to be after the treated hypertonic patients. In our country, beside consulting-rooms, it would be suitable to make operate such surgery directed by qualified nurses that would perform hypertension and diabetes screening, examining way of life and giving of lifestyle advice. It would be also needed for the future doctors to be prevention-orientated case manager who direct the team (qualified nurses, welfare officers, district nurses, home nurses, social workers, physiotherapists) and delegate the tasks to qualified nurses. It is needed for these surgeries to fit into the whole public health care system with suitable constitutional and material conditions. In Finland basic health care is performed in Medical Centres (Szabadfalvi, Varga, 1991). In the beginning Medical Centres were formed from available institutes, from departments of local consulting-rooms and hospitals that were completed in a practical way. One centre generally supplies about 10.000 inhabitants. Four to six doctors work in most medical centres and work together with 11 head qualified medical colleagues. Small laboratories, X-ray diagnostic laboratories and physiotherapy are also operated. They also have placing departments where patients sent home from the hospitals are rehabilitated. High represented rates and results prove the popularity of these institutions. In the work of medical centres health-raising activity is very significant. This is not arranged and used in a general form but for special areas. For example, arranged advising in the topic of family planning, but advising in the topic of heart and circulatory diseases and preventing diabetes are also included. The

Centre also arranges the work for labour health and medical attendance. Nurses visit patients more often than doctors. In the first line of public health care they endeavour that nurses, maternity nurses and psychotherapists perform the majority of work who belong to the staff of teams operating in basic health care and directed by doctors. So nurses also perform such works that is a doctor's task in Hungary. Public health nurses arrange screenings, vaccinate, look after hypertonic patients and supply the needy with medical aid.

In Hungary in the frame of the present medical reform a good possibility will be given to realize the upper model, to extend nursing competent.

BIBLIOGRAPHY

- International Council of Nurses & World Health Organization: *Report of the workshop on the role of nursing in primary health care*, Nairobi, Kenya, 1 October, 1979, Geneva
- World Health Organization: *Global strategy for health for all by the year 2000*, Geneva, 1981. In: MILLER, S., MORROW, H.: *The roles of nursing in basic health care*, Melania Kft, Budapest, 1998.
- National Public Health Programme, 46/2003. (IV. 16.) Parliament Order
- HU 9302 Phare Medical Reform Programme of the European Union, a study was carried out about basic health care and within this about the position of district nurses with the direction of TÁRKI.
- District nurses state of health, circumstances of life and work – Questionnaire National Basic Health Care Institution, SIKET ADRIENN
- The Ljubljana Charter of reforming health care, <http://hjem.get2net.dk/DetAabneAkademi/ljubljana.htm>
- Medical statistical year-book 2001*, Central Statistical Office 2002, 44. o., 45. o., 48. o. 140. o. 406. o.
- World Health Organization: Division of Health Manpower Development, Report of a meeting on „Nursing in support of the goal Health for All by the year2000,” 16-20 November, 1981, Geneva, 1982. In.: Miller, S., Morrow, H.: *The roles of nursing in basic health care*, Melania Kft, Budapest 1998.
- PUSKA, P., TOOMILEHTO, J., NISSINEN, A., VARTIANEN, E.: *The North Karélia project, 20 year results and experiences*. Helsinki: Eija Kling Yliopistopaino, 1995.
- SZABADFALVI, A., VARGA, F.: *Medical in Finland*, The Hungarian League of hospitals, 1991.

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