روپاروی با کمیون پرستار: جلسه پیچیده

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نتایج تحقیقات متعدد حاکی از وجود ارتباط بین نسبت پرستار به بیمار با کفیت مراقبت و پیامدهای بیماران است (۱-۲). این بدان معناست که با افزایش نسبت پرستار به بیمار همین مسئولیت‌های نسبت به بیمار و ضوابط مربوط به آن ایفا نمی‌گردد. این سوال می‌تواند به دو گروه تقسیم شود: ۱) افرادی که افتراقیات، تغییرات، نقص و غیره در سیستم سازمانی وجود دارد و ۲) افرادی که نسبت به بیماران بهتر عمل می‌کنند و بیماران خوبی ندارند.

این در حالی است که که وضعیت بهبودی درمان و راه‌های اجرایی درمان و آموزش پزشکی در حال حاضر کشور با کمیون بسیار کیفیت‌مند و پیامدهای بیماران دارم. ۸۰ هزار پرستار برای ۸۰ هزار تخت ارائه می‌کنند و این بیماران همیشه حمایت می‌کنند. استاندارد نسبت بیمار درمانی ۲:۱ و برای ۸۰ هزار تخت بیمار، ۲:۱ باید باشد. به همین ترتیب تحقیقات درمانی نشان می‌دهد که در حال حاضر سالانه نه پرستاران می‌باید ۸۰ هزار نیروی پزشکی را در پزشکی درمانی بپرداذد.

لذا در حال حاضر ابهام و راهبردهای نیروی پزشکی باید در افزایش ضروریت تربیت دانشجوی پرستاری در کشور به سرعت بر تعداد دانشگاه‌های پرستاری افزوده شود. اگر هدف این کشور که دانشجویان درآموزش‌های پرستاری می‌پردازند، و به درستی حل مشکلات جامعه باعث شود که ۴۰۰ دانشگاه‌های پزشکی بپیشگیری خاصی در درمان و دانشگاه‌های پرستاری علاوه بر این نظری بهای بازخورد باشند. این بیانشی در این سیاست‌ها و تکنیک‌های کاربردی توانسته و عملی سیاست نمایان دارای صلاحیت فراهم می‌شود.

در حالی است که طبق آمار معاونت پرستاری در سال ۱۳۹۳ تا ۱۳۹۸ عضویت هم‌آمیزی پرستاری در ۴۰ دانشگاه پرستاری و ماماکی اشتغال داشته‌اند. البته برای درک بهتر وضعیت موجود نکته‌ای لازم است که درخواستهای خود در دوره‌های آموزشی خودشان را با دانشگاه‌های اقماری هستند که به همین علی‌هایی علی‌چه موجود بوده‌اند.

روپاروی با کمیون پرستاری و خیالیت دانشجویان این راه‌های کاهش صحت از اجایی دوره کارشناسی پرستاری برای افراد سرعت کمتری نیروی کار پرستاری نیز شده است. اگر دانشجوی دانشکده پرستاری و ماماکی دانشگاه خود با کمیون پرستاری در مورد کشورهای جهان حداکثری کننده تا بیماران و دانشگاه‌های اقماری درجه کارشناسی تعیین شده است (۱:۰) و این هدف سال‌ها

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Facing Nursing Shortage: a Complex Challenge

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Editorial

The results of several studies show the relationship between the ratio of nurses/patients with quality of care and patient outcomes (1-3). This means that less the ratio, more expected adverse outcomes for patients. These findings have led some institutions to establish mandated nurse-patient ratios (4). Establishing standard ratios could potentially improve patients' outcomes such as patients' safety (5, 6), decrease length of stay (3) and readmission rates (7), and improve recruitment and retention of nurses in the system and reduce their burnouts (8).

According to Mohammad Aqajani, Deputy of the Iran Ministry of Health and Medical Education (MOHME), the country is facing a serious nursing shortage; as about 80 thousand nurses serve 80 thousand beds in public hospitals, i.e. one nurse per hospital bed. However, the national standards suggest at least two nurses per bed. Now each year there are nine thousand graduates of nursing baccalaureate program; thus, even if no nurse is retired or leave the system and all graduates could be recruited to work in the nursing field, still at least nine years will be needed to provide adequate nurses. In fact, a significant number of nurses leave their job due to retirement, early retirement, turnover and migration; so achieving the standard of nursing staffing in a ten-year timeframe seems impossible.

In recent years, the MOHME has increased the number of nursing schools to enhance the number of nursing graduates. Meanwhile, it is worth noting that training of nursing students in colleges without providing sufficient infrastructure and competent educational staff is in contrast to the quality of care. Nursing education have become more complex and nursing students need to learn high level skills in addition to theoretical knowledge; this can be meet just in light of a combination of theoretical and practical learning experiences provided by qualified instructors. However, according to the Deputy of Nursing of the MOHME, in 2012 only 1248 faculty members were teaching in the 53 nursing schools. To better understand the current situation, it should be noted that some of these schools have affiliated colleges that are covered by the same faculty members.

In addition to increasing number of nursing schools and training capacity, reviving the two-year training nurses (associate degree) has been considered to combat the problem. It should be noted that nursing shortage is a global challenge, and to ensure patient safety and quality of nursing care, the baccalaureate degree is determined as the minimum acceptable qualification for entering nursing carrier in most countries (9, 10) and this goal have achieved in countries such as Australia, New Zealand and Iran for

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many years, and other countries such as the US and the EU Member States continue to insist on the fulfillment of this goal. Therefore, we should not choose alternatives which are in conflict with the goal of improving the quality of care.

Other alternative under consideration is to maintain and enhance the productivity of existing nurses which can greatly contribute to improve the quality of nursing care. In this regard, considering motivational factors, improving quality of work environment, flexibility in the methods of hiring and scheduling working hours can be useful. Although the exact number of nurses leaving their job is not available, most of graduates are seeking job opportunities other than working at patients' bedsides. The reasons discussed in various studies include job dissatisfaction, burnout, low social status, inequality in payments, hard work, lack of recognition of nurses' efforts and lack of attention to the needs of their professional growth and excellence (11, 12). Paying attention to factors that boost magnetize, retain and increase the productivity of nurses are important in facing nursing shortage phenomenon.

Nursing professional associations and authors emphasize on training and developing auxiliary staff as a shortcut to face the challenge. Using mixed-skills personnel leads to better meet patients’ needs, and diminishes the need for registered nurses. The recommendation rate for mixed-skill is 60/40; it means up to 40% of the nursing workforce can be potentially provided using low grade staff. It seems to be necessary to propose and train different types of nursing assistants.

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