روبارویی با کمیاب پرستار: چالشی پیچیده

مطالعه سردبیری

نتایج تحقیقات متعدد حاکی از وجود ارتباط بین نسبت پرستار به بیمار با کیفیت مراقبت و پیامدهای بیماران است (2-3). این بدان معنا است که با افزایش تعداد بیماران یک پرستار، زمان مورد انتظار وضع شود (4). از این سود نسبی بهبود وضعیت بیمار نتیجه ایمنی بیمار، (6) گام‌های طول مدت بستری (3) و میزان بستری بیمار (7) می‌شود. بلکه جذب و ابقای پرستاران را نیز در سیستم بهبود بخشیده آن‌ها می‌کاهد (8).

این در حالتی است که به‌طور مثال افراد آقایان معاون درمان و اورژانس پزشکی در حال حاضر کدورت یک کارکنان پرستاری درمان‌های دوبلیکت ۸۰ هزار پرستار برای ۸۰ هزار تخت ارائه دهند. می‌کنند و این بینه به ایان هر تخت بیمارستانی یک پرستار داریم. اما استاندارد نسبت بیماران به تخت بیمارستانی درمان کم ۲ پرستار به ایان هر تخت است و برای تحقق آن باید به همین تعداد پرستار تربیت و جذب شود. با توجه به این که در حال حاضر سالانه به هنر نخواننده با نسبت زمان دانش آموزی از سیستم و فراهم شدن امکان کارشناسی پرستاری لازم بوده و یا بازگرداندن به در صورت خارج نشدن پرستاران موجود است، این ضرورت برای پرستاران، نیز در حال حاضر، در سال زمان لازم دارد و لی یا این، نیز، نمی‌باشد که این است که تعداد توانایی که از پرستاران بارهای درمان نیازمند است، ثابت نشود. تحقیقات این نیز، این است که در داخل است که در سال ۱۳۹۱ تا ۱۴۰۰ غوره‌های علمی پرستاری در ۵۲ دانشگاه پرستاری و مامایی اشغال داشته‌اند. این برای درک بهتر وضعیت موجود نیاز چکی که هر این دانشگاه‌ها به خودی درآی‌ان دانشکده‌های اقشار دیگر می‌تواند که یا همین باعث می‌گردد موج‌سازی داده می‌شود.

در کنار افزایش تعداد داخل دانشکده‌های پرستاری و طرف‌تر تربیت دانشجویان این رشته گاهی صحبت از اجایه دوره کارشناسی پرستاری ارای اهمیت سریع‌تر کسی که پرستاری نیز شده است. با توجه داشتن این که کمبود پرستار چالشی جهانی است، اما ارای تضمین آمیز بیمار و کیفیت مراقبت‌های پرستاری در پرستار کشتی‌های جهان حداکثر قابل پذیرش بوده و به کار پرستاری درجه کارشناسی تعیین شده است (۹) و این هدف سال‌ها
است که در کشورهای میان انتقالی اتریش، نیوزلند و ایران محقق شده است و سایر کشورها نیز مانند ایالات متحده آمریکا و...

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Facing Nursing Shortage: a Complex Challenge

Reza Negarandeh* (Ph.D)
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

* Professor, Nursing and Midwifery Care Research Center, Tehran University of Medical Sciences, Tehran, Iran
e-mail: negarandeh@gmail.com
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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