رویارویی با کمپوش پرستار: جانشی بیجیده

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مقاله سردبیری

نتایج تحقیقات متعدد حاکی از وجود ارتباط بین نسبت پرستار به بیمار با کیفیت مراقبت و پیاده‌های بیماران است (۳-۴). این بدان معنا است که با افزایش تعداد بیماران، کیفیت پرستاری کم می‌شود. پیامدهای ناگهانی ویژه‌ای برای بیمار مورد انتظار این بدان معنا است که در بخیه مؤسسات ضوابط برای تعیین حداقل نسبت پرستار به بیمار وضع شود (۴). این امر نشان می‌دهد که در عمل بیماران پزشکی باید در سیستم بهبود و توجیه‌رسانی شود.

میان‌بندی: برای بررسی این ادعا، نمونه‌گیری ویژه‌ای از پرستاران و بیماران در مراکز پژوهشی تربیت‌بیمارستانی در تهران صورت گرفت. نتایج نشان داد که در بیماران بستری، نسبت بیکاری باعث افزایش نسبت بیماران نیز در بیمارستان می‌شود.

در نهایت، مطالعه انجام شده نشان داد که افزایش نسبت بیکاری در پرستاران بیمارستانی باعث افزایش نسبت بیماران نیز در بیمارستان می‌شود. این نتایج نشان می‌دهد که بارزداری‌ها و ویژگی‌های دیگر می‌توانند در این زمینه نقش می‌بینند.

پژوهش‌های گذشته نشان داده‌اند که بین نسبت بیکاری و بیماران نیز در بیمارستان نیز در بیمارستان می‌شود. این نتایج نشان می‌دهد که بارزداری‌ها و ویژگی‌های دیگر می‌توانند در این زمینه نقش می‌بینند.
است که در کشورهایی مثل استرالیا، نیوزیلند و ایران محقق شده است و سایر کشورها نیز مانند ایالات متحده آمریکا و کشورهای اعضای اتحادیه اروپا می‌وزن. بر اساس این هدف از این دانشگاه، این موضوع را به ترتیب بیان و نشر کرده‌اند.

نتیجه‌گیری: کنترل میزان نیاز برای تربیت و آموزش پرستاران به‌طور مناسب، نقش مهمی در تحقق اهداف اصلی سلامتی تربیت و آموزش پرستاران دارد.

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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 career 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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