Employed nurse's awareness about nursing sighted tasks

Safar Ali Esmaeili Vardanjani[4], Ali Reza Mohajjel Aghdam[2], Mohammad Sohrabi[3], Padideh Malekpoor[4], Delavar Dadkhah[5], hamdallah alinejad[6*]

[1-] Msc in Nursing Education, ShahreKord University of medical sciences, ShahreKord, Iran.
[2-] Faculty Member of Nursing and Midwifery, Tabriz university of medical science, Tabriz, Iran.
[3-] MSc Student in nursing, Social Security Organization, Atie Hospital, Hamedan, Iran.
[4-] MS in Midwifery, Islamic Azad University, Tehran Medical Branch, Tehran, Iran.
[5-] MSc in nursing Emergency Medicine, Ardabil University of Medical Sciences, Ardabil Iran.
[6-] MS in nursing Education, Urmia Emam Reza Hospital of Social Security Organization, Urumia, Iran.
alinajad6@gmail.com

Abstract: Setting the nurse's sighted tasks and clarifying communicative lines and their purposes help effectively to establish appropriate working conditions. Approved nurse's sighted tasks are sensible and necessary for all nursing rankings and levels. Regarding this, a research for determining the nurses' awareness about nursing sighted tasks was conducted in internal and surgical wards in Tabriz selected hospitals. This survey was a descriptive study. 298 nurses were studied through a questionnaire that contained 40 questions in the form of self – reporting check list. 21 questions of 40 questions of the questionnaire were nursing sighted tasks; 19 ones were not. Reliability of the test was analyzed by SPSS14 statistical software during the study on 20 nurses. Inner correlation coefficient of questioner was 0.88. Most of the nurses were female (90.3%) and 69.5% married . 98.7% bachelor in nursing ,and 90.9% of the nurses had BSc in nursing, 60.7% were under the professional responsibility insurance, and worked as nurses, respectively . The averages of nurses' ages and working background in nursing profession were 5.9 ± 33.6 years and 73.13 ± 108.3 months, respectively. Most of the nurses had average awareness about nursing sighted tasks, and Just 7.4% and 11.4% had low and good awareness. 67.4% and 29.9% of the subjects had known the presence of nursing duties composition very necessary and necessary. Overall, 97.3% of them have known the presence of duties composition very necessary and essential, and so these ones tended to be aware of their duties composition. Just 24.2% of the nurses had stated that there exists nursing duties composition. These cases can indicate the low level in-service education periods and also low nurses academic educations in this field. There are often ambiguous points in nursing activities which are arisen from working interferences with the other medicine professions in hospitals. Nurses are expected to do some procedure which is not their sighted tasks or they have not been trained enough about. Nurses ' activities in the affairs out of their sighted tasks and have done by system pressure have frequently led to complain of the nurses, and so this issue faces the nurses with so many difficulties.
[Esmaeili Vardanjani SA, Mohajjel Aghdam AR, Sohrabi M, Malekpoor P, Dadkhah D, Alinejad H. **Employed nurse's awareness about sighted tasks.** ***Life*** *Sci J* 2012; 9(4):5501-5505] (ISSN: 1097-8135).
http://www.lifesciencesite.com. 815

Keywords: Nurses, sighted tasks, duties, composition, awareness.

1. Introduction

Nursing is a specialized profession, having multiple roles that each one of them have their own general and specialized duties (Iran Nursing System Organization, 2006) .The ultimate aim of nursing profession is to provide and promote the health of human beings and societies (Kazemian and Kazemian M, Farshidrad, 2006). Nurses are in front line of treating and care dealing with patients and their families and also play the primary and main role in keeping and promoting health, preventing the diseases, and also reliving the patient's pains (Kazemian and Kazemian M, Farshidrad, 2006). Accordingly, familiarity with the contents of laws, nursing instructions, and their changes can be considered as a good guide to nurses' activities towards doing the responsibilities professionally (Garrett et al., 1993). Nowadays, having an activity frame work and acting within its boundaries is the important things to decrease the nurse's lawful problems. In Iran and also Tabriz medical sciences university hospitals, no study has been conducted about nurses' awareness about sighted tasks with attention to the composition of approved duties of health and treatment ministry. Since this research can provide the researchers involved in this field with useful information, the researchers decided to investigate employed nurses' awareness of nursing approved **sighted tasks** in educational centers of Tabriz medical sciences university.

2. Material and Methods

This study is part of a descriptive_ analytical investigation, in which studies nurse's awareness about the nurse's sighted tasks in 2010-2011. The population of the study consisted of all the nurses employed in internal – surgical wards of educational hospitals of Tabrize medical sciences university. Eligibility criteria were as follows : having BSc degree or higher in nursing field, being employed in internal or surgical wards, having working experience of at least six months in internal and surgical wards, as well as being satisfied and willing to take part in the study. The samples involved all of the nurses employed in research population. There were totally 320 nurses, 312 ones were eager to participate in the study. Of course, 14 questionnaires weren't analyzed and removed from the study, and finally the data of 298 questionnaires were analyzed.

A researcher _ made questionnaire was used to determine the employed nurse's awareness about nursing approved sighted tasks. This questionnaire was a three part test, designed based on the approved nurse duties, suggested by the ministry of health, and medical training. It was contained 40 items, 21 questions related to nurse's sighted tasks, and 19 ones were among the cases the nurses did frequently, but they did not belong to their sighted tasks. There items as "Yes ", "No", and "I don't Know" were considered for each item. Choosing the correct answer as well as the two items of "No" and "I don't Know" were given the scores "1" AND "0", respectively.

The final score of this test varied from 0 to 40. Research population was Tabriz selected hospitals nurses. In this study, simple sampling was used as the sampling method. Having collected the data, they were analyzed using SPSS .14 statistical software.

Content validity was used for determine the scientific validity of questioner. By attention to research purposes, references, papers related to the research topic, scientific and valid journals and researches, as well as nursing approved sighted tasks presented by the ministry of health, treatment, and medical training were used to design the questioner. Questioner validity was determined by 20 scientific board members of Tabriz nursing and Midwifery College, Tabriz University, Azad and national universities of urumia, Tabriz, and Golestan as well as Tehran nursing system organization, and the supervisory recommend were taken into account. In order to decide the test reliability, Koodr – Richardson 21 was done and its internal correlation coefficient was determined as 0.88 after gathering the questionnaires.

In order to data collection, having received the certificate from the authorized referees to conduct the research and coordination with nursing services office of hospitals, all of subjects informed about the research and informed consent were obtained.

3. Results

The result of this research indicate the individual, social, and professional features of the nurses (table 1) that most of them were female and had BSc degree in nursing. The majorities of nurses have professional responsibility insurance and worked as official nurses. Besides, most nurses were employed in surgery ward.

Table 1: Individual, social, and professional characteristics of the nurses in selected hospitals of Tabriz medical sciences university.

Percent	number	group	variables
9.7	29	male	Gender
90.3	269	female	
30.2	90	notmarrid	Marital status
69.5	207	married	
0.3	1	widow	
98.7	294	BSC	Document
1.3	4	MSC	
60.7	181	yes	Insurance
39.3	117	no	
90.9	271	nurse	
9.1	27	head nurse	
45	134	internal	Place of work
46	137	surgical	
9	27	Medical & surgical	

Table 2: Distribution of the employed nurses in Tabriz educational hospitals based on the awareness of nursing about approved sighted tasks.

Good		Average		Weak		
Percent	Number	Percent	Number	Percent	Number	
11.4	34	81.2	242	7.4	22	Awareness of nurses about approved nurses tasks
22.0 ± 5.2						Mean and Standard Deviation (Score 0 to 40).

Table 2 showed that the nurses ' awareness in this test is average (Mean 22.0 ± 5.2 the minimum score "0" and maximum "40"). Most of the nurses had an average awareness of nursing approved tasks (81.2%) and just a low percentage of them (11.4%) had a good awareness in this regard.

The questions of duties have been brought in two tables. Table (3) consists of 21 items which is

indicate the nurses' knowledge and awareness about approved nurses' sighted tasks. Table (4) shows the subjects' answers to the questions that there are not nurses approved tasks but they do frequently in hospital.

Table (3): frequency and percentages of nurses answers to questions that are their sighted tasks

Nurse's answers to tasks are their approved tasks.					**Question Number**
Wrong Answer		**Right Answer**		**Question**	
Percent	**Frequency**	**Percent**	**Frequency**		
67.4	201	32.6	97	Supervision on medicine team activity	2
35.6	106	64.4	192	Satisfying the patient's spiritual needs.	4
39.6	118	60.4	180	Urinal catheterization	5
53.7	160	46.3	138	NGT inserting	7
66.4	198	33.6	100	Follow up nursing care at home	9
34.9	104	65.1	194	Priority and making the patient ready to be dismissed.	11
26.5	79	73.5	219	Supervision on implementing nursing care action.	12
62.4	186	37.6	112	Chang of position of patients without physician's order	16
19.5	58	80.5	240	Cooperation in nursing researches	18
73.8	220	26.2	78	Limiting the Patient with limiting vests	20
35.6	106	64.4	192	Doing (total parental nutrition)	21
31.2	93	68.8	205	Giving suppository and the other rectal drugs	23
43.6	130	56.4	168	Consulting with the patient in the case of reference necessity	24
6.0	18	94.0	280	Giving instruction to the patient before discharge	27
14.1	42	85.9	256	Eye care in patients in coma ststus	30
5.4	16	94.6	282	Careful attention to drug expire date	32
11.7	35	88.3	263	Preventing the side effects of blood transfusion	33
24.5	73	7.5	225	Controlling the effect of blood transfusion	34
41.9	125	58.1	173	Participating in medical students training	36
56.7	169	43.3	129	Irrigation of the bladder	39
46.0	137	54.0	161	Lavage	40

In this survey the frequency and its percentage of questions about the nurses approved tasks showed that the knowledge of the nurses was low, such as "Follow up nursing care at home, NG.tub inserting, changing the position of motionless patients, without the physician's order, restricting the patient with limiting vests, and also irrigation of bladder.

Table (4): frequency and percentages of nurse's answers to questions that are not their sighted tasks.

Nurse's answers to tasks are not their approved tasks					**Question Number**
Wrong Answer		**Right Answer**		**Question**	
Percent	**Frequency**	**Percent**	**Frequency**		
81.9	244	18.1	54	Getting written consent from the patient	1
17 .4	52	82.6	246	Arterial blood gases sampling	3
31.2	93	68.8	205	Changing the ventilator settings	6
69.5	207	30.5	91	Informing patient family (death)	8
33.9	101	66.7	197	Insertion endotheracheal tube(emergency)	10
52.3	156	47.7	142	Expressing the patience diagnosis to her/his family	13
50.0	149	50.0	149	Getting the blood sample for culture	14
59.7	179	40.3	120	Preparing the record of the discharged patient	15
29.2	87	70.8	211	Getting Jugular iv line	17
61.4	183	38.6	115	Telling the patient's lab study tests	19
72.1	215	27.9	83	Getting sputum sample	22
56.7	169	43.3	129	Getting secretions culture sample	25
57.7	172	42.3	126	Helping the patient to take a bath	26
78.2	233	21.8	65	Feeding the handicap patient	28
74.5	222	25.5	76	Sponge of the patient who has a fever	29
59.7	178	40.3	120	Take apart the patient endotheracheal tube	31
43.3	129	56.7	169	Take apart the chest tube	35
38.9	116	61.1	182	Physician Telephonic orders	37
31.9	95	68.1	203	Physician oral orders	38

The frequency and percent of answer to the questions that are not nurses tasks, showed that the nurse's knowledge and awareness are low. It meant that most of the nurses believed, doing the above-mentioned activities table (4) which are performed by them routinely or under system pressure in the hospital is their tasks. It is while in the case of occurring problems for the patient or suing from one of his/her accompaniments for the above activities, they are considered as interferences in medicine affairs and cause the nurse to be condemned.

4. Discussions

Findings of this research showed that in terms of the awareness of the nurses employed in internal-surgical wards of educational centers of Tabriz medical sciences university about the nursing sighted takes, most of the nurses (81.2%) had an average awareness thereof and just little percentages(7.4%) and (11.4%) had a weak a good one , respectively. Results of the studies conducted in this regard are somewhat different from the present one. For example, the results of Madershahiyan's study (1998) in exploratory the employed nurses' awareness and attitude towards the nursing job description in Mashhad showed that 15.5% of the nurses had a good awareness and familiarity. (Madarshahian and Pakdel, 1998) .In addition, the results of Hashemi's study (1998) conducted in Ahwaz showed that the level of nurses' knowledge about the nursing sighted tasks c has partly been acceptable. Therefore, these results match the findings of current study. On the other side, Negaradeh and Ghobadi (Negarendeh and Gobadi, 2001) reported that the level of nurses' awareness about nurses tasks had been good in 57.5% of the cases studied. This finding does not match with the findings got out of the current study. There are some laws in Iran called. "Nursing approved sighted tasks " within whose framework the nurses should work. This framework has generally been composed in 1989 (Ataran et al., 1998), revised in 2009, and then notified to the hospitals. There are some laws called "nursing standards "in other countries which draws the nurses ' activity framework.

According to Gilis's theory (1994) ,setting the duties composition and delineating communicative lines and their purposes help influentially to make proper and suitable working conditions. Setting and enforcing the duties composition is sensible and necessary for the whole nursing rankings and levels (Hashemi, 1999).

In Iran's nursing system in which treatment is done in team working, nurse and doctor belong to medical team, the nurses suppose that they work under the doctor's supervision and their order. But based on nursing approved sighted tasks, however, the nurses are responsible for their activities, and independent interventions . Nursing independent activities are the ones done based on the nursing assessments and nursing diagnosis. such as changing the position of motionless patient, promoting the awareness level of the patient and his/her family about medical cares, and using relaxation methods in reducing the anxiety(Nursing system organization, 2009) . In this study, 62.4% of subjects maintained they cannot change the patients' positions without the physician's permission. In addition, 59.7% of the subjects had stated that they can getout the patient's chest tube based on physician's order, while it is not nurses' approved sighted tasks. It seems as if the participated nurses have not currently believed that nursing profession as an independent one, that is to say, they look forward to hearing from the physicians to do the takes being their duties

If the nurses' do treatment actions or assigned duties in accordance with the medical principles and his/her own governing ministry instructions and professional standards of the country, there will be no rational for the patient's complaint and even if it occurs, it will be of no results and uses (Gheshlaghi, 2001). Therefore, one of the ways to decrease these problems is the nurse's awareness and information of the nursing tasks and working within them. Nurse's awareness and acquaintance of different nursing group's duties, the respective ministry instructions, and regarding them can definitely cause the complaints not to be raised, or to be at most cleared from the accusations (Juibari and Navipoor, 1994).

In a study conducted in Mashhad medical sciences university, it was determined that 95% of the nurses had deemed it necessary to be informed of the nursing approved tasks (Madershahiyan, 1998). Results obtained from our research in Tabriz showed that 67.4% and 29.9% of the subjects knew the existence of nursing approved tasks are very necessary and necessary, respectively. Accordingly , the sum of sample's statements 97.3% of subjects considered the existence of nursing approved tasks very necessary , it is inferred that most of the nurses tended to inform of their own duties composition , It is while just 24.2% of the nurses had stated that there is something called the nursing established duties composition . There cases can indicate the low level of academic educations and lack or shortage of the nurse's in- service trainings in such fields. Respectable nursing board authorities, and nursing system organization should think of fitting a credit called nursing lines duties composition in university curriculum and also adding the courses of meantime retraining .

Acknowledgements:

Researchers deem it is necessary to appreciate the respectable researching deputyship of Tabriz medical Sciences University for providing this research scheme with financial supplying, the authorities of educational – treatment centers, as well as all of the dear nurses who participated in this study. The research project grant number was 5.4.3459.

Corresponding Author:
Hamdallah alinejad
MS in nursing Education, Urumia Emam Reza Hospital of Social Security Organization, Urumia, Iran.
E-mail: alinajad6@gmail.com

References

1. The Iranian nursing organization: nursing service standards. Shahrvand publication. Tehran 2006: P. 66-67
2. Kazemian M, Farshidrad S.Acquaintance with criminal law and duties of nursing. Scientific journal of forensic medicine 2006: 12(2). P.108-112. (In Persian).
3. Garrett TM, Baillie HW, Garrett RM. Health Care Ethics: principles and problems. New Jersey prentice Hall 1993: P.23-27.
4. Hamedani F .Medical team errors وJournal of nursing faculty of Baghiatollah Uni Med Sc, 2007: 8(27) ,7-12. (In Persian).
5. Joibari L, Navipoor H. Nurse and the law. First national congress of nursing ethics. Tehran. 1994: P.82 &150. (In Persian).
6. Googlesearch:http://lawoffice.mohme.gov.ir/law office/laws/dedicated_law/laws_all.jsp. 2011.5.1
7. Helm, A. Nursing Malpractice. Lipincott, Philadelphia, 2003.
8. Mun, H.J, Lee, M.A. A study of nurses' knowledge, attitude on the nurses' law and nurses' perception on the causes, coping patterns with the nursing accidents. Journal of Korea Community Health Nursing Academic Society 1999: 13 (1), 41–62.
9. Shahsavar Esfahani S. The view point of nurses affiliated to Jahrom hospitals regarding professional laws and responsibilities. Jahrom Uni Med ScJ 2007: 4(4).p.27-34 (In Persian).
10. Alinajad H: The knowledge of nurses regarding professional laws and sighted tasks and their performance regarding sighted tasks,[dissertation]. Tabriz University of Medical Science 2009: p.5-6
11. Madershahiyan F, Pakdel M. Nurse's knowledge and attitudes about nurse's duties and legal and social support. The law and nurse Conference summary, Mashhad 1998: p.11&56. (In Persian).
12. Hashemi F. Performance ratio of nurse's duties in main wards of hospitals affiliate Shiraz Medical Sciences University, 1999. p.67. (Poster)
13. Negarendeh R, Gobadi S. Survey of nurses and midwife's Knowledge and attitudes about ethical issues. Journal of Zanjan Medical Sciences University 2001: No.36. p 55 to 59. (In Persian)
14. Attaran H, tabatabai A, Hosseini yaazdi S. Survey of Professional laws of nursing, in medical science Universities and judicial courts. The law and nurse national Congress 1998. (In Persian).
15. Kyong Kim. K; Sook Kim. I; Hee Lee, W. Perception of legal liability by registered Nurses in Korea. Nurse Education Today 2007: Vol. 27. p:617-626.
16. Marble H, Joann T, Chouh-Jiaun . An Exploration of content on legal aspects of practice in nursing programs. Journal of Nursing Education 1999: 38 (9), 400–406.
17. Gheshlaghei F. Kazemifar A. The ways of medical failing prevention.First ed, Isfahan Uni Med Sc, People's culture publications 2001: P.137-143. (In Persian).

12/21/2012