Analysis And Investigation: Influencing Factors Of Benign Nurse-Patient Relationship Cognition Both Nurses And Patients

Wanhong Wei[1], Qiaofang Yang[2], Yulan Chang[3], Weihua Liu[2]

[1]The Nursing College of Zhengzhou University, 100 Science Road, Zhengzhou, Henan, China, 450001.
[2]Henan Provincal People's Hospital, 7 Weiwu Lu, Zhengzhou, Zhengzhou, Henan, China, 450001.
[3]Henan Nursing Vocational College, No.67 Pangeng Street, Anyang, Henan, China, 455000
eaam68@163.com

Abstract This study is to investigate the influencing factors of benign nurse-patient relationship cognitive differences between nurses and patients, and provide the basis for building benign nurse-patient relationship. The self-designed questionnaire and a random sample was used in this study. Then the influencing factors of benign nurse-patient relationship cognitive differences between nurses and patients were analyzed. Qualifications and seniority affect the nurses' cognitive, while payment methods and education affect the patient's cognitive. According to the demand for nurses and patients, some measures should be taken to improve benign nurse-patient relationship, such as, training at different levels, optimizing service processes and content, and strengthening the nurse-patient communication.

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Key words: Benign nurse-patient relationship, cognitive, influencing factors

I. Introduction

Benign nurse-patient relationship includes mutual respect, mutual trust, interaction and harmonious interpersonal relationships, which is formed between nurses and patients in the care process. There were significant cognitive differences between nurses and patients that could lead to nurse-patient disputes [1]. Therefore, investigating the practical significance to understand the influencing factors and taking targeted improvements for building benign nurse-patient relationship under quality care mode should be the basic understanding for health care providers. In this study, the enrolling inpatients and nursing staff who met the criteria is consist of medicine, surgery, pediatrics, gynecology and obstetrics of a tertiary hospital. The professional criteria is basically that the involve registered nurses should be engaged in clinical work for more than one year. The patients were cooperative and conscious inpatients properly expressing the semantics and had been in hospital for more than one week. They were primary school educated but severe cognitive dysfunction with mental disorders. The study was approved by the hospital Ethics Committee. Written informed consent was obtained from all Nurses and patients who participate in the study voluntarily.

II Methods

The self-designed questionnaire was used in the research being designed on the basis of referring to large amounts of literatures, patient satisfaction questionnaire, nurse satisfaction questionnaire and expert consultation. Several benign nurse-patient relationship cognitive questionnaires for nurse and patient (nurse questionnaire and patient questionnaire) were also used. The nurse questionnaire included five elements (department, gender, education, length of service, title) as well as the patient questionnaire included five elements (gender, age, payment method, educational level, occupation). The questionnaire had 11 items including the importance of nurse-patient relationship, the development trends and dispute treatment options. Each item has 3 to 4 options (1-4points on the basis of Likert score). The preliminary study was conducted with 50 inpatients and 50 nursing staff. The content validity of nurse and patient questionnaire was 0.852 and 0.864 respectively. Cronbach's alpha were 0.736 and 0.789.

III Results

The cross-sectional study was used. The nurses on duty and inpatients from a total of 20 wards of the internal medicine, surgery, gynecology, pediatrics were randomly selected. The investigators were trained, used unified guidance language. The questionnaire was filled out by respondents personally. But if respondents were not able to fill out, the investigators should give explanation one by one. Then the questionnaire was filled out by investigators depending on the oral of the respondents. The questionnaires were sent out and retrieved on site.

The returned questionnaires which was incomplete or not filled more than two items, and couldn't be added, is considered invalid. Baseline demographic and clinical characteristics were generated by descriptive analysis. Questionnaire scores were expressed as mean±standard deviation description. Count data (gender, titles, education, department) was described using frequency. T-test (comparison between the patient's gender), non-parametric tests (nurses educated), and one-way ANOVA (other indicators) also were used in this studay. A two-tailed level of statistical significance of 5% ($p < 0.05$) was established. Calculations were carried out using the IBM SPSS statistical software, version 19. The " nurse-patient relationship cognitive questionnaire for nurses" and "nurse-patient relationship cognitive questionnaire for patients" were collected in total of 150 copies. As a result, the recovery rate is 94% and 100% respectively, the efficiency is all 100%. The average working years of the nurses in this study was 6.43±1.18 years (range:1–26 years). The education includes Bachelor (n=74), College (n=61), technical secondary school (n=6). Professional titles: nurse-in-charge (n=31), nurse practitioners(n=52), nurses (n=58). The average age of the inpatients in this studay was 58.11±1.2 years (range:18–72 years, Male 83, female 67). The degree of education includes university or higher education (n=67), secondary schools (n=61), primary schools (n=22). The correlation between the nurse and benign nurse-patient relationship cognition has been analyzed. Nurses cognition about benign nurse-patient relationship was related to education and working years, unrelated to department and title. However, the gender effect is neglected for all the nurses were female (Table 1).

Table 1. The relevant factors compare of nurses cognition about benign nurse-patient relationship

		Number	Scores	*F*	*P*
Gender	Male	0	—	--	-
	Female	141	13.01±1.44		
Department	Medicine	84	13.18±1.50	2.194	0.115
	Surgery	47	12.66±1.31		
	pediatric	10	13.30±1.42		
Education	Bachelor	74	13.40±1.47	-0.376	0.000
	College and below	67	12.70±1.31		
Working Years	1-5 years	79	12.82±1.38	4.645	0.011
	6-10 years	24	12.71±1.40		
	10 years and more	38	13.61±1.46		
Title	Nurse	58	13.05±1.50	2.644	0.075
	Nurse practitioners	52	12.71±1.33		
	Nurse-in-charge	31	13.45±1.43		

Patient cognition about the benign nurse patient relationship can be related to the payment of medical cost method and educational level, however, not related to gender, age and occupation which are listed on Table 2.

Table 2. The relevant factors compare of patients cognition about benign nurse-patient relationship

		Number	Scores	*F/t*	*P*
Gender	Male	83	12.40±1.45	0.768	0.444
	Female	67	12.24±1.35		
Age	18-30 years old	28	12.36±1.77	1.711	0.167
	31-45 years old	30	12.17±1.05		
	46-60 years old	36	12.75±1.52		
	60 years old and more	56	12.11±1.25		
Payment method	Self pay	35	12.11±1.02	5.920	0.001
	Provincial health insurance	41	12.22±1.17		
	Retired	24	11.58±0.88		
	Cooperative medical Care	50	12.90±1.76		
Educational level	Primary schools	22	12.22±0.87	12.511	0.000
	Secondary schools	61	12.64±1.60		
	Higher education	67	11.95±0.98		
Occupation	Farmer	41	12.71±1.54	2.549	0.082
	Freelance	46	12.30±1.64		
	Unrelieved worker	63	12.08±1.04		

Note: Gender compared using t-test, F-test was used to compare other items.

IV Discussion

The survey shows the cognition of benign nurse-patient relationship between different qualifications and seniority nurses are different (P＞ 0.05). Secondary/tertiary education nurses highly approved the current patient relation-ship, but the recognition of bachelor degree nurses is lower. The pressure of bachelor degree nurses resulted form nursing workload and environmental resources is higher than the technical secondary school nurses'. At the same time, bachelor degree nurses have the lowest professional recognition and satisfaction cognition[2] and higher expectations of career[3]. So, Bachelor degree nurses do the same basic nursing care to technical secondary school nurse feel inner imbalanced and helpless. They are not satisfied with the present work status, and have a low recognition about occupation and nurse-patient relationship.

The recognition of low seniority nurses about the current nurse-patient relationship is higher than high seniority nurses'. This could relate to that low seniority nurses have high enthusiasm, and the new graduate nurses are college or undergraduate, which master the more communication knowledge, communication skills, able to empathy with patients[4]. The seniority nurse may generate job burnout [3] so that affect cognition about benign nurse-patient relationship. In Table 2, it shows that, Payment method and educational level directly impact on the recognition of patients about the current nurse-patient relationship. The recognition of retired patients and medicare patients about the current nurse-patient relationship is higher than private patients'. The reason is that medical expenses of the retired patients and Medicare patients are all or most paid by health insurance agencies, and they are satisfactory with Payment method, thereby that affect the cognition of the nurse-patient relationship. Yet, medical costs of private patient are paid by their own, and medical expenses excessively increase which is a passive consumer and have more suspense [5], uncertainty consumption benefits, so that lead to the low recognition of private patient about medical costs, and affect the recognition of benign nurse-patient relationship. This is consistent with Min Tang et al. [6] study, that 70% of poor doctor-patient relationship is because of unsatisfied hospital charges. The same time, the higher the education level of patients, the higher recognition of benign nurse-patient relationship, illustrates that education directly affects patient to understand medical information and coordinate with care. Managers should develop the hierarchical training, which is targeted, divers and practical. The nurses of the secondary and tertiary education should focus on training nursing knowledge and technology, undergraduate degree nurses could focus on research methods and divergent thinking guidance and be given more and greater responsibility. The experienced nurses, not only in the training curriculum will focus on new knowledge, new technologies and critical thinking ,simultaneously should pay attention to the psychological dynamics. The measures should be taken, such as giving the responsibility and enhancing cohesion, to eliminate burnout, to keep healthy mental, optimistic, cheerful personality and emotional stability and give more love for the patient, reflect the good

empathy. In addition, it is necessary to increase the training of psychology, literature, philosophy, ethics, human relations, sociology and nurse-patient communication and other related knowledge, broaden their knowledge, improve the quality of humanities and EQ, for cognizing themselves and patients better [4], which will be a good experience for cognition about benign nurse-patient relationship. The patients will get more convenient, fast and safe care by optimizing the process of care. And the purpose of continuous improvement of the quality of care could be achieved through continuous learning and innovation[8]. Nurse managers should optimize service processes based on the needs of patients, and refine the work processes and guidelines to every aspect. The patients should be given targeted, full and comprehensive health education programs from incharge introduce, diet, treatment, examination, drugs and rehabilitation during the hospital, to discharge guidance, outhospital follow-up services and so on. It is important to focus on communication with patients and their families and take effective communication channels and methods, such as public services, service standards and charges, promptly inform the condition and care situation. Both nurses and patients should be correctly guided to understand disputes rationally, expand their cognitions about benign nurse-patient relationship, reduce negative nurse-patient relationship concern [1], in order to avoid nurse-patient disputes, and promote benign development of the harmonious nurse-patient relationship.

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References

[1] Yang QF, Cao XY, Chang YL. The survey of nurse-patient relationship cognitive differences while implementation of quality care. Chinese Journal of Practical Nursing. 2012，28（10）：26-27.

[2] Lu GF, Zhang CY, Chen RR, etc. The career awareness survey of different qualifi- cations and titles of clinical nurse. Journal of Lanzhou University. 2010,36（2）：89-92.

[3] Che J, Lu Q, Ying SY, etc. The survey of nurse professional identity, work stress and satisfaction and turnover intention. Chinese Nursing Management. 2012，12（6）：43-46.

[4] Qi XH, He Y, Chen RJ, etc. The research of nurses empathy ability and influence factors. Journal of Nursing Science. 2010，25（18）：13-15.

[5] Zhang XB, Han EY. Discussion on correlation of health care expenditure and nurse-patient disputes. Chinese Health Service Management. 2004，9（All 195）：532-533.

[6] Tang M, Yin AG, Zhao GZ, etc. Control the growth of medical costs, and maintaining a harmonious doctor-patient relationship. Chinese Medical Ethics. 2007,20（6）：37-39.

[7] Guan YM, Lai WJ, Li LJ. The learning needs survey of different levels of nurses. Journal of Nursing. 2009，16(9B)：17—19.

[8] Qin AP, Li J, Zhang Y. The application of optimizing service process in the nursing quality management. Nursing Practice and Research. 2011，8(22):60.