

Patients and Guardians' Perception on Comprehensive Nursing Care Services

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Abstract

Background/Objectives: This study is an exploratory study applying the Q-method to identify the characteristics and types of patients and guardians' perception on the comprehensive nursing care services.

Methods/Statistical analysis: A total of 430 Q-populations were extracted and the final 39 Q-samples were selected through processes such as deduplication and removal and integration of similar statements. The P-sample was selected for 32 people visiting a general hospital in which Comprehensive nursing care services were implemented. Data collection for P-samples was conducted in the consultation room of the hospital, and Data analysis was performed using the PC-QUANL program.

Findings: As a results, patients and guardians' perceptions on comprehensive nursing care services were identified as 'Expectation type for high quality inpatient care service and reduced care burden', 'Skepticism type for the establishment of comprehensive nursing care service system', and 'Indifferent type of comprehensive nursing care services system'. **Improvements/Applications:** This study can be used as a basic data for the establishment and development of comprehensive nursing care services system by identifying patients and guardians' understanding and needs for it.

Keywords: *Q-methodology, Comprehensive nursing care services, patients and guardians' perception*

Introduction

The comprehensive nursing care services system is a nursing service centered on nurses and other nursing staffs in the ward, without a guardian or private caregiver. It is a new inpatient care model developed to reduce the burden of nursing care expenses and improve the quality of infection control and hospitalization services in the hospital^[1,5], and it is a new nursing delivery system under the concept of guardians-free ward, providing nursing and care with nurses and other nursing personnel.

In Korea, caring of inpatients has traditionally been recognized as the responsibility of families (mainly women), but upon entering the modern society, family conflicts and financial burdens for caring and

nursing by families were increased due to changes in social conditions and lifestyles, including reduction of family functions due to nuclear family, increased opportunities for women to participate in society, aging population, and increasing number of people with chronic diseases^[2,3]. In order to address the economic and social burden of hospitalization and the degradation problems of quality of nursing inpatients, Korea first conducted a comprehensive nursing service system with public medical institutions in 2013, and as a result, it was confirmed that satisfaction among patients and guardians using comprehensive nursing care services increased, as the vulnerability of hospital infections was revealed during the MERS outbreak in 2015, and the demand for improvement of the culture of caregivers and visitors became higher^[1]. As a result, the National Health Insurance Service changed the name to "the comprehensive nursing care services" in accordance with the partial revision of the Medical Law by applying health insurance costs from 2015. As a result, the nation's

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hospital-centered nursing service delivery system has brought about a drastic change, with the inclusion of caring services, the service has been expanded from 107 institutions/7000 beds in 2015 to 495 institutions/37,000 beds nationwide as of the end of December 2018^[5] and plans to expand the number of beds by 100,000 by 2020^[6].

However, there are no studies on the perception of comprehensive nursing care services of patients and guardians at the present time, which is being expanded gradually to establish this system. Through this study, their types of perception of this system are identified and their characteristics are explored to understand the meanings of it.

The purpose of this study was to explore ways to improve the comprehensive nursing care service and to provide evidence and basic data for the stable spread of this system in Korea.

Method

A total of 430 Q-populations were extracted and the final 39 Q-samples were selected through processes such as deduplication and removal and integration of similar statements. The P-sample was selected for 33 people visiting a general hospital in which Comprehensive nursing care services were implemented. Data collection for P-samples was conducted in the consultation room of the hospital, and Data analysis was performed using the PC-QUANL program. Q-sorting is a process of modeling the perceptions and thoughts of patients and guardians about these services using a method of forcibly distributing 39 questions to the Distribution Chart for Q-sample, close to the normal distribution [Figure 1].

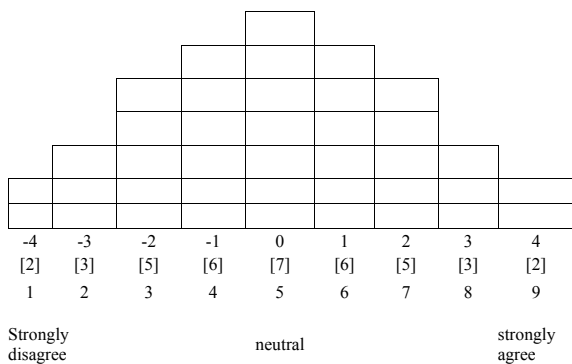


Figure 1. Distribution of Q sorting

Result and Discussion

3.1. Composition of Q-factors

In this study, various factors were designated and statistically processed, and the results were compared and reviewed, and three types were found. It was found that there were 17 people for Type 1 and 10 for Type 2 and 5 for Type 3. These three types accounted for 47.3% of the total variance and the explanatory power of each type is shown in Table 1.

Table 1. Eigen value and correlation between types

	Type 1 (N=17)	Type 2 (N=10)	Type 3 (N=5)
Eigen value	8.3631	5.1742	2.0841
Variance	.2534	.1568	.0632
Cumulative	.2534	.4102	.4734
Type 1	1.000		
Type 2	.090	1.000	
Type 3	.053	.444	1.000

3.2. Analysis of Characteristics by each type

Type1 were well aware of the positive aspects of these services and were named ‘Expectation type for high quality inpatient care service and reduced care burden’ because the system allows patients to receive professional care services more than before, and the caregiver considers it a good system to reduce the time and cost of nursing care.

Type 2 recognized that it would be unreasonable to implement these services with the current nursing human resources system, rather, there is a high risk of falling due to the absence of guardians, the role of nurses, nurse assistants, private caregivers, and guardians becomes ambiguous, and as they perceived it as a system that would make it harder for nurses to add the role of caregivers, this type was named ‘Skepticism type for the Establishment of Comprehensive Nursing Care Service System’.

Type 3 was named ‘Indifferent type of comprehensive nursing care services system’ because the average age was 33 years, belonging to relatively young people who had never played the role of guardian compared to other types,

did not know much about the contents and scope of this service, and did not show much interest in the system itself [Table 2] [Table 3].

Table 2. Statement of Z-score by type $\geq | 1 |$

Type	Q-Statement	Z-score	
1	Q07	In order for the comprehensive nursing care service to work properly, more manpower is needed.	1.66
	Q08	It helps to maintain a livelihood since guardians do not have to reside.	1.46
	Q11	You can get professional nursing at a low cost.	1.38
	Q06	With national health insurance covered, the burden of caring costs could be reduced.	1.33
	Q12	It allows patients to feel more secure as it can receive professional nursing care.	1.26
	Q05	Infectious disease caused by contact of guardians and patients can be prevented.	1.24
	Q02	It is too much for a nurse to do both nursing and caring for several patients.	1.14
	Q10	With no guardian, the nurse will be able to concentrate more on the patient's care.	1.10
	Q27	The attention of nurses is burdensome.	-1.03
	Q24	The guardian cannot reside, so the guardian cannot properly identify the patient's condition.	-1.06
	Q09	The role classification of nurses, nurse' aides, caregivers and guardians is ambiguous.	-1.10
	Q39	Patients are lonely and anxious because there is no guardian.	-1.10
	Q15	Nurses' self-esteem in comprehensive nursing service is likely to be lowered.	-1.14
	Q25	Since there are no guardians, it seems that the nurse might not even know how to treat the patient recklessly.	-1.21
	Q16	The nurse may even serve as a caregiver, which may result in neglect of the professional nursing.	-1.29
	Q37	If the nurses are busy and ask for something, they have to wait a long time.	-1.33
	Q35	It is embarrassing that a nurse, instead of a guardian, has even treated him with a toilet.	-1.41
Q32	The callbell rings often and it's noisy.	-1.45	
Q38	People with dementia can also be hospitalized in comprehensive nursing service wards if there is no guardian.	-1.79	

Cont... Table 2. Statement of Z-score by type $\geq | 1 |$

2	Q07	In order for this service to work properly, more manpower is needed.	2.21
	Q02	It is too much for a nurse to do both nursing and caring for several patients.	2.17
	Q16	The nurse may even serve as a caregiver, which may result in neglect of the professional nursing.	1.53
	Q18	Nurses are having a lot of trouble because of patients who even have the nurses do a little errand.	1.50
	Q23	There is a risk of falling because there are no guardians.	1.28
	Q09	The role classification of nurses, nurses' aides, caregivers and guardians is ambiguous.	1.14
	Q08	It helps to maintain a livelihood since guardians do not have to reside.	1.03
	Q30	It provides an environment for nurses to provide quality nursing.	-1.02
	Q12	It allows patients to feel more secure as it can receive professional nursing care.	-1.06
	Q14	It is inconvenient because visiting hours are limited.	-1.09
	Q29	This service needs to be expanded.	-1.09
	Q03	Nurses substitute for the guardian's role even if there is no guardian.	-1.18
	Q39	Patients are lonely and anxious because there is no guardian.	-1.25
	Q10	With no guardian, the nurse will be able to concentrate more on the patient's care.	-1.38
Q38	People with dementia can also be hospitalized in this service wards if there is no guardian.	-2.47	
3	Q06	With national health insurance covered, the burden of caring costs could be reduced.	1.75
	Q21	I am not aware of the difference between long-term care hospitals and this service.	1.73
	Q16	The nurse may even serve as a caregiver, which may result in neglect of the professional nursing.	1.36
	Q28	I am not familiar with the scope of service for this service system.	1.21
	Q08	It helps to maintain a livelihood since guardians do not have to reside.	1.06
	Q10	With no guardian, the nurse will be able to concentrate more on the patient's care.	-1.21
	Q30	It provides an environment for nurses to provide quality nursing.	-1.24
	Q04	Life in the ward is pleasant because there are no other guardians.	-1.29
	Q03	Nurses substitute for the guardian's role even if there is no guardian.	-1.34
	Q05	Infectious disease caused by contact of guardians and patients can be prevented.	-1.41
	Q33	It is better to be hospitalized in this service ward than in the general ward.	-1.64
	Q38	People with dementia can also be hospitalized in this service ward if there is no guardian.	-2.04
	Q31	Professional nurses provide quality service in three shifts per day.	-2.43

Table 3. Especially positive and negative statements compared to other types

Type	Q-statement	Z-score	Others' Z-score	Difference
1	Q10	1.101	-1.295	2.396
	Q05	1.236	-0.755	1.990
	Q11	1.381	-0.084	1.465
	Q12	1.259	-0.067	1.325
	Q35	-1.406	-0.187	-1.220
	Q37	-1.327	-0.072	-1.255
	Q32	-1.453	-0.183	-1.270
	Q25	-1.206	0.066	-1.272
	Q15	-1.138	0.517	-1.655
	Q24	-1.060	0.633	-1.694
	Q09	-1.097	0.813	-1.910
	Q16	-1.289	1.443	-2.732
2	Q23	1.282	-0.321	1.604
	Q16	1.530	0.034	1.496
	Q09	1.136	-0.303	1.439
	Q18	1.500	0.200	1.300
	Q07	2.214	1.103	1.111
	Q02	2.173	1.064	1.109
	Q10	-1.380	-0.054	-1.317
	Q14	-1.091	0.263	-1.325
	Q29	-1.092	0.319	-1.411
	Q12	-1.065	1.095	-2.160
3	Q21	1.733	-0.211	1.944
	Q06	1.746	0.532	1.214
	Q33	-1.638	-0.106	-1.532
	Q04	-1.287	0.310	-1.532
	Q05	-1.414	0.570	-1.984
	Q31	-2.431	0.302	-2.733
See all statements in Table 3 except below.				
Q33	It is better to be hospitalized in this service ward than in the general ward.			
Q04	Life in the ward is pleasant because there are no other guardians.			
Q31	Professional nurses provide quality service in three shifts per day.			

Discussion

Type 1 expected high quality inpatient nursing services and reduced burden on guardians for comprehensive nursing services. In Korea, private caring costs currently cost about 100,000 won a day, while the comprehensive nursing services are paid with health insurance benefits, allowing nursing services to be provided at the level of 20,000 won of their own charge^[15], thus reducing the financial burden of nursing, as well as ensuring quality of care for patients and guardians. In addition to the caring costs, the satisfaction level of patients increased with the service satisfaction level and the resulting willingness to reuse after the nursing care integration service implementation^[12,13], and patient safety indicators such as pressure ulcer, fall, infection, etc. were also improved^[17,18]. And according to^[1], satisfaction level is over 10% higher than non-test units of comprehensive nursing service, and more than 85% of patients are willing to use them again^[8]. In order to achieve the same effect as Type 1 thinks and anticipates positively, institutional support is required for the continuous expansion of the application of nursing and caring cost by disease and medical department within the current this system, and for accurate evaluation criteria of the patient's nursing needs and application of the project based on it.

Type 2 recognized that this system is currently unreasonable in the nursing human resources system, but the risks of falling due to the absence of guardians and the roles classification of nurses, nurse aids, private caregivers, and guardians is ambiguous, and the nurse can be even more difficult to take on the role of caregivers. The first problem that has been raised from the early stage of pilot operation to the current nursing care integrated service system is the nursing staff supply and demand problem and the placement criteria of nurses which do not reflect the nursing requirements^[2,8]. If this service is implemented without a clear standard for the expansion of nursing staff and job-specific work, the burden on nurses will increase, however, quality inpatient nursing services for patients cannot be expected, and many problems may arise due to the absence of caregivers. Therefore, it is believed that in order for the comprehensive nursing care service to be well established, it is necessary to analyze the workload by the nursing staff first, and to supplement the system such as the criteria for placement of nurses and proper task delegation by nursing profession.

Type 3 did not have much interest in these services, and showed a tendency not to know the difference between long-term care hospitals and these services, health insurance application status, and the scope and contents of comprehensive nursing care services. This system provide patients with high quality inpatient nursing services as well

as a guardian's burden reduction, also is necessary for the management of hospital infections, and is considered to be a system that shows positive performance, in the case of indifferent type who do not know the information about the purpose of implementation of this system, the difference between general wards or long-term care hospitals, and the scope of comprehensive nursing care services, like type 3, it is thought that this perception was shown due to a relatively young generation with no experience as guardians or poor exposure to information on this system. In order for this system to be successfully settled in Korea, public relations strategies are needed so that the general public as well as the few patients and guardians who can experience this service directly in some wards of some hospitals can learn about the system.

Conclusion

This study was designed to identify subjective perception of patients and guardians who experienced nursing care integration service by applying Q-methodology and to provide basic data for policy development research so that the comprehensive nursing care service system in Korea can be expanded in a more advanced direction by analyzing the characteristics of each type according to recognition.

Ethical Clearance: Not required

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Conflict of Interest: Nil

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