

The Study of Health's Personnel View on Implementation of the Family Nursing Plan

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Received: September 25, 2020

Published: November 18, 2020

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Abstract

Introduction: Family nurses play an important role in promoting the health of families. According to the focus on increasing the health promotion by nurses, their role as health determinants is complicated and the knowledge and experience of several disciplines in promoting health is concealed in the performance of nursing in families.

Materials and Methods: This study is a descriptive research in four selected hospitals of Iran University of Medical Sciences. For this purpose 600 nurses, physicians and administrators were selected and using simple random sampling method. Data collection tool was a two-part questionnaire including demographic information and health personnel's view on family nursing design then validity and reliability of the questionnaire were done. The data were analyzed by SPSS 24 software.

Results: The results showed that the majority of the research samples were in the three groups of physicians (97.9%), nurses (94.8%), and managers and heads of hospitals (100%) agreed with family nurse's plan.

Conclusion: Considering the multiple responsibilities of the family nurse, this plan should be implemented.

Keywords: Viewpoints; Health Personnel; Family Nurse Plan

Introduction

The epidemiological transition of diseases, urbanization, population aging, lifestyle changes, high rates of non-communicable diseases such as hypertension and diabetes, increased incidence of accidents, multiple problems in the country's health care system and lack of government support for allocating funds etc. that are the main causes of health problems, are the most important factors for the establishment of family physicians in many countries, especially in the Third World Countries [1].

In addition, the increase indicators such as people's pocket payments, high treatment costs, poverty and According to the World Health Organization (WHO) in 2015, deaths associated with lifestyle of people account for 55.4% of the world's total deaths [2].

A study on human mortality, diseases and injuries that lead to the loss of life has the most important role in determining and assessing the effectiveness of the health system of the countries [2].

According to the World Health Organization (WHO), noncommunicable diseases were cause for two thirds of all deaths worldwide in 2013, with four major noncommunicable diseases including cardiovascular disease, cancers, diabetes and chronic pulmonary diseases and at the same time prevention has been announced, and both types of disease require prevention and care, which are the duties of family nurses [3].

In health system, health professionals, especially nurses, play an important role in providing community health services. Their ef-

forts are to provide and coordinate the services that patients need in order to maximize the level of their performance in the family and community.

In case management approach, nurse is the coordinator of clinical activities and other services related to clients, and she do assessment, counseling, planning, support, monitoring and evaluation [4].

In many developed countries, the general belief is that nurses are the most important person in health systems, and therefore they act as influential people in the health of individuals in most government and non-governmental organizations.

According to statistics of World Health Organization, about half a million people are needed to the health sector, that 70% of them are nurses. This shows the very important role of nurses in the health process [5].

The role of family nurses includes the use of clinical practices, counseling, follow up of patients and patients treatment, patient education and disease prevention. The use of family nurses improves access to health services.

Alleviating the symptoms of diseases, especially chronic illness, increasing costs and increasing the experience of health care customers. In addition, the promotion of health by nurses in the family can lead to many positive health outcomes, such as increasing the quality of life, knowledge of patients about diseases and their autonomy [6].

There are many studies about overlap of duties between the physician and the nurses. In the study of Mysore., *et al.* the results show that if the nurse and family physician divide the tasks of the patient, it is better for patients, and significant results are obtained from patient's health [7].

Various studies in Canada showed that, in the most states, there is a unified collaboration between physicians and the family nurses. In addition, the results of other studies shows that the activities of specialist physicians in Ontario have diminished considerably, and this is due to the efforts of physicians and nurses of the family [8].

The results of research on the effectiveness of family nurse performance is in relation to the quality of care and satisfaction of the patient and his family and the results showed that family physicians

and nurses are more cost-effective than specialized physicians [9].

Family nursing program has been in progress for over 30 years and is now serving as part of a family-run routine health and treatment program for family members.

The program in the United States includes all services for pregnant women, low income people, children and the elderly, as well as support for women and girls who have early pregnancy, as a part of the main nursing home programs.

Visit the patients occur mainly in nursing homes every week or every two weeks, and follow-up programs by them will be a significant help for clients, patients and their family members.

In Iran, the initial steps were taken to implement the nursing family plan but were removed [11]. The plan included nursing care, treatment interventions, drug support, preventive methods, training and health advice.

This plan was introduced before the fifth development plan in Iran, but did not start for unknown reasons [12-35]. Considering that Iran is one of the countries where treatment, use of drugs and non-preventive methods is emphasized.

Therefore, the researcher was asked to review the views of health personnel on the implementation of the family nurses' plan in 2018, so that it can take a small step in understanding this group through informing the results of this research.

Methods

This research is a descriptive study carried out in four hospitals. The sample size according to the characteristics of the samples in study, using the sample size determination formula and taking into account the sample loss, is 600 (440 Nurse and 160 physicians) were selected through simple random sampling for study.

The criteria for entering the study were:

1. The samples were male and female.
2. General practitioners and specialists and nurses with a higher education level.
3. They were employed in one of the selected hospitals of Iran University of Medical Sciences.
4. All research samples have at least one year work experience.
5. The research samples did not have a history of the same research.

6. Samples were satisfied to participate in the study. In addition, during the study, they did not left the research.

After reliability and validity of the questionnaire, the researcher presented a letter received from the chairman of the Islamic Azad University of medical sciences in Tehran to the heads of the four selected hospitals and presented with the permission of the research samples in the research hospitals and simple random sampling method for nurses and census method for physician were occurred.

In this research, the questionnaire was based on books and scientific articles related to the subject matter of research, as well as with guidance from supervised professors and consultants, to determine the validity, and reliability of the questionnaire of the questionnaire was used. For this reason, the questionnaires were filled with ten university professors.

After considering the items, a final questionnaire was obtained.

To confirm the reliability of this research, the method of test re-test was used. To do this, the questionnaire was completed by 10 eligible samples, and then after 10 days, the questionnaire was completed again by the same individuals and the results were analyzed. The Cronbach's alpha correlation coefficient was 97.8%, which indicated a high correlation coefficient between the previous and the following questions. Therefore, the questionnaire was used for the main research.

It should be noted that the above mentioned 10 people were not considered in the original research.

After collecting data, they entered the SPSS24 software and then the information was analyzed.

The limitations under the researcher control:

1. Due to the crowded of hospitals, researcher tried to reduce this limitation by choosing an appropriate environment.
2. The researcher attempted to attract and collaborate with them by explaining the benefits of research.

The limitations out of the researcher control:

1. The individual differences were beyond the control of the researcher.
2. The psychological and emotional conditions of the research samples for answering the questions of the questionnaire.

3. The good or bad experiences of the investigative units were effective in dealing with nurses in how they responded to the questions.
4. Individual studies of research units have been effective in answering questions.

Findings

The results of the research in relation to the age of the studied units showed that the highest percentage (89.5) of the subjects were female and the lowest (10.5%) were male, and in relation to the sex, the physicians were the most (60) female and the lowest percentage (40) Were men.

Results showed that the highest percentage of nurses (62.7 years) were 36 - 45 years old and the lowest percentage (0.7%) were 66 - 75 years old. The highest age of nurses was 67 years old and the youngest age was 27 years old with a mean of 67.35 years and a standardized rate of 52.5 years.

The results of the age of physicians showed that the highest percentage of doctors (57.5%) were 36 - 45 years and the lowest percentage (10%) was between the ages of 55 - 46. The highest age of doctors was 78 years old and the youngest were 34 years old with a mean age of 28.43 years and a standard deviation of 4.35 years.

Most of the cases (63.5%) were single and the least (2.5%) were nurses. Most of them (49.3%) were single and the lowest (19.4%) were divorced.

The highest percentages (95.2%) of the samples were nurses and the least of them (0.9%) were Metron, the highest percentage (93.1%) of the samples were doctors and the lowest (1.13%) were head of the hospital.

The highest percentage (81.4%) were undergraduate and the lowest (18.6%) were masters. The highest percentage (75) of the samples were specialist and the least (25%) of them were specialist.

The highest percentage of nurses (30.9%) had a work experience of 10 - 6 years, and the least of them (5) had a job experience of 30 - 26 years; the highest percentage of doctors (36.3) had a work experience of 15 - 11 years, and the lowest percentage (6/10) 25 - 21 and 30 - 26 years of job experience.

The highest percentage of nurses (39.5%) were in the internal ward and the least (4.8%) worked in the nursing office.

The highest percentage of doctors (54.4%) were in the internal ward and the least of them (2.5%) worked in the management of office.

Concerning the purpose of "Determining the viewpoint of nurses on the implementation of the family nurses' plan in 1397", table 1 shows that the highest percentage of nurses (64.5%) were in favor of the plan and the least percentage (0) was opposed to the nurse's family plan.

Percent	Absolute	Frequency
		Nurses' Viewpoints
0	0	Completely disagree
0	0	Disagree
2/5	23	Not agree nor disagree
5/64	284	Agree
3/30	133	Completely agree
100	440	Total

Table 1: Absolute frequency distribution of nurses' viewpoints toward family nursing plan.

In a study conducted in Hindustan, the results showed that the attitude of therapeutic staff regarding the performance of nurses was positive, which is consistent with the results of the study. In addition, the results of the Takaseh research showed that the attitude of women and low income people towards nursing profession was more positive [36].

In association with the goal of "Determining the viewpoints of doctors on the implementation of the family nursing plan of 1397".

Table 2 shows that the highest percentage of doctors (88.8) were in favor of the plan, and the lowest percentage (0) was against the nurses' plan. The results of a study on the viewpoint of nurses and their responsibilities showed that most of the samples had a positive view of the roles of nurses and that the patients in the majority of domains reported a higher attitude score than the other groups [37].

In relation to the purpose of "Determining the viewpoints of managers in the implementation of the nursing Plan for the Fam-

ily in 1397", table 3 shows the distribution of absolute and relative abundance of managers according to their view of the nurses' plan.

Percent	Absolute	Frequency
		Physicians Viewpoints
0	0	Completely disagree
0	0	Disagree
5/2	4	Not agree nor disagree
8/88	142	Agree
8/8	14	Completely agree
100	160	Total

Table 2: Absolute frequency distribution of physicians' views on family nursing plan.

Percent	Absolute	Frequency
		Leadership View
0	0	Completely disagree
0	0	Disagree
0	0	Not agree nor disagree
64	16	Agree
36	9	Completely agree
100	25	Total

Table 3: Distribution of absolute and relative abundance of managers' viewpoints toward family nursing plans.

Most of the managers (64) agreed to the plan and the least percentage (0) was against the nurses' plan. In a study entitled "Nursing staff's attitude of self-service", the results showed that nurses considered roles to be effective for patients and people and considered all roles to be positive [38].

Discussion and Conclusion

This research was designed to examine the views of health personnel on the implementation of the family nursing plan of 1397. The research findings regarding the research question about "What is the nurses' Viewpoints on Implementation of the Family Nursing Plan?".

The results showed that the highest percentage of nurses (64.5%) were in favor of the plan and the least of them (0) opposed the nurses.

The results of the study by Farmagh and colleagues in 2014 showed that patients treated by nurses using a care model were

more satisfied and had a more positive attitude than regular patients cared for by nurses [39].

The research question about What is the point about the "Doctors' Perspectives on the Implementation of the family nursing Plan?" The results showed that the highest percentage of doctors (88.8%) were in favor of the plan and the least percentage (0) was opposed to the nurse's family plan.

The results of the Angus study showed that all clients who were caring for a family nurse were satisfied with their views on positive nursing care [40].

The research question about what is the view of managers about the implementation of the family nursing plan? "The results showed that the highest percentage of managers (64) were in favor of the plan and the least (0) were against the family nurse's plan.

Donnelan's (2013) study entitled "Physicians and family nurses' viewpoints on basic health care" showed that most nurses acknowledged that they were working with family physicians to care of patients and that their care of patients would improve them.

In addition, family physicians also stated that it is necessary to have a family nurse for working with them [41].

Acknowledgments

This article is based on the thesis of Islamic Azad University, Tehran Medical Sciences, with the code of ethics.

It is necessary to thank all the research samples and all those who helped us in this research.

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