

Professionalism of Nurses Working In Geriatric Intermediate Care Facilities: An Analysis Using Semi-Structured Interviews

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Abstract

Background: Japan is getting older and older. More than 26% of the population is 65 years or over. Therefore, the needs and quality of geriatric nursing should be improved. At the same time, the standards and requirements in geriatric intermediate care facilities (GIFs) are also changing. However, the quality of geriatric care in Japan is not in a satisfied level. In order to improve the quality of geriatric nursing, reconsidering professionalism in nurses is crucial. Moreover, it is important to address appropriate working environment of nurses to develop, maintain and enhance their professionalism.

Objectives: The aim of this study was to obtain insights to the professionalism of nurses in geriatric intermediate care facilities from the perspectives and experiences of geriatric care.

Methodology: A qualitative exploratory descriptive research design was used in this study. The study participants were three clinical nurse specialists of geriatric nursing and five nurse managers from geriatric care facilities. A purposive sampling was used.

Results: Five descriptive themes related to the professionalism of nurses in geriatric care facilities were identified: autonomy, comprehensive care, patient advocacy, educational activities, and work with other specialists.

Conclusions: Professionalism identified in this study is similar to that of clinical nurses that was reported previous studies. However, some sub-categories indicate the characteristics of geriatric care facilities, such as decision making when a physician is absent, which is included in autonomy, and the life model, which is included comprehensive care.

Keywords: Geriatric intermediate care facilities, Geriatric nursing, Professionalism.

Introduction

Japan is a rapidly aging society. Therefore, the needs and quality of geriatric nursing should be improved. The standards and requirements for geriatric facilities are also changing. Despite these changes in nursing standards, however, the quality of care is not satisfactory. To improve the quality of nursing care for residents of these facilities, it is crucial to reconsider professionalism in nurses. The provision of professional nursing care is reported to result in improved patient satisfaction and positive health outcomes [1,2]. Increased levels of professionalism have also been associated with improved nursing performance and personal autonomy, ability to think critically and reflect on nursing practices, empowerment, and increased job satisfaction, thereby improving the quality of patient care. My ultimate goal is to create a system for nurses to succeed professionally. Thus, we must first discuss the characteristics of

professional nurses in geriatric intermediate care facilities (GIFs).

The concept of professionalism is frequently discussed in nursing. Professionalism is defined as the degree of commitment by individuals to the values and behavioral characteristics of a specific career identity [3,4]. Hall developed a professional model and identified five attitudinal attributes that characterize the most mature professions, such as those of a lawyer and physician [3,5,6]. Hall's model and its corresponding instrument, the Professionalism Inventory scale, were chosen for the current study. In Japan, several researchers also identified attitudinal attributes of professionalism [7,8]. Although these studies found that social, cultural, scientific, and technological factors all influence the development of the nursing profession; most of them were conducted in medical facilities.

Nursing in GIFs, however, has been characterized as fundamentally different from that in medical facilities, such as providing care and

rehabilitation to facilitate elderly adults' independence in everyday life, acting as an intermediary between hospitals and patient homes, being professionally isolated, having limited access to resources, being socially connected in the community, and having a varied and often extended scope of practice [9-12]. Thus, understanding the experiences of nurses in GICFs may lead to situations in which nurses achieve greater success professionally. The purpose of this study was to understand the nature of professionalism and professional practice as experienced by nurses in GICFs. The study was guided by two research questions: What are the professional experiences of nurses in GICFs in Japan? What are the characteristics of the profession and professional environment in GICFs?

Method
Study Design

A qualitative exploratory descriptive research design was used to gain an in-depth understanding of professionalism in nursing in GICFs using semi-structured interviews.

Interview topic guides were established by the investigators. Six questions were developed using a qualitative descriptive approach.

1. What do you think are the characteristics of the nurses who work in GICFs?
2. What do you think are the basic responsibilities of a nurse?
3. Do you have trouble relating to other medical staff?
4. What do you think about the autonomy of nurses who work in GICFs?
5. What are the competencies that are required for nursing excellence in GICFs?
6. What is the in nursing most important requirement for establishing professionalism in GICFs?

Based on the topic guides, interviews were recorded and transcribed for analysis. All interviews were conducted in a private room at each facility for 0.5-1 hrs.

Ethical consideration

The study was approved by the Ethics Committee of the Kyoto University Graduate School and the Faculty of Medicine. Additionally, research permission was given by the directors of all facilities.

Study inclusion criteria

A representative sample of eight interviews was selected from the interviews conducted for the national narrative study, as this number would allow for an in-depth understanding of the nurses' experiences. Three clinical nurse specialists in geriatric nursing and five nurse managers were selected from eight facilities in the Kansai and Kyushu regions of Japan.

Data analysis

The authors independently reviewed the transcriptions and constructed tables of code categories based on the actual words or phrases (meaning units) used in the interviews. We independently identified themes that represented one or more code categories and specific quotations that represented each code category; this

qualitative content analysis approach was adapted from Graneheim and Lundman [13]. The researchers discussed the coding and major themes that emerged from the data to reach a consensus. Rigor and trustworthiness were ensured by the qualitative principles followed, guaranteeing a clear audit trail of descriptive exploratory findings. Data analysis encompassed the description, interpretation, and thematic development of the results. Themes emerged based on the data. The patterns identified offered an account that related to and answered the research questions.

Results

All of the respondents except one were women (Table 1). The mean age was 44.6 years (range: 34-55 years). The mean years of work experience in GICFs was 5.1 years (range: 1-12 years).

No	Age	Work experience in GICFs	Position
1	55	3	Nurse Manager Nurse Manager
2	40	2	Nurse Manager
3	48	12	Nurse Manager
4	50	2	Nurse Manager
5	45	2	Nurse Manager
6	35	2	Clinical Nurse Specialist
7	50	1	Clinical Nurse Specialist
8	34	4	Clinical Nurse Specialist
Mean (±SD)	44.6 (±6.0)		

Table 1: Demographic characteristics of the participants

Four descriptive themes emerged that were related to the professionalism of nurses in GICFs (Table 2).

Theme	Sub Category
Autonomy	Judgment based on medical knowledge Initiative of care
Comprehensive care	Life model Life background Geriatric nursing
Patient advocacy	Realization of the patient's thoughts and wishes Patient-centered care
Work with other specialist	Coordinator of a special team Leadership

Table 2: Themes of professionalism of nurses in GICFs

The first theme identified was autonomy, which consisted of two subcategories: judgment based on medical knowledge and initiation of care. Most previous studies found that autonomy is essential for professionalism. Many of the nurses said they needed autonomy, as reflected in the following comment:

“Nurses are required to have as much knowledge as physicians. The conditions of the elderly easily and suddenly change. So, the skill to observe their conditions and judgment making when physicians are absent”.

The second theme identified by the participants was comprehensive care. This theme encompassed three subcategories: life model, life background, and geriatric nursing. The provision of nursing care that is focused on the life model and life-oriented care are characteristics of geriatric facilities. These two statements were the major comments:

- Nursing care of geriatric facilities is basically to support the residents physically, mentally, and socially.
- Balancing of medicine and patient’s life is characteristic of geriatric nursing.

The next theme was patient advocacy. This theme consisted of two subcategories: realization of the patient’s thoughts and wishes and patient-centered care. Interviewee comments included the following:

- Whether the medical care is best thing for the residents or not...For the best decision.
- To focus on the resident’s thoughts and wishes is the problem... not a medical a problem.

The fourth theme to emerge was working with other specialists, including collegiality and collaboration, and consisted of two subcategories: coordination of a special team and leadership. Participants’ comments included the following:

- Again, one occupation cannot provide all the care.
- I think there are no guidelines. So, we are going to have to take it to a multidisciplinary level.
- We discuss, in special teams, how to have them spend their lives the best way. And, to coordinate special teams is our role.

Discussion

The characteristics of professionalism that revealed in this study are essential attitudinal attributes. Some subcategories also reflect the characteristics of geriatric care. First, nurses are expected to be autonomous, making definitive decisions when physicians are absent. Most of the medical care provided in facilities involves tube feeding, intravenous feeding, and pressure ulcer care [14]. Recently, the number of residents who are highly dependent on medical care and those who are critically ill has increased in medical facilities [12]. However, staff members in GICFs are a mix of both unqualified and qualified personal care workers, and most of the nurses are only licensed practical nurses; therefore, onsite judgment and medical care depend on registered nurses. Nurses in GICFs are required to make decisions and act decisively when encountering sudden changes in resident’s health conditions.

For geriatric care, as for care of all age groups, nurses obtain a resident’s health history, determine his or her needs, develop a comprehensive care plan, provide treatment and care, and

evaluate the results. While performing these tasks and fulfilling their responsibilities, nurses experience several problems and difficulties in their work environment. The difficulties experienced by nurses in geriatric care include inadequate physical conditions and technical equipment in facilities, care difficulties due to residents’ physical restrictions, communication problems with the residents, and difficulties arising from insufficient knowledge, skills, and experience in geriatric care [15,16]. In addition, Linzer discussed the ethical dilemma involved with the elderly refusing nursing home placement as a conflict between respecting the patient’s autonomy and acting on behalf of their welfare [17]. Understanding and resolving these difficulties will enable nurses to be more satisfied with their jobs and enable them to provide patients with more satisfactory care.

Staff members in GICFs are mostly care workers, including specialists, such as physical therapists, occupational therapists, and social workers. Nurses have reported experiencing problems relating to other medical workers, including differences in viewpoints, vague divisions of work, and difficulties in sharing the care goals of the residents [18]. The nursing profession is indirectly affected by the rapid changes in health services. As the number of quality studies have increased in recent years, the involvement of nurses in these studies has been critical; study findings reveal that nurses are aware of these health service changes and how these changes affect them as professionals. They are also aware of their own roles and responsibilities, behave autonomously, think critically, make their own decisions, respect other medical professionals, and are sensitive to the ethical values of the profession.

Conclusions

Professionalism as identified in this study is similar to that of clinical nurses reported in previous studies. However, some subcategories are specific to the characteristics of GICFs, such as autonomous decision-making when a physician is absent and comprehensive care of the patient according to the life model. Understanding professionalism has significant implications in terms of affirming and identifying sources of job satisfaction among nurses and creating a professional practice environment in GICFs.

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