



TRAINING PROGRAM OF THE NURSING SPECIALIZATION STUDENTS FOR WORK IN REHABILITATION HOSPITALS

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Abstract

The globalization processes and the tendency of constant growth of healthcare needs in Europe and the world necessitate the introduction and application of new models of healthcare provision. There is a direct correlation between the specialists' qualification and the better health results with the patients. Most efficient are the specialists who apply a holistic approach in their clinical practice, that is why we need highly effective specialization programs and constant training of the healthcare specialists with a close relation between education and actual nursing practice.

This inquiry surveys the opinion of students of the "nursing" specialization and their assessment of their theory and practice training for work in rehabilitation hospitals. It describes the guidelines for the training of students of the "nursing" specialization and the practicing nurses in the philosophy, specific features and function of nursing in the rehabilitation process.

Key Words: Training, program, nurse, hospitals, rehabilitation.

INTRODUCTION

According to the International Healthcare Institute, people increasingly suffer from various diseases. Nowadays medicine is able to save the lives of very seriously ill patients and victims of accidents who died in the past but now stay alive, very often in a state of disability. An extensive rehabilitation activity would help these people restore their health or be able to perform their vital functions.

Rehabilitation sets itself the noble task, by means of a complex of activities, to prevent disability and rehabilitate a maximum number of people, sick or disabled, by restoring their psycho-physical status and their professional and economic capacities, so that they can resume their place in society in a manner consistent with their health status. So the interest in the development of rehabilitation of the sick and disabled is constantly increasing not only on a nation-wide but on a world-wide scale. This intensifies the need of strengthened and expanded responsibilities and functions of healthcare professionals.

The means of rehabilitation play a vital part in the overall restorative process. Their careful selection can speed it up and shorten the period of restoration and assist the proper labor and professional training or requalification for a complete or partial resocialization of the disabled individual. All types of rehabilitation activities – medical, social or employment – have a wide range of means and methods to perform the rehabilitation process. According to A. Justini, the major means used in medical rehabilitation are:

Medical interventions

- medication used to restore or improve the body structures and functions, for instance, pain control, anti-inflammatory therapy, muscle tone regulation, for the improvement of the perceptions and physical capacity, or the treatment of depression;

- practical procedures, including injections or other techniques of introducing medication;
- tests and list of interventions;
- prognostication.

Physical treatment techniques

- manual therapy techniques for the joints and relevant soft tissue dysfunctions;
- kinesitherapy and therapeutical exercises;
- electric therapy;
- others, incl. ultrasound, heat and cold treatment, light treatment, hydro- and balneotherapy, diathermy, massage, lymphatic therapy;

Ergotherapy

for

- analysis of everyday life activities, maintenance of impaired body structures;
- patient training in crossing barriers in everyday life;
- training of the impaired function and of cognitive processes;
- stimulation of motivation.

Speech therapy and relevant activities as parts of complex specialized rehabilitation programs;

Treatment of dysphagia

Neuro-psychological interventions

Psychological evaluation and interventions, incl. psychological advice

Food and diet

Assistive technologies, prostheses and orthoses, technical aids, training of patients, etc.

Training of patients

Nursing rehabilitation care

Although nowadays all these components are introduced to a certain degree into modern culture and scientific knowledge, they are not practiced in the everyday activities of the rehabilitation teams. Moreover, training plans are not very popular and are often incomplete. Unfortunately, still in action is the old negative approach of division of the body into organs and systems, age groups and pathologies. This, to a great extent, compromises the efficiency of the scientific and clinical approach to rehabilitation medicine.

At present, the most important aspect is the necessity to evaluate the efficiency of care and interventions. Only by means of this global approach and joint management it is possible to evaluate the inter-relation between the various treatment methods (and the price thereof) and the final results for patients and society (Justini, 2009).

The tasks of the nurses in the rehabilitation hospitals differ from those in the ordinary medical and prophylactic institutions. That is why they need to receive relevant training and, in the process of their work, to acquire the basic principles of the overall organization of rehabilitation. The nurses are the people that the proper and timely performance of the rehabilitation activities depend on.

If nurses in ordinary hospitals are expected to show care, tenderness, understanding and empathy to the pains and sufferings of the sick people, nurses in rehabilitation hospitals must possess these qualities even to higher degree. That is so because disabled people or people threatened with disability suffer from a disturbed psychological balance and, as a result of their disease, build a so called mental barrier that is hard to overcome.



This barrier makes proper targeted medical rehabilitation more difficult. And nurses can contribute to overcoming it because they are nearest the patients and the patients trust them.

Apart from the variety of professional roles and functions of nursing, different studies have been performed during the last decade which submit positive information about the efficiency of nursing activities. It is found that healthcare specialists provide health care of good quality at a lower price.

Healthcare quality expresses itself in providing the patients with the activities that improve their health and guarantee their satisfaction.

Healthcare quality and efficiency depends to the highest degree on the professional competence of healthcare personnel. Professional competence is defined as a synthesis and interaction of values, knowledge, skills, professional and personal qualities. *For healthcare professionals* quality is evaluated against a scale of professionalism based on the ability to use diagnostic and therapeutic techniques under optimal conditions of efficiency, safety and good timing.

High-quality nursing care for the population is based on: improvement of training, research in the sphere of nursing and application of the results obtained therein in practice.

The philosophy of nursing activity in rehabilitation hospitals is expressed in the assistance to the patients to achieve an optimum health level in each situation by planning of care and provision of the relevant interventions (www.nsna.org, Rehabilitation nursing). Nurses play many roles in the performance of their duties. One of them is the role of a teacher. There they have to be knowledgeable, informed and dynamically involved in human intercourse (Stambolova, I., 2012). Every patient has the right to receive information about his disease, trauma, prognosis and health status. Training people of various ages and being familiar with the risk factors of the diseases of each age period, the nursing personnel helps people understand how to change their behavior to protect their own health, the health of children and relatives, or keep it on highest possible level.

The training of patients and family members in solving health issues is another important function of nursing personnel. In some cases that can be training in specific habits of care for oneself or a child or an adult, and in other cases that can be preparation for a test, or taking medication (for instance, giving insulin injections) or training in healthy diet. By teaching the patients the nurse helps them adapt to their state, preserve their body comfort level to the most or change their lifestyle to reduce the risk factors of their diseases (Mouhina, 2006).

The role of the nurses in rehabilitation is not only of performers but also of supervisors of the teaching program for the patients (Perchev, I., 2006). Therefore, they must be well trained how to meet the specific needs of the patients and their families. Healthcare specialists are expected to have the necessary knowledge and skills to assess the psychological and social needs of their patients and to manage the multitude of complex problems arising in the realization of their rehabilitation programs (Glutnikova, Z., M. Moutafova, S. Popova, 1998).

Besides the medical and teaching functions of nurses in rehabilitation hospitals, very important are the social nursing functions. They include such activities as reception and accommodation of the patient in the hospital, providing of sufficient information to the patient, both in terms of volume and quality, as well as respect for the patient's rights, support and development of his/her psychological adaptation and stability and keeping in touch with the patient's family and relatives, etc. (Grancharova G., A. Velkova, S. Alexandrova, 2002).

It is very important to assess the impact of the disease on the functional status and the ability of independent everyday life. The functional status consists of several elements: basic and instrumental everyday activities and social roles of personality, status of the sensory organs, mobility.

The functional capacity of the patients to cope with the major everyday activities is in fact their competence to take care of themselves and independently perform six basic activities: feeding, showering, dressing, use of the



bathroom, going to bed and getting out of bed, control of pelvic pouches (continence) (Grancharova G., A. Velkova, S. Alexandrova, 2002).

Training in everyday activities must first of all be consistent with the degree of damage and the functional status of the chronic patient.

In view of the above and of their dependence on external aid, the patients can be divided into three main groups (there are subgroups as well, which include also dependencies with control on chronic diseases and not only physical dependence): bedridden patients who cannot cope without external aid; patients who can move with external aid and whose dependence is not so complete; patients who can move by themselves.

During patients' training, the assistance of the trainees should always be sought on the principle of awareness and active participation, and the patient is to be previously motivated to perform a certain activity or to be trained. Here the suitable model of behavior is the model of partnership. The patient is to be motivated by the nurse explaining to him what independent activities he will be able to perform after the training.

The psycho-social and physical support or rehabilitation performed by the nurse must be complex and personalized. Complexity means that the nurse should cover all spheres and systems related to the patient.

Personalization supposes that the nurse should always take into consideration the chronic disease, general status, gender, age, interests, education, family, values, intellect, the personal and character traits and the social environment of the patient as well as other factors based on the general assessment of the patient's status.

Everybody needs information about the world around him. When he cannot have such information, the nurse can actively assist him. The nurse is to help the patients, as much as possible, in their socialization, so that they will not feel unwanted and useless for society. (Stambolova, I., 2012).

To be able to competently perform their tasks, nurses need high-quality basic and post-graduate education and life-long training. This means they should receive the necessary knowledge and skills and acquire the basic principles and the organization of rehabilitation in the process of their work. To this end, we surveyed the opinion of nursing students and their evaluation of their theoretical and practical education for work in the rehabilitation hospitals.

MATERIAL AND METHODS

Sociological and statistical research methods were used. The opinions were researched of graduate students of "Nursing" specialization trained in the Vratsa branch of "Prof. Ivan Mitev, DM" of the Public Health Dept. of Medical University Sofia in the 2012/2013 academic year. The inquiry took place during their internship.

RESULTS AND DISCUSSION

The predominant share of the 107 respondents are females – 84.1% (98), while the males are 15.9% (9). The average age is 23.86 ± 5.65 years (from 21 to 30 years of age).

We asked the graduate students about their desire to choose a rehabilitation hospital as their place of work. They all say that when they graduate they agree to work in a rehabilitation hospital, as follows: 55% fully agree and 45% would rather agree to work in such a hospital if they have no other choice. The respondents do not express the opinion that they would not work in a specialized rehabilitation hospital, although the question "Are you familiar with the organization of nursing work in a rehabilitation hospital?" does not receive the answer "fully familiar" from any of them. The trainees who are partly familiar amount to 54.6%, while the share of those who are not familiar with the organization of the nursing work in the rehabilitation hospitals is 45.4%. A strong statistical dependence ($p < 0,01$) was found between the students' desire to work in a rehabilitation hospital and their awareness of the organization of nursing work in such a hospital.

16.7% of the students who would like to work in such a hospital without any hesitation do not know anything about the work of the nurses there, while 83.3% are only partially familiar. 80% of the graduates who would start work in a rehabilitation hospital only if they had no other choice are not familiar with the organization of work, while 20% are only partly familiar. It appears that no students are fully familiar with the nursing activities in these hospitals and there are no students who do not agree to would not work in them (fig. 1).

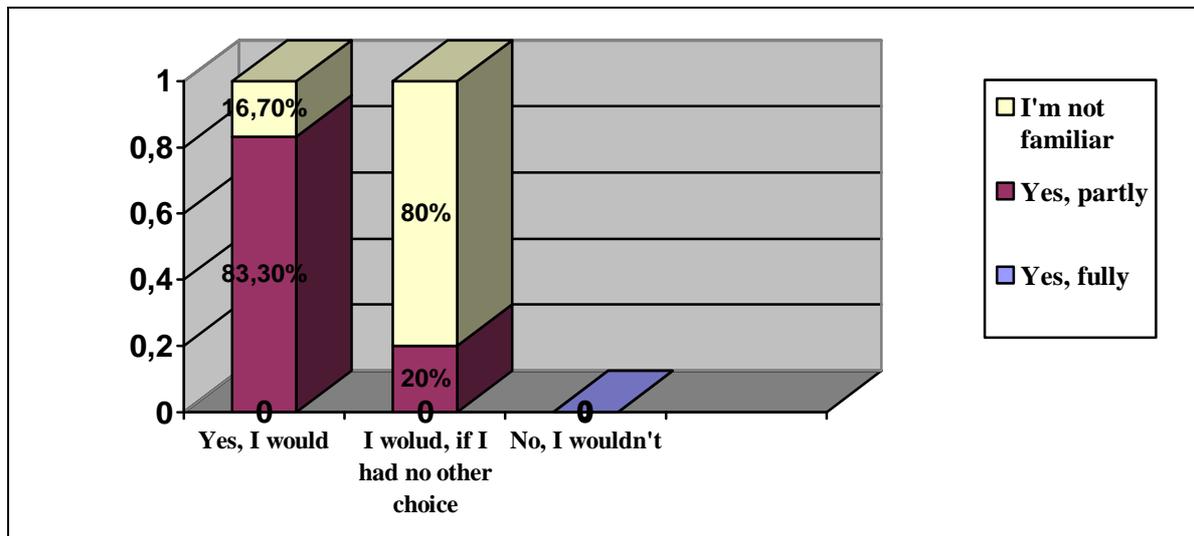


Fig. 1: Inter-relation between the students' readiness for work in a rehabilitation hospital and their awareness of the organization of the nursing work

The partial information students have of nursing activities in rehabilitation hospitals comes from different sources. 83.4% of them reply that they have studied nursing for these hospitals but only in theory; 22.7% of them have some information from seminars; 18.2% have visited a rehabilitation hospital or ward during their training practice. Students have received some information about nursing in rehabilitation hospitals from other visits to these institutions: 4.6% of them have been treated in such a hospital, 27.3% have visited some relatives there and 13.6% have information from the media (fig. 2). The percentage exceeds 100 because some respondents give more than one answer.

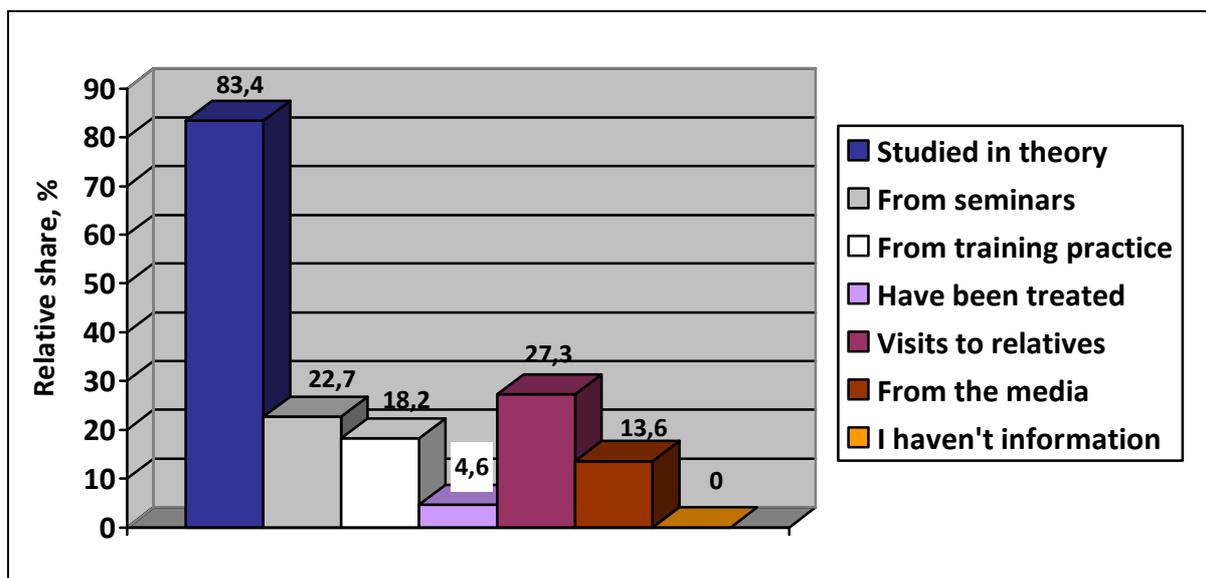


Fig. 2: Sources of information about nursing in rehabilitation hospitals

Patients have a variety of rehabilitation problems: medical, learning, professional, social, economic, etc. Therefore the rehabilitation team must include a group of different specialists working in close relation and cooperation. This demands from the nurses special skills and approaches to teamwork. The students receive some special training in teamwork, that is why 95.4% of them think that the nursing care needs must be determined jointly in the team and only 4.6% intend to determine the care the patient needs independently by themselves.

50% of all respondents who think that nursing care needs should be determined in a team say that it must be done jointly by the whole rehabilitation team, 22.7% - only by the nursing team, 13.6% - jointly with the doctor, and 9.1% think that the opinion of the patient is the only necessary (fig. 3).

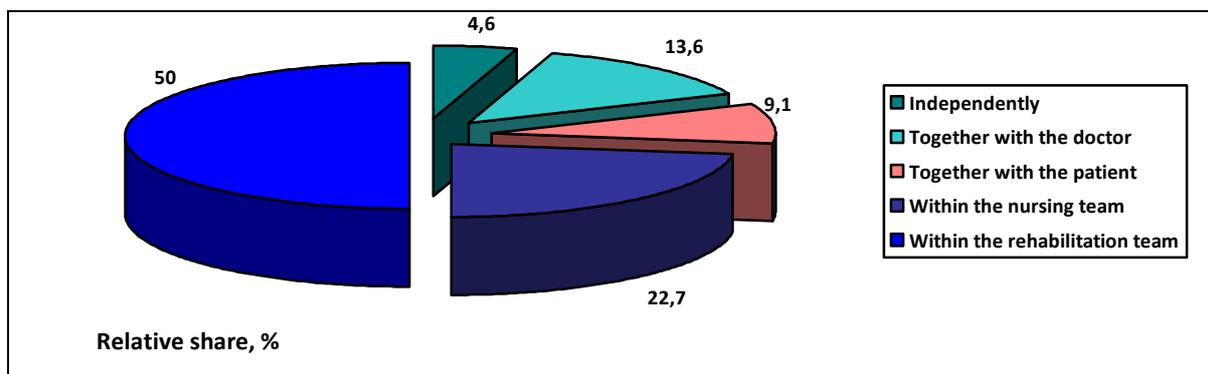


Fig. 3: Distribution of respondents according to their opinion about teamwork when determining the nursing care needs

Regarding the activities where the nurse can be most useful in the treatment and rehabilitation process, a great number of the respondents put in the first place the teaching of the patients and their families (77.3%), in the second place this is the nursing care (13.6%) and only 9.1% of them think that the nurse must consult the patients in health problems.

Although the first place is held by the teaching function of the nurse, only 5.9% of the students say that they have the respective training and competence to teach the patients, 58.8 of them can train patients but only on some issues, while 35.3% do not feel competent (fig. 4).

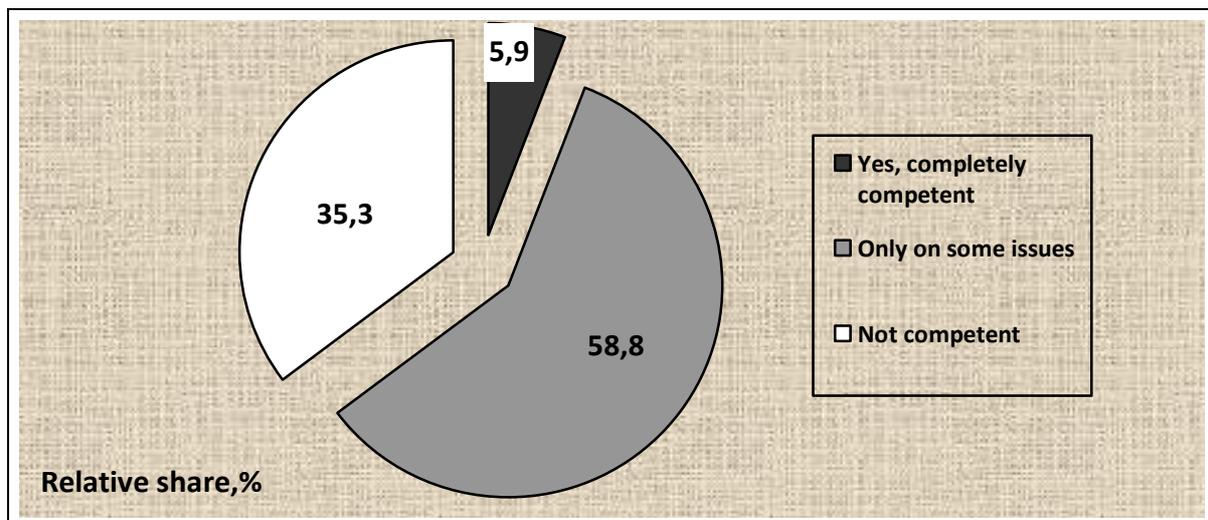


Fig. 4: Distribution of students according to their competence of teaching the patients

A statistical dependence was found between the students' opinion about their competence and the major activities where the nurse can be most useful in the treatment and rehabilitation process ($p < 0.02$). Students feel best trained for nursing manipulations (66.7%). They are not fully trained but can consult patients on some issues related to their health status (90.9%). The biggest share of the respondents do not feel competent to teach patients and their families (75%) – fig. 5.

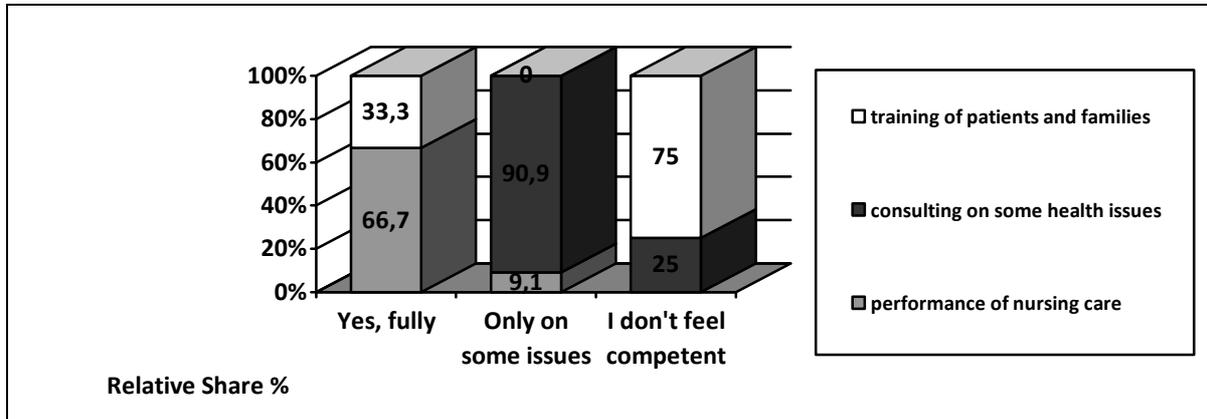


Fig. 5: Inter-relation between students' competence and their usefulness in the performance of major nursing activities in rehabilitation hospitals

To be able to practice their activities with competence, all students think that nurses need special training in rehabilitation hospitals. 63.6% of them say that it is absolutely necessary, 36.4% say that only some of the nurses need it. A great part of the respondents find that the special training of nurses for work in rehabilitation hospitals must be in the form of a short course of 15 to 20 days, while 31.8% of them think a serious training (specialization) will be necessary.

The number of trainees who think that additional training is needed by all nurses and the number of those who find that it is needed only by some of them was compared to the forms of training necessary for the improvement of the qualification of the nurses for work in rehabilitation hospitals. There is a statistical dependence ($p < 0.02$). According to the students who think that additional training is absolutely necessary, this training can be performed in the form of a short course (85.7%), while those who think that only some nurses need this additional training, say that it must be in the form of a specialization (fig. 6).

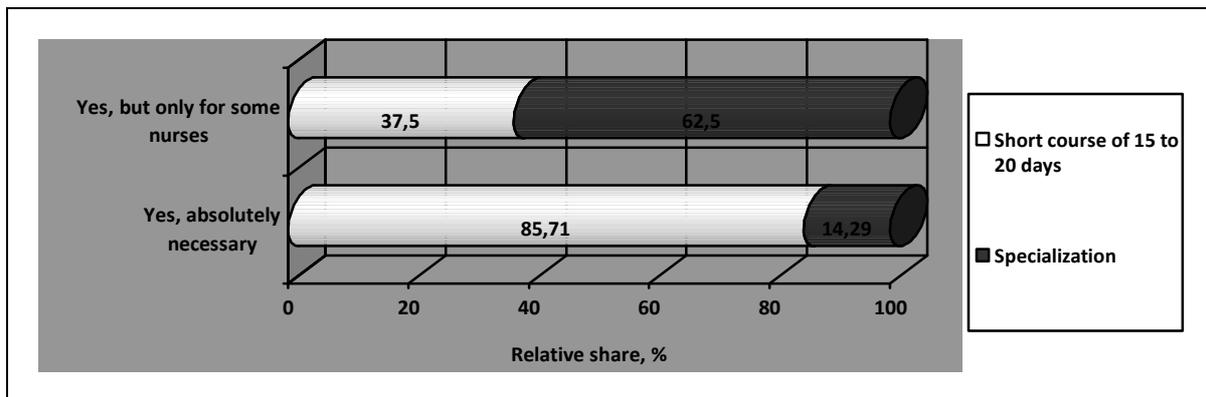


Fig. 6: Inter-relation between the necessity of additional training and a form of the specialized training of nurses for work in rehabilitation hospitals

On the basis of the data obtained by the survey, it was found that students feel best trained for nursing manipulations (66.7%) but are not ready for one of the most important nursing activities in rehabilitation hospitals – teaching of patients and their families how to perform activities that improve their quality of life (75%).



The insufficient theoretical knowledge and practical skills for nursing practice in rehabilitation hospitals give the students of the “nursing” specialization a feeling of insecurity, which necessitates that the universities and their departments need to provide training for the nurses:

- To prepare postgraduate training programs for nurses working in the specialized rehabilitation hospitals.
- To prepare a program of an optional subject that includes nursing care in the rehabilitation process.

The subject of “Nursing care in the rehabilitation process” will give the students knowledge and skills for the general and specialized nursing care of patients who need rehabilitation treatment. Certain nosological units demand a more detailed study of pathological changes and deviations to help the nurse determine the patient’s need of care that will solve his health problems during the rehabilitation process.

CONCLUSION

Regardless of the longer term of education, the more credit hours, both general and practice hours, the practical training of the students of the “nursing” specialization is not efficient enough. Organizational changes are needed so that rehabilitation hospitals be included in the base training facilities. Following from that is the need of a new training program for the students of the “nursing” specialization for work in rehabilitation hospitals. The program should describe the guidelines for the training of students and practicing nurses in the philosophy, specifics and functions of nursing in the rehabilitation process. The quality of nursing care in the rehabilitation hospitals must meet the expectations and needs of the patients, therefore highly qualified and trained nurses are necessary. Good professional training and qualification are the prerequisites of a higher quality of care and better image of the nursing profession.

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