Time of cure and time for care

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Introduction: Nursing activity, is a special services activity with specific work subject: sick human (Martin and Gadbois, 2004). This activity is characterized both by heavy physical load, high cognitive load and also emotional involvement with respect to patients in situations of fragility, suffering and the almost continuous confrontation with death (Estryn-Behar et al., 2011; Malet and Benchekroun, 2012). This activity involves a dimension of “care” and of “take care.” (Elaine and Miller, 2012; Malet and Benchekroun, 2012, Mullaney and al, 2012).

Methodology: This study was conducted with nurse’s team of a day hospital unit dedicated to bronchopulmonary cancer patients in France. After the open observations and informal interviews, we performed systematic observations, explicitation interviews and provoked verbalizations, over a period of 09 weeks. The collect of data was structured by a grid with observable classes (CO) and descriptors characterizing the situation of work (DCS).

Findings: Nurse activity was subject to many constraints, which the most important are the time management. Nurses deal continually with these constraints by adopting collective and individual strategies of regulation and adjustments. For nurses, “time” is associated with triple significations. The first one, refers to “working time” in its classical meaning. The second dimension of the time is the “time for the patient” due to the strong perception of the dynamic nature of the disease within the day hospital. Nurses developed a special awareness around this dimension of time. The third dimension of time developed by the nurse team the ”time benefit” relates to the declared aim of the hospital direction which is ”maximum profitability by every unit”. Conclusion: In day hospital, nurses composed with multiple time constraints, taking care of all its dimensions generated above; and often associated to emergency pressure and to a high number of patients taken in charge at the same time. In most cases, the dimension of “take care” will be sacrificed during regulation strategies. Although, according to some of observed situations and interviews; depending in nurse’s expertise and her assessment of the situation in the day hospital, the ”take care” is in some situations particularly developed with larger time accorded to the information, the explication and even the coaching of the patient to better prepare him both to the therapeutic process and to an active participation on medical decision. In this communication we will display multiple observed examples of situations where time of ”take care” occupy central place in nurse activity. In this situation nursing is not only limited to ”doing for the patient”, but it is developed ”to doing with him”, while simultaneously the nurse continue to juggle with time constraints.

Keywords: Nurse activity, Day hospital, Time constraint, Regulation, The care

1. Introduction

During the last decades, public hospitals have seen a significant number of reforms that aimed mainly at rationalizing and optimizing the expenses. Gradually, the hospital has been invaded by certain economic logics borrowed from the industrial world (Mas et al., 2011, Pierru, 2009). In fact, caregivers were forced to deal with these logics which were different and often paradoxical to their jobs perceptions (Acker, 2005; Mas et al., 2011). As a result, discomfort was felt among the nursing staff (Ravallecet al., 2009; and Benchekroun Malet, 2012) and regulations adopted by these operators to achieve the activity goals, were made at the expense of their health. Indeed, the quality of work desired and claimed by these professionals was undermined given. They may not perform their jobs properly and their health is often affected (Y. Clot 2010). The discomfort of health workers became conspicuous through the large number of nurses leaving the profession prematurely (Desriaux, 2009), the rate of absenteeism and the high number of work-related diseases developed (burnout, musculoskeletal including back pain) (Desriaux, 2009; Läubli, 2006; and Benchekroun Malet, 2012).
In this paper, we seek to analyze nurse activity in this context. After detailing the methodology of the research conducted in relation with a nurse team of Pneumology day hospital; specializing in the treatment of serious diseases, mainly lung neo-plasmas. Finally, we will report and discuss this work’s findings.

2. The Care: Relationship beyond the technical act

The activity of care is a particular service, due to the specificity of the object of the work that is the human being (Falzon and Lapeyrière 1998; Martin and Gadbois, 2004). For operators, this activity is characterized by a heavy physical load, high cognitive load, an emotional involvement towards patients experiencing weakness and suffering; as well as the confrontation, almost continuous, with death or the ideas attached to it (Estryn Behar et al, 2011; Malet and Benchekroun, 2012).

In addition, the care activity involves a dimension of "care" and "take care" as it was explained by Malet and Benchekioun (2012). The dimension of "taking care" exists even in the most technical moves such as handling. Indeed, this kind of care which is often reduced to its biomechanical dimension bears the double meanings namely "cure" and "care" (treat and care). However, as a result of the bulk of constraints imposed on nurses, especially those related to the business activity and working time; the "take care" dimension is increasingly absent in the acts of care. This loss partly explains the "discomfort in profession(Estryn Behar et al, 2011; Malet and Benchekroun, 2012, Martin and Gadbois, 2004)

3. Methodologie

This study was conducted in an inter-communal hospital in France with a nurse team in the in-patient unit day of the pulmonology department. This unit is mainly devoted to care for cancer patients (diagnostic and therapeutic). This study was conducted in two phases. The first phase was an open observation phase of the activity of nurses and their interactions with other professionals in the department. These observations were taken in three weeks and aimed at the familiarization with the field of the study, understanding the overall functioning the day hospital. During these observations, informal interviews were performed with all the nurses as well as the medical staff, orderlies and the chief physician and nursing supervisor framework.

The second phase lasted nine weeks, and systemic observations, elicitation interviews and provoked verbalizations.

During systemic observations, data collection was structured according to a grid of observable classes and descriptors characterizing the situation of the observed work. Among the day hospital nurses team, we distinguish between the experts (02) and the experienced (03). The former are nurse with experience of at least 4 years, recognized by the peers as experts in their fields having a direct relationship with the medical hierarchy and performing an informal role in the team. The latter, on the other hand, are with an experience of less than 3 years and are recognized by peers as mastering their roles and missions.

The results reported in this paper are related to the activity of "nurses consultation" established a year ago within the team and individually ensured by each of the nurse. The two experts nurses were responsible for developing the paperwork during this consultation and were integrated into the nursing file. This consultation is planned between the announcement consultation of diagnosis (performed by the doctor) and the expected date of the first chemotherapy regimen. It is done for outpatients (not admitted to the day hospital). The prescribed duration of this consultation is half an hour.

The nurse who ensures the consultation with a patient is most often the one responsible for his support on the day of his hospitalization for chemotherapy treatment. With reference to the requirements, consultation is an opportunity for the nurse to resume with the patient what has been explained during the announcement consultation to reassess his reaction and acceptance of the diagnosis and treatment. Side effects that are eventually possible with the prescribed chemotherapy are also included. The last part of this consultation should be devoted to the presentation of the day hospital staff, the explanation the hospitalizations day progress and the delivery of information brochures.

4. Results

In this study, we noted that, nurse activity was subject to multiple constraints, the most important one of which was the temporary constrain. Moreover, nurses continually adopted, various collective and individual adjustments and regulation strategies to deal with these constraints.
3.1 Time constraints and care management

According to nurses, time constraints in the day hospital have a threefold meaning. The first refers to "working time" in its conventional meaning, but not less restrictive. Indeed, this sense refers to the finalization of workload, which has to be performed, in the delay allotted for the act; while respecting the timing of prescribed tasks and temporal coordination with the activities of others staffs (medical team..) with whom they share the working space.

The second meaning is the "time for the patient." In fact, the dynamic nature of the disease is present in the day hospital framework. The prognosis of malignant diseases; therapeutic response, the healing process and patient quality of life are largely dependent on how early the therapeutic management is performed. Nurses develop a special awareness around this dimension of time. As they are responsible for fixing appointments, they shall aim at reducing delays, especially between the diagnosis, the nurses' consultation, and the first hospitalization for chemotherapy.

The third dimension of time developed by the nurse team in pulmonology day hospital is the "time benefit." Indeed, following the adoption of the billing system to the act (fee for service), patients flow (turnover) had become one of the most important indicators of the care activities insured and prescribed in this hospital structure. Thus, the evaluation of each nurse of the day unit and their activity (so these opportunities to advance in his professional statue) is done according to the "number of acts coded" by this person. According nurse's interview, this last dimension, does not only impact their individual evaluation and the progress of their career, but it also determines the "weight and the power" of the unit and thus in major part the budget that will be accord to it. This is why, in addition to the various above mentioned meanings of time, nurses must incorporate the question of profitability and the number of acts to be performed and the number of patients registered in unity with and extra dimension of emergency to perform their activity and more pressure related to the bigger number of patients to take care of at the same time in the unit.

In order to face these constraints and achieve the profitability goals as well as the quality of care, day hospital nurses are continually using individual and collective regulations and coping methods. The nurse's consultation is an activity that is approached with different modes of regulation especially between nurses expert and experienced, particularly in terms of the degree of patient involvement in the care process.

3.2 To do instead of the patient” or “do with the patient”:

In situ observations, various forms of individual regulations of the nurses consultation activity have been identified notably among experts nurses and experienced one. The nurse's consultation is planned for patients whose diagnosis of pulmonary neoplastic pathology was retained and the therapeutic program was decided.

The experienced nurses conduct their consultations for 15 to 25 min. These consultations are limited to the prescriptions that are sometimes incomplete. These nurses take back with the patient the medical diagnosis previously established by the doctor, reassess his acceptance of the diagnostic questions according to the support, resume possible adverse effects of the treatment and provide to him informational brochures available. The explanatory section of the expected progression of the hospitalization day is often not included or reduced to an average talking time of 03 minutes.

On the other hand, expert nurses offer a consultation for a period that often exceeds 30 minutes (average= 38min). This consultation is an opportunity to provide patients with information and explanations that go beyond simple prescriptions. In addition to the "traditional" information relating to the diagnosis and treatment regimen, experts nurses inform patients about the practical progression of the hospitalization day (administrative procedure, chronological order of acts to perform and interests...). A particularly expanded explanation is given to the practical development of the various phases of chemotherapy and the “early warning indicators" of possible side effects.

Experts nurses finish the consultation by administering information brochures available. They insist on patients to well read and understand them before the hospitalization day. They also suggest them to look for additional information on the internet if necessary. If the patient is accompanied by a relative during this visit, the expert nurse invites also this accompanying to learn about the issue and discuss it with the patient. This is particularly present when the patient has a difficulty in reading or searching information on the web (illiterate, vision or language problems...).
During the elicitation interviews with experienced and expert nurses, two different considerations and perceptions of nurse's consultation have been expressed. On the one hand, the experienced nurses explained that they adjust the duration of consultations according to time constraints on the day of the consultation. When these constraints are important, the experienced nurses reduce this time by limiting the consultation to the written documents. The explanatory section on hospitalization day progression is postponed for the admission day to the day hospital unit. Indeed, the experienced nurses’ regulations depend primarily on the immediate and impending situation.

Experts nurses, on the other hand, express a more global vision of this consultation activity. They agree that the conduct of their activities is strongly influenced by the patient. Depending on the degree of patient preparation for the hospitalization day, care activities will be more or less fluid. Overtime (in comparison to the time prescribed) that is invested in nurse’ consultation, allows a better flow of hospital days for the patient. In this context, expert nurse regulations relate to future care situations. These nurses choose to devote more time at the first consultation to save time at future hospitalization day. They encourage patients to become more actively involved in the care process, to create additional possibilities and maneuvers to prevent situations at risk of overflow: They try to prevent especially periods when they may be overwhelmed by a significant number of activities to perform in a very limited time. So that, the patient is approached as an active collaborator that may help in preventing these situations when is well informed and prepared.

5. Discussion and conclusion

Nurses in the day hospital are particularly subject to significant time constraints (Clot et al, 2004; Molinié, 2005, Ravallec et al 2009 ). These operators, to achieve their objectives, employ multiple adjustment modes, and individual and collective adaptive strategies (Clot et al, 2004). These regulations often aim to reduce the time cost of the task to create additional possibility to act. Were observed, during nurse's consultation, different regulation strategies. Were observed, during nurse consultation, different regulation strategies. In this respect, we distinguish two main methods of regulation of care work between the experienced nurses that is "do for the patient or instead him" and expert nurses that is "do with the patient."

The experienced nurses consider that the nurse consultation is an expensive task in terms of time. The adjustments are often about reducing the time of this consultation. For experts nurses, the nurse’s consultation is considered as a suitable space to push the patient to become an active participant in the treatment project. They invest additional time during the consultation to well prepare and "orchestrate" the patient to become a co-producer of the health service (Falzon and Mollo,2007 ; . This co-production between patients and nurses, allows to these latter to prevent overflow situations and to have additional control possibilities for care activities and margins for maneuver in terms of time (by thinking differently their future activities).

Certainly the highlighted side of this timing strategy is to keep the patient adequately informed and will not need to ask questions about hospitalization, it is thus a facilitator of the activity which becomes more fluid. Approached like this, the patient becomes an additional resource for nurses to better regulate their activities and create extra possibilities for maneuver .This process of patient empowerment can also enable active participation in the safety of care for example with early detection of adverse effects (Mollo, 2010). Similarly, it can be a more invested axis in terms of work experience for the nurse and care relationship, on the one hand, and on the quality of care, on the other hand(Starkey et al, 2003 ; AUjoulat et al 2007)..

A legitimate questioning may emerge about the possible risk of an "empowered" patient who would be more demanding in terms of explanation of the care activity with a higher time cost. This hypothesis could even be more radical. Indeed, providing the information on the treatment foreseeable risks and side effects could lead the patient to refuse treatment. In this case, can we say that this becomes a risk that reduces the quality of care?

References


