Çocuk Hemşirelerinin İş Yükü ve İş Doyumu

Uzm. Hem. Ebru Melek Benligül

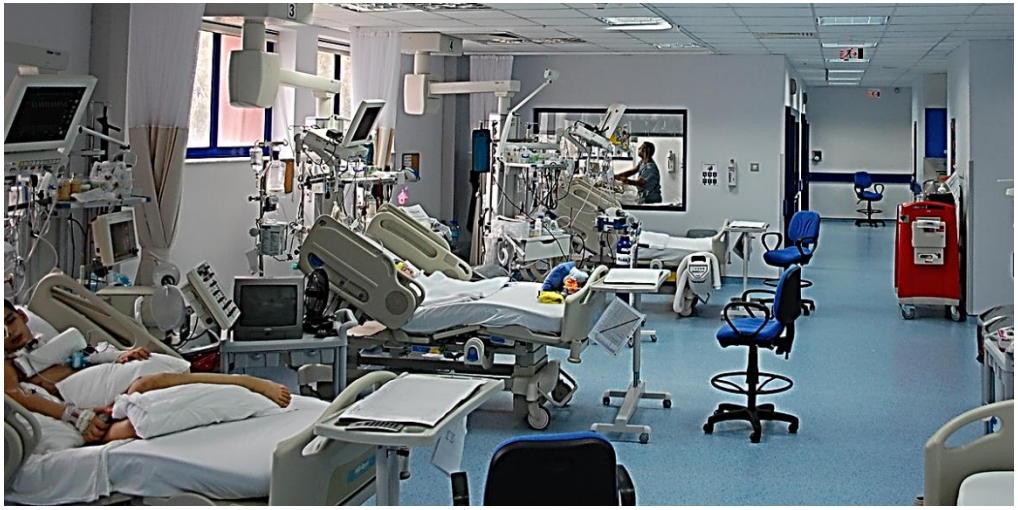
Dokuz Eylül Üniversitesi Hastanesi

Pediatrik Yoğun Bakım Ünitesi

Sağlık Sisteminde Değişim

Sağlık Hizmetleri Sunumunda Değişim

- Hasta güvenliği
- Kaliteli sağlık hizmeti
- Hasta hakları
- Standardizasyon



Değişen ve Gelişen Sağlık Ortamları

Dokuz Eylül Üniversitesi
Çocuk Yoğun Bakım Ünitesi

- Tanı yöntemlerinde gelişme
- Tedavi modellerinde değişimler
- Maliyet etkili uygulamalar
- Karmaşık hasta gereksinimleri

Değişen ve gelişen sağlık sistemi

Hemşirelik mesleğinden beklentilerde artış

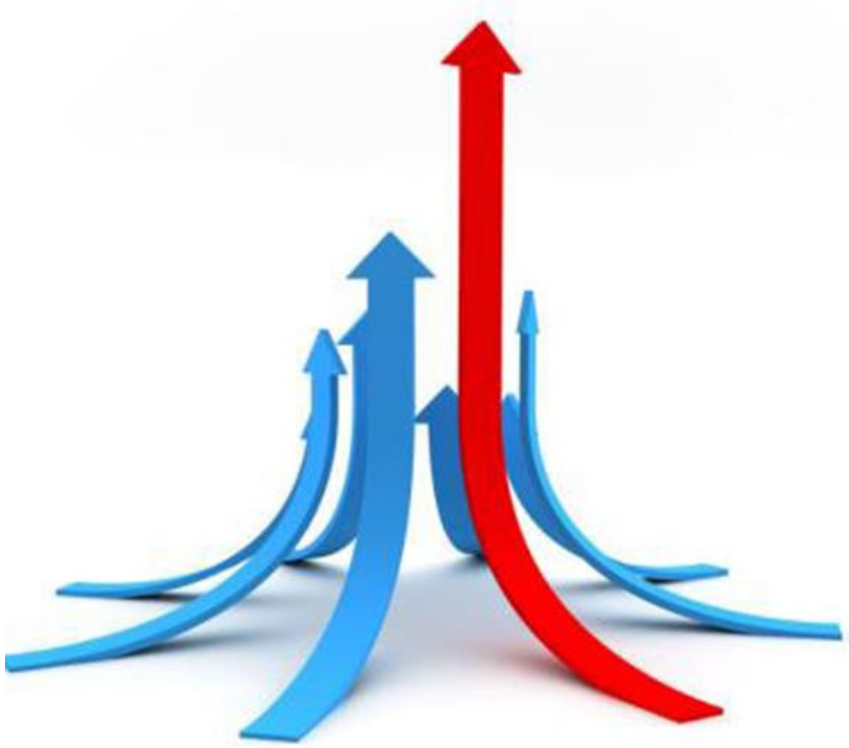
Klinik Yeterlilik

- Eleştirel Düşünme
- Problem Çözme Becerisi
- Kendine Güven
- Akılcı Kararlar Alma
- Sistematik ve bütüncül yaklaşım
- Kanıta dayalı uygulama
- Etkin iletişim ve ekip çalışması
- Liderlik becerileri

Teaching and Learning in Nursing (2014) 9, 16–22

Procedia - Social and Behavioral Sciences 116 (2014) 3864 – 3868

Çocuk Hemşireliği



beklentiler en üst düzeye çıkmaktadır

Tüm dünyada hemşirelik alanında
iş gücü krizi yaşıyoruz

UK News

Mirror
WEBSITE OF THE YEAR

Concerns: Shadow health secretary Andy Burnham

Savage Tory cuts are putting the lives of hospital patients at risk because the NHS has 20,000 fewer nurses than it needs, disturbing figures reveal today.

Staff crisis in our hospitals - NHS is 20,000 nurses short because of Coalition's £20bn health budget cuts

Bu kriz hemşirelerin sayısında hayati bir azalmayla kendini göstermektedir

Midlands News Website of the Year
Express & Star

PUBLISHED: October 28, 2015

Wanted: 200 Filipino nurses to solve staffing crisis at Wolverhampton's New Cross Hospital

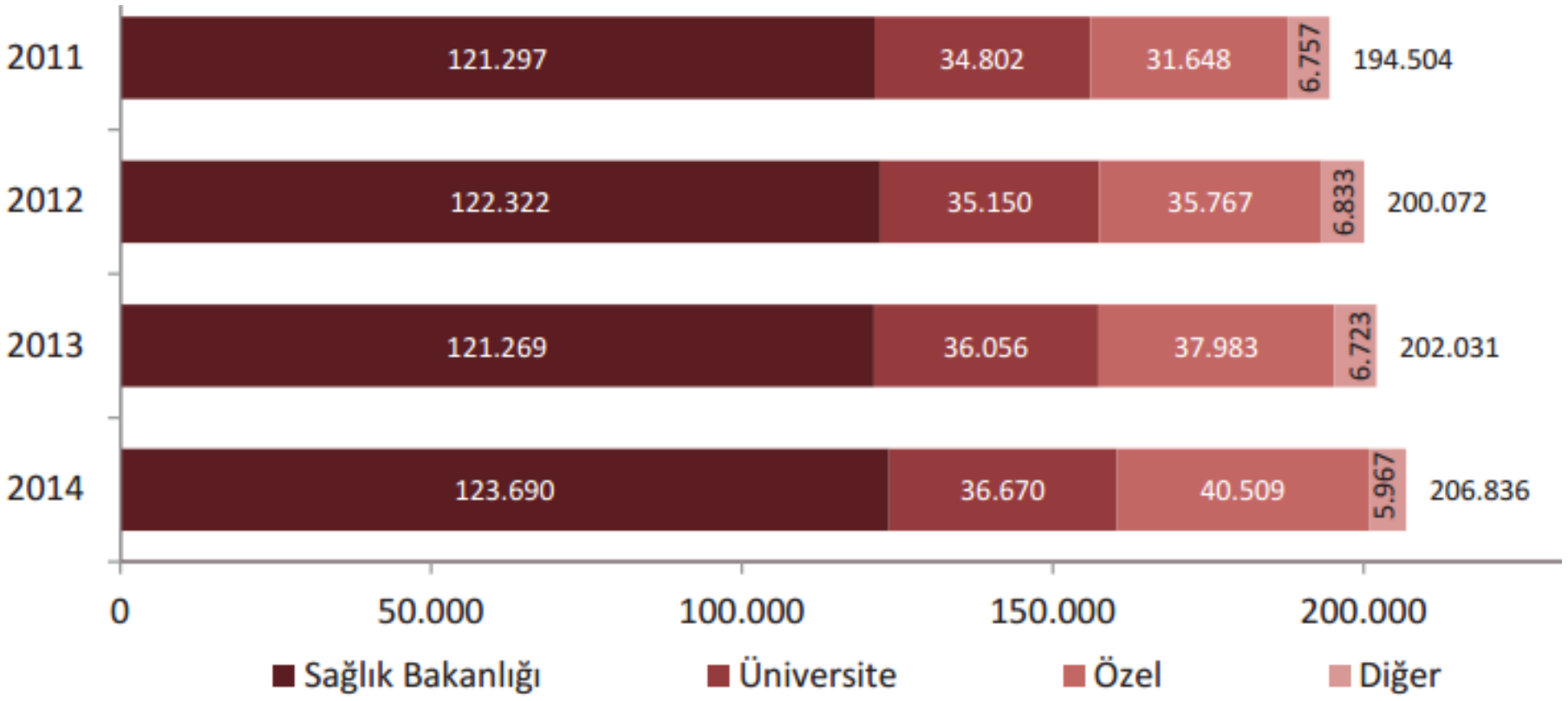
New Cross Hospital is looking to recruit 200 Filipino nurses in an attempt to solve its staffing crisis.

04 Kasım 2015, Çarşamba

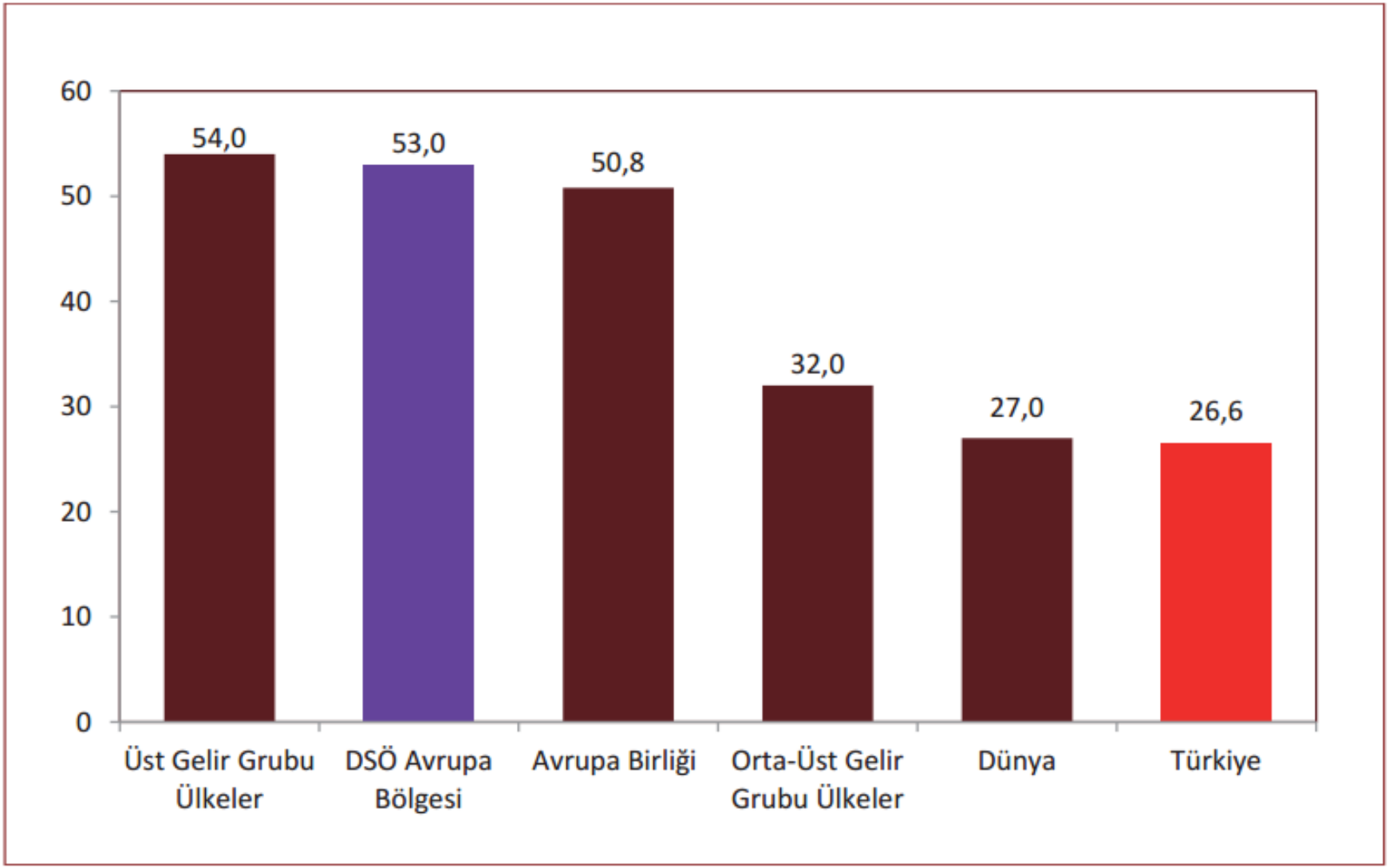
EGE ÜNİVERSİTESİ'NDE HEMŞİRE KRİZİ

İzmir'de, Dokuz Eylül Üniversitesi Hastanesi'nde başlayan hemşire krizi Ege Üniversitesi Hastanesi'ne de sıçradı. Hastane bünyesinde bulunan Çocuk Hastanesi Çocuk Psikiyatri Kliniği'nde tedavi gören 12 çocuk, hemşire yetersizliği gerekçe gösterilerek 5 ve 6 Kasım 2015 tarihlerinde taburcu edilecek.

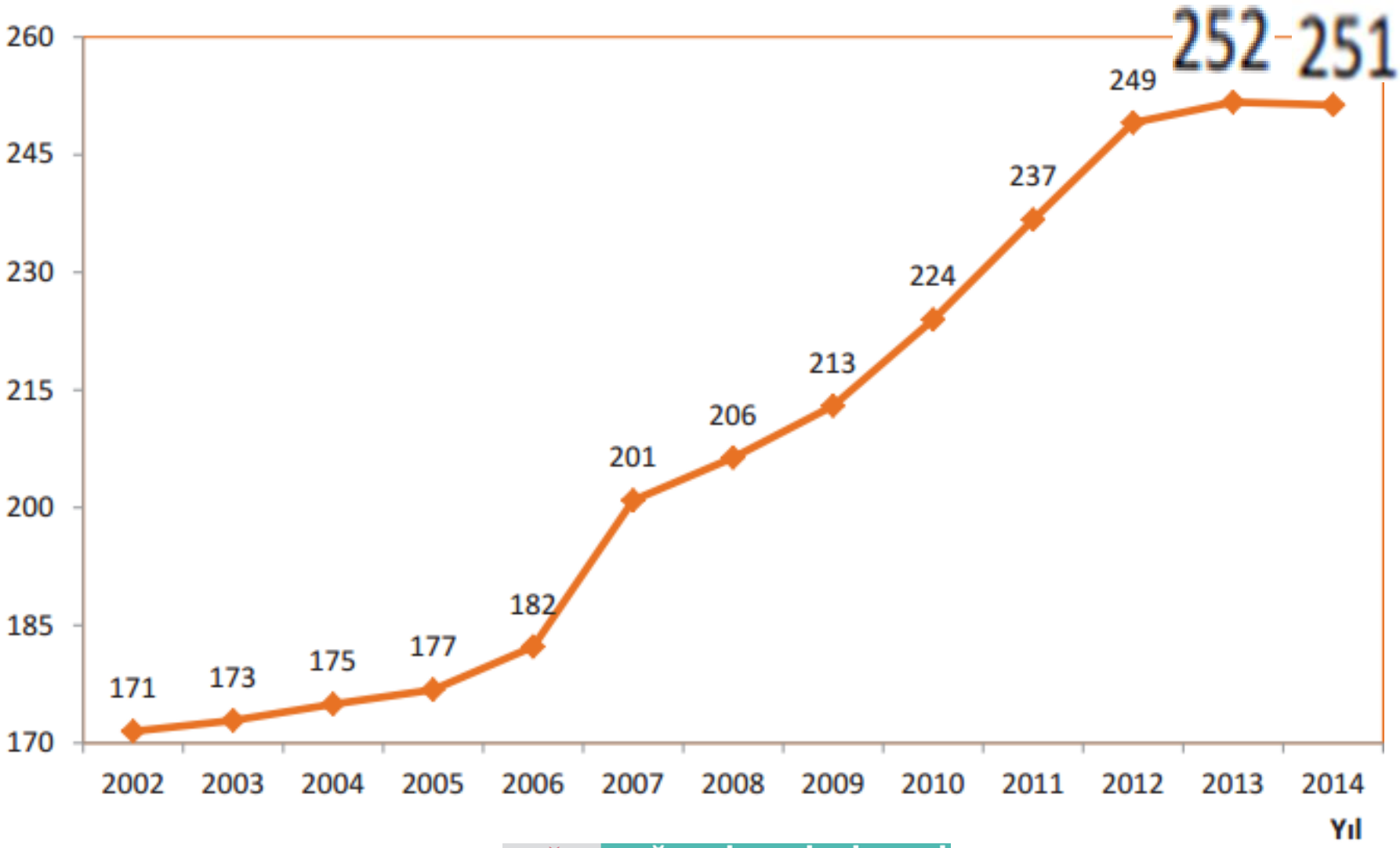
Yıllara ve Sektörlere Göre Hastane Yatağı Sayısı, Türkiye



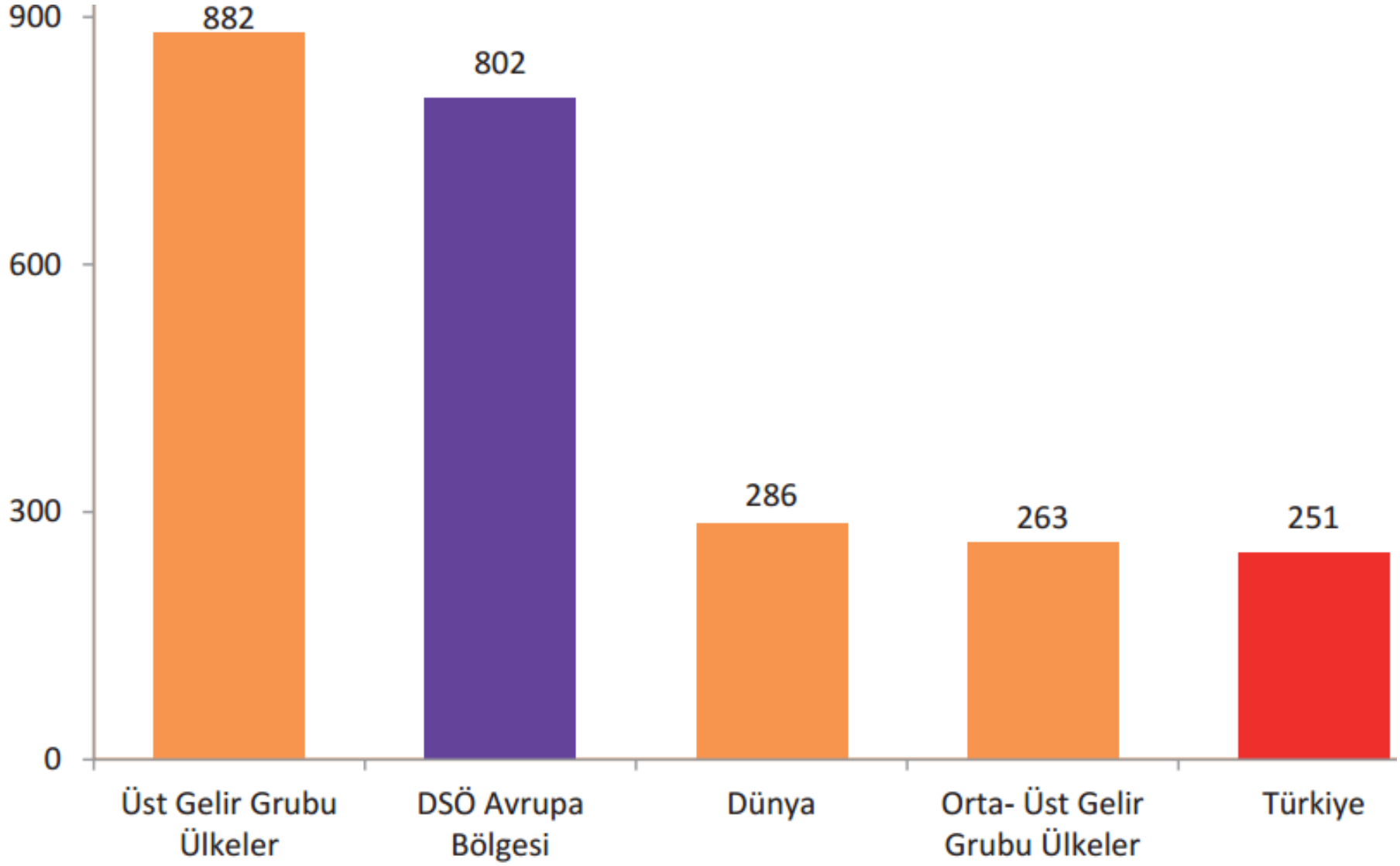
10.000 Kişiye Düşen Hastane Yatağı Sayısının Uluslararası Karşılaştırması



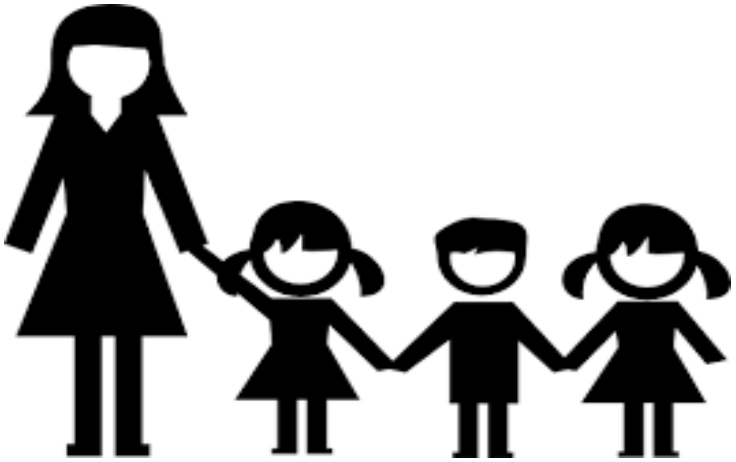
Yıllara Göre 100.000 Kişiye Düşen Hemşire ve Ebe Sayısı, Tüm Sektörler



100.000 Kişiye Düşen Hemşire ve Ebe Sayısının Uluslararası Karşılaştırması



Hasta sayısının artması



Hemşire sayısının azalması

Hemşireler personel yetersizliğine isyan etti

14 Temmuz, 2015

Bakım Verici ve Sağlığı Koruyucu

Eğitici ve Araştırmacı

İletişimci ve işbirliği

Savunucu ve Karar Alıcı

Yönetici ve Koordine Edici

Rahatlatıcı

Danışmanlık

Rehabilite Edici

İş Yükünde Artış

LINDA H. AIKEN[1,2], SEAN P. CLARKE[1] AND DOUGLAS M. SLOANE[1] FOR THE INTERNATIONAL HOSPITAL OUTCOMES RESEARCH CONSORTIUM

International Journal for Quality in Health Care 2002; **Volume 14, Number 1**: pp. 5–13

Nurse-to-Patient Ratios and Neonatal Outcomes: A Brief Systematic Review

Michael Sherenian[a, b] Jochen Profit[d] Barbara Schmidt[c] Sanghee Suh[a]
Rui Xiao[c] John A.F. Zupancic[e] Sara B. DeMauro[a, c]

[a]Department of Pediatrics, The Children's Hospital of Philadelphia, [b]Drexel University College of Medicine, and [c]Perelman School of Medicine, University of Pennsylvania, Philadelphia, Pa., [d]Department of Pediatrics, Baylor College of Medicine and Texas Children's Hospital, Houston, Tex., and [e]Department of Pediatrics, Harvard Medical School and Beth Israel Deaconess Medical Center, Boston, Mass., USA

Yenidoğan yoğun bakım ünitelerinde

Düşük hemşire / hasta oranı
ile yüksek mortalite arasında
ilişki vardır

Neonatology 2013;104:179–183

The NEW ENGLAND JOURNAL of MEDICINE

SPECIAL ARTICLE

Nurse Staffing and Inpatient Hospital Mortality

Jack Needleman, Ph.D., Peter Buerhaus, Ph.D., R.N., V. Shane Pankratz, Ph.D., Cynthia L. Leibson, Ph.D., Susanna R. Stevens, M.S., and Marcelline Harris, Ph.D., R.N.

8 saat ve daha fazla süre
hedef sayıdan daha az hemşire çalıştırılması
mortalite riskini %2 arttırır

N ENGL J MED 364;11 NEJM.ORG MARCH 17, 2011

Published in final edited form as:
Int J Nurs Stud. 2007 February ; 44(2): 175–182. doi:10.1016/j.ijnurstu.2006.08.003.

Outcomes of variation in hospital nurse staffing in English hospitals: Cross-sectional analysis of survey data and discharge records

Anne Marie Rafferty[a,f,*] Sean P. Clarke[b] James Coles[c,f] Jane Ball[d] Philip James[e], Martin

Hemşire / hasta oranının düşük olduğu hastanelerde **bakım kalitesi düşük ve mortalite oranı % 26**

arge

ts (*N* =

g levels
s with
d 26%
ce as

Con pact on patient outcomes and factors influencing nurse retention as have been found in the USA.

Patient to Nurse Ratio and Risk of Ventilator-Associated Pneumonia in ...ents

...spoina Koulenti, ...MD, Emilpaolo ...acio Martin- ...CAP ...dy Group

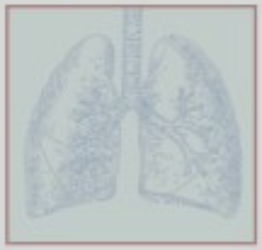
- Avrupada 9 ülke
- 27 yoğun bakım ünitesi
- 1658 hasta verisi

Hemşire/hasta 1:1

Hemşire/hasta 1:2

hemşire/hasta 1:3

American Journal of Critical Care. 2011;20:e1-e9



Patient to Nurse Ratio

Critically Ill Patients

By Stijn I. Blot, RN, MNSc, PhD, Mireia Llaurado Serra, RN, Despoina Koulenti, MD, Thiago ... MD, Pavlos Myrian... Manno, MD, ...D, Arzu Topeli, MD, Loeches, MD ...D, PhD, for the EU-...

Hemşire/hasta 1:1	Hemşire/hasta 1:2	hemşire/hasta 1:3
% 9,3	% 25,7	% 24,2

1’den fazla hastaya bakılması **VIP arttırmaktadır**

American Journal of Critical Care. 2011;20:e1-e9

ARTICLE

Impact of Staffing on Bloodstream Infections in the Neonatal Intensive Care Unit

Jeannie P. Cimiotti, DNS, RN; Janet Haas, MS; Lisa Saiman, MD, MPH; Elaine L. Larson, PhD

Objective: To examine the association between registered nurse staffing and healthcare-associated bloodstream infections in infants in the neonatal intensive care unit (NICU).

Design: Prospective cohort study.

Intervention: Hours of care provided by registered nurses.

Main Outcome Measure: Time to first episode of healthcare-associated bloodstream infection.

Results: A total of 224 infants had an infection that met the study definition of healthcare-associated bloodstream infection. In a multivariate analysis, after con-

tion in infants in the NICU.

Arch Pediatr Adolesc Med. 2006;160:832-836

Hemşire sayısının azalması
Kan akımı enfeksiyon riskini artırmaktadır

Major article

Nurse staffing, burnout, and health care–associated infection

Jeannie P. Cimiotti DNSc, RN [a,b,*], Linda H. Aiken PhD [c], Douglas M. Sloane PhD [c], Evan S. Wu BS [c]

[a] New Jersey Collaborating Center for Nursing, Rutgers, The State University of New Jersey, Newark, NJ
[b] College of Nursing, Rutgers, The State University of New Jersey, Newark, NJ
[c] Center for Health Outcomes and Policy Research, School of Nursing, University of Pennsylvania, Philadelphia, PA

Hemşirenin baktığı hasta sayısındaki **1 artış**

Üriner enfeksiyon hızında **% 0,1 artış** ile ilişkili

Cerrahi alan enfeksiyon hızında **% 0,5 artış** ile ilişkili

American Journal of Infection Control 40 (2012) 486-90

Nursing staffing, nursing workload, the work environment and patient outcomes

Christine Duffield, PhD[a,*], Donna Diers, PhD[b,c], Linda O'Brien-Pallas, PhD, FCAHS[d], Chris Aisbett, BSc[e], Michael Roche, MHSc[c], Madeleine King, BSc, PhD[f], Kate Aisbett, BSc[e]

[a]*Centre for Health Services Management, Faculty of Nursing, Midwifery and Health, University of Technology, Sydney, PO Box 123, Broadway, Sydney, NSW, 2007, Australia*

[c]*Centre for Health Servi... 2007, Australia*

Avustralya

19 hastanenin 80 birimi

5885 hasta verisi

Abstract Nurse st... to negat... mixed m...

1. Introduction

...atient outcomes in

The New South Wales ... finding data to ment commissioned a stu... ...g them all together identify strategies for improving the effectiveness and efficiency of nurse staffing in its hospitals. Building on international research in this area, the investigators designed ... potentially exist only at the individual hospital level. In general, single sample studies are a weak source of evidence for public policy making. This is a problem if the purpose of

Applied Nursing Research 24 (2011) 244–255

Nursing staffing, nursing workload, the work environment and patient outcomes

Christine Duffield, PhD[a,*], Donna Diers, PhD[b,c], Linda O'Brien-Pallas, PhD, FCAHS[d], Chris Aisbett, BSc[e], Michael Roche, MHSc[c], Madeleine King, BSc, PhD[f], Kate Aisbett, BSc[e]

[a]*Centre for Health Services Management, Faculty of Nursing, Midwifery and Health, University of Technology, Sydney, PO Box 123, Broadway, Sydney, NSW, 2007, Australia*

[b]*Yale University School of Nursing, New Haven, CT 06536, USA*

[c]*Centre for Health Services Management, Faculty of Nursing, Midwifery and Health, University of Technology, Sydney, NSW 2007, Australia*

[d]*Lawrence S. Bloomberg Faculty of Nursing, Nursing Health Services Research Unit*

University of Toronto, Toronto, Ontario, Canada 1P8

St., Randwick, NSW 203 lia

of Life, University of Sydney 2006, Australia

15 December 2009; accepted ber 2009

d, and unstable nursing unit en nts were linked and medication errors on me l units in a data (5 years) and primary data tion.

- Bası Ülseri
- GİS Kanama
- Pulmoner Yetmezlik
- Sepsis
- Şok

Yetersiz hemşire çalışan birimlerde

DAHA YÜKSEK

(p<0,01)

international research in this area, the investigators designed

for public policy making. This is a problem if the purpose of

Applied Nursing Research 24 (2011) 244–255

JCN Journal of Clinical Nursing

Journal of
Clinical Nursing

CLINICAL ISSUES

Nursing activities, nurse staffing and adverse patient outcomes as perceived by hospital nurses

Saima Hinno,

Hemşirenin baktığı hasta sayısındaki artış

Düşme oranındaki artışın nedenidir

Aim. To investiga al settings as perceived by re untries.

Background. Previous research indicates that a higher proporti gistered nurses in the staff mix results in better patient outcomes. Knowledge of the relationship between nurse sta adverse patient outcomes is crucial to optimise the management of professional nursing resources and patient care.

Design. A cross-sectional, descriptive questionnaire survey.

Methods. Regist esponse rates of 44·9%

Results. The pa , there were fewer reg Finnish staff. In additio ses and reported more dissatisfaction with the availability of support services. Frequencies of patient falls were related to the patient-to-nurse ratio in both countries. Finnish participants reported the occurrence of adverse patient outcomes more frequently.

Conclusions. Significant associations were found between nurse staffing and adverse patient outcomes in hospital settings.

Association of nursing workload and unplanned extubations in a pediatric intensive care unit*

Robert S. Ream, MD; Kevin Mackey, MS; Terry Leet, PhD; M. Christine Green, MSN; Teresa L. Andreone, MD, PhD; Laura L. Loftis, MD; Robert E. Lynch, MD, PhD

2193 hemşire vardiyası

2 yıllık çalışma

Hemşire iş yükü

Patients: All patients admitted to the PICU.

general nursing tasks. The total PALs per shift divided by the number of nursing staff yielded an average assignment of 5.8 ± 0.7 PALs. Forty unplanned extubations (0.76 unplanned extubations/100 ventilator days) were observed during the study period. Logistic regression re... unplanned extubations ... the shift PA... urse ratio ... ned ... n nurs... her ... ose shif... *Conc...ions:* The ... increased with higher pa... ios. Successful interventio... ical error may need to address both nurse demand methodology and workload. (Pediatr Crit Care Med 2007; 8:366–371)

KEY WORDS: nursing; workload; acuity; staffing ratio; Therapeutic Intervention Scoring System; extubation; medical errors; pediatric intensive care unit

Association of nursing workload and unplanned extubations in a pediatric intensive care unit*

Table 3. Multivariate analysis of unplanned extubations

	Unplanned Extubation Risk, %	Crude Odds Ratio	Adjusted Odds Ratio[a]	95% Confidence Interval	*p* Value for Linear Trend
Patient/nurse ratio					.03
0.70–1.14	0.9	1.0	1.0	Reference	
1.15–1.28	2.0	2.2	2.0	0.7–6.1	
1.29–1.42	1.6	1.7	1.7	0.6–5.2	
1.43–2.00	2.9	3.2	3.1	1.1–8.6	

Hemşirenin baktığı hasta sayısı arttıkça
plansız ekstübasyon sayısı artmaktadır

Pediatr Crit Care Med 2007 Vol. 8, No. 4

Effect of fatigue, workload, and environment on patient safety in the pediatric intensive care unit

Vicki L. Montgomery, MD, FAAP, FCCM

Introduction: Pediatric intensive care unit patient care occurs in an unpredictable, technology-rich environment that is depen-
dent on highly skilled p
tion—all features provi
review examines basic
iology and evaluates the
healthcare workers and
Body: The pediatric i
a human factors engi
environment in which fatigue and excessive workload can provide
potential "holes" that may allow errors to occur. A large body of
evidence is examined that suggests sleep deprivation can impair
medical and surgical performance and can be improved with
scheduling intervention. Nursing fatigue and workload have
documented effects on increasing intensive care unit error, in-
ich as dis-
ciated with
ediatric in-
erformance
e care unit.
s have the
to contribute to medical error in the pediatric intensive care
atr Crit Care Med 2007; 8[Suppl.]:S11–S16)
Words: medical errors; fatigue; sleep physiology; pediatric
intensive care unit

Hemşire iş yükündeki artış

İlaç hatalarını arttırmaktadır

The patien
day in a
care unit
technology-rich environment
that is unpredictable, rapidly changing, and full of equipment that lacks standardization. Patient care is dependent on the presence of teams composed of highly

Many causes of medical error exist. Medical errors frequently result when a healthcare worker fails to perform perfectly (active errors) and the system does not have adequate defenses to prevent the

tors that
ving the
menting
reliable systems. Thus, highly reliable organizations have systems that utilize what is known about the factors that generate error and affect human performance to develop processes that provide

Pediatr Crit Care Med 2007 Vol. 8, No. 2 (Suppl.)

OPEN ACCESS

An observational study of nurse staffing ratios and hospital readmission among children admitted for common conditions

Hemşirenin baktığı hasta sayındaki

1 artış

▶ Additional material is published online only. To view please visit the journal online (http://dx.doi.org/10.1136/bmjqs-2012-001610).

[1]Cincinnati Children's Hospital Medical Center, Cincinnati, Ohio, USA
[2]University of Cincinnati College of Nursing, Cincinnati, Ohio, USA
[3]New Jersey Collaborating Center for Nursing, Rutgers University, Newark, New Jersey, USA
[4]Center for Outcomes Research, The Children's Hospital of

ABSTRACT

Background Hospital patient-to-n… ffing ratios are associated with quality … adult patient populations but little is … wn

Pediatrik dahili birimlerde yeniden yatış olasılığını

% 11 arttırmakta

INTRODUCTION

Preventing unnecessary hospital readmission is increasingly important to hospitals as they face the prospect of nonpayment,[1 2] … measure of hospital …cus of large-scale …nitiatives such as …are and Medicaid …ty-based Care …[3] In paediatrics, …pital readmission is …th an emphasis on … including medical

Tubbs-Cooley HL, *et al*. *BMJ Qual Saf* 2013;**0**:1–8

OPEN ACCESS

An observational study of nurse staffing ratios and hospital readmission among children admitted for common conditions

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ABSTRACT

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Pediatrik cerrahi birimlerde yeniden yatış olasılığını

% 48 arttırmakta

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Tubbs-Cooley HL, *et al*. *BMJ Qual Saf* 2013;**0**:1–8

Tüm dünyada olduğu gibi ülkemizde de hemşire iş gücü yetersizliği olmasına rağmen, hemşireler kendi işleri dışında birçok işle uğraşmaktadır.

Hemşireler doğrudan hemşirelik uygulamalarının yanında

- ilaç malzeme kontrolü ve temini,
- alanın genel düzeni,
- temizliğinin kontrolü ve organizasyonu,
- alana gelen telefonları cevaplama,
- kırtasiye ihtiyaçlarının takibi ve temini,
- alandaki tıbbi cihaz ve aletlerin kontrolü

Dolaylı uygulamalar

Hemşirenin Görevi Olmayan Uygulamalar

Yoğun Bakım Hemşirelerinin İş Yükünün Belirlenmesi

Determination of Workload of Intensive Care Unit Nurses

Tablo 1. Hemşirelik uygulamalarının vardiyalara göre ayrılan zaman açısından yüzdesel dağılımı

Özellik	Gündüz vardiyası (10 saat) %	Gece vardiyası (14 saat) %
Doğrudan bakım uygulamaları	37	34
Kayıt ve rapor etme	12	12,5
Hasta tanılaması	9	18,5
Hasta ile ilişkili dolaylı uygulama	11	12
Hemşirenin görevi olmayan uygulamalar	15	19
Bireysel aktiviteler	6	4
Toplam	100	100

Yoğun Bakım Derg 2013; 4: 21-4

Yoğun Bakım Hemşirelerinin İş Yükünün Belirlenmesi

Determination of Workload of Intensive Care Unit Nurses

Tablo 1. Hemşirelik uygulamalarının vardiyalara göre ayrılan zaman açısından yüzdesel dağılımı

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Hemşirenin görevi olmayan uygulamalar	15	19
Bireysel aktiviteler	6	4
Toplam	100	100

Yoğun Bakım Derg 2013; 4: 21-4

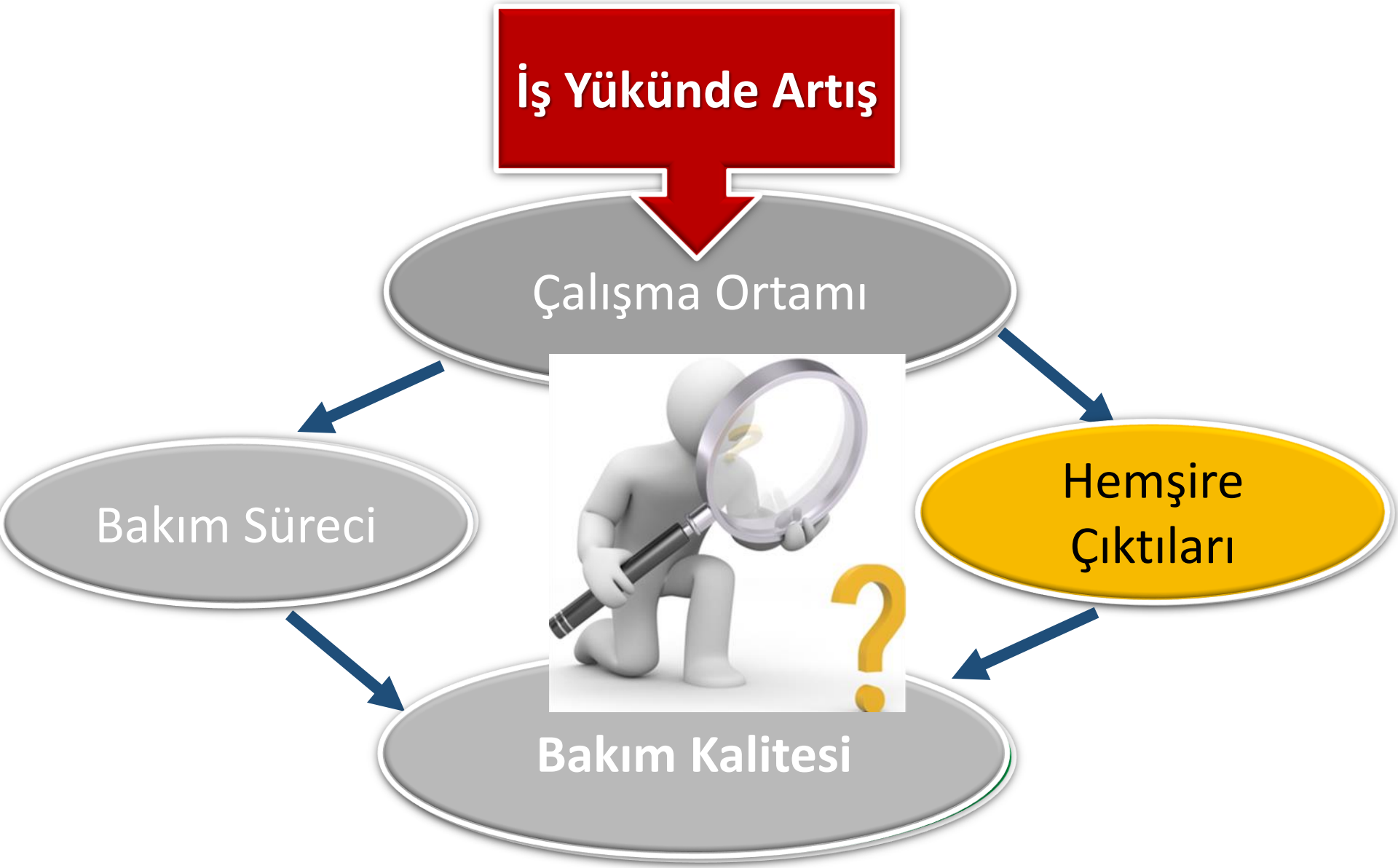
Dolaylı uygulamalara ayrılan zamanın yanı sıra görevi olmayan işlerin beklenmesi

hemşirenin iş yükünün artması

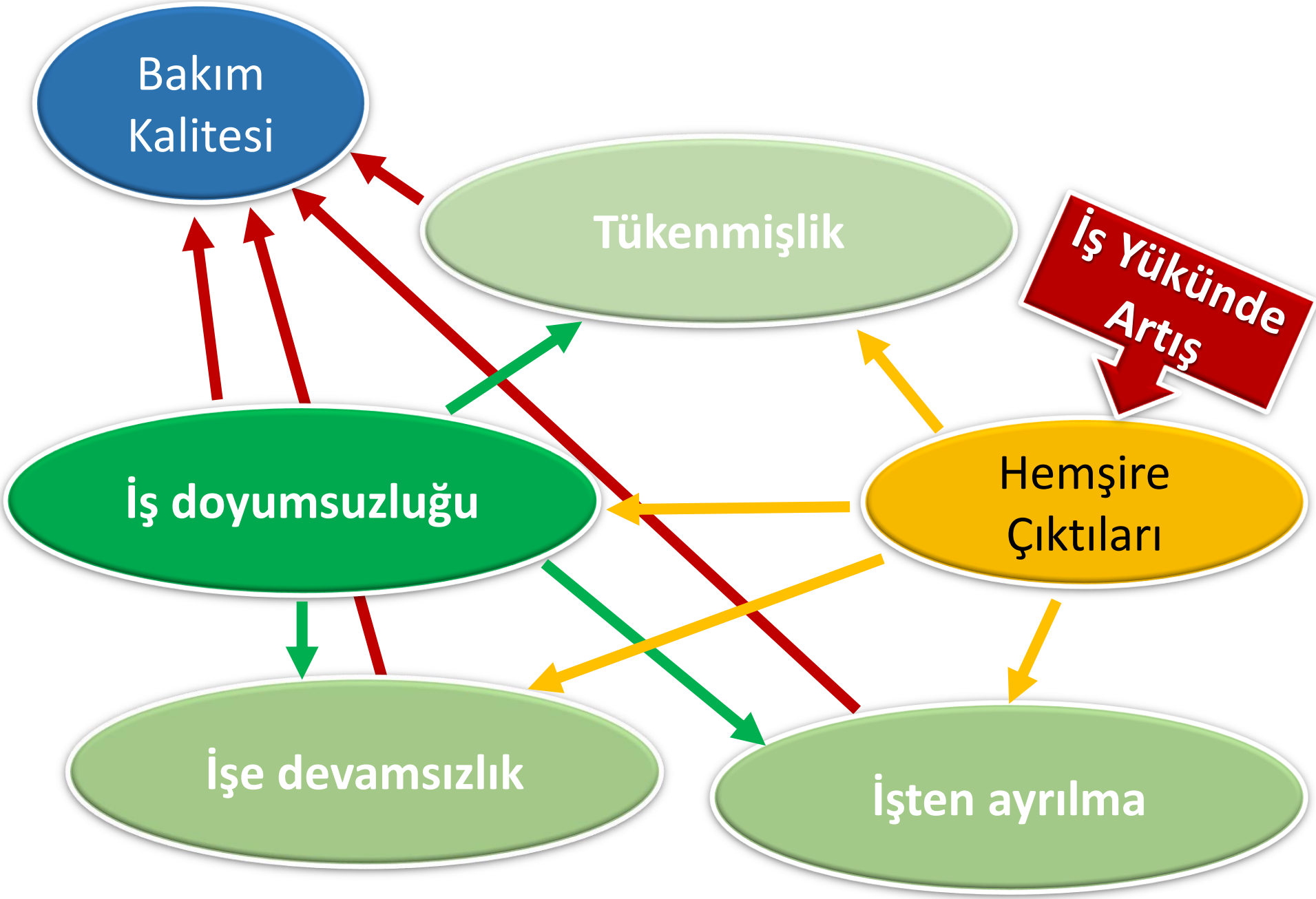
Hemşirelerin zamanlarının verimli bir şekilde kullanılmaması

Hemşirenin yapması gereken doğrudan bakım uygulamalarına ayrılan sürenin azalması


YOU DON'T LOOK SO GOOD... SHOULD I CALL THE NURSE?
I AM THE NURSE!
PATIENTS HEALTH LINKED TO NURSES WORKLOAD
NURSE SHORTAGE
BEEP-BEEP BEEP
Joe Heller



International Journal for Quality in Health Care 2002; **Volume 14, Number 1**: pp. 5–13



International Journal for Quality in Health Care 2002; **Volume 14, Number 1**: pp. 5–13

The relationship between UK hospital nurse staffing and emotional exhaustion and job dissatisfaction.

Louisa Sheward, Jennifer Hunt, Suzanne Hagen, Margaret Macleod, Jane Ball

University of Paisley.

- İngiltere ve İskoçya
- 8780 hemşire

Hemşire başına düşen hasta sayısı **arttıkça**

iş doyumsuzluğu riskinin **arttığı**

hemşirelerde işe devamsızlık sağlık sorunlarının **arttığı** saptanmıştır

J Nurs Manag. 2005 Jan ;13 (1):51-60

Contents lists available at SciVerse ScienceDirect

International Journal of Nursing Studies

journal homepage: www.elsevier.com/ijns

Hospital nursing, care quality, and patient satisfaction: Cross-sectional surveys of nurses and patients in hospitals in China and Europe

Li-ming You [a], Linda H. Aiken [b,*], Douglas M. Sloane [b], Ke Liu [a], Guo-ping He [c], Yan Hu [d], Xiao-lian Jiang [e], Xiao-han Li [f], Xiao-mei Li [g], Hua-ping Liu [h], Shao-mei Shang [i], Ann Kutney-Lee [b], Walter Sermeus [j]

181 Hastane

9688 hemşire

ARTICLE INFO

Article history:
Received 6 March 2012
Received in revised form 16 April 2012
Accepted 5 May 2012

Keywords:
Nursing in China
Hospital nursing outcomes
Patient satisfaction

of nurse resources in Chinese
nd patient outcomes.
86 patients in 181 Chinese
haracteristics and nurse and
China were compared with a

gh burnout and 45% were
urses described their work
r (61% and 29%, respectively)
and graded their hospital low on patient safety (36%). These outcomes tend to be somewhat poorer in China than in Europe, though fewer nurses in China gave their hospitals poor safety grades.

Nurses in Chinese hospitals with better work environments and higher nurse-assessed safety grades had lower odds of high burnout and job dissatisfaction (ORs ranged from

Hasta/ hemşire oranı yükseldikçe

P= 0,02

İş memnuniyetsizliğinin **arttığı**

P= 0,02

Tükenmişlik düzeyinin **arttığı**

P= 0,005

İş doyumu daha az ve tükenmişlik düzeyi daha yüksek hemşireler, verdikleri bakımın kalitesini de daha **düşük olarak** değerlendirmiştir

International Journal of Nursing Studies 50 (2013) 154–161

Hospital Nurse Staffing and Patient Mortality, Nurse Burnout, and Job Dissatisfaction

Linda H. Aiken, PhD, RN
Sean P. Clarke, PhD, RN
Douglas M. Sloane, PhD
Julie Sochalski, PhD, RN
Jeffrey H. Silber, MD, PhD

Context The worsening hospital nurse shortage and recent California legislation mandating minimum hospital patient-to-nurse ratios demand an understanding of how nurse staffing levels affect patient outcomes and nurse retention in hospital practice.

Objective To determine the association between the patient-to-nurse ratio and patient mortality, failure-to-rescue (deaths following complications) among surgical patients, and factors related to nurse retention.

ABD
210 hastane
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hospital care.[7] The shortage of hospital nurses may be linked to unrealistic nurse workloads.[8] Forty percent of hospital nurses have burnout levels that exceed the norms for health care workers.[4] Job

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and vascular surgery
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ase in the likelihood
% CI, 1.02-1.11) increase in the odds of failure-to-rescue. After adjusting for nurse and hospital characteristics, each additional patient per nurse was associated with a 23% (OR, 1.23; 95% CI, 1.13-1.34) increase in the odds of burnout and a 15% (OR, 1.15; 95% CI, 1.07-1.25) increase in the odds of job dissatisfaction.

Conclusions In hospitals with high patient-to-nurse ratios, surgical patients expe-

ORIGINAL CONTRIBUTION

Hospital Nurse Staffing and Patient Mortality, Nurse Burnout, and Job Dissatisfaction

Hemşire başına düşen hasta sayısındaki

1 artış

Tükenmişliği

% 23

arttırmakta

JAMA, October 23/30, 2002—Vol 288, No. 16

ORIGINAL CONTRIBUTION

Hospital Nurse Staffing and Patient Mortality, Nurse Burnout, and Job Dissatisfaction

Hemşire başına düşen hasta sayısındaki

1 artış

İş memnuniyetsizliği

% 15

arttırmakta

JAMA, October 23/30, 2002—Vol 288, No. 16

Conference Paper

Hospital staffing, organization, and quality of care: cross-national findings

LINDA H. AIKEN[1,2], SEAN P. CLARKE[1] AND DOUGLAS M. SLOANE[1] FOR THE INTERNATIONAL HOSPITAL OUTCOMES RESEARCH CO[illegible]SORTIUM

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Un[illegible]
Bas[illegible] rnational Conference [illegible]
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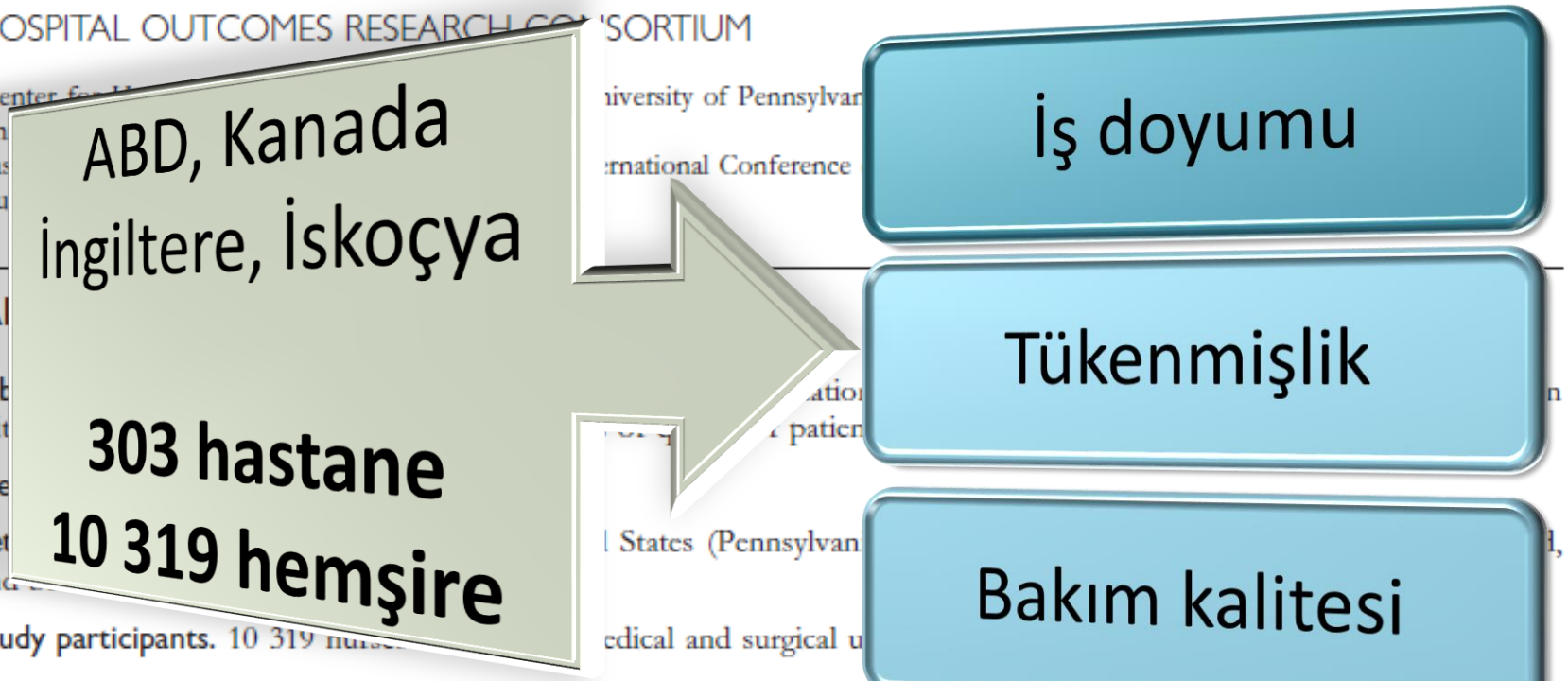

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and [illegible]

Study participants. 10 319 [illegible] edical and surgical u[illegible]

Interventions. None.

Main outcome measures. Nurse job dissatisfaction, burnout, and nurse-rated quality of care.

International Journal for Quality in Health Care 2002; **Volume 14, Number 1**: pp. 5–13

Conference Paper

Hospital staffing, organization, and quality of care: cross-national findings

Table 4 Odds ratios associated with the effects of nurse staffing and organizational support on job dissatisfaction, nurse burnout, and nurse reports of low quality of care

	Worst versus best staffing		Least versus most organizational support	
	Gross effect	Net effect	Gross effect	Net effect
Dissatisfied with current job	1.35 (1.18, 1.54)***	1.12 (0.98, 1.28)	2.08 (1.81, 2.40)***	2.02 (1.75, 2.34)***
Emotional exhaustion (burnout) score above published norms for medical workers	1.25 (1.09, 1.43)***	1.04 (0.91, 1.17)	2.05 (1.78, 2.35)***	2.03 (1.76, 2.34)***
Fair/poor quality of care on unit	1.66 (1.38, 2.00)***	1.30 (1.11, 1.54)***	2.63 (2.20, 3.14)***	2.44 (2.05, 2.91)***

Hemşire sayısının yeterliliğinin

iş memnuniyetsizliği, tükenmişlik ve bakım kalitesi üzerine

önemli bir etkisi vardır

International Journal for Quality in Health Care 2002; **Volume 14, Number 1**: pp. 5–13

Hemşire sayısının artması yeterli mi?

Herzberg'in İkili Etmen (Motivasyon-Hijyen) Kuramı

Çalışanların kötümser olmasına, işten ayrılmasına ve tatminsizliğine sebep olan

Hijyen etmenleri

Çalışanları mutlu kılan ve işyerine bağlayan

Tatmin edici etmenler

Curationis 31(3): 60-69 September 2008

Herzberg'in İkili Etmen (Motivasyon-Hijyen) Kuramı

YÜKSEK TATMİN

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Güdüleyiciler

Başarma
Tanınma
Sorumluluk
İşin kendisi
Kişisel gelişim

Hijyen Faktörler

Çalışma koşulları
Ücret ve güvence
Firma kuralları
Denetleyiciler
Kişilerarası İlişkiler

ÇOCUK HEMŞİRELERİNİN İŞ TANIMLAMA VE DOYUM DÜZEYLERİ

Fatma GÜDÜCÜ TÜFEKCİ[1], Fatma KURUDİREK[2],
Gülbeyaz BARAN[3]

ÖZET

Tablo 1. Çocuk Hemşirelerinin İş Doyumu Puan Ortalamaları

İç Doyum	1-5	3.28±0.82
Dış Doyum	1-4	2.81±0.85
Genel	1-5	3.38±0.71

çocuk hemşireliği deneyimine sahip olduğu, %55'inin yenidoğan ünitesinde çalıştığı, %88.3'ünün klinik hemşiresi olduğu, %80'inin vardiya usulü ile çalıştığı ve %45'inin çocuk hemşireliğini isteyerek tercih ettiği

ÇOCUK HEMŞİRELERİNİN İŞ TANIMLAMA VE DOYUM DÜZEYLERİ

Fatma GÜDÜCÜ TÜFEKCİ[1], Fatma KURUDİREK[2],
Gülbeyaz BARAN[3]

ÖZET

Araştırma, çocuk hemşirelerinin iş tanımlama ve iş doyum düzeylerinin değerlendirilmesi, aralarındaki ilişkinin incelenmesi ve etkileyen faktörlerin belirlenmesi amacıyla yapılmıştır.

Tanımlayıcı nitelikte yapılan araştırma, Erzurum'da bir üniversite hastanesinde 1 Mayı 2012 tarihleri arasında gerçekleştirilmiştir. Araştırmanın evreni üniversite hastanesi çocuk klini idilmen Veri mlama kull yüzd anılara

Araştırmada, çocuk hemşirelerinin %91.7'sinin kadın, yaş ortalamasının 27.30±5.07 olduğu, %70'inin üniversite mezunu, %53.3'ünün evli , %65'i beş yıl ve altı hemşirelik deneyimine ve %78.3'ünün beş yıl ve altı çocuk hemşireliği deneyimine sahip olduğu, %55'inin yenidoğan ünitesinde çalıştığı, %88.3'ünün klinik hemşiresi olduğu, %80'inin vardiya usulü ile çalıştığı ve %45'inin çocuk hemşireliğini isteyerek tercih ettiği

Çocuk hemşireliğini isteyerek seçenlerde

P=0.041

iş doyumu daha yüksek

Gümüşhane University Journal of Health Sciences: 2015;4(1)

Yenidoğan Yoğun Bakım Kliniği'nde çalışan hemşirelerde iş doyumu ve etkileyen faktörler

Factors affecting the job satisfaction of nurses working in the Neonatal Intensive Care Unit

Aynur AYTEKİN[1], Fatma YILMAZ KURT[2]

Tablo 1. Hemşirelerin iş doyumu ölçek puan ortalamaları.

İş Doyumu	Madde Sayısı	X±SD	Ölçeklerin Alt-Üst Sınırı
İçsel doyum	12	3.47±0.43	1-5
Dışsal doyum	8	3.08±0.66	1-5
Toplam iş doyumu	20	3.32±0.49	1-5

İzmir Dr. Behçet Uz Çocuk Hast. Dergisi 2014; 4(1):51-58

Tablo 2. Hemşirelerin tanıtıcı özellikleri ve iş doyumu puanlarının dağılımı

Tanıtıcı Özellikler	Sayı	%	İçsel Doyum X±SD	Dışsal Doyum X±SD	Toplam İş Doyumu X±SD
Yaş grubu					
20-29 yaş	34	39.5	3.47±0.41	3.24±0.61	3.38±0.46
30-35 yaş	30	34.9	3.40±0.42	2.89±0.64	3.20±0.47
36 ve üzeri	22	25.6	3.57±0.48	3.12±0.74	3.39±0.54
Test			KW =1.374	KW =4.253	KW =2.778
			p=0.503	p=0.119	p=0.249
Eğitim durumu					
Lise	9	10.5	3.44±0.34	3.12±0.63	3.31±0.40
Ön lisans	17	19.8	3.48±0.45	2.94±0.66	3.26±0.49
Lisans	51	59.3	3.38±0.46	3.04±0.68	3.25±0.53
Lisansüstü	9	10.5	3.73±0.20	3.68±0.21	3.71±0.16
			KW =5.063	KW =9.458	KW =8.522
			p=0.167	p=0.024	p=0.036
Medeni durum					
Evli	68	79.1	3.44±0.45	3.04±0.69	3.28±0.51
Bekâr	18	20.9	3.58±0.32	3.25±0.52	3.45±0.35
Test			MW-U=382.00	MW-U=383.50	MW-U=367.00
			p=0.192	p=0.199	p=0.137
Çocuk sahibi olma durumu					
Var	55	64.0	3.49±0.46	3.04±0.71	3.31±0.52
Yok	31	36.0	3.46±0.38	3.13±0.53	3.33±0.39
Test			t=0.267	t=0.617	t=0.191
			p=0.790	p=0.539	p=0.849
Aylık gelir durumu algısı					
Gelir giderden az	8	9.3	3.34±0.52	2.90±0.65	3.16±0.50
Gelir gider denk	48	55.8	3.43±0.41	3.01±0.57	3.26±0.45
Gelir giderden çok	30	34.9	3.55±0.43	3.23±0.77	3.42±0.53
Test			KW=1.379	KW=2.323	KW=2.109
			p=0.502	p=0.313	p=0.348

Tablo 3. Hemşirelerin mesleki özellikleri ve iş doyumu puanlarının dağılımı

Tanıtıcı Özellikler	Sayı	%	İçsel Doyum X±SD	Dışsal Doyum X±SD	Toplam İş Doyumu X±SD
İş arkadaşları ile ilişkilerin durumu			-	-	-
Normal	36	41.9	3.51±0.42	3.11±0.71	3.35±0.49
İyi	34	39.5	3.32±0.41	2.94±0.62	3.17±0.46
Çok iyi	16	18.6	3.72±0.38	3.33±0.61	3.56±0.44
Test			KW=8.1232 p=0.017	KW=3.605 p=0.165	p=0.044
Hastane yönetimi ile ilişkilerin durumu					
Kötü	14	16.3	3.51±0.42	2.80±0.73	3.22±0.49
Normal	43	50.0	3.33±0.39	2.96±0.59	3.18±0.44
İyi	29	33.7	3.66±0.42	3.37±0.65	3.55±0.48
Test			KW=10.889 p=0.004	KW=8.872 p=0.012	KW=10.225 p=0.006
TOPLAM	86	100.0			

Çalışma ortamı

İş doyumu

Çalışma ortamı

- İş yükü fazlalığı
- Uzun çalışma saatleri
- Hemşire-hasta oranı düşük olması
- Mesleki statünün düşük olması
- Ekip içi iletişim sorunları
- Rol karmaşası
- Malzeme ve ekipman eksikliği
- Yöneticilerden destek alamama

Olumsuz Çalışma Ortamı

İş Doyumunu Azaltmaktadır

The association of Chinese hospital work environment with nurse burnout, job satisfaction, and intention to leave

Li-feng Zhang, Zheng, PhD[a],
Jin-bo Fang, PhD ng Ma, MSN[e],
Jian Wang, MSN[f], -wen Zhu, PhD[a],

[b] School of Nursing, Sichuan ersity, Chengdu, China
[c] School of Nursing, Fudan sity, Shanghai, China
[d] Department of Nursing, Xi'an Jiaotong University, Xi'an, China

181 hastanede

9698 hemşire

Olumsuz Çalışma Ortamı

ARTICLE INFO

Article history:

ABSTRACT

The purpose of this study was to describe nurse burnout, job satisfaction, and

İş doyumu
daha az

işten ayrılma niyeti
daha fazla

Nurs Outlook 62 (2014) 128–137

Importance of work environments on hospital outcomes in nine countries

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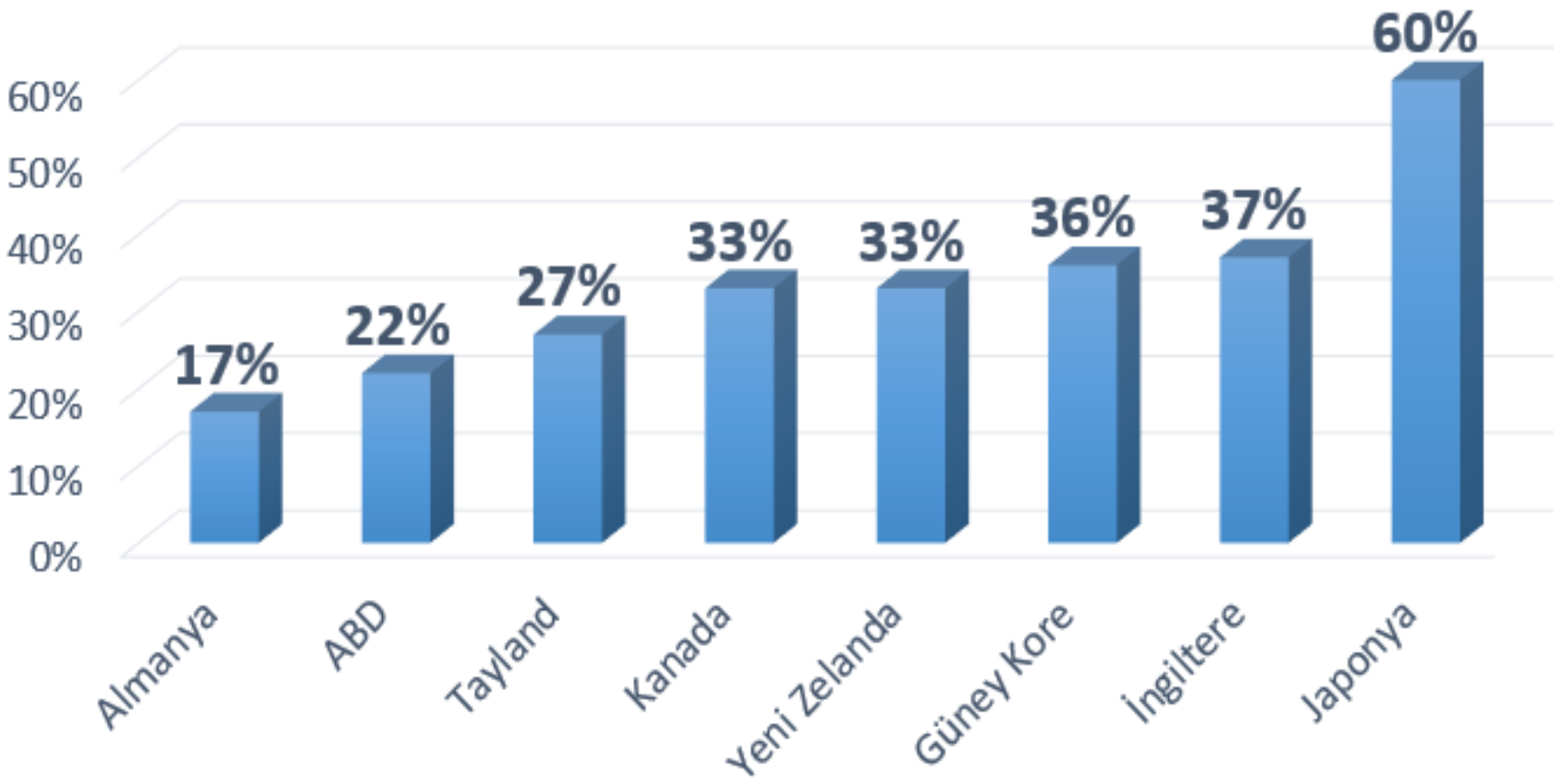
Table 1 Numbers of hospitals and nurses in the study, by country

Country	Hospitals	Nurses	Nurses per hospital	
			Mean	Median
USA (2006)	762	39 148	51	36
China (2009)	121	6571	54	52
South Korea (2008)	59	4904	83	66
Thailand (2007)	39	8222	211	181
Japan (2006)	19	5956	313	283
New Zealand (2004)	26	3944	152	116
UK (1999)	60	9851	164	139
Canada (1999)	293	16 844	57	38
Germany (1999)	27	2676	99	89
Total	1406	98 116		

International Journal for Quality in Health Care 2011; **Volume 23, Number 4**

Importance of work environments on hospital outcomes in nine countries

İşlerinden Doyum Almadıklarını Belirten Hemşirelerin Oranı



International Journal for Quality in Health Care 2011; **Volume 23, Number 4**

Importance of work environments on hospital outcomes in nine countries

LINDA H. AIKEN[1], DOUGLAS M. SLOANE[2], SEAN CLARKE[3], LUSINE POGHOSYAN[4], EUNHEE CHO[5], LIMING YOU[6], MARY FINLAYSON[7], MASAKO KANAI-PAK[8] AND YUPIN AUNGSUROCH[9]

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Olumsuz Çalışma Ortamına Sahip Hastane Oranı

Accepted for publication 10 April 2011

Abstract

Purpose. To [illegible] the effect of h[illegible]

Design. Primary [illegible] nurses practising in 1406 hosp[illegible] in [illegible]

Main Outcome Measures. Nurse b[illegible] patient care.

Results. High nurse burnout was found in hospitals in all countries except Germany, and ranged from roughly a third of nurses to about 60% of nurses in South Korea and Japan. Job dissatisfaction among nurses was close to 20% in most countries and as high as 60% in Japan. Close to half or more of nurses in every country lacked confidence that patients could care for themselves following discharge. Quality-of-care rated as fair or poor varied from 11% in Canada to 68% in South Korea. Between one-quarter and one-third of hospitals in each country were judged to have poor work environments. Working in a hospital with a better work environment was associated with significantly lower odds of nurse burnout and job dissatisfaction and with better quality-of-care outcomes.

%26 - %44

International Journal for Quality in Health Care 2011; **Volume 23, Number 4**

Changes in hospital nurse work environments and nurse job outcomes: An analysis of panel data

Ann Kutney-Lee *, Evan S. Wu, Douglas M. Sloane, Linda H. Aiken

Center for Health Outcomes and Policy Research, School of Nursing, University of Pennsylvania, Philadelphia, United States

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Keywords:
Burnout
Intention to leave
Job satisfaction
Nurse management
Nurse staffing
Nurse retention
Nurse work environments

ABSTRACT

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Pennsylvania
ut, intention to
leave current position, d job dissatisfaction, and to classify the quality of nurses' work environments at both p nts in time. A two-period difference model was used to estimate the dependence of c ges in rates of nurse burnout, intention to leave, and job dis vironm hc in n Re betv re dissa

Pensilvanya'daki 132 hastanede
1999: 42.000 hemşire
2006: 25.000 hemşire

tükenmişlik

İşten ayrılma niyeti

memnuniyetsizlik

International Journal of Nursing Studies 50 (2013) 195–201

Changes in hospital nurse work environments and nurse job outcomes: An analysis of panel data

Ann Kutney-Lee *, Evan S. Wu, Douglas M. Sloane, Linda H. Aiken

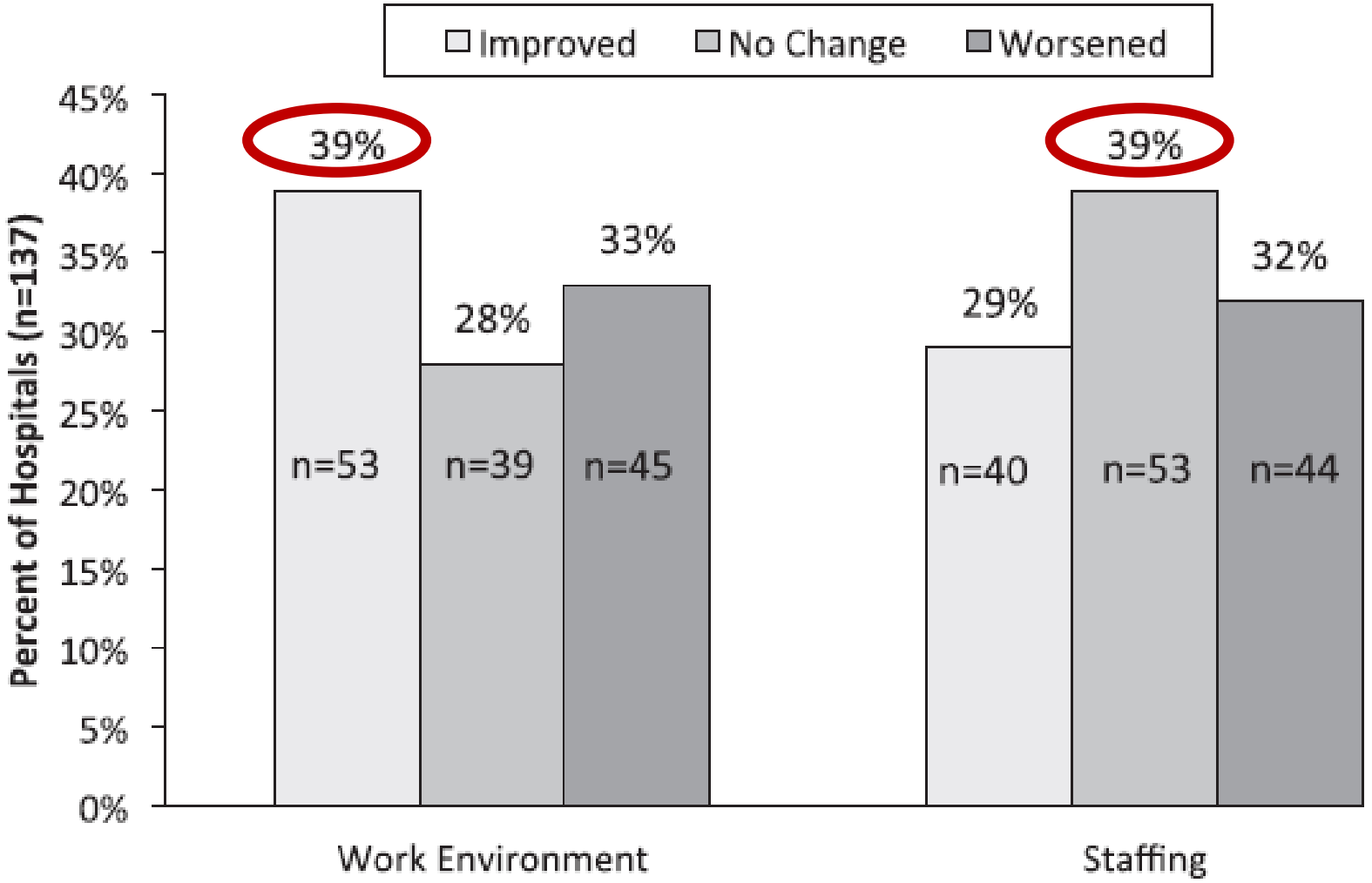

Fig. 1. Change in nursing organization characteristics from 1999 to 2006.

International Journal of Nursing Studies 50 (2013) 195–201

Table 2
Two-period difference model regression results: association between changes in work environment and staffing and changes in nurse outcomes ($n = 137$ hospitals).[a]

	Estimate	SE	p-Value
Burnout			
Work environment	−6.42	1.77	<0.01
Staffing	−3.63	1.60	0.03
Intention to leave			
Work environment	−4.10	1.24	<0.01
Staffing	0.47	1.13	0.68
Job dissatisfaction			
Work environment	−8.00	1.46	<0.01
Staffing	−0.96	1.32	0.47

Çalışma ortamındaki iyileştirmeler ile

Tükenmişlik, işten ayrılma niyeti ve iş memnuniyetsizliği

oranlarındaki değişimlerin güçlü bir negatif ilişki vardır

International Journal of Nursing Studies 50 (2013) 195–201

Hemşirelerin iş doyumunun arttırılması ve kaliteli sağlık hizmetlerinin sunulması; sağlık çalışanlarının ***kapasite, performans ve sağlığını*** destekleyen çalışma ortamına bağlıdır

2007

Pozitif Uygulama- Çalışma Ortamı

ICN’nin hemşire iş gücü kriziyle ilgili kapsamlı inceleme raporunda; **olumlu çalışma ortamlarının ve organizasyon performansının** harekete geçilmesi gereken **beş küresel öncelikten biri** olduğu sonucuna varılmıştır

ICN 2014

HEMŞİRELER DEĞİŞİM İÇİN BİR GÜÇ : SAĞLIK İÇİN HAYATİ BİR KAYNAK

Olumlu çalışma ortamları, hemşirelerin iş doyumunu arttırmakla birlikte hastalardan elde edilen sonuçları iyileştirmektedir

Olumlu Çalışma Ortamlarının Ortak Özellikleri

Olumlu Çalışma Ortamlarının Ortak Özellikleri

Bu unsurlar 1980 yılında gündeme gelen **Magnet Standartları** ile bütünleştirilmiştir

İşe Alım ve Tutmada Politika

Eğitim ve Sürekli Gelişim Ortamı

Emeğin Karşılığını Alması

Bilinçlendirme Programları

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AMERICAN NURSES CREDENTIALING CENTER

Amerikan Hemşireler Birliği

(American Nurses Association) tarafından 1983 yılında sağlık kurumlarında hemşire yöneticilerin hemşirelik uygulamalarını ve hasta bakım sonuçlarını mükemmelleştirmek için **14 ölçüt belirlemiştir**.

International Nursing Review **59**, 570–576

Bu ölçütlerin belirlenmesinde 1980 yılında hastanelerin ciddi boyutlarda hemşire ihtiyaçları neden olmuştur.

O dönemde birçok hastanede hemşire devir oranı oldukça yüksek ve hemşire açığı fazla iken,

bazı hastanelerde hemşire devir oranı hem düşük, hem de yoğun iş başvuruları nedeniyle, diğer hemşireleri kuruma çekmekteydiler.

International Nursing Review **59**, 570–576

AMERICAN ACADEMY OF NURSING
transforming health policy and practice through nursing knowledge

Bu durum Amerikan Hemşirelik Akademisi'nin dikkatini çekmiş ve 1981'de **hemşireleri kuruma çeken ve ellerinde tutan** sağlık kurumlarını "mıknatıs hastane" olarak tanımlamıştır

JONA • Vol. 34, No. 7/8 • July/August 2004

International Nursing Review 2012 Dec;59(4):570-6

hasta merkezli

profesyonel hemşirelik bakı uygulamaların organizasyo yapısı

ariyer gelişim uygulamaları

hemşirelik hizmetleri yönetimi

hemşireleri kuruma çeken ve kurumda tutan manyetik güçler

yönetim ve liderlik

JONA • Vol. 34, No. 7/8 • July/August 2004

International Nursing Review 2012 Dec;59(4):570-6

1990 yılında Amerikan Hemşireler Derneği

Sağlık bakım organizasyonlarında hemşirelik hizmetlerinin mükemmelliğini onaylayan

Magnet Onaylama Programını başlatmıştır

ANCC MAGNET RECOGNITION PROGRAM®

Amerikan Hemşireler Birliğinin alt komitesi olan ANCC tarafından

Magnet onayı

verilmeye başlanmıştır.

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MAGNET RECOGNIZED

DESIGNATION
for Initial Applicants
REDESIGNATION
for Magnet Facilities

Mıknatıs hastanelerde hedef,

- en iyi donanıma ve eğitime sahip hemşireler,
- en iyi hasta uygulamaları,
- en iyi çalışma ortamı
- hasta ve hemşireler için en iyi sonuçlara ulaşmaktır

Mıknatıs hastane terimi;
kalifiye hemşirelerden oluşan,
personeli çekebilen ve tutabilen,
sürekli olarak nitelikli bakım sağlayabilen bir ortamı anlatmak için kullanılmaktadır.

Mıknatıs hastaneler
kaliteli hemşirelik bakımı vermeyi amaç edinen
bütün hastaneler için birer
"model"
haline gelmiştir.

Magnet Hospital attributes in European hospitals: A multilevel model of job satisfaction

Yao-Mei Chen [a,b,*], Mary E. Johantgen [c]

[a] Department of Nursing, Kaohsiung Municipal Hsiao-Kang Hospital, Taiwan
[b] Faculty of Nursing, College of Nursing, Kaohsiung Medical University, Taiwan
[c] School of Nursing, University of Maryland Baltimore, USA

Belçika ve Almanya

15 hastane

4949 hemşire

Magnet niteliklerine sahip olma ile İş doyumu arasında *ilişki vardır*

Magnet Recognition
hat were common in
program has expand
nslates to other cultu
used.
imary aim of this stu
Europea
urse
ary data a lysis with
approach was taken to account for the
practicing in acute car
tals that had less tha
vey responses from 23
ny were included. Non
g in non-inpatient areas
staff
nurses working in acute care hospitals.
Methods: Magnet Hospital attributes that might be represented in NEXT survey items were reviewed by an expert panel before psychometric testing. Only six Magnet Forces

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Assessing Differences in Job Satisfaction of Nurses in Magnet and Nonmagnet Hospitals

Valda V. Upenieks, PhD, RN

Magnet ve non-magnet 4 hastane

305 hemşire

Is there a difference in the level of job satisfaction amon clinical nonm e issues utive l patient clinic adminis- hospitals rate perceptions of job satisfaction while 16 ers from the same hospitals were in- terviewe their pe ssional qualities of the clin- care. The a as the most important and isfaction scores were et hospital.[1] responsiveness by ma spitals have been operating port of clinical nurse arable research on their ef- by magnet nurse leaders; and greater support of a professional nursing climate at magnet hospitals as evidenced by adequate staffing in the workforce.

lished a system of an autonomous, self-managed, self- trative structures supported nurses' decisions about patient care.[1] In all, supportive nursing leadership fectiveness has been limited. Since the early 1980s, when the original magnet research was published, many significant changes have occurred in the U.S. healthcare system. Hospitals are merging with acute

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Table 4. *Revised Nursing Work Index Job Satisfaction Questionnaire Mean Differences Between Magnet and Nonmagnet Hospitals**

	Magnet Hospitals	Nonmagnet Hospitals	Two-tailed *t*-tests	*P*-value
	Overall Score Mean Score	Overall Score Mean Score		
NWI-R† Job Satisfaction Questionnaire	143.75 (n = 144) 2.93	125.33 (n = 161) 2.55	6.02	$P < .001$

*Overall score range, 4–196; mean range, 1–4; 1 = low, 4 = high.
†NWI-R, Revised Nursing Work Index Job Satisfaction Questionnaire.

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THE JOURNAL OF NURSING ADMINISTRATION

Nursing Support, Workload, and Intent to Stay in Magnet, Magnet-Aspiring, and Non-Magnet Hospitals

Susan R. Lacey, PhD, RN
Karen S. Cox, PhD, RN, FAAN
Kathleen C. Lorfing, MSN, RN
Susan L. Teasley, RN
Cathryn A. Carroll, PhD
Kathy Sexton, MA, BSN, RN

This study examined the differences between nurses' (N = 3,337) scores on organizational support, workload, satisfaction, and intent to stay between Magnet, Magnet-aspiring, and non-Magnet hospitals. The study was conducted using the Individual Workload Perception Scale, a valid and reliable tool

In its inception, the Magnet Recognition Program provided a template for organizing and supporting nurses with a professional work environment where nurses are true partners in care.[1] This early work was based on literature that retention of nursing staff is more likely when they work in an environment

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THE JOURNAL OF NURSING ADMINISTRATION

Nursing Support, Workload, and Intent to Stay in Magnet, Magnet-Aspiring, and Non-Magnet Hospitals

Table 5. IWPS Workload Subscales by Magnet Status (ANOVA Results, Means, and SDs)

Subscale	Magnet	Magnet Aspiring	Non-Magnet	*P* Value
[illegible]	3.60 (0.034)	3.48 (0.016)	3.39 (0.043)	.000
[illegible]	4.08 (0.026)	3.98 (0.013)	3.66 (0.036)	.000
Workload	3.88 (0.027)	3.76 (0.012)	3.53 (0.031)	.000
[illegible]	3.86 (0.028)	3.56 (0.015)	3.42 (0.034)	.000
[illegible]	039)	3.72 (0.019)	3.64 (0.052)	.000
Nurse satisfaction	024)	3.69 (0.012)	3.52 (0.028)	.000

Nurse Outcomes in Magnet® and Non-Magnet Hospitals

Lesly A. Kelly, PhD, RN, **Matthew D. McHugh, PhD, JD, MPH, RN, CRNP**, and **Linda H. Aiken, PhD, RN, FAAN**
Postdoctoral Research Fellow (Dr Kelly), Assistant Professor (Dr McHugh), Claire M. Fagin Leadership Professor of Nursing and Director of the Center for Health Outcomes and Policy Research (Dr Aiken), University of Pennsylvania, Philadelphia.

Abstract

The important goals of Magnet® hospitals are to create supportive professional nursing care environments. A recently published paper found little difference in work environments between Magnet and non-Magnet hospitals. The aim of this study was to determine whether work

ABD, 4 eyalet, 567 hastane

Magnet hastane: **4562** hemşire

Non-Magnet hastanelerden: **21 714** hemşire

Despite a strong evidence base over 2 decades showing superior work environments and better nurse and patient outcomes in Magnet®-recognized hospitals,[1] a recent study[2] published in *Journal of Nursing Administration* generated renewed debate over whether

J Nurs Adm. 2011 October ; 41(10): 428–433

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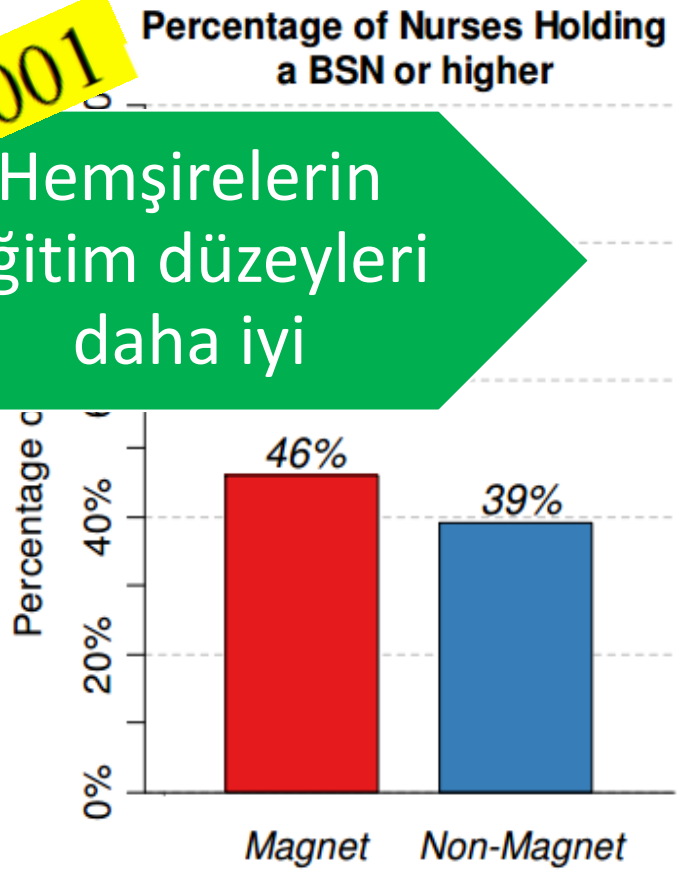
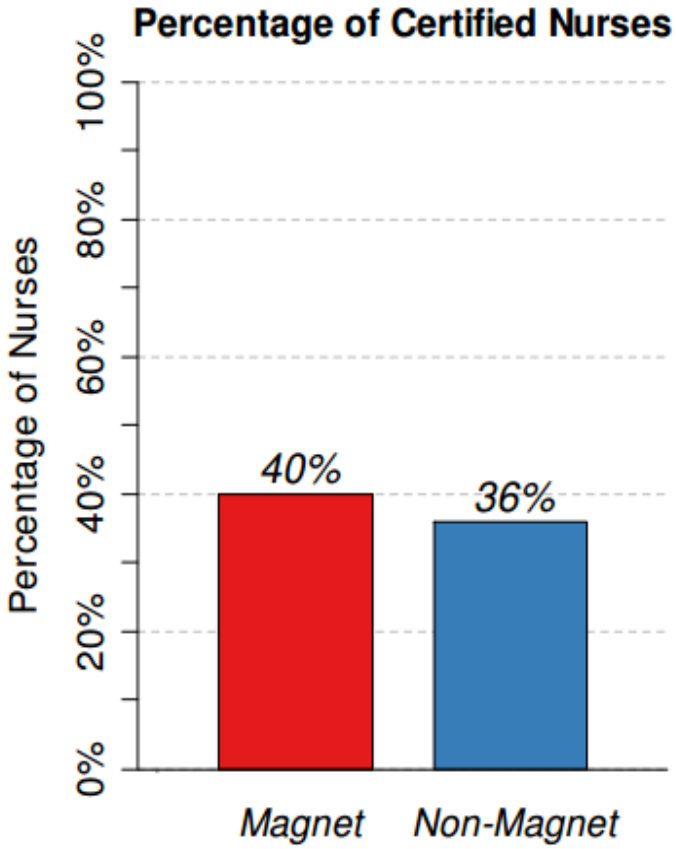
Magnet hastaneler

$P < .001$

Hemşirelerin eğitim düzeyleri daha iyi





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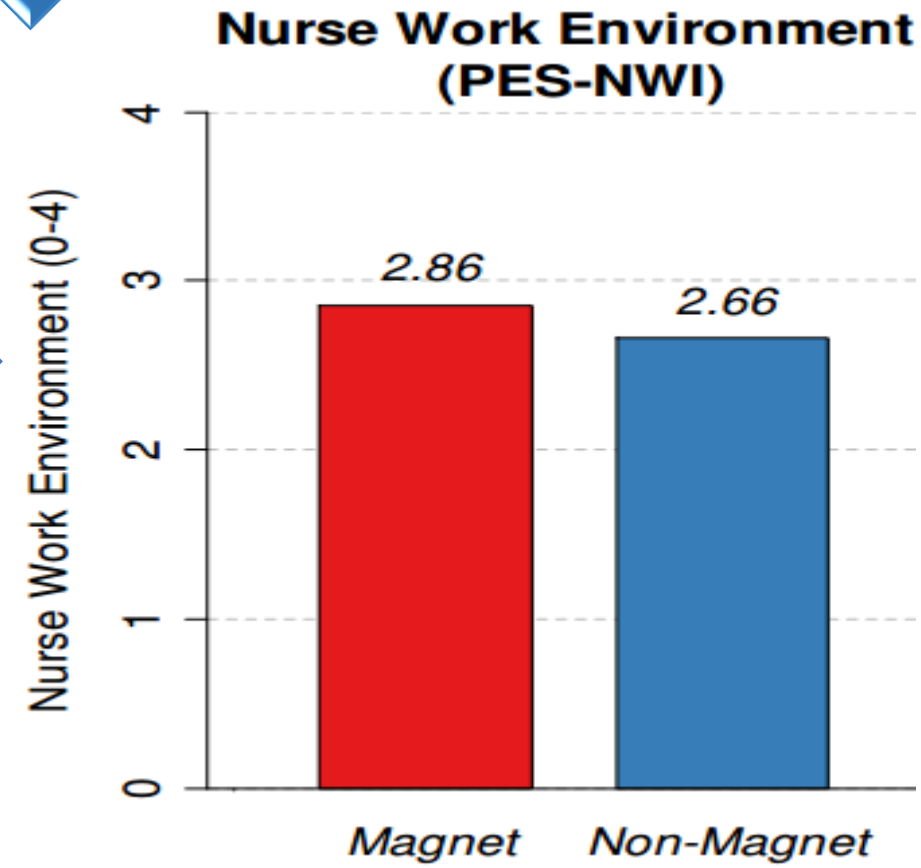
Magnet hastaneler

$P < .001$

Daha iyi çalışma ortamı

Hemşirelik İş İndeksi-
Hemşirelik Çalışma Ortamını Değerlendirme Ölçeği



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Magnet hastanelerde çalışan hemşirelerde

İş memnuniyetsizliği

$P < .05$

% 18
daha az

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Nurse Outcomes in Magnet® and Non-Magnet Hospitals

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Magnet hastanelerde çalışan hemşirelerde

Tükenmişlik düzeyi

% 13
daha az

$P < .05$

J Nurs Adm. 2011 October ; 41(10): 428–433

Çalışma ortamının hasta çıktıları üzerine etkisi

Lower Mortality in Magnet Hospitals

Matthew D. McHugh, PhD, JD, MPH, RN. Lesly A. Kelly, PhD, RN.† Herbert L. Smith, PhD.†*

ABD, 4 eyalet

Magnet hastane: **56**

Non-Magnet hastane: **508**

641 187 hasta dosyası

Lojistik Regresyon analizi

Background: for nursing attracting and recognition is Magnets, and

Objectives: risk-adjusted Magnet hospita

Method and hospital data regression mo mortality and Magnet versus which differe accounting fo

Results: Magn

quality, and retention have emerged in a variety of industrie

Lower Mortality in Magnet Hospitals

Matthew D. McHugh, PhD, JD, MPH, RN, Lesly A. Kelly, PhD, RN,† Herbert L. Smith, PhD,‡ Evan S. Wu, BA,§ Jill M. Vanak, MSN, RN,§ and Linda H. Aiken, PhD, RN§*

Magnet hastaneler

Mortalite Olasılığı

% 14 daha az

P=0.02

Başarısız Resusitasyon Olasılığı

% 12 daha az

P=0.07

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Volume 41, Number 12, pp 517-523

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Comparison of Patient Outcomes in Magnet® and Non-Magnet Hospitals

Table 1. Analysis of Nurse Staffing Measures

	Magnet® (N = 19), Mean (SD), 70 Quarters of Data	Non-Magnet (N = 35), Mean (SD), 138 Quarters of Data	Statistical Significance, P^a
General units			
THPPD	11.04 (1.63)	11.18 (1.96)	<.05
RN%	58% (7.25%)	61% (6.74%)	<.05
Intensive care units			
THPPD	21.08 (2.99)	20.65 (3.11)	ns
RN%	75% (6.09%)	77% (5.35%)	<.05

Abbreviations: ns, Nonsignificant; RN%, registered nurse skill mix; THPPD, total hours per patient day.
[a] *t* Test analysis.

general units and ICUs of Magnet and non-Magnet

patients (1 in 7) experienced adverse events during

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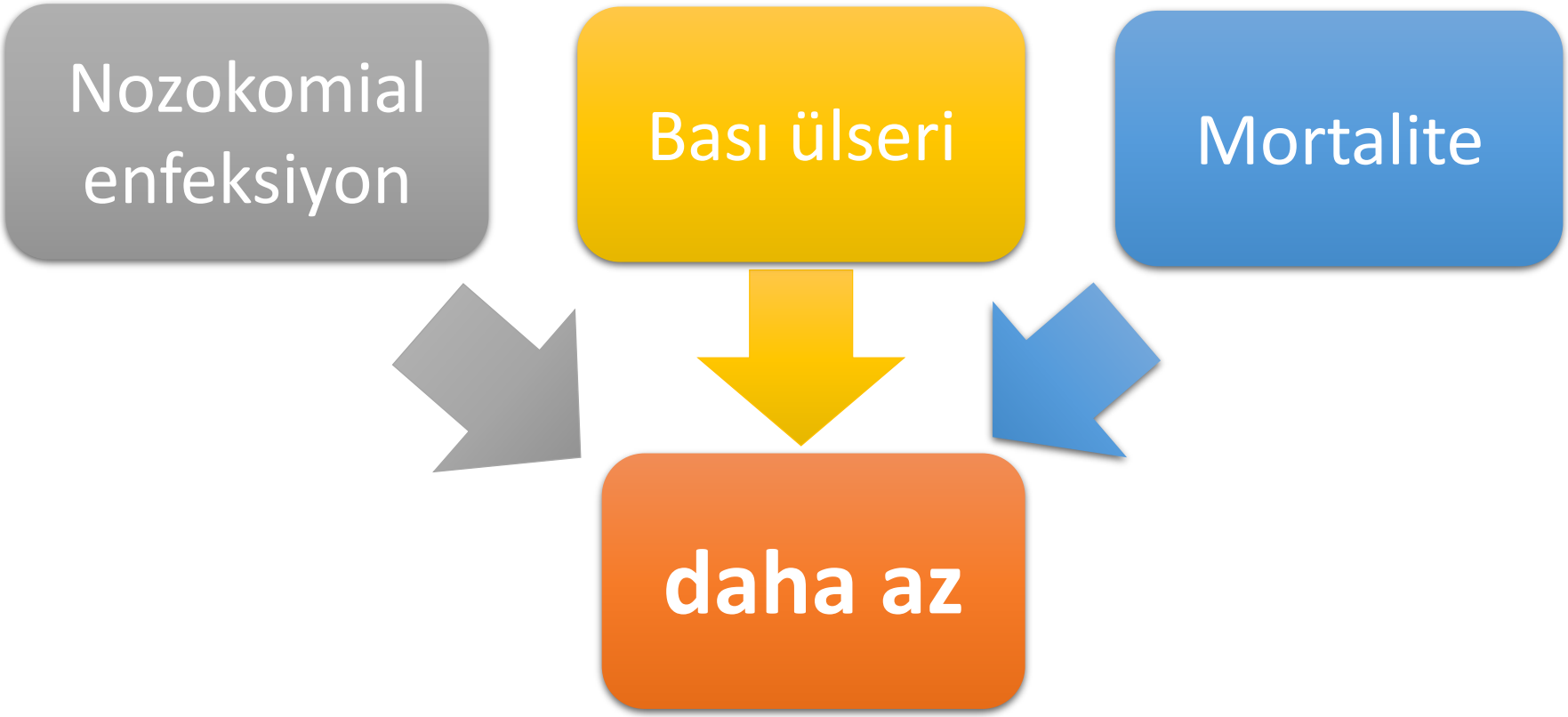
THE JOURNAL OF NURSING ADMINISTRATION

Comparison of Patient Outcomes in Magnet® and Non-Magnet Hospitals



Sonuç

Giderek artan hemşire eksikliği bütün sağlık kurumları için sıkıntılar doğuracaktır.

Çözüm Önerileri

Kaliteli Bakım İçin

Sağlıklı İstihdam

Hemşire insan gücünün planlanması

Ülkemizdeki hemşire iş gücünden verimli bir şekilde yararlanılması ve hemşirelerin doğrudan bakım uygulamalarına yönlendirilmesi gerekmektedir

Geçerli ve güvenilir hasta/hemşire oranlarının, ancak iş yüküne dayalı hemşire insan gücü planlama yönteminin düzenli kullanılmasıyla elde edilebilir

INTERNATIONAL JOURNAL of NURSING PRACTICE

A nursing care classification system for assessing workload and determining optimal nurse staffing in a teaching hospital in China: A pre-post intervention study

Hemşire iş yükü ölçümlerinde

hemşire hasta oranından çok

hasta bakım gereksinimlerine odaklanılmalıdır

International Journal of Nursing Practice 2015; 21: 339–349

İş yükü ölçümünde,

hasta sınıflandırma sistemlerinin kullanımı

hemşire gereksinimiyle ilgili kararları vermede

temel gösterge olarak kullanılmalıdır

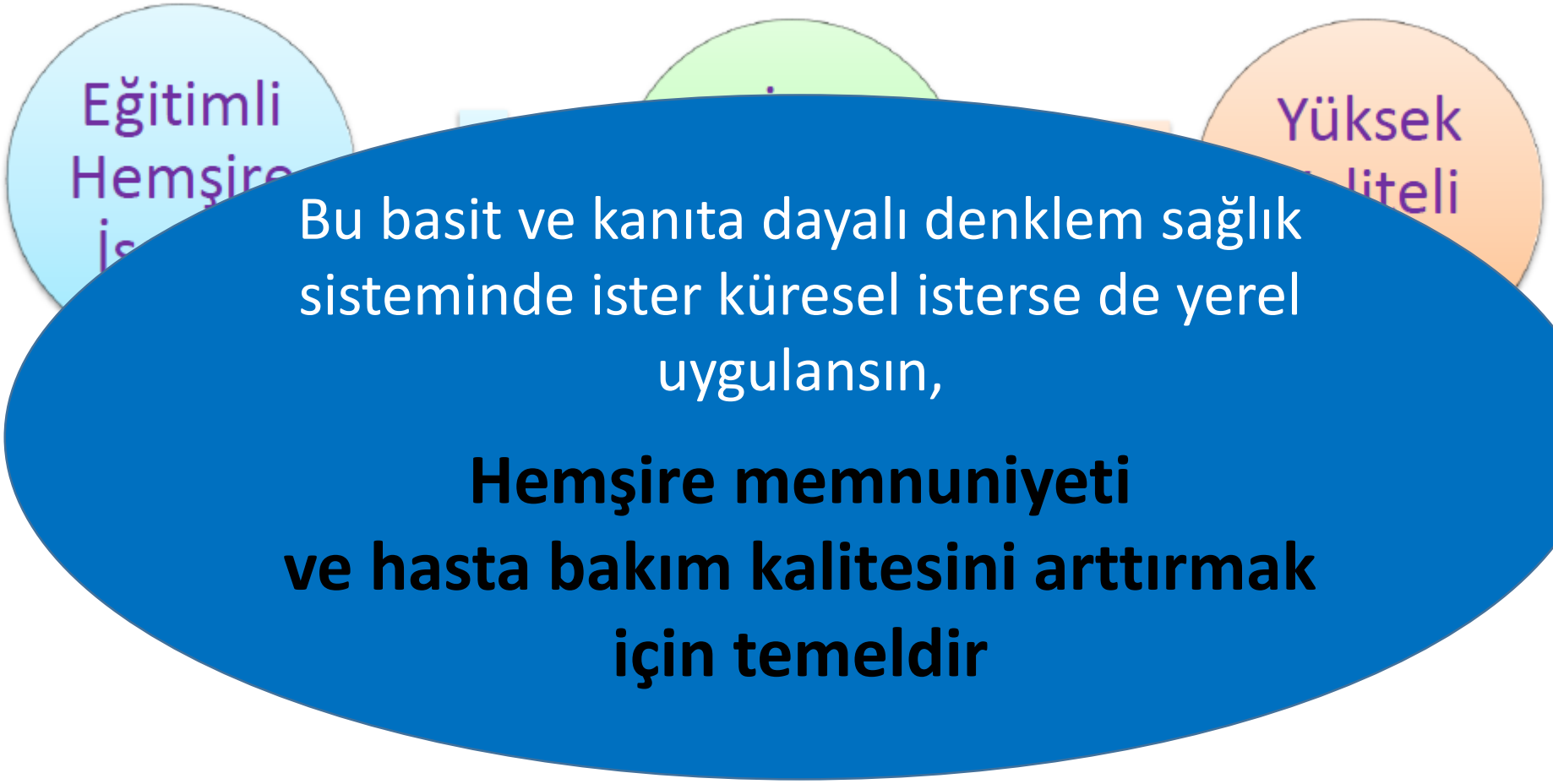
International Journal of Nursing Practice 2015; **21**: 339–349

Sağlıklı bir çalışma ortamı

Sağlıklı bir çalışma ortamı oluşturma sorumluluğu öncelikle yöneticilerin sonra tüm meslektaşların omuzlarındadır.

Hemşire iş gücüne daha fazla hemşire eklemenin bir maliyetli

çalışma ortamını iyileştirmek aynı seviyede bir kaynak kullanımını gerektirmez


Eğitimli
Yüksek
Bu basit ve kanıta dayalı denklem sağlık sisteminde ister küresel isterse de yerel uygulansın,
Hemşire memnuniyeti ve hasta bakım kalitesini arttırmak için temeldir

TEŞEKKÜR EDERİM…