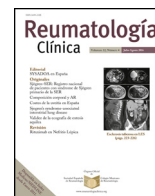




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Original Article

The Activity of Rheumatology Nurses in Spain[☆]

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ABSTRACT

Objective: Describe and analyze nursing activity in rheumatology.

Material and methods: A cross-sectional study was performed in Spanish rheumatology departments. Results were based on surveys administered to rheumatology nurses. We included variables on socio-demographics, the setting and available resources, and the activities they carried out. Each activity was compared in terms of workplace, available resources and dedication exclusively to one field.

Results: Sixty-seven surveys were collected from 57 hospitals in 17 Spanish autonomous communities. 97% of the nurses were women, with an average age of 48.9 years and an average nursing experience of 6 years. 56% of the professionals had gained their experience in outpatient clinics, 35% in day hospitals and 9% in inpatient and primary care. As for the availability of resources, 59% had their own office, 77.3% had a phone listing and 60% scheduled and conducted patient visits. Of the 19 activities included, those performed by the highest number of nurses were managing, monitoring and coordinating the use of biological drugs (90.9%), therapy monitoring (89.4%) and training patients in self-medication (89.4%).

The activity in which nurses most frequently collaborated with physicians was the administration of local injections (51.5%). Other activities were teaching (50%) and research (78.8%) in their departments and studies in the nursing field (51.5%). Work in outpatient clinics vs day hospitals showed statistically significant differences for health education, nutrition, splinting and bandaging, and collaboration in ultrasound studies.

Conclusion: These professionals performed a greater number of activities when they worked in outpatient clinics, had their own office and worked exclusively in rheumatology.

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Actividad de la enfermera de reumatología en España

RESUMEN

Objetivo: Conocer y analizar la actividad de la enfermería de reumatología en nuestro medio.

Material y métodos: Se realizó un estudio transversal en servicios de reumatología de todo el país. Se utilizaron encuestas dirigidas a enfermería que incluyeron variables sociodemográficas, de medios estructurales y de actividad realizada por enfermería. Cada actividad fue comparada en función del lugar de trabajo, disponibilidad de medios y exclusividad laboral.

Resultados: Se analizaron 67 encuestas, de 57 hospitales y 17 comunidades autónomas. Participaron un 97% de mujeres con una edad y experiencia laboral media de 48,9 y 6 años, respectivamente. El 56% trabajaron en consultas externas, el 35% en hospitales de día y el 9% en hospitalización y atención

Palabras clave:

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[◇] The names of the components of the Working Group of Nursing BE are listed in Annex 1 to the end of the text.

primaria. En cuanto a los medios: el 59% tenía despacho, el 77,3% agenda telefónica y el 60% agenda propia. Respecto a las actividades, el mayor número de profesionales realizó: monitorización de biológicos el 90,9%, seguimiento de terapias el 89,4% y entrenamiento en la autoadministración el 89,4%. La actividad en colaboración más frecuente fueron las infiltraciones, el 51,5%. Las actividades en docencia fueron el 50% y las de investigación dentro del servicio o con estudios en el área de enfermería el 78,8 y 51,5% respectivamente.

Trabajar en consultas externas respecto a hospital de día, disponer al menos de despacho propio y realizar la jornada laboral con exclusividad en reumatología mostró diferencias significativas en distintas actividades.

Conclusiones: El número de actividades realizadas por estos profesionales demostró ser mayor cuando el trabajo se realizó en la consulta externa, con despacho propio y exclusividad en reumatología.

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Introduction

The task of nursing professionals was defined by Henderson and Nite¹ in 1960 as caring for persons (sick or well) with activities that contribute to their health or recovery (or to a peaceful death), activities that individuals do without help when they have the necessary strength, the will or the necessary knowledge. Moreover, nursing also helps patients to carry out the prescribed treatment and to cease depending on assistance as soon as possible.

Over time, progress in medicine has continued to demand the specialization of all health professionals and, thus, of nurses, as well. In this respect, the role of the nursing professional specialized in rheumatology has been a recognized category in other countries like Spain for decades. The achievement of this category is obtained through a period of training that varies in duration depending on the country we are speaking of. Since 1980, in Spain, although this specialty is not offered in the nursing career, the figure of the nurse is beginning to be integrated into some rheumatology departments.² The incorporation of the nursing professional into those teams was produced in 2 ways: the first, in a conventional manner through contracts offered by health care centers, and the second, in the form of grants generated by the departments, which were aware of their need and made engaging them a priority.³ Nevertheless, we have no census on this group that would allow us to determine their number and where they are located.

The activities carried out by these nurses have been recorded by the Working Group on Nursing of the Spanish Society of Rheumatology (*Grupo de Trabajo de Enfermería de la Sociedad Española de Reumatología*) (GTESER). To date, the only publication in this respect was written by the Valencian Rheumatology Nursing Society, which described the activities performed in a nursing office in that Spanish autonomous community, in eastern Spain.⁴ Thus, at the present time, we have no access to any study that evaluates the level of activity utilizing the new GTESER registry of the detailed undertakings in Spain.

In this work, we describe and provide an updated analysis of the demographic characteristics and structural features, as well as the different activities carried out by the rheumatology nurse in Spain. This is the first work in which the results are summarized from surveys completed by the professionals who are performing this activity.

Material and Methods

We conducted a cross-sectional, descriptive, observational study in 57 hospitals in 17 Spanish autonomous communities.

The population to be studied were part-time or full-time nursing professionals caring for patients with rheumatic diseases. All of them were members of rheumatology units or departments in

Spanish health centers. There is no nationwide census of rheumatology nursing personnel in Spain; the only data available are those provided by congresses and meetings. For this reason, the nursing professionals selected for the study were obtained from a census prepared with the data provided by those who went to the National Congress of the Spanish Society of Rheumatology and that of the Andalusian Society Rheumatology. In order to improve/extend the distribution of the questionnaires as much as possible, and given the complexity of contacting with all the rheumatology departments/units in Spain, we asked for the help of delegates from the industry. For this reason, we got in touch with the company Merck Sharp and Dohme (MSD), which collaborated with this undertaking through its commercial network. The distribution of the questionnaires was all done in paper or through an e-mail address. The questionnaire, in the form of a survey, was prepared and approved by the GTESER. The deadline for collecting the data was from May 2013 to January 2014. The criteria for inclusion was working as a full-time or part-time rheumatology nurse in a Spanish health center. The exclusion criteria was the inability of directly/freely completing the questionnaire for any circumstance.

We included demographic variables such as sex, age, years of experience caring for patients with rheumatic diseases, name of the institution and Spanish autonomous community in which this center was located. There were also variables on the position (out-patient clinic, day hospital, inpatient ward or primary care) and the availability of structural means (office, phone line or individual agenda). Of the 26 activities performed by the nursing staff that had been recorded by the GTESER: 19 were practices that the professional did independently, 4 were done in collaboration with the physician and 3 were teaching and research activities. The 19 activities done independently: (1) health education programs; (2) education on body posture, exercises, therapies to improve mobility and reduce pain; (3) nutrition education (osteoarthritis, osteoporosis and gout); (4) keeping track of patients; (5) administration, monitoring, coordination and management of biologic drugs; (6) treatment follow-up (biologic and nonbiologic drug); (7) training in self-medication; (8) clinical metrology; (9) specific activity in the osteoporosis and fracture unit; (10) counseling on cardiovascular risk and follow-up; (11) smoking cessation programs; (12) placement of splints and dressings; (13) relaxation techniques; (14) Mantoux test; (15) densitometry; (16) Schirmer test; (17) salivary flow; (18) pathergy; and (19) fat aspiration. The 4 activities performed in collaboration with the physician were: local injection, arthrocentesis, ultrasound and capillaroscopy. Finally, the 3 responsibilities in teaching and research were: collaboration in studies performed in the rheumatology department, research studies in the area of nursing and teaching nursing. Moreover, we recorded interest in 12 rheumatic diseases: rheumatoid arthritis (RA), early arthritis, ankylosing spondylitis, reactive arthritis, septic arthritis or spondylodiscitis, psoriatic arthritis, autoimmune

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