Quality of teamwork of family doctors and community nurses in primary care for the elderly in two organizational settings – opinions of the family doctors

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Abstract

Purpose: The elderly are a growing part of the society and a further growth is expected in the demand for both medical and nursing services performed by primary health care institutions.

The aim of this work is to answer the question: "Does the form of employment of community nurses in primary health care institutions influence the quality of interdisciplinary co-operation in caring for elderly patients?"

Material and methods: The research was conducted among family doctors, who provided health care in the city of Białystok under the contract with the National Health Fund. The questionnaire was answered by 104 family doctors. Of this number 69 employed a family nurse and 35 co-operated with a non-public community nursing unit. The database of institutions and doctors employed was acquired from the National Health Fund. The research tool was an anonymous questionnaire.

Conclusions: The opinions of family doctors on the quality of geriatric care provided by the nurses depend strongly on their form of employment. Family doctors' units which employ nurses have a greater scope and better quality of care services for the elderly in comparison to those, which only co-operate with nurses.

Key words: elderly, interdisciplinary co-operation.

Introduction

The elderly are a constantly growing part of the society. It is to be expected that there will be a growth in the need for geriatric medical and nursing care from basic health care institutions. Reforms in medical and social care [1] led to the division of competence between medical (family doctor and community nurse) and social (social workers) sector. Further transformation of community nursing system had a negative influence on the co-operation between doctors and nurses in primary health care system [2]. Currently, the family doctor coordinates community nursing services in two ways. The doctor may employ a family nurse, who fulfils the function of a nurse in clinic as well as performs the community tasks, or only employ a nurse for the clinic and bestow other tasks on an outside, non-public community nursing institution. The main task of a community nurse, regardless of the organizational setting (full employment in the doctor's clinic in position of family nurse or a separate contract of community nurse with the National Health Fund), is to recognize the social situation of the patients with respect to nursing-care needs, meet the patients' needs in co-operation with other health and social care institutions, provide information on the possible sources of aid and forms of aid, educate, etc. The full scope of these tasks is referred to as "competence".

In fact, most of the community nurses' competences are not performed [3]. Despite the reorganization of primary health care, modern standards have not been implemented in community nursing services for the elderly. The community nurses' opinions prove deficiencies in the performance of their tasks and insufficient co-operation with the family doctor [2]. There were problems concerning separate contracting of community nurses [4].

According to standards referring to community nursing [5], the nurse not only performs tasks assigned by a doctor, but first of all should be one's partner. The nurse should autonomously take up professional tasks and comprehensively and consistently nurse families at their life environment – in health, sickness, disability, home hospitalization and terminal care.

Partnership is not only the co-operation and co-ordination of the nurse and doctor, but also respecting and making use of their separate competences, regardless of the nurses' form

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Table 1. **Form of employment of family doctor by age (in %)**

	Collective units of family doctors (N=95)	**Individual units of family doctors** (N=9)	**Total** (N=104)
(%)	91.3	8.7	100.0
Age structure of family doctor [p=0.005]*			
Under 41 (n=46)	40.0	88.9	44.2
Over 40 (n=58)	60.0	11.1	55.8
Total	100.0	100.0	100.0

* the p value applies to the comparison between forms of employment (clinic or individual)

of employment. Nevertheless, it is to be expected, that staying in the same workplace speeds up the exchange of information about the patient and the performance of tasks. It also facilitates setting care priorities, while respecting the separate competences of team members.

The aim of this work is to answer the question: "Does the form of employment of community nurses in primary health care institutions influence the quality of teamwork in caring for elderly patients?"

Material and methods

The research was carried out among family doctors, who provided health care in the city of Białystok under the contract with the National Health Fund. The questionnaire was answered by 104 family doctors. Of this number 69 employed a family nurse and 35 cooperated with a non-public community nursing unit. The database of institutions and doctors employed by them was acquired from the National Health Fund. The research tool was an anonymous questionnaire distributed personally by the author of the work. The results were subject to statistical analysis, where an arithmetic average was calculated for measurable features, as well as standard deviation. For qualitative features their quantitative-percentage distribution was calculated. For the assessment of differences between groups, depending on conditions they met, Pearson's Chi^2 independence test was used or Fischer's exact test. The significance value was set at $p<0,05$. The statistical analysis was performed with the use of the Statistica 6.0 program.

Results

The research included all family doctors working in the city of Białystok. The majority (90%) of them were women. 91% of the doctors were employed in the collective family health care units. Significantly more often they were older and more professionally experienced doctors. Only every tenth (9%) had an individual practice – significantly more often they were younger and less experienced (*Tab. 1*).

Over three quarters of family doctors were experienced practitioners – they had at least 10 years of work experience. The average work experience was 18 years. Every second doctor (52%) declared having at least one specialization. 42% of doctors declared having two and 5% – three. One of the doctors had four specializations. Three quarters of doctors (75%) had a specialization in family medicine.

Two thirds of the doctors employed family nurses, while one third (34%) only co-operated with a non-public community nursing unit.

Almost a half (46%) of doctor rated their co-operation with nurses as good, 26% as very good. Only 15% evaluated it as acceptable and 13% as insufficient. Doctors who employed their own nurses twice as often rated their co-operation positively (86%) in comparison to those co-operating with outside institutions (45%). These data are presented in *Tab. 2A*.

Further the doctors were asked to rate the quality of nursing care for the elderly. Most answers were positive – including 12% very good and 48% good. Every third answer was "acceptable" and every tenth – "insufficient". The answers depended on the kind of co-operation (*Tab. 2B*). Among doctors employing family nurses, as many as three quarters (71%) had a very good or good opinion about the quality of nursing care for the elderly. A similar opinion was significantly less frequently (37%) expressed by doctors, who cooperated with non-public community nurses.

The frequency of nurses' home visits with older patients can be taken as a factor adding objectivity to the doctors' opinions. Home visits were performed twice more often in health care institutions which employed family nurses (regularly, at least once a year – 48%), than in those co-operating with outside nursing institution (23%). Statistically significant differences were fund (*Tab. 2C*).

A quality of geriatric care depends on the team approach to the assessment and meeting needs of the elderly. This requires regular exchange of opinions and information on individual care problems between the doctor, nurse and other practitioners.

The frequency of such debates also depended on the form of employment of nurses. "Regular" and/or "frequent" consultations prevailed in institutions employing nurses, while "sporadic" meetings were significantly more common in institutions using outside nursing services (*Tab. 2D*).

Discussion

Family doctors have already become the base of the health care system in Poland [6]. They are the fundamental link in the system of care for the elderly [1,7]. Standards of geriatric

***Table 2*. Subjective and objective indices of the doctors' and nurses' teamwork in primary care for the elderly (in % of column)**

	Units employing their own nurses (N=69)	Units cooperating with nursing centres (N=35)	Total (N=104)
A. Doctors' opinions on teamwork with community nurses [p=0.0001]*			
Very good	33.3	11.4	26.0
Good	52.2	34.3	46.1
Acceptable	10.1	25.7	15.4
Insufficient	4.4	28.6	12.5
B. Doctors' opinions on quality of nurses' care for older persons [p=0.001]*			
Very good	15.9	2.9	11.5
Good	55.1	34.2	48.1
Acceptable	24.6	40.0	29.8
Insufficient	4.4	22.9	10.6
C. Frequency of nurses' home visits with older patients [p=0.03]*			
Yes, regularly at least once a Lear	47.8	22.9	39.4
Irregularly	52.2	77.1	60.6
D. Frequency of debates on geriatric problems between doctors and nurses [p<0.0001]*			
Regular/frequent	84.1	42.8	70.2
Sporadic	15.9	57.2	29.8

* The p value applies to the comparison between forms of cooperation between doctor and community nurses

care assume comprehensive and interdisciplinary approach to solving the complex problems of the elderly in his place of living [8], which requires the active participation of other practitioners of primary health care system – first of all community nurses, who are the natural allies and partners for family doctors. Unfortunately, their place in primary health care is still not fully defined, nor appreciated. Their competences are often not utilized [2,3]. That is partly due to various forms of financing of community/family nursing services. On one hand, the services of community nurses may be realized as part of individual contracts with non-public units, financed by the National Health Fund, on the other, in the form of an employment of nurses by non-public health care institutions, which have contracts institutions providing for such services [9]. Regardless of organizational settings and financing of community nursing services, the role of nurses in primary health care did not change significantly after the reform. Community nurses, more often called family nurses, are, along with doctors, the core of geriatric care teams. Theoretically these also include a social worker, although his part is marginal, because of the separation of the health and social care sectors.

The results of the study clearly indicate the superiority of the co-operation between doctors and nurses within one health care institution. This form of teamwork is connected with a higher quality of care for the elderly. This is evident both in the subjective opinions of doctors as well as in some objective indices, like performance of comprehensive geriatric approach. It seems that the direct relations in a team member employed in one institution enhance the exchange of information, observations, and quick reply to the needs of elderly patients. Family doctors' units which use outside community nursing services have a significantly lower quality of nursing services, both in the opinion of doctors and in objective indicators. Nevertheless, the limitation of the study is missing the opinions of the community nurses themselves, referring to the co-operation with family doctor and to quality of services for elderly patients.

Conclusions

1. The opinions of family doctors on the quality of teamwork and geriatric care provided by the nurses depend strongly on their form of employment. Family doctors' units which employ nurses have a greater scope and better quality of care services for the elderly in comparison to those, which only co-operate with nurses.

2. Better geriatric care can be expected along with better interdisciplinary co-operation and partnership between health care providers, to identify and meet the complex needs of community dwelling elderly people.

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