Assessment of working conditions by gender and education in Shkodra Regional Hospital nurses.

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Abstract

Nurses and midwives constitute the largest proportion of health workforce, providing skilled care experts for the population of Europe and as such, play a key role in the successful delivery of health services. In the second decade of the 21st century, nurses and midwives are developing their professional roles and determine what challenges affecting their contribution to the development of health care and efficient service delivery. Also, nurses represent the largest group of professionals in the health care workforce, providing more care at all levels of continuity of care and accounting for a significant portion of hospital operating costs. Nursing access indicators have been the subject of considerable development in the field of research within the field of rapid care where nurses have a degree of autonomy and control over the process of providing nursing care. However, most often the nursing contribution remains almost invisible to policymakers and health care managers and many analysts consider it undervalued and poorly studied. Considerable data on nursing care, in most cases, do not represent the basis of data but are routinely examining the performance analysis of health care organizations and health policy decisions. The purpose of the study is to see how they are perceived by nurses working conditions according to their gender and education in Shkodra Regional Hospital. This study was conducted in the district of Shkodra, where they were review all health centers in Shkoder and all the services of the Regional Hospital of Shkodra, total are 20 health centers and 14 hospital services, based on the random, with nursing care primary health care and district hospital services. In total they interviewed 160 nurses at health centers and 189 near Shkodra Regional Hospital, providing services in these institutions. All data collected belong to a one-year period, January 2014 - January 2015. The study used methods or otherwise known as transverse cross-sectional. Statistical processing and then issuing reports and analysis was performed using Minitab software version 17.

KEYWORDS: Gender, education, nursing service

Introduction

Nurses and midwives constitute the largest proportion of health workforce, providing skilled care experts for the population of Europe and as such, play an important role in the successful delivery of health services. In the second decade of the 21st century, nurses and midwives are developing their professional roles and defining challenges that affect their contribution to the development of health care and efficient service delivery.Also, nurses represent the largest group of professionals in the health care workforce, providing more

care at all levels of continuity and accounting for a significant portion of hospital operating costs [2,3].In the past three decades, there has been great change and evolution in the concepts and theories that support nursing practice. This was a time when "what nurses do" should be quantified and measured to justify funding, and to improve the practice and results to the patient - even though we know that the practice is not general and is often the subject of context.Nursing access indicators have been the subject of considerable development in the field of research within the field of rapid care where nurses have a degree of autonomy and control over the process of providing nursing care [4,5,6].However, most often the nursing contribution remains almost invisible to policymakers and health care managers and many analysts consider it undervalued and poorly studied [7,8] .The considerable data on nursing care, in most cases doesn't represent the basis of data but are routinely examining the performance analysis of health care organizations and health care policy decisions [9.10].

Aim of the study

The purpose of the study is to observe how is perceived from nurses the working conditions by gender and education in Shkodra Regional Hospital.

Material and methods

This study was conducted in the district of Shkodra, it took into consideration all the health centers in Shkodra and all the services of the Regional Hospital of Shkodra, a total of 20 health centers and 14 hospital services, based on the random, with nurses who work in primary health care and district hospital services. In total they interviewed 160 nurses at health centers and 189 near Shkodra Regional Hospital, providing services in these institutions. All data collected belong to a one-year period, January 2014 - January 2015.
Methods used in the study are transversal or otherwise known as cross-sectional. Statistical processing and then issuing reports and analysis was performed using Minitab software Version 17. The implementation data is used partly EUROPEP questionnaire with 5 different response alternatives that respond Likert scale with five possible options starting from nothing with 1 point and very good estimated up to 5 points.

Results

In the graph no. 1, presented statistical data RHSH nurses participating in the study. The distribution of frequencies according to nurses age.

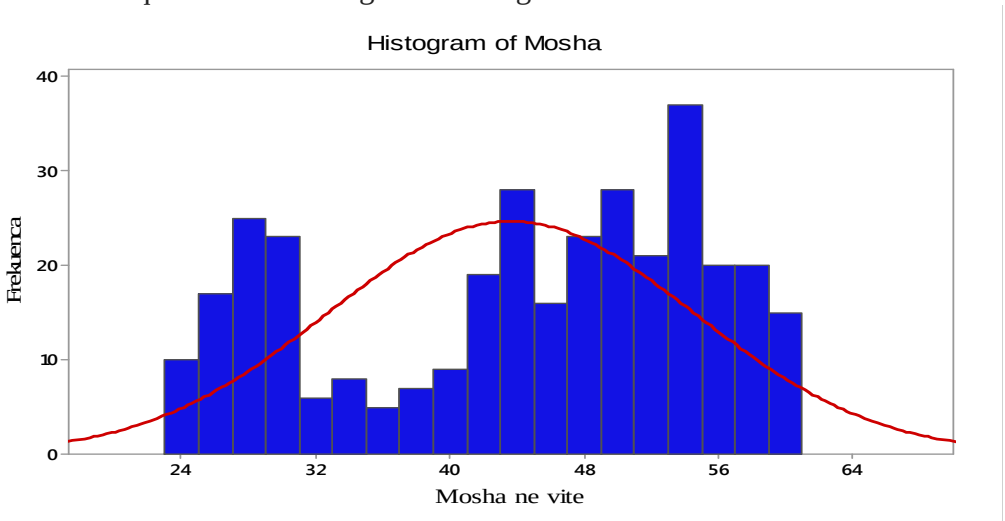
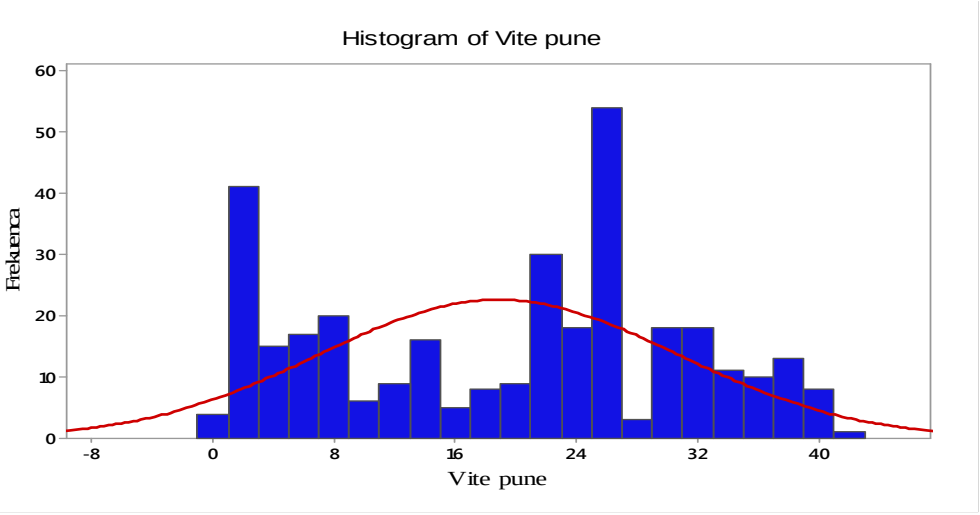


Table 1: The average age of nurses

	Average	Minimum	Maximum	The standard deviation
Age	43.6	23.0	64.0	10.9
Seniority	18.8	0.2	42	11.8

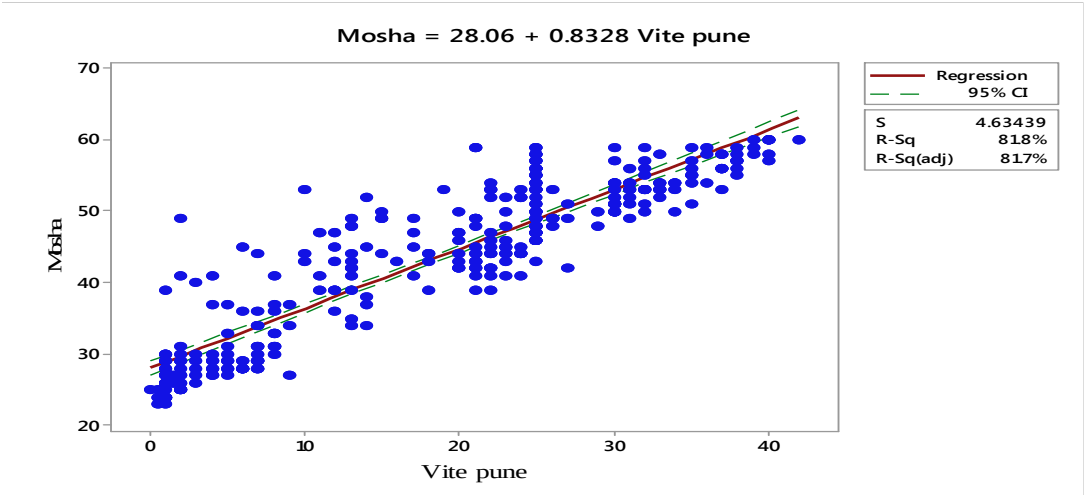
The average age of nurses participating in the study was 43.6 years and ranged from 23 to 64 years. Seniority is 18.8 years and ranged from 0.5 to 42 years. Is noticed that the age distribution is bi-model, where high frequencies that predominate mean that most of the nurses are over 40 years old.

In the graph no. 2 introduces the observed frequency distribution of the seniority of nurses RHSH.



The figure shows that the frequency distribution of seniority is not normal. In this case dominate low and secondary frequency.

In the graph no. 3, presented correlation between age of nurses and the seniority in SRSH



It noted that there is a high correlation between age and years of work nurses that each of them has. The correlation coefficient r = 0904 (P <0.001). In Figure 3 shows a linear regression line between the two sizes. This high value of correlation suggests that nurses have started work almost the same age. Linear regression gives as starting work aged 28 years.
From the regression curve shows the variation of working years explains 81.7% of nurses aged. Nurses participating in the study 30.9% were male and 69.1% female.

In the graph no. 4, is the separation of the nurse's participants by gender in RHSH.

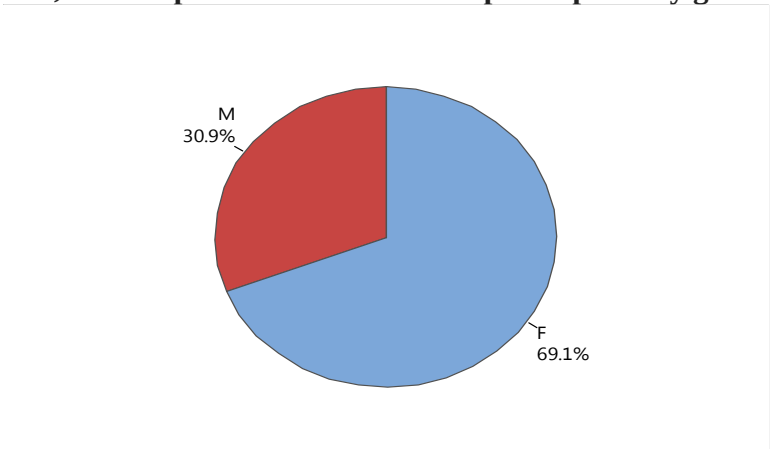
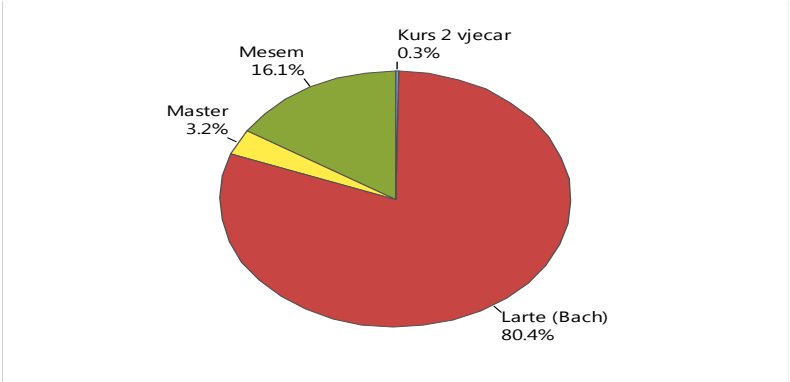


Table 2: Statistical data for the nurses in the study disaggregated by gender

	Gender	Average	Minimum	Maximum	The standard deviation
Age	F	44.8	22.0	60.0	10.3
	M	40.5	24.0	64.0	10.7
Seniority	F	21.0	1.0	45.0	21.02
	M	16.1	0.2	44.0	16.14

Table no. 2 and Chart no. 4, presented statistical data on nurses in the study of gender disaggregated. Female nurses have a higher average age than men, and so is their seniority is higher. 69.1% females and 30.9% males.

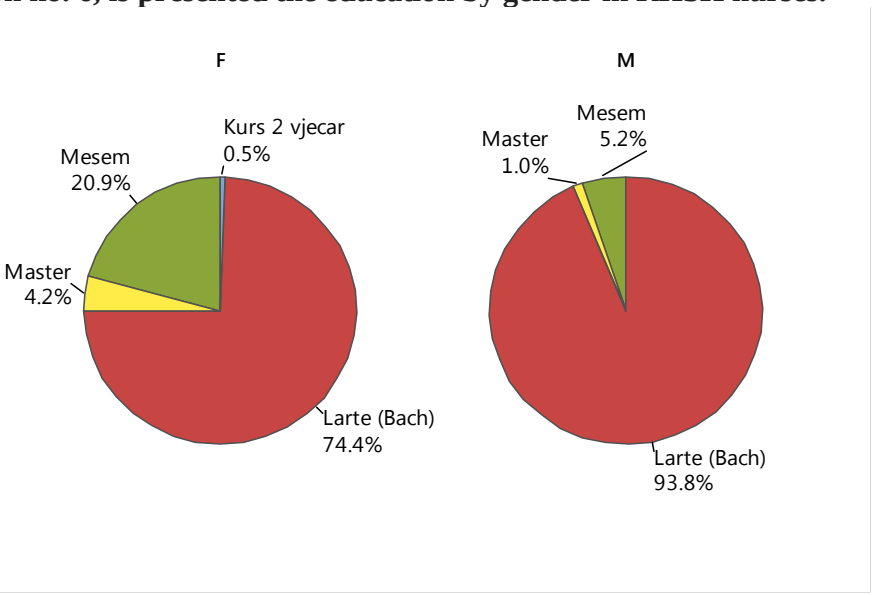
In the graph no. 5, is the separation of the level of education to the participants' nurses.



In the graph no. 5, is presented the level of education of nurses participating in the study.

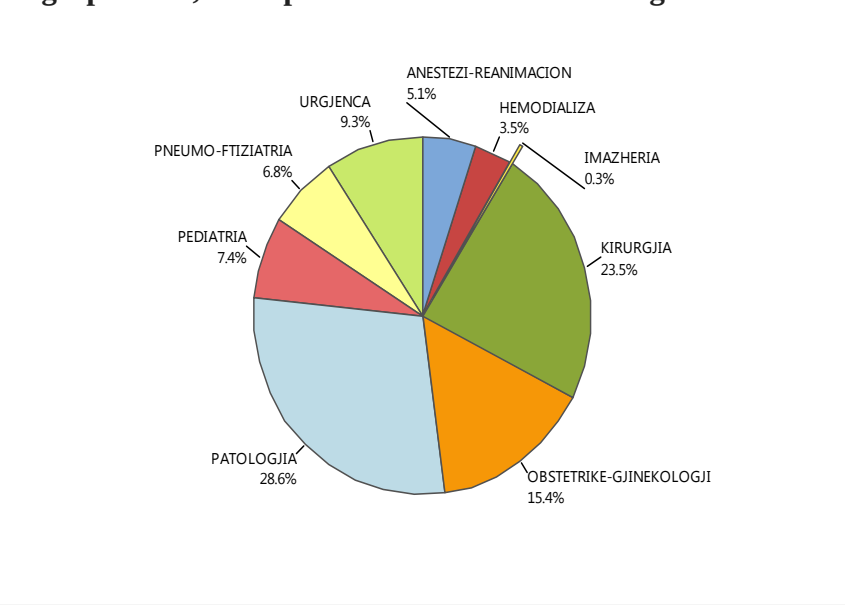
The majority of nurses with 80.4% are bachelor, master 3, 2%, 16.1% were high school and 0.3% were 2-year courses.

In the graph no. 6, is presented the education by gender in RHSH nurses.



74.4% of female nurses with higher education are the bachelor; the percentage for men is 93.8%. More nurses with master women were 4.2% compared to 1% among men. 20.9% of female nurses were with high school education, while among men the figure was 5.2%.

In the graph no. 7, the separation of services covering nurses in RHSH



From the chart it shows that most of the nurses are from the service of pathology 28.6% of allparticipating then comes the service of surgery by 23.5%, the service of obstetrics-gynecology at 15.4%, emergency service 9.3%, so row, and finally ranked radiology service with 0.3% of all nurses participating.

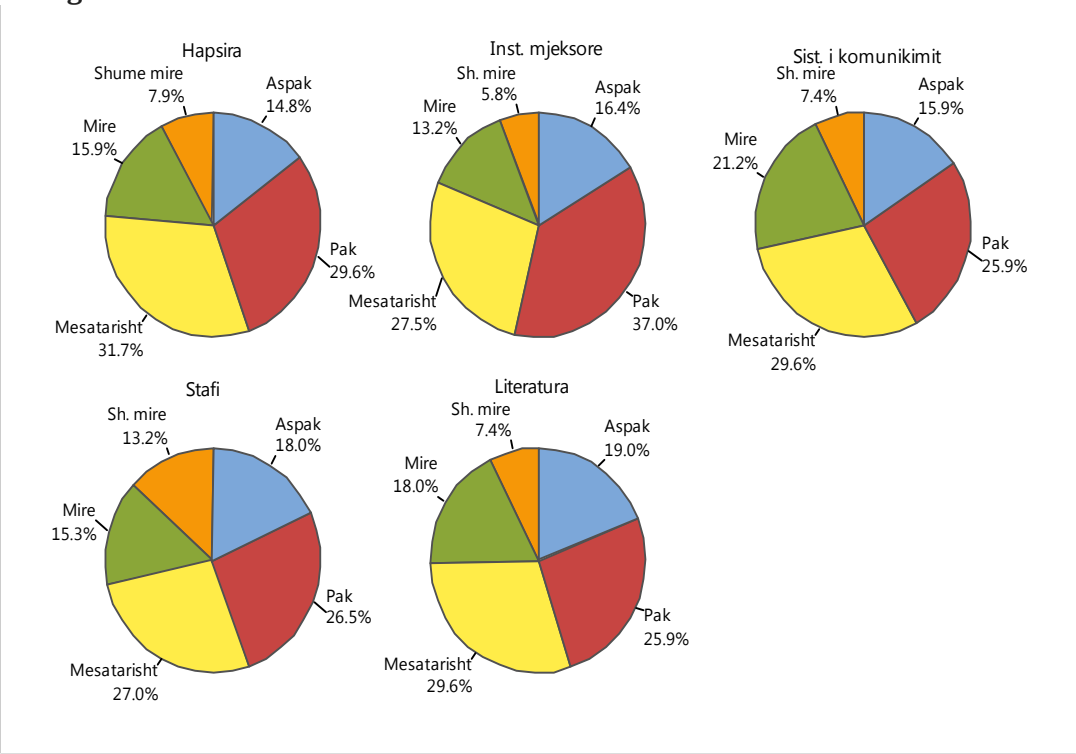
Table 2: Average index by gender and education for nurses

		Question1	Question2	Question3	Question 4	Question 5
Total		2.5	2.7	2.7	2.7	2.7
Gender	F	2.4	2.8	2.7	2.8	2.6
	M	2.6	2.4	2.6	2.6	2.7
Education	Medium	1.8	3.0	2.8	2.9	3.0
	High	2.5	2.6	2.7	2.7	2.6
	Master	2.5	2.6	2.6	2.4	2.3

Table no. 2 gives the average index of the responses received from nurses participating in the study for the infrastructure of the institution. Obviously, this index is taken in total, divided by gender and by education of nurses participating in the study. We note that in total, the average value of the index of the first answers is almost in the middle of the measuring range, which means that the conditions relating to the infrastructure of the institution, nurses in the study estimate the average. If we discuss these indices are based on gender, we note that there are minor changes. Thus, for example, to the first question, **I have access to all I need - tools, equipment and encouragement to make this work properly?,** women have given an index lower response than men, so men think of all tools are available for work, are in a higher degree than those who think women. To the second question where the emphasis that: **The health institution is a better place to work than it was 12 months ago?** Women feel is improved more than men. While answers to other questions dealing with:**I would recommend this health institution as very good place to work?How would you assess the working conditions?Are you satisfied with your salary?**These estimates are almost the same in both sexes, all in the average.Interestingly is the study of these questions, based on the education of nurses. As it seen with increasing levels of education from the secondary, the high master, with the exception of the first question, which concerns the disposal of assets, equipment and encouragement to do this job properly, this index increased going from high school to senior and master. While other indices, the second question: The health institution is a better place to work than it was 12 months ago? Nurses with secondary education, respond with a higher rating than nurses who are highly educated and master.Likewise, the third question and I would recommend this health institution as very good place to work? Nurses with secondary education have a higher index compared with nurse's recommendation with higher education / master.To question 4: How would you assess the working conditions? The index is declining responses from nurses with secondary education to nurses with higher education / master.While the evaluation on Question 5: Are you satisfied with your salary?

There is greater distinctiveness from all other responses. Here it is noted that increasing the level of education increases the degree of dissatisfaction with the salary. Nurses with secondary education say that they are pleased average salary. Nurses with higher education are less satisfied and nurses with master, even less.

Graph no. 8. The answers given by nurses to the question: How would you assess the working conditions?



The group provided responses to questions related to working conditions.

For spaces: 14.8% of nurses feel that is definitely not enough, 29.6% of nurses feel is less sufficient, 31.7% of nurses think is on average enough and the rest 24% think it is good or very good enough this space.

For medical instruments, most of the nurses, where 16.4% and 37.0% think no less, about 52% of nurses feel that there are little or no medical instruments at their disposal.

For the communication system, 15.9% of nurses said they did not like at all communication system, 25.9% of nurses said they do not like little communication system; about 42% of nurses are dissatisfied with the communication system. 29.6% of nurses said they did not like average communication system, 21.2% & 7.4% of nurses said they were satisfied with the communication system.

Staff & Literature is almost the same response.

DISCUSSION AND CONCLUSIONS

As seen from the answers, changes perceptions about the working conditions are small in terms of gender and age, but on education change the perception of working conditions is deepening by that with secondary education to the higher education and recently to master.

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