

THE ROLE OF THE HOSPITAL ENVIRONMENT IN THE MANAGEMENT OF THE HOSPITALIZED PATIENT

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Abstract

The hospital system represents for the doctors their main environment of their daily life and of their professional activity. The interior and interpersonal atmosphere of the hospital, the harmony and cooperation among the different services can influence positively the efficiency of their activity, and through this, the normal development of the functions of this social institution.

For the patient, on the contrary, the hospital environment represents a rather hostile environment, which even if it guarantees his/her safety, it imposes him/her some restrictions and a lifestyle different from the usual one.

Hospitalization represents a fact with social implications, involving a multitude of cultural, social and psychological factors that influence life in the hospital, the reaction and adaptation towards the hospitalization process. (Săhleanu V., Atanasiu A., 1973)

Starting with the moment the patient is hospitalized, he/she is submitted to a new lifestyle and to some extremely stressing social situations, that often trigger anxiety and panic states with profound repercussions upon his/her behavior and which influence in a way even the disease evolution. (Rădulescu M.S., 2002)

To appreciate the quality of the caring services within the hospitals, we developed a study regarding the satisfaction degree of the patients towards some aspects of the hospital conditions and the perception regarding the way in which they influence the healing process. (Armean P., 2002)

Key words: hospital, environment, patient, management, quality

INTRODUCTION

The atmosphere in a hospital is very different from the atmosphere in any other social institution. The hospital generates a certain emotional climate, a special cultural ambiance, with “sacred” valences for most of the “outsiders”. The ritual of the visits and evening visits, the tensioned activity of the reanimation sections and emergency services, therapeutic procedures, pain and sufferance, the organizational way of living in common, and finally the fact of being so close to the death circumstances, everything appears - for the patient – veiled in a strange atmosphere, with almost a hieratic character.

Institution symbolism, personnel’s smocks, usual instruments, through which the syringe and stethoscope, with which the patient is used to identify the

doctor strengthen this hieratic character and invest the hospital personnel with the sacred significance of an almost divine power: capacity of healing, “to keep the patient’s life in his/her hands”, to fight with life and death. (Chelcea S., 1996)

However, different studies that often revealed this “sacred” character of the hospital contribute to the patient hospital-dependence, depersonalizing him/her as a human being. Thus, there is a contradiction between the technician and human side of the activity specific to the hospital; for this reason, more and more it is stated the need of “humanizing” the hospital, to give back to the patient the confidence without which the medical act remains a simple technician action.

The humanization of the hospital means to establish an intimate contact between doctor and patient, especially to understand the last one, to make him/her feel confident and give him/her hope which very often proves to be more valuable for healing than the science remedies, to make as the wonderful human love to dominate this world of the patients, where everything is anxiety and refuse. (Coe, Rodney M, 1970)

MATERIAL AND METHODS

The study took place in a great hospital of 1034 beds in the urban area. Within the hospital, all specialized sections were taken into account, excepting those of ITA and psychiatry where no information can be obtained from the patients.

The lot of investigated patients was of 156, this fact being established through sampling according to the total number of beds in the hospital (1034 beds). The selection of the subjects was achieved according to the following variables: number of hospitalization days (minimum 3 days) and the sex of the patients. Social-demographical characteristics: age, origin environment, education level resided implicitly from the selection undertaken and from the completion of the questionnaires.

The study developed on a questionnaire applied through the technique of verbal inquiry (directly) = face to face interview with the patient by personnel trained for its application. The aim of the study, the importance of being sincere and serious in their answers was explained to each patient. The confidentiality of their answers was also provided through the anonymity of the questionnaire and the absence of the sanitary personnel during the application of the questionnaire.

The questionnaire included five questions having in view the degree of satisfaction of the patients towards the hospitalization conditions, medical care, attitude and behavior of the personnel and communication.

The questions were expressed in a close format, having a scale of answers with four options of measuring the degree of satisfaction – ordered grades: unsatisfactory, satisfactory, good, very good. (Rotariu T., Iluț P, 1997)

The last question in the questionnaire was open; in this case the patients could mention observations, suggestions referring to positive and/or negative aspects of the hospitalization and offer details and examples that could support their opinions.

The final part of the questionnaire included social-demographic data of the patients (sex, age, origin environment, education level).

The statistical interpretation of the received answers to the close questions was made in a computerized manner by using the program Statistical Package for the Social Sciences (SPSS).

RESULTS AND DISCUSSION

As regards the hospitalization conditions, they recorded the lowest degree of satisfaction, especially the cleaning/hygiene in the toilets and showers and food quality.

1) hospitalization conditions were evaluated as follows:

- 48.3 % “very good” answer type
- 39.3% “good” answer type
- 10.6% satisfactory answer type
- 1.8% unsatisfactory answer type

2) cleanness in the wards:

- 58% “very good” answer type
- 31.8% “good answer type
- 8.6% satisfactory answer type
- 1.6% unsatisfactory answer type

3) cleanness in the toilets and showers:

- 41.5% “very good” answer type
- 37.9% “good” answer type
- 13% satisfactory answer type
- 6.7% unsatisfactory answer type

4) food quality:

- 38.1% “very good” answer type
- 42% “good” answer type

- 13.2% satisfactory answer type
- 5.9% unsatisfactory answer type

5) food service:

- 56,8% “very good” answer type
- 32,2% “good” answer type
- 7,3% satisfactory answer type
- 2,6% unsatisfactory answer type

The medical care offered by the hospital personnel, their attitude and behavior towards the patients, communication with them represent the aspects of hospitalization for which the patients declared themselves as being mainly satisfied.

1) doctor’s activity was positively appreciated on a great extent, the highest degree of satisfaction being recorded in this case:

- medical care offered by doctors - 90.4% very good” answer type;
- doctor’s attitude towards the patients– 90.2% very good” answer type;
- doctor’s communication with the patients– 89.6% very good” answer type;

2) caring activity offered by the medical assistants was positively appreciated on a great extent; the attitude and communication with the patients was less appreciated;

- medical care offered by the medical assistants – 85.5 % very good” answer type
- attitude of the medical assistants towards the patients – 75.3% very good” answer type;
- communication of the medical assistants with the patients – 73.7% very good” answer type;

3) nurse’s activity was appreciated to a lower degree, being, thus, recorded the lowest degree of satisfaction of the patients:

- care offered by the nurses – 49.7% very good” answer type;
- nurse attitude towards the patients – 40.9% very good” answer type

Cleanness, compliance with the hygiene rules by the medical personnel and by the patients, attitude of the medical personnel, communication ability to the patient and the microclimate conditions in the ward were mentioned as regards the hospitalization conditions that influence the healing process.

CONCLUSIONS

The positive aspects mentioned by the patients regarding the hospitalization conditions were:

- improvement of the sanitary unit aspect and of the hospitalization conditions comparatively with the previous years
- appreciation of the rehabilitation and modernization process, of the existent cleanness
- appreciation of the food quality
- appreciation of the fact that there are stainless steel dishes.
- appreciation of the fact that it is silence “there is no significant flow of visitors”;

The negative aspects mentioned by the patients regarding the hospitalization conditions were:

- cleanness in the toilets and showers is not made correspondingly
- there are no lifts/ they are out of service
- furniture in the wards is old and overused
- installations of the bathrooms are old, overused and they should be replaced
- inexistence of special toilets for men
- poor quality of food; lack of diversification
- food is not served in hygienical conditions (covered)
- lack of bulbs in the bathrooms
- insufficient number of toilets and showers
- beds are uncomfortable
- there is no ventilation in the toilets and showers
- there is no special button near the patient’s bed for calling the medical assistant
- inexistence of dishes and plates
- the fridge is out of order
- bedclothes are dirty and ragged
- crowdedness in the wards
- the personnel that serve the food also makes the cleaning
- the personnel that serve the food don’t wear gloves
- the walls of the wards are not painted
- there is noise in the ward due to the rehabilitation activities in the hospital
- lack of beds – the patient was obliged to sit on a couch in the first day of hospitalization
- the electrical system is not safe
- no sufficient bedpans for all the patients
- no curtains and sieves at the windows
- no hot water constantly
- the presence of foreign persons in the wards – salesman and visitors

From the viewpoint of the medical care, attitude and behavior of the medical personnel, we concluded:

- inadequate behavior of some doctors – they are ironical with the patients/ they discuss in contradiction in the presence of the patients;
- inadequate behavior of some of the medical assistants – they speak harshly with the patients;
- some of the medical assistants explain the way of the medicine oral administration
- discontents related to the medical personal from the Emergency section
- the nurses don't act accordingly;
- inadequate behavior of some of the nurses – they speak harshly to the patients; they don't respect the patients;
- inadequate behavior of the stretcher bearers – they speak rudely to the patients;
- the whole medication was not provided by the hospital, the patients being obliged to buy some of the recommended medicines;
- medical care offered during the night and in weekend is not adequate;
- medical and caring personnel behave nicely with the patients only if they are financially motivated “if you don't give money, nobody looks at you”;

In the context of physiological changes induced by disease, hospital must meet some essential conditions: be secured, links to evoke maternal warmth, security, food safe; to ensure a sufficient degree of interpersonal communication;

The psychological importance of the hospital environment is very high, this competing on several factors, including the natural environment in which the hospital is located (surrounding flora, landscape, etc.).

Salon size is important, especially patients agreed smaller lounges, 2-3 beds. Paint colors in which the hospital wards patients are also important : the calm blue, the green - the absence of danger. Diet also affects the wellbeing of patients. Usually most patients like the food they are used.

Hospital should provide a balanced social environment, because only thus can provide healing patients.

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