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Holistic approach to the therapeutic team in patient care

Transformations in the system of health care in Poland are associated with the improvement of the quality of diagnostic, treatment and nursing services provided by medical staff at various workplaces. The recommendations of the World Health Organization and accreditation criteria for Polish hospitals indicate that the effective work of the therapeutic team, closely connected with holistic approach to a patient, is a significant element in optimizing patient care (1,7). The holistic approach to a patient results from the assumption that Man as a biological, psychological and social unity is inseparably connected with the universe. Exposure to disease results from many complex, interacting factors, e.g. stress, microclimate, economic standard, social conditions of the rearing environment, education and work (4,9). Eliminating these factors, solving therapeutic-nursing problems and the enhancing health is possible due to the holistic concept of care, which should be understood as a subjective approach to a patient, a multi-dimensional approach to therapy by an integrated therapeutic team, and the competent passing on of information, which conditions the efficiency of interdisciplinary actions (5,8).

According to the holistic approach, a patient participates in search for the causes of the disease and methods of solving health problems. The search for the possibilities to change the life style, to observe a diet, and to change the patient's surroundings, requires effective techniques of exerting an effect on man by a multidisciplinary team. In the holistic approach to patient care the team concentrates on a patient's problems as a whole by co-ordinated actions, comprehensive knowledge and skills, and prevents the perception of these problems in a fragmentary way. The effectiveness of the actions undertaken by the team depend on the scope of competence, degree of using knowledge and experiences, as well as on the exchange of information during meetings and consultations, during which the problems of care of the patient are distinguished, and a common direction of activities is determined (2,3,6).

Therefore, the following research problem seemed to be significant: What is the scope of problems discussed during the meetings of the therapeutic team in hospitals with accreditation and without the Quality Certificate?

MATERIAL AND METHODS

The material for the study was collected in 1999 in 21 hospitals – 4 with 29 wards possessing the Quality Certificate in the regions of Lublin, Rzeszów and Cracow (Group A), and 17 hospitals with 56 wards without accreditation (Group B) in the regions of Lublin, Łódź, Cracow, Warsaw, Gdańsk and Kielce. A total number of 560 doctors and nurses participated in

the study, including 55 ward heads/managers of clinics, 72 head nurses, 106 assistant physicians and 327 charge nurses.

The study method was a diagnostic survey, and the technique – a specially designed questionnaire form containing open and closed questions. The material obtained was subject to statistical analysis by means of χ^2 test- (Chi square) for homogeneity, U test for the difference in percentages, χ^2 - (Chi square) for compatibility, and V^2 Cramer test.

RESULTS

The results of the study concerning the problems discussed during meetings of the therapeutic team indicate that diagnostic, treatment and nursing problems resulting from patients' complaints are most often the essence of consultations (Group A – 40.8%; Group B – 22.6%). The percentage of respondents indicating the above-mentioned problems was significantly higher in Group A, compared to Group B – $u = 4.6$ (**); $p < 0.001$. No statistical differences were observed with respect to discussing 'current problems of ward organization' (Group B – 12.7%, Group A – 8.2%); $u = -1.6$ (-); $p < 0.05$. The staff of Group A more frequently than those from Group B mentioned the problems of patient rehabilitation (7.8% and 2.3%, respectively), the difference being significant – $u = 3.1$ (**); $p < 0.01$. The methods of treatment

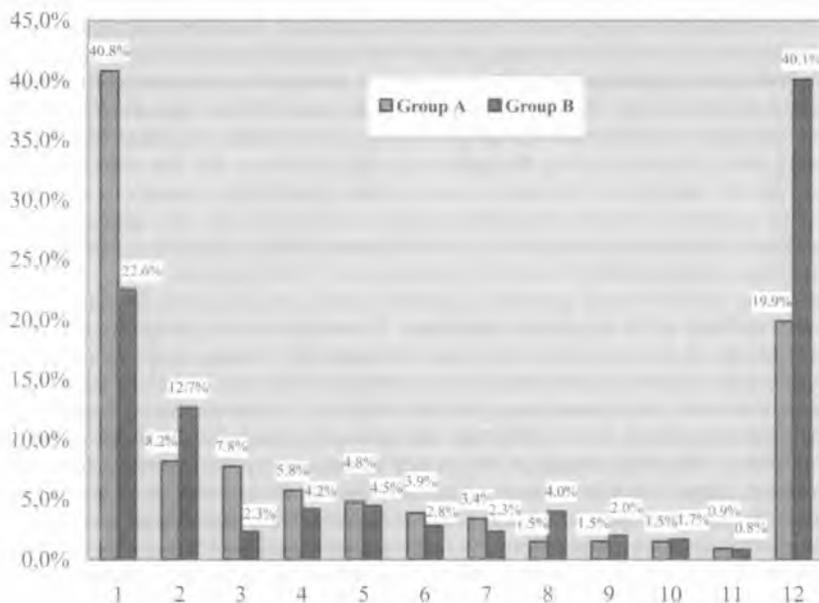


Fig. 1. Problems discussed during meeting of therapeutic teams in respondents' opinions (Groups A and B); 1 - problems of care resulting from patients' complaints, 2 - current problems of ward organization, 3 - rehabilitation of patients', 4 - methods of treatment and prevention of diseases, 5 - state of health of severely ill patients, 6 - planned surgical procedures, 7 - patient's diet, 8 - qualifications improvement, 9 - further post-hospitalization care, 10 - prophylaxis of hospital infections, 11 - introduction of standards of care, 12 - lack of answer

and prevention of diseases were significantly more often discussed in Group A (5.8%), compared to Group B (4.2%), the differences, however, were not statistically significant – $u = 2.8 (-)$; $p < 0.05$. Lack of reply was significantly more often noted in Group B (40.1%) than in Group A (19.9%) – $u = -4.9 (***)$; $p < 0.001$. Figure 1 presents the detailed scope of problems undertaken during meetings.

Further evaluation of the respondents' replies, with respect to the problems discussed during the meetings of the therapeutic team, concerned the analysis of which occupational group reported these problems most frequently (Fig.2). The results show that the greatest number of ward heads in Group A mentioned the essence of the problems discussed during the meetings of the team (100%), followed by charge nurses also in Group A (80.9%). Assistant physicians from hospitals without the Quality Certificate were placed in the third position (73.8%), followed by head nurses (Group A – 72.0%; Group B – 66.0%), the last position being occupied by charge nurses in Group B (56.1%).

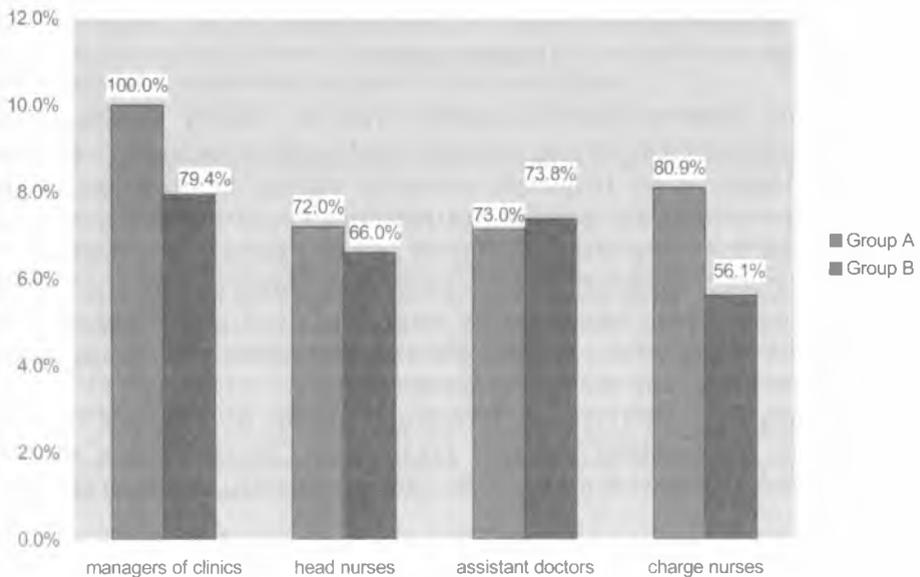


Fig. 2. Problems discussed during meeting of therapeutic teams and type of position occupied (Group A and B)

The results of statistical analysis concerning the problems discussed varied according to the position held. The smallest number of problems were reported by charge nurses in Group B (56.1%), compared to Group A – 80.9% – $\chi^2 = 20.0 (***)$; $p < 0.001$. A statistically significant difference was also observed with respect to ward heads/managers of clinics in Group B (79.4%), compared to Group A – 100.0% – $\chi^2 = 4,9 (*)$; $p < 0.05$. In turn, the analysis of the degree of variations shows that the strongest difference occurred in ward heads/managers of clinics from hospitals without accreditation from Group B ($V^2 - \text{Cramer} = 0.09$), followed by charge nurses from Group B ($V^2 - \text{Cramer} = 0.06$) – Fig. 2.

DISCUSSION

A comparative analysis of the results of the study shows that in the opinions of physicians and nurses, diagnostic, treatment and nursing problems, as well as issues concerning the rehabilitation of patients, are significantly more frequently discussed by the staff of hospitals with accreditation, compared to respondents from hospitals that do not possess the Quality Certificate. The majority of respondents, also those from hospitals with accreditation mentioned that during the meetings members of the therapeutic team discuss methods of treatment and prevention of diseases, state of health of severely ill patients, surgical procedures planned, and patients' diet, which may indicate a holistic approach of the team to patients in hospitals with the Quality Certificate.

The essence of the problems discussed during meetings of the therapeutic team was most frequently mentioned by ward heads and charge nurses from hospitals with accreditation. The results of the study confirm that the current problems concerning the organization of the ward not directly associated with the subjective approach to a patient are more often discussed by physicians and nurses from hospitals without accreditation, compared to Group A.

CONCLUSIONS

1. It was observed that in hospitals with the Quality Certificate the diagnostic, treatment and nursing problems resulting from patients' complaints were significantly more frequently discussed during the meetings of the therapeutic team, also, the problems of rehabilitation of patients were more often analyzed, compared to the teams from hospitals without accreditation.

2. The greatest scope of problems undertaken during consultations of the therapeutic team were mentioned by ward heads and charge nurses from hospitals with accreditation, whereas the smallest scope – by charge nurses from hospitals possessing the Quality Certificate.

3. During the meetings of therapeutic teams in hospitals without accreditation, the problems of ward organization, which are not directly connected with the provision of holistic care of patients, are relatively often discussed.

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SUMMARY

Provision of a high standard of patient care is closely connected with the holistic approach to a patient by members of the therapeutic team. The greater detail are the problems of care of a patient discussed in during the meetings of the team, the higher the results of holistic care. Therefore, the study was undertaken to discover the scope of problems discussed during the meetings of the therapeutic team in hospitals with accreditation and without the Quality Certificate. The study covered 560 physicians and nurses from 4 hospitals with accreditation and 17 without the Quality Certificate. The research method was a diagnostic survey and the technique – a questionnaire form. The material was subject to statistical analysis. It was confirmed that the staff of hospitals possessing the Quality Certificate discussed the diagnostic, therapeutic and nursing problems during the meetings of the therapeutic team significantly more often, compared to respondents from units without accreditation.

Holistyczne podejście zespołu terapeutycznego w opiece nad chorym

Zapewnienie wysokiego poziomu opieki nad chorym jest ściśle związane z holistycznym podejściem do pacjenta ze strony członków zespołu terapeutycznego. Wyniki holistycznej opieki nad chorym są tym wyższe, im dokładniej omawia się problemy opiekuńcze pacjenta w czasie narad zespołu. Stąd postanowiono zbadać, jaki jest zakres problemów omawianych w czasie spotkań zespołu terapeutycznego w szpitalach z akredytacją i bez certyfikatu jakości. Badaniami objęto 560 lekarzy i pielęgniarek z 4 szpitali z akredytacją i 17 bez certyfikatu jakości. Metodą badawczą był sondaż diagnostyczny, zaś techniką kwestionariusz ankiety. Materiał poddano analizie statystycznej. Stwierdzono, że w czasie spotkań zespołu terapeutycznego w szpitalach z certyfikatem jakości istotnie częściej omawiano problemy diagnostyczne, lecznicze i pielęgnacyjne wynikające ze skarg chorych w porównaniu z badanymi z zakładów bez certyfikatu.