

*Brief Communications*

## **Evaluation of the service of the nursing staff: Opinion of the patients undergoing prolonged hospitalization in the myoneural ward**

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### **Introduction**

Chronic illness is a significant contributor to the global burden of disease, with markedly increasing prevalence and associated stress on health care systems [1]. The Tokushima National Hospital has 180 beds in its neuromuscular ward. The ward accepts patients with various intractable neurodegenerative disorders including Parkinson's disease (PD), secondary Parkinson' syndrome, spinocerecellar degeneration, etc. PD is a chronic neurodegenerative disease that is suffered by approximately seven to 10 million people worldwide. PD is a disease with both motor and psychiatric symptoms that affects many aspects of daily life, not only of the patient but also the patient's spouse. A concerted effort by health-care professionals is central to delivering effective clinical management of patients with Parkinson's disease. Before the introduction of the first PD nurse specialist, a community study showed PD patients need basic nursing care [2]. The mean hospitalization period is three years four months. There are many patients undergoing prolonged hospitalization. The nurses work on improvement of services for the patients in our ward. The nurse feels a sense of closeness to the patients and their families during the everyday nursing, as if they are a family or friends. Therefore, they use the term to use for a close partner and may call the patients by a nickname. Sometimes, the patients and their family in our hospital may object to this informal manner of the nursing staff. This shows that the patients and the family are not

necessarily satisfied with the service they are receiving now. Therefore, in this study, we asked the patients undergoing prolonged hospitalization, and their families, for their opinions about the service provided by the nursing staff.

### **Subjects and methods**

The subjects of the survey were 30 neuromuscular intractable disease ward inpatients and their family members, numbering 58 persons. The inclusion criteria for the patients were: patients with neuromuscular intractable disease hospitalized more than three months, who were available to complete a questionnaire themselves or through vicarious writing. The criterion for the family was to be the family of the patients mentioned above. The study period was September, 2015 to March, 2016. The procedure of the questionnaire investigation was as follows. 1) The making of an explanation document and the questionnaire. 2) Reply it in one from four for each question. Two items had a column in which to describe the reason for the choice. 3) We explained the questionnaire contents and ethical considerations to the patients' families with inpatients by letter. 4) The distribution of an explanation document and a questionnaire and the envelope. The patients having difficulty in being carried out by oneself depend on other people and reply it. 5) A questionnaire recovery box was set up in each ward. The subjects put the answer papers in the envelopes and left them in the boxes. Ethical considerations

The study plan was approved by the Ethical Review Board of Tokushima National Hospital. If the patients agreed to the investigation, they completed the questionnaire. The completion of the questionnaire was performed voluntarily. We were careful to adopt a proper privacy policy. We did not use the questionnaire results for any purpose other than that of the investigation. We ensured that individuals could not be identified when announcing the results.

## Results

Sixty-four question papers were collected, and all were an effective answer. Eleven answer papers were from the patients and 53 were from their families. The recovery rate was 36.7% for patients and 87.9% for their family members. Regarding being called by a nickname, half or more answered "no". Four patients answered "yes". One patient out of four felt that they were unpleasant. Other patients answered that they were not unpleasant. "No" answers were given by over half the family members. Twenty-one persons among the family members answered "yes". Two people experienced dysphoria. Nineteen people did not experience dysphoria. For the item requesting free opinions, there were nine opinions that positive about being called by a nickname and three negative opinions. Approximately 70% was present in the patients who felt that it was hard to call out to you for a nurse. Approximately 70% of the patients did not feel dissatisfaction with the service provided by the nurses. Approximately 20% of the family members felt that it was hard to call out to the staff. Like the patients, approximately 70% of the family members, did not feel dissatisfaction with the service provided by the nurses.

## Discussion

The recovery rate from inpatients was low, at 36.7%. Because it was difficult for the inpatients to complete the questionnaire themselves, the rate of the questionnaire seemed to be low. Being called by a nickname was indicated as not pleasant in 70% or more of the answers. This suggests that patients often feel a sense of closeness when being called by a nickname. However,

the way of the patients for the language of feeling varies. You should not use an honorific expression for all patients. The personality of each patient should be taken into account. It does not seem to be necessarily bad to use a nickname when addressing patients undergoing prolonged hospitalization and their family members. However, we must be careful not to hurt their pride or to make them feel unpleasant. We want to allow the service that snuggled up to the patients to be treated by listening to the needs of the patients regularly.

## References

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