



Erasmus



Education and Culture DG

## PROJECT WORK

# NURSE HEALTH CONSULTANT IN HEALTH CARE CENTRE NOVO MESTO

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## **1. INTRODUCTION**

Our project is called Nurse Health Consultant. The goal of our project is trying to implement a nurse health consultant in the Health centre Novo mesto. Its main intention is to help the staff in the health centre and it would cut down on the number of people in the waiting rooms. Since Health centres provide access to health care under the public health care program and offer general medical, dental, and specialist medical services our nurse health consultant could give people/patients advice from all of these service. Nurse health consultant would also be available for consultation if having problems or if you had any referrals and wouldn't know where or who to go to with them and so forth ...basically he would be the person to go to if you had questions about your health and health care system.

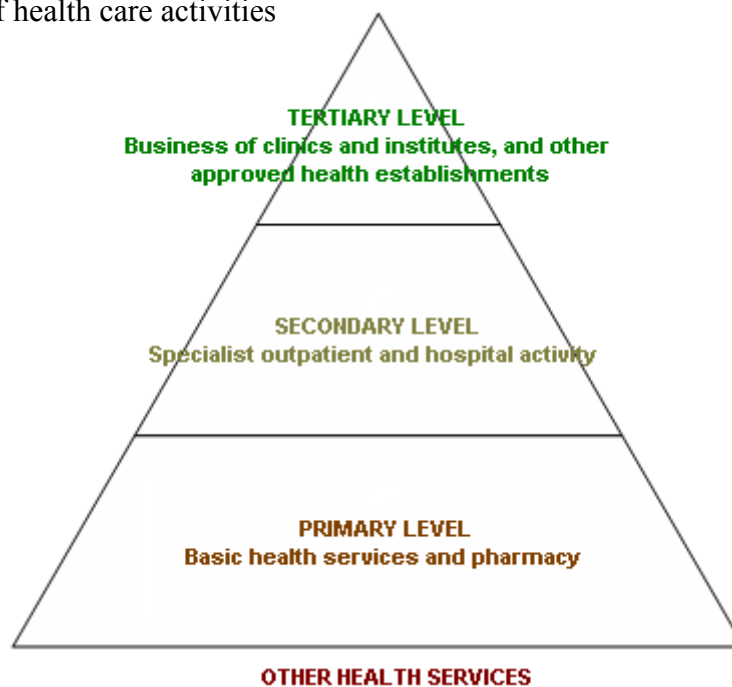
The requirement for the development and design adviser in the health care centre appears in the healthcare system (hereinafter HCS), which is a complex organizational system that connects a number of political, administrative, social and private manufacturing and service activities. Quality health care is one of the main objectives of each health care system. With the introduction of the nurse health consultant the main objective would still be quality health care, but with more focus on the prevention of illnesses, diseases and such.

## **2. IMPLEMENTATION OF NURSE HEALTH CONSULTANT IN HEALTH CARE SYSTEM**

Health services in the Republic of Slovenia are divided within three levels, which are primary level, secondary level and tertiary level. Nurse health consultants are a part of the primary level.

Nurse health consultants are trained professionals that understand a variety of medicine techniques and provide advice to many different clients. They discuss and evaluate the health concerns or symptoms of their clients and provide recommendations based on the client's conditions and desired outcomes. They provide the clients with information about the many different techniques and sometimes develop a treatment plan. Sometimes nurse health consultants refer clients to licensed health care providers that can provide many different alternative medical treatments ([www.degreefinders.com](http://www.degreefinders.com)).

*Figure 1: Levels of health care activities*



*Source:* Health Services Act - official consolidated text

### **3. OVERVIEW IN OTHER SYSTEMS**

In every country the health care advisor has a different name, but the job he/she does is more or less the same. For instance in Finland, Canada and Slovenia we call these people social workers, in the US they are called health unit coordinators and in Great Britain they are called nurse consultants. These are the countries we have taken for comparison in our project.

While the job is very similar everywhere, the importance of the workers is different from country to country. For example, in Canada, they are an essential part of life. The concern for helping individuals, families, and communities facing problems. Social workers want to enhance patient's individual and collective well being. You can contact them while you are in hospital, through child welfare agency, a community centre or an income security agency. Promoting healthy living and illness prevention is their goal ([www.thompsonbooks.com](http://www.thompsonbooks.com)) Canada has an association which is called The Canadian Association of Social Workers and it defines social work practice. There is also an interesting organization in Canada, which is called Health Canada. It is a Federal department responsible for helping Canadians maintain and improve their health, while respecting individual choices and circumstances. As we can see, Canada is really organized as far as health care is concerned, compared to other countries we researched ([www.hc-sc.gc.ca](http://www.hc-sc.gc.ca)).

Finland's health care advisors are social workers. Their basic skill requirements are scientific social problem solving skills, reasoning and argumentation solving skills which are practiced through education with practical social work. As they graduate health care advisers can be employed in various positions in client-centred work, development and management. Some of the typical settings employing social workers include local social services centres, family counselling centres, A-Clinic units for alcohol and drug abusers, schools, governmental institutions dealing with intoxicant abusers or criminals, health care agencies, institutions for elderly people or children, the police and social and health care organizations ([www.sosnet.fi](http://www.sosnet.fi)).

Slovenia also has social workers working in health care and the work they do is similar to Canada's and Finland's social workers do. The differences are the working conditions in the country. In Slovenia there is a shortage of space in homes for the elderly, hospitals and so forth so patience is also an important virtue, which goes for all social workers, not just in

Slovenia. Similar to Finland and Canada, social workers are employed in senior citizens centres, social care institutions, they also cooperate with other institutions and organizations such as social care institutions, conservation work centres, disabled people organizations in the area of social protection. They also work in maternity homes, shelters, crisis centres, and so forth. There is a variety of social services: the first social assistance (identifying social problems and finding possible solutions), identifying help and advice help for the individual, family help and help at home (household, health care, social care) (<http://www.gov.si>).

In the US Health Unit Coordinators are members of the supporting cast that helps maintain a health care facility's service and performance. They may also be known as unit clerks, ward clerks or unit secretaries. All are trained individuals. In general they maintain patient's charts and records, coordinate their activities for the unit, order supplies, and communicate with the dietary department. These are all quite different duties/jobs from the jobs of social workers in Slovenia, Finland and Canada. The similarities are in transcribing medical orders and in completing admission and discharge forms.

Another difference is that they do their job under supervision of the nursing staff or the health information administrator while in other countries the social workers are the nursing staff, or they have a previous education and practice as a nursing staff.

Individuals interested in a career as a health unit coordinator should take high school courses in algebra, biology, chemistry, computer skills, data processing, psychology, English, composition, social studies, literature, foreign language, sociology, and health occupations/medical professions education. When starting colleges and vocational-technical schools they should choose programs or training through continuing education departments. Some hospitals and other health care centres offer on - the - job training. You also need a certification which you can get by passing an examination given by the National Association of Health Unit Coordinators.

In GB advisors are nurse consultants. Their role is intended to integrate four domains which are expert practice, professional leadership and consultancy, education, training and development ([www.researchrepository.napier.ac.uk](http://www.researchrepository.napier.ac.uk)). Nurse consultants themselves have to be responsible for developing personal practice, training, education. Each consultant's role is different, depending on the employer ([www.nhscareers.nhs.uk](http://www.nhscareers.nhs.uk)). An interesting fact is that



they still remain clinical experts, maintain high standards of knowledge and care for all patients. If individuals don't have the required education and experience they cannot work as nurse consultants ([www.news.bbc.co.uk](http://www.news.bbc.co.uk)).

In Slovenia social workers work with people who are faced with individuals' social problems and difficulties that they are currently facing. In that matter social workers are trying to find solutions to their problems and ways to implement those solutions in real life. The work of social workers is divided by age of people that seek for help, using different methods and techniques, type of social problem and the type of social care organization in which they are working in ([www.ess.gov.si/slo/NCIPS/OpisiPoklicev/SocialniDelavec.pdf](http://www.ess.gov.si/slo/NCIPS/OpisiPoklicev/SocialniDelavec.pdf)). In Canada they work similar to Slovenia. The range of services they provide includes medical social work (such as social work with individuals, group work, discharge planning, family consultation, patient advocacy, counselling of terminally ill patients, training and policy analysis) as well as community-based and preventative services (such as health promotion and education, self-help group formation, community development and advocacy) ([www.thompsonbooks.com/SWsample.pdf](http://www.thompsonbooks.com/SWsample.pdf)). In Finland the essential parts of social work are problem prevention, intervention and planning (Sosnet 1b, 2010).

As we can see in the US health coordinators prepare documents, patient's charts, they order supplies, measure the temperature, pulse and blood pressure. They do things that our social worker in Slovenia does not do, he/she tries to find solutions to patient's problems, he/she gives them advice about treatments and how will they feel after them.

Social workers in Slovenia have to have a positive attitude towards people, emotional stability, ability to deal with distress of other people (empathy), teamwork abilities, developed desire to research, be innovative in finding solutions, and also has to have a sense of reality and the ability to quickly adapt to changes in different situations and new problems that he encounters ([www.ess.gov.si/slo/NCIPS/OpisiPoklicev/SocialniDelavec.pdf](http://www.ess.gov.si/slo/NCIPS/OpisiPoklicev/SocialniDelavec.pdf)).

In US health unit coordinators must have excellent communication skills in order to serve as this vital link between the physicians, nursing staff, various departments, patients, and visitors. Since these unit coordinators may serve as receptionists on patient floors, they must possess a pleasant and professional disposition in dealing with the public.

In Finland the basic skill required for a social worker are scientific social problem solving skills, reasoning and argumentation, these skills are practiced through education with practical social work. Social work education in Finland is supported by the study modules in psychology, social gerontology and rehabilitation (Sosnet 1b, 2010).

In all three countries (US, Finland and Slovenia) social workers/health unit coordinators have to be nice, communicative, have the ability to work in stressful situations, find solutions and help people.

## **4. NURSE HEALTH CONSULTANT'S PROFILE**

### **4.1 Education**

Bachelor's degree program of a health care must be modern, in line with the Bologna guidelines and requirements of European directives for a regular profession. Visiting mentioned programme takes three years or six semesters ([http://vsz.vsnm.si/uploads/VSZ\\_pripone/Pedagoski\\_proces/predmetnik\\_splet.pdf](http://vsz.vsnm.si/uploads/VSZ_pripone/Pedagoski_proces/predmetnik_splet.pdf)).

The program allows planning of individual paths of study, because it contains a number of optional modules and courses. With the subject schedule founding, the regulations of a profession are strictly followed by : Directive 2005/36/ES, Law of higher education and recommendations of the Declaration of Bologna which apply to the duration of the education, yearly student burdens, selectivity and international mobility ([http://vsz.vsnm.si/uploads/VSZ\\_pripone/Pedagoski\\_proces/predmetnik\\_splet.pdf](http://vsz.vsnm.si/uploads/VSZ_pripone/Pedagoski_proces/predmetnik_splet.pdf)).

In the first year of health care program, students are faced with the following curriculum:

- Anatomy, physiology and pathology
- Microbiology with Parasitology
- Ethics and philosophy of nursing
- Nursing theory
- Psychology
- Sociology of health
- Pharmacology
- Biochemistry, biophysics and radiology
- Health Education Didactics
- Informatics in Health Care
- Clinical Practice
- Foreign Language Expert

In the second year students are faced with following curriculum ([http://vsz.vsnm.si/uploads/VSZ\\_pripone/Pedagoski\\_proces/predmetnik\\_splet.pdf](http://vsz.vsnm.si/uploads/VSZ_pripone/Pedagoski_proces/predmetnik_splet.pdf)):

- Hygiene of the environment and healthy eating
- Preventive Health
- Women's Care
- Child Care
- Personal and professional development of supervision
- Organization and management in health care
- Emergency medical assistance
- Medical care and mental health
- Care of elderly
- Research work in health care
- Health and social legislation
- Elective course (Appendix)

In the last third year of a health care program, in first semester students are faced with following curriculum ([http://vsz.vs-nm.si/uploads/VSZ\\_pripone/Pedagoski\\_proces/predmetnik\\_splet.pdf](http://vsz.vs-nm.si/uploads/VSZ_pripone/Pedagoski_proces/predmetnik_splet.pdf)):

- Dietetics
- Care of internal patients with internal medicine
- Care of surgical patients
- Oncology Nursing patient oncology and palliative care
- Nursing care in home and outpatient Protection

In the second semester students chose three of the eight optional modules offered. We enclose optional modules in the annex. In addition to the modules you need to choose one elective course (Appendix) ([http://vsz.vs-nm.si/uploads/VSZ\\_pripone/Pedagoski\\_proces/predmetnik\\_splet.pdf](http://vsz.vs-nm.si/uploads/VSZ_pripone/Pedagoski_proces/predmetnik_splet.pdf)).

For our Nurse Health Consultant profile is best suited Module 7: Management in Health Care. That module contains three items, these are:

- Management of health and health care
- Economics of health
- Human resources and management

## **4.2 Experience**

There are two modes of acquiring knowledge, namely, by reasoning and experience. Reasoning draws a conclusion and makes us grant the conclusion, but does not make the conclusion certain. It also does not remove doubt so that the mind may rest on the intuition of truth, unless the mind discovers it by the path of experience. Many have the arguments relating to what can be known, but because they lack experience they neglect the arguments,

making it harder to avoid what is harmful and follow what is good. Therefore reasoning does not suffice, but experience does ([www.radicalacademy.com/adiphiloessay77.htm](http://www.radicalacademy.com/adiphiloessay77.htm)).

Life is a continuous chain of experiences. These experiences are both good and bad but both help us live a more educated and productive life. Experience is a key ingredient to success on the job, it is the key element to being successful at a job or earning a more desired job ([www.radicalacademy.com/adiphiloessay77.htm](http://www.radicalacademy.com/adiphiloessay77.htm)).

### **4.3 Additional knowledge**

Master's degree program of a health care allows you to obtain a knowledge in the broad areas of expertise, training, how to find a new source of knowledge in the professional field and medical field, to use the application of scientifically researched methods, taking responsibility for managing complex jobs, developing critical reflection, social and communications ability to manage teamwork ([http://vsz.vs-nm.si/uploads/VSZ\\_pripone/Pedagoski\\_proces/vsz\\_mag\\_vzgoja\\_in\\_menedzment.pdf](http://vsz.vs-nm.si/uploads/VSZ_pripone/Pedagoski_proces/vsz_mag_vzgoja_in_menedzment.pdf)).

Main objectives of the master's program are ([http://vsz.vs-nm.si/uploads/VSZ\\_pripone/Pedagoski\\_proces/vsz\\_mag\\_vzgoja\\_in\\_menedzment.pdf](http://vsz.vs-nm.si/uploads/VSZ_pripone/Pedagoski_proces/vsz_mag_vzgoja_in_menedzment.pdf)):

- Develop and upgrade the knowledge they acquired during the course.
- To qualify for an independent search for new sources of knowledge in the field of health care, education and other social sciences.
- To qualify for a quality health-care work in primary health care.
- To qualify for the application of modern scientific methods, including the latest biometric and analytical procedures in the new and changed circumstances.
- Make the most demanding systems management, which include a narrow or specific areas related to health care, and trained to take responsibility.
- Develop critical reflection and the ability to assess problems and the introduction of modern trends in health care.
- Develop skills for you and colleagues in good health and a multidisciplinary team.
- Develop a responsibility to his profession.
- Develop a shared responsibility towards a balanced development of health care.
- Develop the capacity for maintaining their own identity and to respect the differences in the European Community.

In the first year of a master's degree program the students are faced with the following curriculum ([http://vsz.vs-nm.si/uploads/VSZ\\_pripone/Pedagoski\\_proces/vsz\\_mag\\_vzgoja\\_in\\_menedzment.pdf](http://vsz.vs-nm.si/uploads/VSZ_pripone/Pedagoski_proces/vsz_mag_vzgoja_in_menedzment.pdf)):

- The methodology of the research work.

- Theory and development of health care.
- Public health and models of organizing health services.
- Education for Health.
- Didactic.
- Management in Health Care.
- Epidemiology.
- Health Legislation

In the second year of a Masters degree program, students choose the module ( elective modules are shown in Appendix), which contains two objects. For our profile of a consultant, the best is Module 3: Management in Health Care. This module contains two subjects:

- Human Resource Management.
- Quality Management in Health Care.

In addition to the module, students choose three elective subjects ( elective subjects are shown in Appendix). In the end of a Masters degree program students are faced with Masters seminar an than Masters degree ([http://vsz.vs-nm.si/uploads/VSZ\\_pripone/Pedagoski\\_proces/vsz\\_mag\\_vzgoja\\_in\\_menedzment.pdf](http://vsz.vs-nm.si/uploads/VSZ_pripone/Pedagoski_proces/vsz_mag_vzgoja_in_menedzment.pdf)).

#### **4.4 Networking**

Co-operation with the health centre's personnel leads to better exchange of information and in the eventual work result in itself. Success for the nurse health consultant is dependent upon proper communication between the health nurse health consultant and the health centre's personnel as well as between adviser and users. The health centre's leadership supports the nurse health consultant and offers him help when needed.

#### **4.5 Job tasks**

As we can see in lower indents nurse health consultant will have to have a wide spectrum of work and have a lot of general knowledge about health. Employed staff in Health centre Novo mesto recommended what kind of work she should do:

- Nursing care of children (vaccination, allergic conditions, diet, rescuing and information on disease conditions)
- Information on state of health and course of treatment

- Orderings and consultancy for a telephone and personal
- A estimate of state of health
- Questions about medicines (interaction, use)
- Question about health insurance (legislation)
- Question about patient's rights
- Question about sick leave
- Question about investigations and investigations before operating interventions
- Question about vaccines (what is their intention, price)
- Performing of health care education
- Question about referrals
- Question about laboratorial investigations
- Question about permanent prescriptions
- Question about regime of life at certain conditions
- Question about nutritional references at certain conditions and pregnancies
- Intervention of documentation and of referrals
- Question about gynaecology and to obstetrics (course of pregnancy, protection, nursing care at a inflammation, parental compensation, child support, maternity leave status, movement, a taking away of stem cells, information on school for parents, urgent birth control)
- Administrative works
- Question on waiting queues
- Question about system works in individual clinics
- Question about location of clinics and working hours
- Question about dental clinic
- Question about physicians (who takes new patients, feature)
- Accepting and transmitting of mail
- Connecting with other institutions
- Work with relatives and cooperation with them
- Giving of information and organization of help on home
- Question about socially security services (social assistance)
- Question about social problems (addiction, violence, guardianship)
- Guidance of patients inside Health centre Novo mesto and outside of him

- Question about prevention and treatment.
- Work with computer
- Work under pressure
- Organization of transport with rescue vehicle
- Close cooperation with physician
- Close cooperation with informant

#### **4.6 Barriers**

Barriers or obstacles represent things or people that could or would want to get in the way of our nurse consultant's work. These barriers could mainly be disagreeing of medical staff with his/her work; his/her lack of knowledge, lack of communication and so forth.

#### **4.7 Gathering of information**

##### Data Security Regulation

Data security is not a new issue in health care. Health workers are already bound by the Code of Ethics in health care, health care and health insurance acts, Personal Data Protection Act and other acts (Rudel, 2005). Concretely, the health adviser will have to know the first seven specific provisions of the Personal Data Protection Act (Official Gazette No. as well as »lex specialist« : the Decree on officiating with users in public health care (Official Gazette No. 98/2009).

#### **4.8 Communication channels**

Communication in general is a two-way process which we can easily picture as a circle. When a message is sent we receive and answer (respond to our message), we can call it a communication cycle. Communication is a process, without which human society cannot exist. It takes a place through symbols and it is done through verbal and non – verbal signs (Mumel, 2008, p. 34).

Communication channels basically represent how will our nurse health consultant communicate, for example telephone, fax machine, in person and so forth. They are an important part of the nurse health consultant's job.

Basic components of communication progress are (<http://www.leila.si/dokumenti/kom.pdf>):

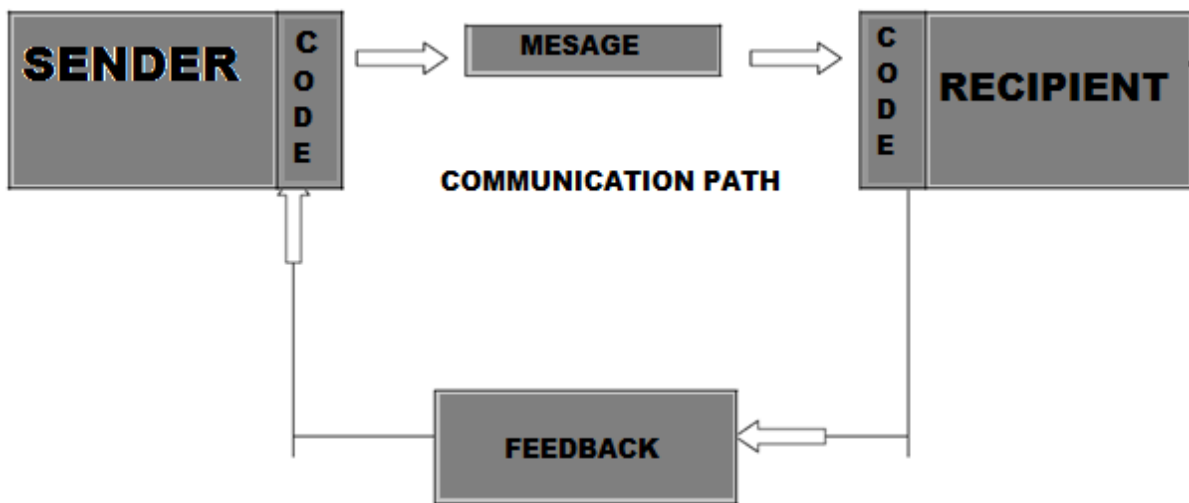
- Sender ( the one sending a message)
- Recipient ( person receiving a message)
- Message / Note
- Code ( change the information into the form, in which it can be carried on communication channel)
- Noise
- Feedback

All elements in the process of communication are interrelated.

»In the process of communication between two people the sender translates his mind in to the characters, which may be verbal or nonverbal, and sends an encrypted message to a recipient. The transfer of messages runs through communication's channel. Recipient receives a message, decodes it and responds to it. For the feedback (return information) there is the same process« (<http://www.leila.si/dokumenti/kom.pdf>).



Figure 2: The basic models of communication



Source: <http://www.leila.si/dokumenti/kom.pdf>

Noise or distraction can be found in every communication process. Its source can be the sender or the receiver of the message, the message itself, the communication channel or code. There are many causes of disturbance, from environmental disturbances, interrupted communication channel, incomprehensible and inappropriate coding message, to the mutual relationship between the sender and the recipient to the prejudices and attitudes and the causes of emotional nature« (<http://www.leila.si/dokumenti/kom.pdf>).

#### 4.9 Structure of users

We expect that the structure of users for nurse health consultant will be a mixed structure, like patients that are new in getting medicines, patients that are for the first time confronted with chronic problems, older patients from 65 forward, pregnant woman and partners, adolescent, younger population, foreigners, mummy with children and relatives.

#### 4.10. Personal characteristics

Personal characteristics of individuals are important for activities and reaction of individuals. It is known that different people react differently in stressful situations. It is known that different people react differently in stressful situations. How an individual will deal with stress and other psychological problems depends on his personal characteristics. Our mastery

of stress and other burdening situations shows that there is quite a big difference between individuals as well as within every individual. Individual's personal characteristics also are important with the outcome of the situation (Bucik et al. 1997). Musek mentions important factors, which are an influence on managing stress and psychological burdens. Our opinion is, that it is important to recognize a person, individual, who could cope well with all of the work burdens as a nurse health consultant. Specifically they are (Musek, 1997):

- *Personal characteristics*: emotional stability (strength), control and competence awareness, trained styles of coping with stress, empathy, the ability of getting accustomed, openness, trust, ability to find/ask for support from others, health condition.
- *Transitional personal characteristics*: moods, emotional states, ability of confessing negative feelings, estimation of burdening situations (as a challenge, as a threat or as a loss).
- *Situational and other outside factors*: social support (family support, friends, acquaintances, institutions), material abilities.

In our case, besides the personal characteristics we also have to expose personal maturity of the potential candidate for our work place of nurse health consultant. Personal maturity means having developed and harmonized personality activity, which qualifies an individual for a suitable and constructive way of regulating his/her life. Therefore maturity doesn't mean absence of difficulties, problems and conflicts but that we can understand and know how to solve them successfully. A realistic, positive, but also critical relation to reality, other people and to him/herself is significant for a mature personality. Another, also important, sign of a mature personality is the ability of planning and the ability of setting up life plans to understand and solve them.

Personal characteristics in other personal factors are important for reaction in aggravating and stressful situations. The work place, we are planning is very intensively exposed to various psychological stress factors therefore we need to expose personal hardiness. For a nurse health consultant specifically, it is important to have personal hardiness. It is known that individuals who have personal hardiness are able to take on quite a large amount of stress without taking any consequences or almost none. These are people that have a high level of personal hardiness therefore they take obstacles/barriers as challenges. It gives them a feeling

of being engaged and they find something new and interesting in every situation. People with low level of personal hardiness see new situations as losses or threats and for that reason pull back and solve problems in an unconstructive way (Musek, 1997).

In connection with personal hardiness we should also mention frustration tolerance. It marks the reaction of a person, when he/she gets frustrated on the way to his/her goal. We could say it is a resistance to failure (Musek & Pečjak, 1995). This way, people who have high level of frustration tolerance, can cope with obstacles on the road to his/her goal easier and can concentrate on solving the problem. People with a lower level of frustration tolerance can crack easily under pressure; they give up and express inadequate anger. In our case it is very important to figure out how the person, who will work as a nurse health consultant, reacts on stressful situations, how he/she estimates burdening situations and how these situations influence his/her continuing handling of situations and his/her behaviour (Musek & Pečjak, 1995).

#### **4.11. Getting personnel - selection**

An organization can generate candidates internally, from among its present employees who desire promotion or transfer. Also it can happen externally, from the labour market. The organization then screens the candidates, evaluates some of them more thoroughly and offers the best position (Fisher et al., 1996, p. 232).

Human resource selection is a process of measurement, decision making, and evaluation. The goal is to bring into an organization individuals who will perform well on the job. A good selection system also should be fair to minorities and other protected groups. To have an accurate and fair selection system, an organization must use reliable and valid measures of job applicant characteristics (Fisher et al., 1996, p.283).

## **5. WORKING ENVIRONMENT**

Nurse health consultant will work in a Health centre Novo mesto. Her/his working place will be located in the lobby. In the workplace, we need to consider the microclimate in all seasons - both winter and summer. This means that we have to ensure heated space so that the employee will not be cold that could lead to a reduction of working capacity and, consequently, reduced motivation and a desire to work. In the summer months, air conditioning is needed to regulate temperature. At the same time we have to offer the adviser ventilation of the workspace.

Noise is defined as any unwanted or unpleasant sound that impacts on the welfare and human health. An individual perceives the world around them through their senses. As such, our ears are specific noise receptor. We distinguish tones, sounds, and pulses (cracks, shock).

Much strategy is based on a response to the environment, for example, what patients now want or will want. In human resource terms, we need to identify, for example, how difficult or easy it will be to find employees, with scarce skills and what these employees will expect from an employer so that we can attract them (Torrington et. al., 2005, p. 52).

## 6. SWOT ANALYSIS

A SWOT analysis is the analysis of the strengths, weaknesses, opportunities, and threats. The point of the SWOT analysis is to evaluate and analyze a certain condition and information that stem from past, present and future events (Devetak & Vukovič 2002).

Figure 3: SWOT analysis

<p style="text-align: center;"><b>STRENGTHS:</b></p> <ul style="list-style-type: none"> <li>• advice to users</li> <li>• high quality service</li> <li>• well educated workers</li> <li>• a lot of work experience</li> <li>• disseminating information</li> <li>• higher satisfaction of users</li> <li>• feedback from users</li> <li>• relief medical staff</li> <li>• less waiting queues</li> <li>• good advertising</li> </ul>	<p style="text-align: center;"><b>WEAKNESSES:</b></p> <ul style="list-style-type: none"> <li>• more users at one time</li> <li>• “difficult” users (high maintenance users)</li> <li>• doctors over nurse health consultants</li> <li>• lack of time for deepened conversations</li> <li>• stressful work</li> <li>• too many phone calls</li> <li>• weak communication</li> <li>• one consultant for all patients</li> <li>• unclear patient’s expectations</li> </ul>
<p style="text-align: center;"><b>OPPORTUNITIES:</b></p> <ul style="list-style-type: none"> <li>• upgrading system</li> <li>• exchanging opinions with users</li> <li>• connecting and cooperation with different institutions</li> <li>• cooperation with other medical staff</li> <li>• more consultants</li> <li>• nurse health consultant in every health centre in Slovenia</li> </ul>	<p style="text-align: center;"><b>THREATS:</b></p> <ul style="list-style-type: none"> <li>• violating laws</li> <li>• lack of interest</li> <li>• bad candidate for a consultant</li> <li>• consultant won’t take on the job</li> <li>• rejection from the department of health</li> <li>• rejection from the insurance company</li> </ul>

## **Explanation of SWOT ANALYSIS:**

### **Strengths:**

Strengths are advisor's strong areas, points.

- With “**advice to users**” will our consultant provide or help to relief medical stuff.
- Due to “**well educated workers**”, “**high quality service**” is ensured.
- Nurse health consultant needs **a lot of work experience** so she/he can do her/his work correctly. This is big advantage, because nurse health consultant needs a lot of additional knowledge on different areas.
- **Disseminating information:** Users will have more possibilities for asking about different information. They will know immediately where to go if they need some information or some advice.
- **Higher satisfaction of users** means that users will be more satisfied with medical services, because they will be more informed and directed. Informations will be more accessible for users.
- **Feedback from users:** The most important is opinion and satisfaction of users. Our consultant can improve his work if he will notice that users are not satisfied with his consulting.
- **Relieving medical stuff:** Consultant will adopt some tasks of medical stuff that is why they won't be charged anymore like now.
- **Less waiting queue:** Users will go for smaller difficulties to consultant and not to the doctor.
- **Good advertising:** Health Care Centre will advertise this new position on internet, above panels, above LCD's in the waiting rooms. Doctors and other medical stuff will also notify users about this position.

### **Weakness:**

- If there are “**more users at same time**”, they will have to wait in a queue. Solution to this weakness in proper promotion, with which users will know when to come.

- **“Difficult users”** are users who have no real motives to visit the advisor, but do it anyway, just to make problems.
- Some people think that doctors know everything so they want to talk only with them. If they have prejudices they won't approve nurse health consultant.
- **Lack of time for deepened conversations:** Nurse Health consultant will not have time for more deepened conversations because he will have too many patients. He/She will only have about 10 minutes for one patient, which is not enough time to have a longer, meaningful conversation, which some patients will need. Extra paying consultancy
- **Stressful work:** Because of intolerant, sometimes even aggressive patients and a large number of patients this job will be very stressful. Intolerant and aggressive patients will take up more of our nurse health consultant's time than others.
- **Too many phone calls:** Phone calls and personal consulting will have to be harmonized. The telephone can be quite disturbing for the consultant as well as the patient.
- **Weak communication:** Because of different distractions (noise, bad telephone connection and so forth), the communication between the consultant and patients can be very bad, weak.
- **One consultant for all patients:** in the beginning there will be only one nurse health consultant, who will cover all patients of the Health centre Novo mesto. This will mean too much work for only one employee.
- **Unclear patient's expectations:** patients won't know what to expect from our nurse health consultant, especially in the beginning. It could happen that they will expect too much from him...More than he could offer.

### **Opportunities:**

- By the term **“upgrading system”** is meant improving of health care advisor and health care system as well.
- Big opportunity is also **“exchanging opinions with users”**, in different words, feedback. It will also serve for monitoring advisor's work.
- **Connecting and cooperation with other institutions:** There is opportunity of cooperation with institutions, with other external actors, for example General Hospital Novo mesto, Health Insurance Institute, social worker.... With such cooperation our

nurse health consultant can do her/his work better. She/he will have more qualitative information's, in that way she/he will be able to help on different areas of medical services.

- **Cooperation with other medical staff:** Better cooperation of entire medical staff within health centre Novo mesto.
- **More consultants:** If a consultant in health centre Novo mesto will be enough successful, then will appear great opportunity to initiate more consultants on different medical areas in this health centre.
- **Nurse health consultant in every health centre in Slovenia:** If the nurse health consultant will be very successful we can put one in every health centre in Slovenia.

### **Threats:**

- Our advisor will have to play by rules. He or she will have to know law regulations, so won't violate any of them. Biggest threats are privacy laws.
- The biggest threat is **“lack of interest”**. If users will loose their interest in advisor's services, all the work we have done is in vain. To prevent this threat, HCC has to keep advisor's services interesting.
- **Bad candidate for a consultant:** there is a risk, that the candidate who will be chosen for this job position will not be suitable. For example: no interest for this kind of work, incompetent and so forth.
- **Consultant won't take on the job:** it could happen that the nurse health consultant won't take on the job and won't do the job as it should be done. For example: he would only answer phone calls and nothing else.
- **Rejection from the Department of Health:** if the Department of Health will not agree with the implementation of this work place, there will be no nurse health consultant at all. The Department must approve this proposal. The opinion of the Chamber of Health is also important.
- **Rejection from the insurance company:** the connection with insurance is very important because it is the only way to get the needed resources for the innovation of this work place in the Health centre Novo mesto.



## 7. METHODOLOGY

Our research is based up on two research methods. First we have structured the survey questionnaire with closed questions with multiple choice answers. These questioners (see appendix) were distributed among users of Health Care Centre Novo mesto, on three different locations (Health Care Centre Novo mesto, in front of Health Care Fund and pharmacy Novak). We have conducted 240 surveys; the biggest sample of filled questioners was in the Health Care Centre Novo mesto. Besides handing out surveys in Health Care Centre we put up a stand where we measured user's blood pressure, levels of blood sugar and handed out brochures. This way we gathered 130 filled surveys out of total 240 surveys. In this faze we obtained data about users sex, age, education, how to obtain information on health services, people they go to for information in the Health Care Centre, if they use the front desk workers services, which area of health services they often visit and what information are they asking about. Data gathered from surveys was analyzed in SPSS program. Results of surveys are graphically shown in the empirical part of the project. We see user's opinion as very important for our project and implementation of NHC to Health Care Centre Novo mesto because it mostly depends on users if they will search for NHC's services, if they even need it and if they want it. Surveys gave us the answer to that question.

Second method of gathering data we used was an interview. We conducted 10 interviews, questions for the interviews we made ourselves. All of the interviews were carefully prepared according to who we will interview. Among interviewed was the general and professional director of Health Care Centre Novo mesto, two front desk workers, social worker, doctor and five nurses from different sections such as specialist medical clinic, school dispensary, general infirmary, emergency infirmary and dispensary for women. Data we gathered from coding these interviews were a tool for creating NHC's profile that is also presented in the empirical part of the project in a form of figures with precise descriptions. These interviews gave us valuable information and a view from inside of Health Care Centre and medical staff on the issue of NHC.

## 8. RESULTS OF RESEARCH

### 8.1 Results of questionnaire

Figure 4: Shows gender of researched population.

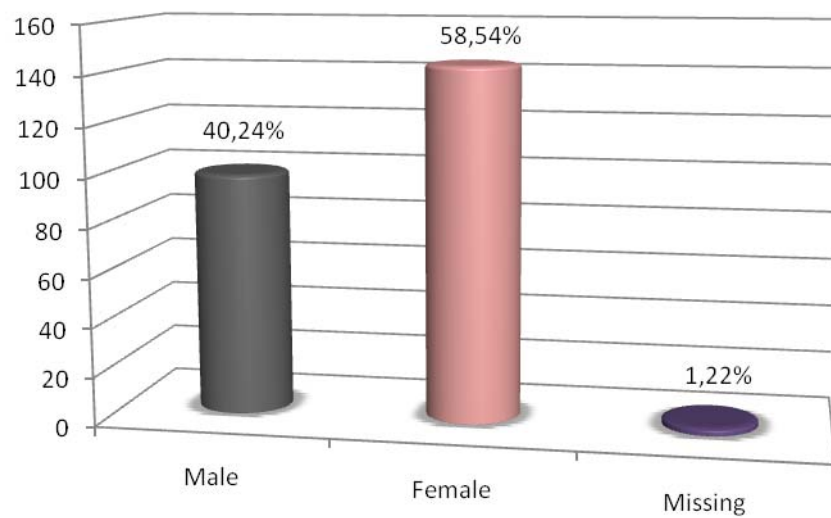
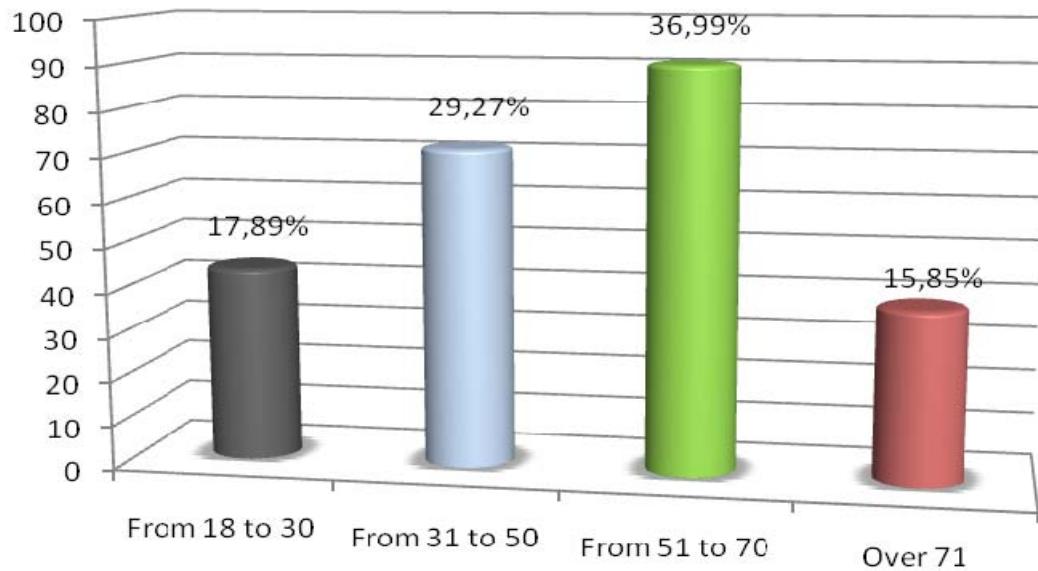


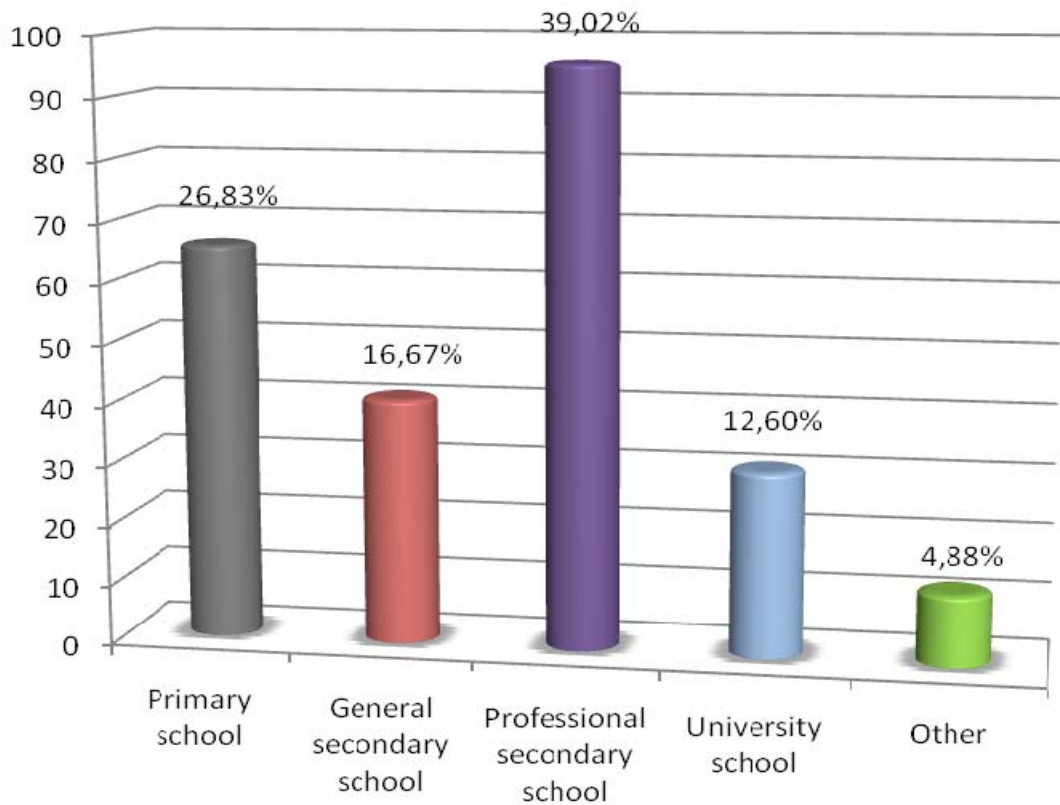
Diagram shows that researched population included 144 females (58.54%) and 99 males (40.24%). Three participants had not marked gender (2.22%).

Figure 5: Shows age of researched population.



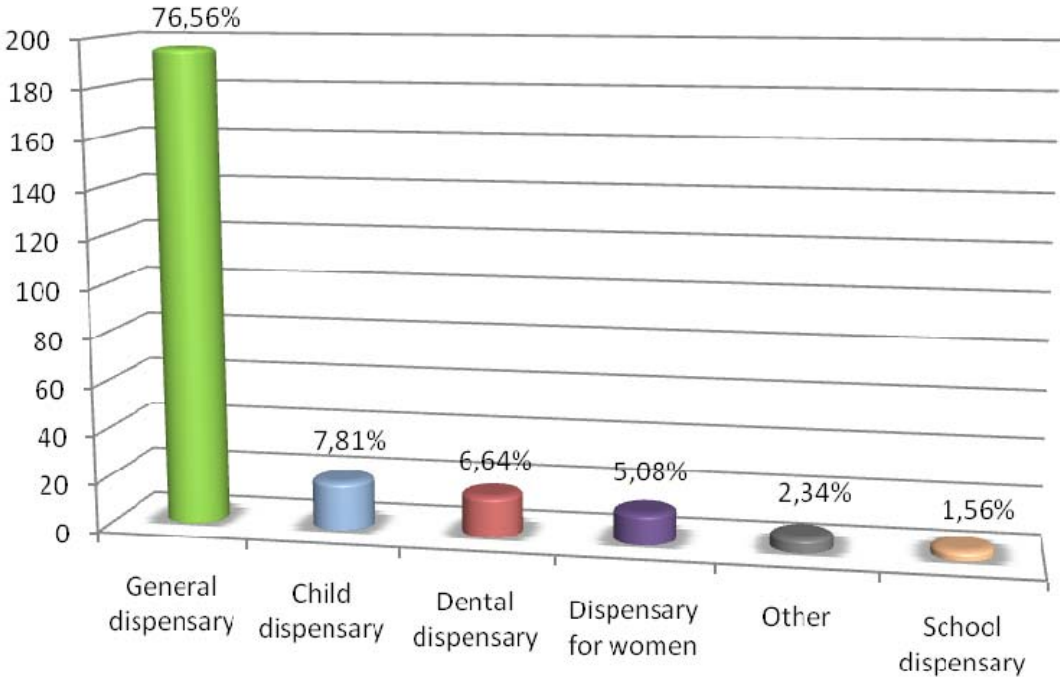
Graphic display shows us that the most frequent age varies between 51 and 70 years of age (91 participants or 36.99%). Approximately third of our sample are participants who are old between 31 to 50 years (72 participants or 29.27%). Questionnaire has completed 44 interviewees, between 18 and 30 years of age (17.89%) and 39 interviewees over 71 years of age (39 participants or 15.85%).

Figure 6: Shows completed education of researched population.



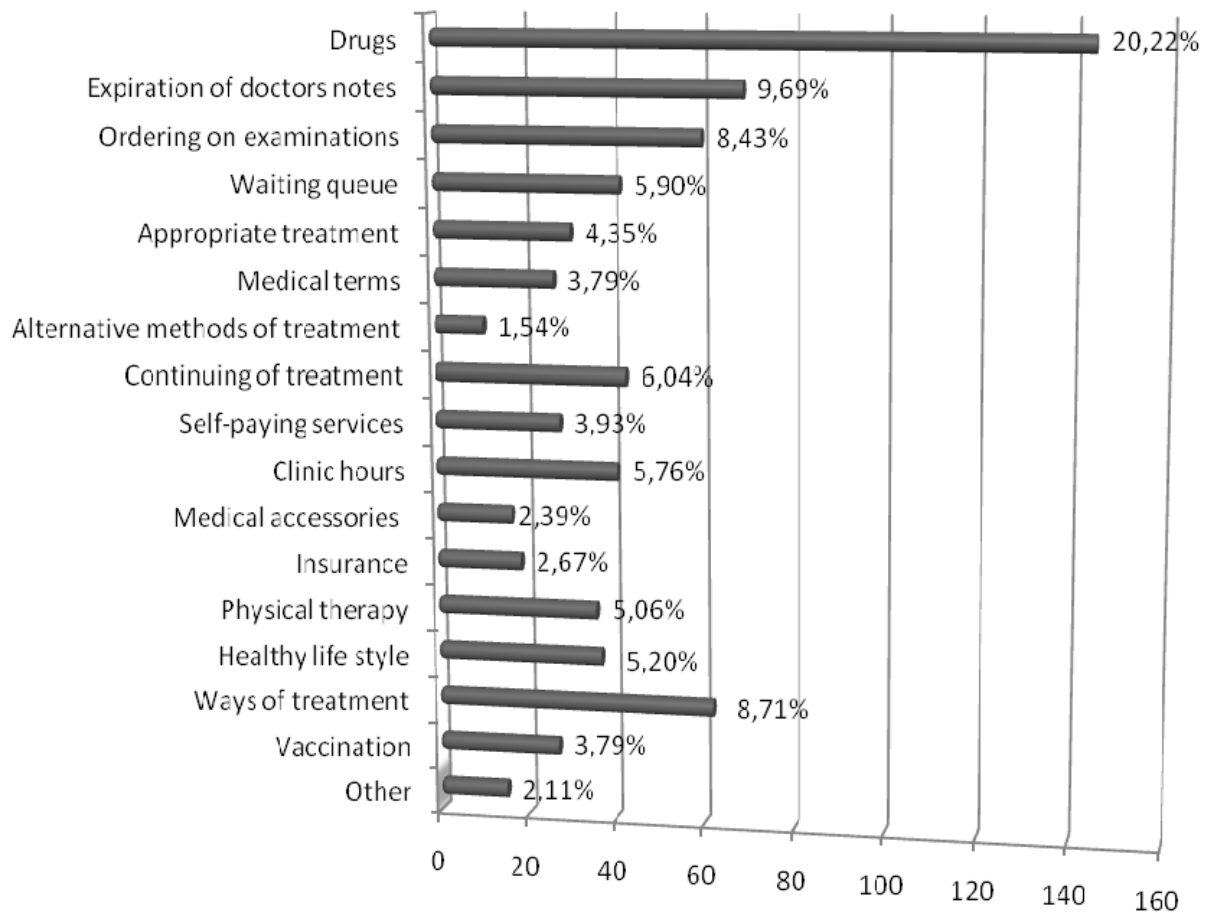
This graphic display presents completed education of interviewees included in our research. We have interviewed 26.83% participants who have completed primary school (N=66). Secondary school had completed 16.67% of participants (N=41) and professional secondary school 39.02% of interviewees (N=96). Furthermore the university education has 12.60% of participants in our sample (N=31). Some of the interviewees (12 participants or 4.88%) have other education such as high school, vocational college and some are without any education.

Figure 7: Shows area of medical services most frequently visited by users in Health Care Centre.



From this graphic display we can see the 76.56% of interviewees who have marked that they visit general dispensary. (N=196). The child dispensary is visited by the 7.81% of interviewees (N=20), 6.64% of the participants (N=17) are visiting dental dispensary. Smaller section of participants are visiting dispensary for women namely 5% of the interviewees (N=13). Furthermore from this graphic display we can see that the school dispensary is the least visited namely 1.56% (N=4). Some of the participants (N=6) have not marked none of the following options. They have written under the option other that they are visiting the specialist for lungs and urologist.

Figure 8: Shows what information users search for in Health Care Centre.



With this diagram we have shown the answers of the interviewees of which information they are most interested in. We can see that the 20.22% of the participants (N=144) are asking questions about drugs, then we have in 9.69% about expiration of doctors note (N=69) and 8.43% (N=60) of the interviewees are searching for information on ordering on examinations. Furthermore the 5.90% (N=42) of the participants are asking about waiting queue, 4.35% (N=31) about appropriate treatment on smaller health problems and 3.79% (N=27) are looking for information on medical terms.

As you can see from diagram all other options are marked in minor degree. 1.54% of interviewees (N=11) are asking about alternative methods of treatment, 6.04% of participants (N=43) are looking for information about continuing treatment and 3.93% (N=28) about self-paying services. Furthermore the 5.76% of participants are asking (N=41) about hours clinics, 2.39% (N=17) about medical accessories, then 2.67% (N=19) about insurance and 5.06% (N=36) about physical therapy. 5.20% (N=37) of interviewees are searching for information

about health, 8.71% (N=62) about ways of treatment, then 3.79% (N=27) about vaccination and finally 2.11% (N=15) of participants have not marked any of the following options.

Figure 9: From who do users receive information at the Health Care Centre.

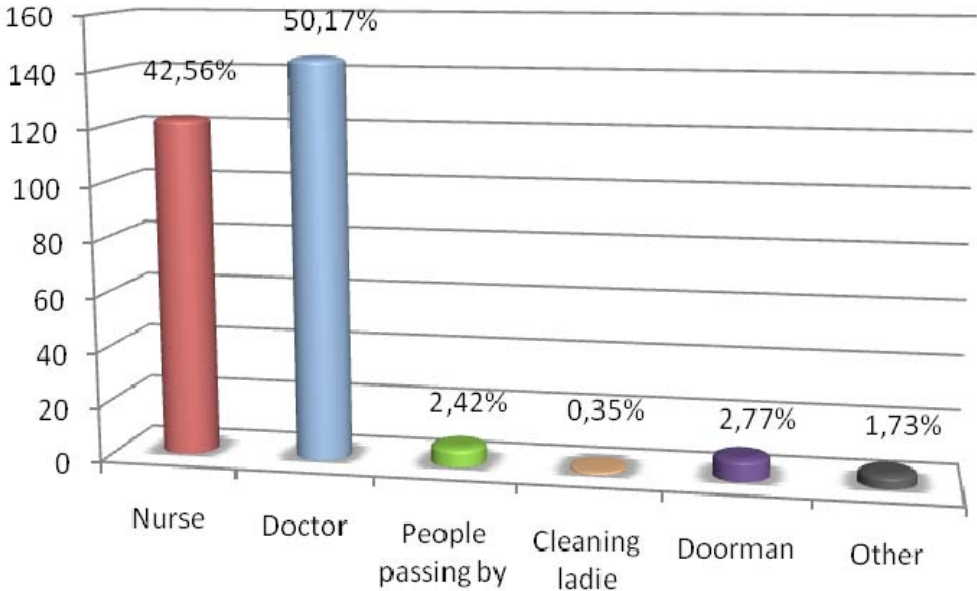
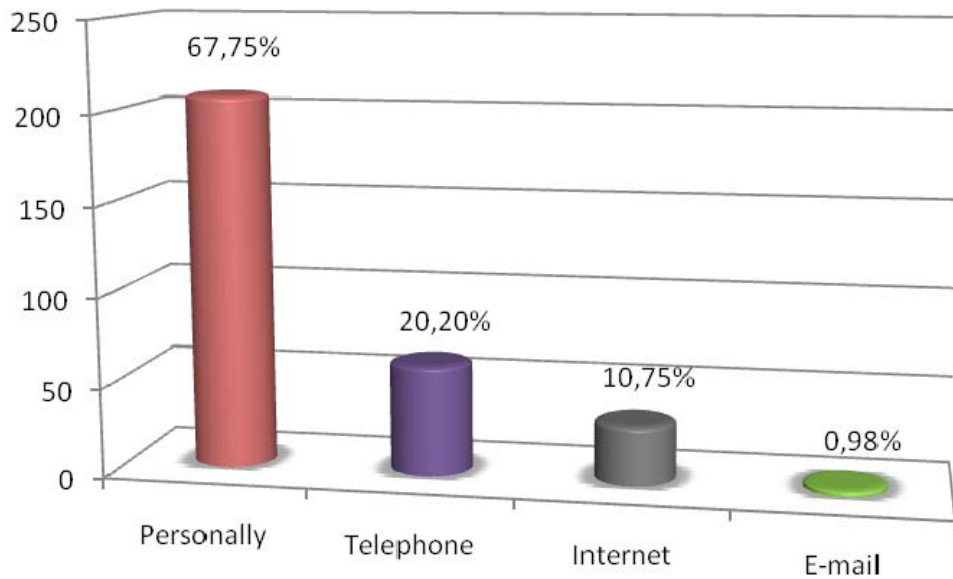


Diagram is showing us the more than half a participants who are turning to doctors when they need information (N=145). The share of searching information at the nurses is 42.56% (N=123). As we can see the 2.77% (N=8) of interviewees are asking for information at the doorman, then 2.42% (N=7) are asking at the people passing by, one of the interviewee was looking for information from the cleaning ladies and 5 of the participants were looking for information from the front-door employee and pharmacist.

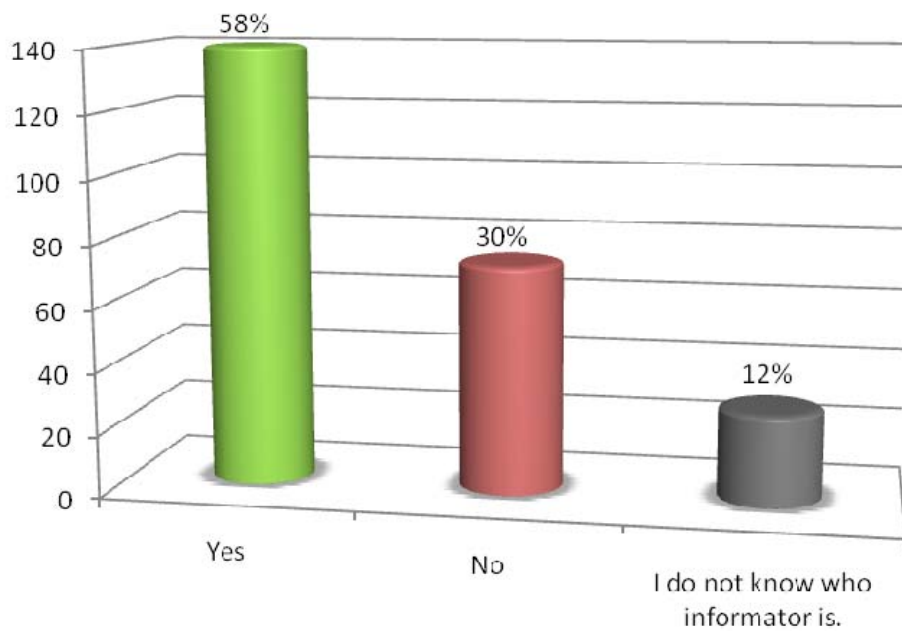
Figure 10: How do users obtain information



This diagram is presenting us the ways of getting information by the interviewees of the medical services in Health centre Novo mesto. We can see the 67.75% (N=208) of the interviewees who are asking questions personally. 20.20% (N=62) of the participants are asking questions via telephone, then 10.75% (N=33) via internet and 0.98% (N=3) are asking questions via e-mail. One of the interviewee has not marked any of the options.



Figure 11: Do users know who the front desk worker is.



This diagram shows us more than half of the interviewees who use the front-door employee services (N=140). 29.67% (N=73) of participants are not using the such services, then the 11.79% (N=29) do not know who the front-door employee is. Four of the interviewees have not marked any of the options.

**9. RESULTS OF INTERVIEWS**

**9.1 Nurse Health Consultant’s (NHC) profile**

We are going to present the results of interviews divided in separate areas connected to the NHC’s profile. It is our goal to present NHC’s acquired education, work experiences and job tasks that he/she will encounter during his/hers work as a Nurse Health Consultant.

*Figure 12: NHC’s profile*

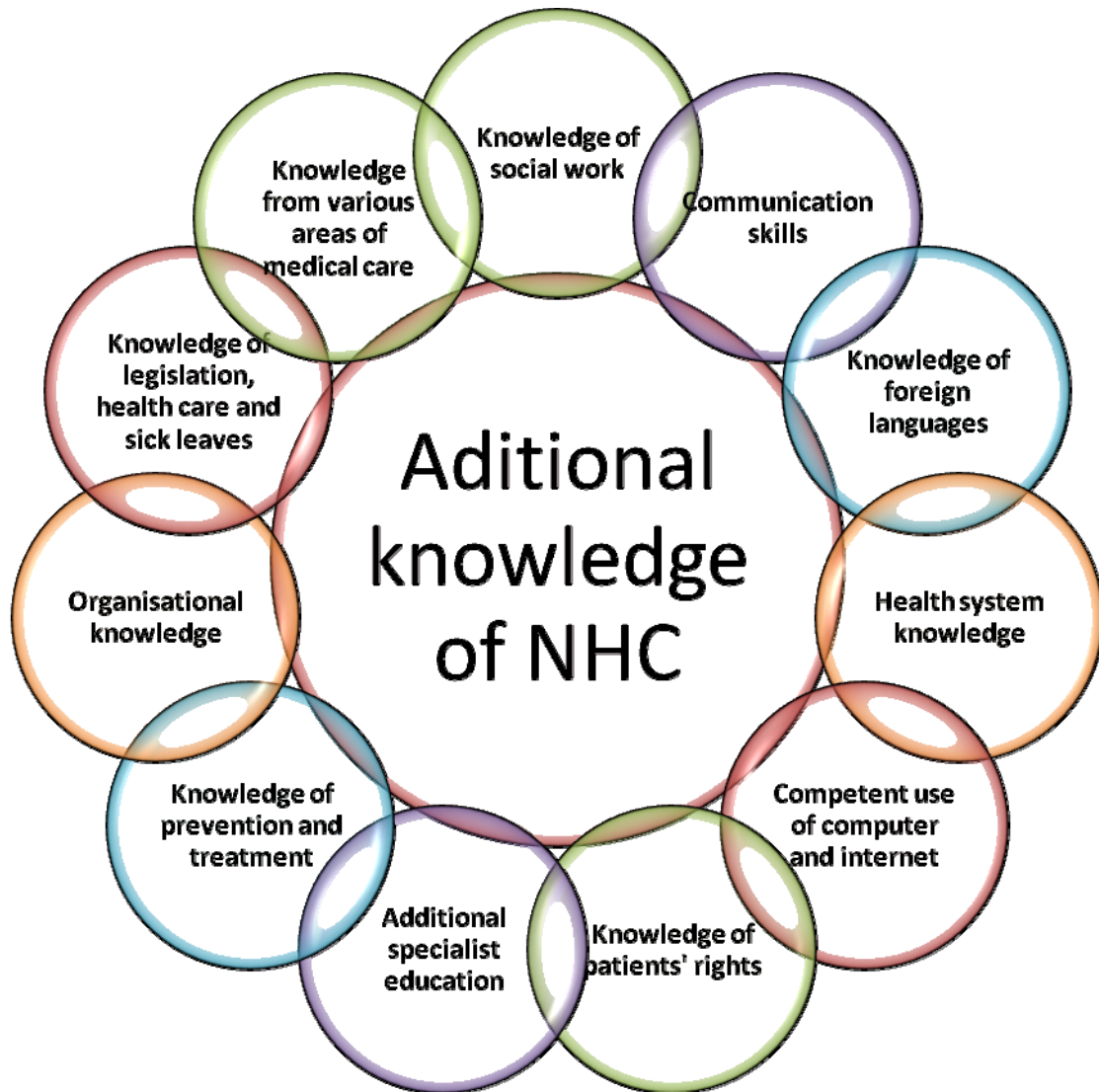


## **9.2 Required education and work experience**

According to the results obtained with interview with Director of Health Care Centre Novo mesto, we can say that the post of the NHC requires at least university medical training with a diploma in Health Care or even a Master's degree. The person should have at least five years of work experience, but it would be advisable for him/her to have more work experience (10 years) in different areas. The results of the interviews with Nurses shows that the most valuable experience come from the area of prevention, treatment and emergency. Doctors' opinion in that matter is that he/she should have experiences in area of Social work and Organization work. To perform the tasks of the NHC in Nurses opinion, would be necessary to gain work experience in various infirmaries of the Health Care Centre Novo mesto.

### 9.3 Additional education and knowledge of a NHC

Figure 13: Additional Education and Knowledge of a NHC



It is essential that the NHC has broad knowledge and it is vital for him/her to know various areas well in order to perform the job efficiently.

- **Knowledge of social work area:** the NHC has to know well the work of social work, especially to look on a person as a whole being and not just one problem. Many people need information about welfare, help at home, where to turn when there are problems in a family (alcohol, drugs and violence). They need to know how to assist a helpless person, who to turn to find a room in a Senior Citizens Centre.

- **Communication skills:** it is important for NHC to have good communication skills; frequently people get impatient and they need to be calmed down; NHC has to be able to react well when they face aggressive or panicked patients. It is important to know non-verbal communication because it helps them to understand any additional patients' problems and see if a patient may become dissatisfied.
- **Knowledge of foreign languages:** it is important for NHC to speak at least one foreign language because they may have to help foreigners.
- **Health system knowledge:** the NHC must know the Health Care Centre well enough to be able to help the patients find the infirmary they may look for. It is also important that the person knows the work in infirmaries, what procedures are done in certain infirmaries and which doctors works. It is also necessary to be able to explain why patients have to wait so long for some procedures and who sets the dates of appointments as patients get nervous because they have to wait for a simple procedure for example for two months.
- **Competent use of computer and internet:** due to constant changes and development the NHC will have to adapt on those changes, and due to an increasing paperwork it is essential that the NHC is computer literate and is able to accept and adapt to new technology. In case one cannot satisfy users' needs, one has to be able to find the information on the internet
- **Knowledge of patients' rights:** People still do not know their rights; therefore the NHC has to know the patients' rights. A patient's rights can be violated (the patients' privacy, ill-mannered nurses, doctors) and in such cases the NHC has to be able to explain the patients their rights so that they will be able to react accordingly in the future.
- **Additional specialist education:** it is important that the NHC constantly educates oneself so that they will know the new developments in the field. Additional specialist education can be conducted in various forms, for example seminars and internal courses.
- **Knowledge of prevention and treatment:** there are various prevention activities going on in the Health Care Centre so it is important for the NHC to know about this area, especially about vaccinations and regular check-ups. They have to be able to advise patients who are already ill how to improve their health, about their diet and consequently help themselves as well as they can.

- **Organisational knowledge/skills:** the NHC may run short of time so it is important that they can organize their work. He/she also has to be able to organize a network of various internal and external actors.
- **Knowledge of legislation, insurance and sick leave:** there are many questions about legislation (for example, they have to be able to explain the law on health care, the law on mental health...) and health insurance (which procedures are covered by basic and which by additional health insurance) and sick leave (where to take the sick leave forms, part time work due to health problems...).
- **Knowledge from various areas of medical care:** they must especially know the areas of emergency medicine, geriatrics, gynaecology, obstetrics, paediatrics, and know about prosthetics. For NHC is also very important practical knowledge, because she/he may face a case of emergency and has to be able to react accordingly.

#### 9.4 Personal characteristics

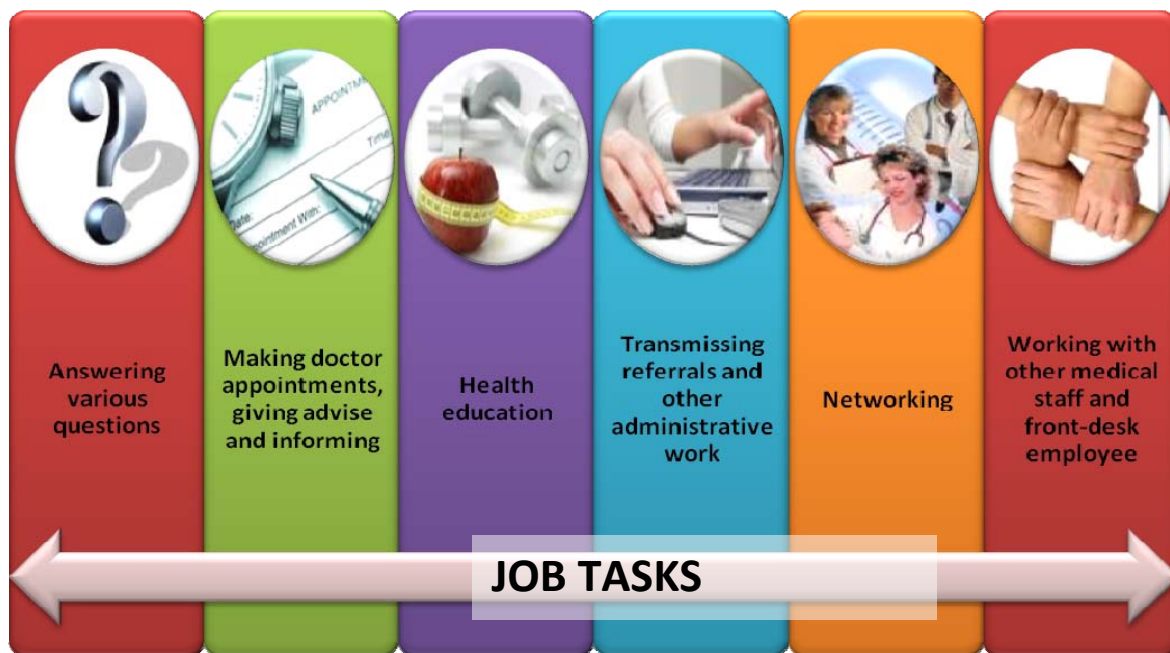
The results of our interview showed that personality is very important. The NHC has to be a mature person who has the following personality traits:

- **NHC has to be open and patient centred:** the NHC communicates with a personal approach and has a holistic view of an individual and their own work. He/she must be communicative, friendly, respectful and helpful. He/she has to be open for new information and knowledge (ability to self-educate) and to new relations. He/she has to allow and be aware of subjective opinion of other people; has to respect patients' right to decide for themselves and has to be able to perceive a person as a whole and not only as their problem. She/he has to have a sense for people and be a good observer (to objectively assess people and be able to react appropriately regarding given situation).
- **NHC has to be able to cope with pressure:** the NHC has to be patient and calm in crisis, focused and decisive and have to set clear boundaries when it is necessary.
- **NHC has to be motivated:** the person has to be motivated for their work and also be able to cope in different situations and has to be self-initiative.
- **NHC has to be organized:** the NHCs organize their own work and is capable of giving certain information.
- **NHC has to be responsible:** the NHCs are responsible for their own work and for the patients who seek their assistance.

- **NHC has to be resourceful:** the person is resourceful, knows where and how to find the necessary information and is able to adapt to the available time and patients.

## 9.5 Job tasks

Figure 14: Job tasks



In the due course of their work, NHC will encounter various areas of NHC's work. According to our survey the majority of their work will include answering patients' and visitors' questions.

- **Various questions:** we believe that the NHC will have to answer various questions; these questions will not be only about medicine and drugs but will also cover among other things medical questions (vaccinations, procedures, operations, healthy lifestyle, diets, work organization and working hours in different surgeries, prevention and treatment) and social problems (health insurance, sick leave, patients' rights, welfare). People often do not know who to turn to, where to go so the NHC will have to know the Health Care Centre well enough to be able to direct the patients correctly. They will also have to know working hours of surgeries, which doctors work there and which take new patients as these are the most frequently asked questions.

- **Making appointments, advising and informing:** the NHC will have to make appointments for people for certain examinations and procedures, advise people where to go and who to turn to; they will inform people about their health status and treatment. He/she will have to know telephone numbers (in and out of Health Care Centre Novo mesto) so that they will be able to make appointments for patients and to forward the telephone numbers people may need. **Nursing health care:** the NHC has to be educated in all areas of medical care from paediatrics to geriatrics, gynaecology, obstetrics and emergency. NHC will have to be able to inform people about life threatening states (for example allergies in children, high fever, fractures), other health conditions that can occur during treatment (gynaecological inflammations, bleeding) and about general medical treatment during pregnancy, with children, healthy nutrition, physical activity). **Work with relatives:** besides work with patients, NHC will meet family/relatives who are often nervous, abusive or even violent. Nevertheless, they can be of great help as they can provide information the patient themselves might not be able to tell.
- **Health education:** the NHC will have to spend much of their time performing health education as more and more people need it (teenagers who need birth control, pregnant women, people with coronary, renal, diabetes and other health conditions).
- **Administrative work:** the NHC will need a lot of time to do paper work, for example filing, organizing patients' charts and processing information, forwarding the forms patients need; they may have to issue certain prescriptions and organize transport with an ambulance (in co-operation with a doctor)
- **Networking:** to perform the job well, the NHC will have to connect with other institutions to ensure the best possible treatment for a patient.
- **Co-operation with other medical staff and front-desk employee:** it is important for a NHC to co-operate well with other workers of medical profession; only this way a patient will be holistically treated. They also have to co-operate with front-desk employee to make sure patients will be treated as soon as possible.

## 9.6 General or specialist

In our research we also wished to find out in what area our NHC could work. Could he/she work in the Health Care Centre Novo mesto as general NHC or in certain areas? The results that nurses suggested were that NHC should work in certain areas. Most answers suggest they



should work in the area of gynaecology and obstetrics. One of the major ideas was that it is necessary to separate work with children and adults. Other suggestions included working in the area of coronary, lung and vascular unit, schoolchildren and children medical care, dental care and emergency care, because these areas have most patients. In the area of secondary level there was a suggestion from social worker that a NHC could work with a social worker in nursing wards. From the interview with Director from Health Care Centre Novo mesto we find out that a NHC would have to work for general area due to financial problems.

## 9.7 NHC co-operation with internal and external actors

NHC will have to co-operate with both internal and external actors if they wish to sufficiently help the patients.

Figure 15: Internal and External Actors of Cooperation



## 9.8 Barriers NHC'S may encounter at their work

According to our findings, NHC will have to face many barriers they will have to avoid or overcome

- **Lack of time:** NHC will be continuously faced with telephone calls. Patients coming without previous appointments, questions in the hallway, patient wanting to talk more about their issues, paper work, patients who disobey instructions, impatient patients, disinterested patients, NHC will have to accompany patients to infirmaries – all these situations will make NHC's work difficult. Therefore, NHC will have to prepare themselves for any possible barriers and organise their work in advance.
- **Not knowing the patients:** NHC will not know the patients when they first meet, so he/she will not be able to know what kind of problems the patient has; for example the patient may suffer from dementia, be visually impaired or cannot hear well and these impairments can cause additional problems and make their work time consuming.
- **Work with members of marginal groups:** working with members of marginal groups can be time consuming and very stressful. Nurses' ways of helping those people is by carefully answering their questions in detail, which also takes a lot of time. These people tend to get impatient and even aggressive so it is vital that NHC know how to react in such situations.
- **Other barriers:** NHC will meet impatient people, patients who do not know the Health Care Centre Novo mesto, those who are not aware of seriousness of their condition and elderly patients who are unable to read the inscriptions or signs and cannot find information on the internet. Work with those people may take a lot of time too. Modern time brought us many novelties; one of them is of course internet which in many cases represents problem, because patients tend to search for information about their symptoms and condition via internet medical data bases, blogs and online medical consulting. When such patient visits his/hers doctor has already self-diagnosed and to change his/her diagnose or opinion we have to be very patient, persuasive and professional.

**9.9 Communication channels and sources of information**

NHC will have to deal with telephone calls, people looking for information in the hallway but the majority of information will be given in their office.

*Figure 16: Communication Channel*

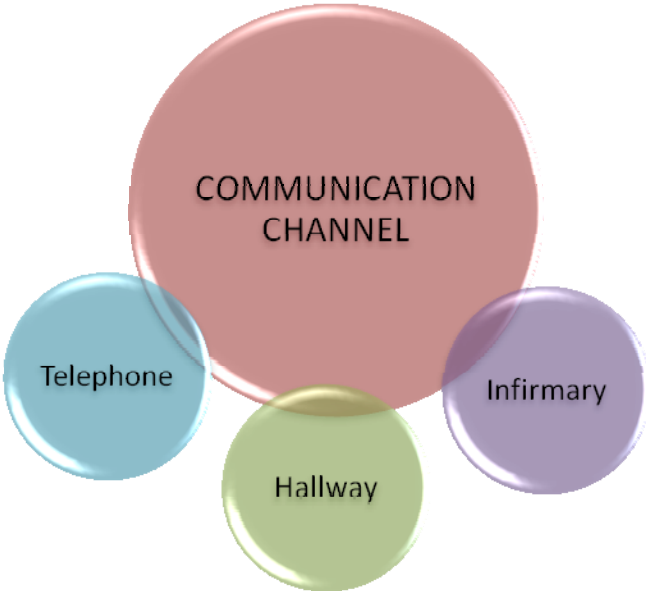
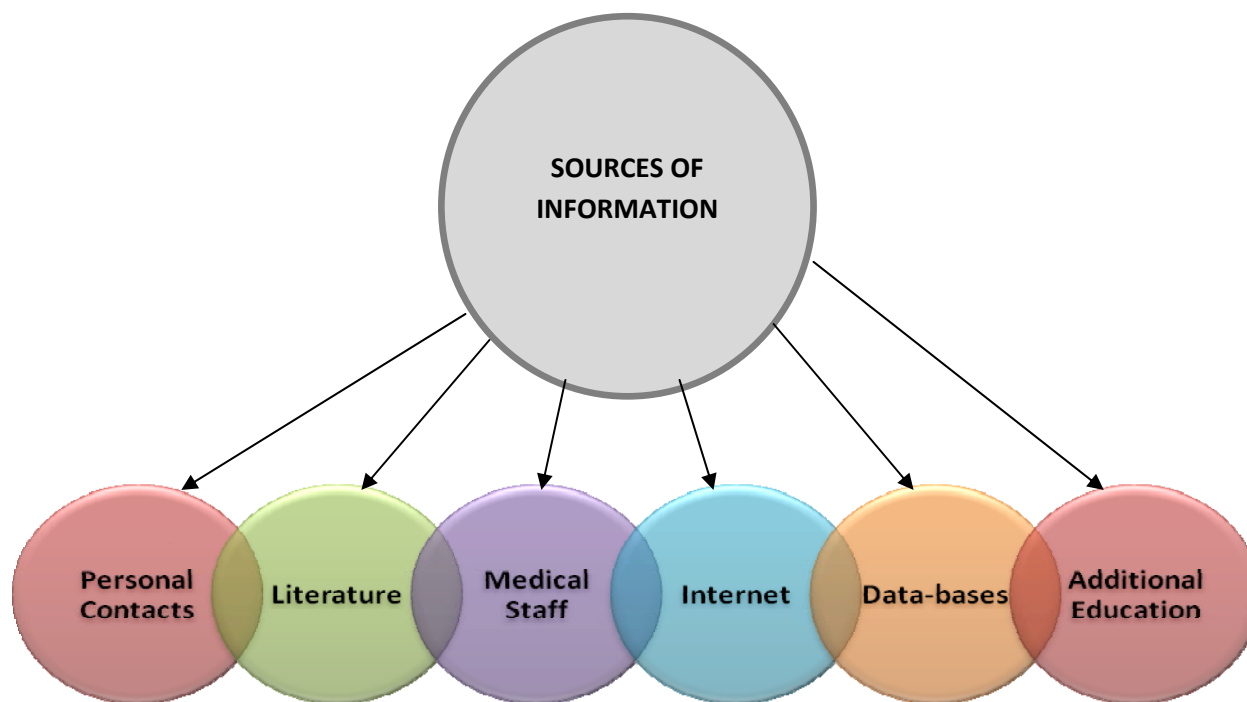


Figure 17: Sources of Information



In case NHC is not able to answer a question, he/she will have to find the answer elsewhere. Results of our research showed that most frequently sought information are telephone numbers, so it is very important for a NHC to have their own personal made telephone directory where they can quickly and efficiently find the needed number. Currently telephones numbers are provided to users from nurses own notes but that only includes numbers that are used most frequently. In case the patient seeks for numbers that nurse does not have she has to redirect the call to another infirmary.

When a patient asks about health problems, it is important for a NHC to find information. NHC could obtain information from doctors or other medical staff; additionally he/she can

find information on the web or literature. When the questions are about social work they can consult a social worker.

A NHC can gain a lot of knowledge necessary to perform their job well attending seminars and courses organised by medical chamber and medical nurse association as well as any other educational programmes and seminars.

### **9.10 Possible users**

A NHC will meet a variety of people in the course of their work. It is likely that majority of population will be senior citizens older than 65 years of age and patients who face chronic problems for the first time and drug therapy related to their problem with which they are not familiar yet. We expect pregnant women to seek for information who regarding pregnancy and healthy life style during pregnancy. Even though there are not many foreigners, they do come occasionally and they need various information because they are not familiar with the Health Care System in Slovenia and often they do not know the language. So we expect a NHC to work with varied population.

### **9.11 Time a NHC dedicates to users**

From the results of our research we believe NHC will not have enough time for each patient so they will probably have to establish a time limit for all users. We estimate 10 minutes will suffice for a basic interview. If users wish to have more time, more information or a longer consultancy time, it will be possible to make an appointment with their NHC. NHC will work individually with every patient as every patient has their own questions and NHC will have to answer them precisely.

### **9.12 Suggestions from International Group Work (IGW)**

During international group work (IGW) we were given many good suggestions. Students from Germany and Finland showed great support of our project. Although their health care system is different than ours they expressed the need for this kind of worker also in their countries. First it was suggested that job applicant should attend special module for gaining required additional education in School of Health Science Novo mesto (SHSNM). Creating this module could be possible by cooperation of HCCNM and School of Health Science.

We already stated that for conducting this job has to be the right person, and to choose the right person it was recommended that the employer interweaves the candidate a little bit differently. Job interview should consist of basic interview followed by stress interview or role playing and group interview. Among all suggested techniques the stress interview seems to be the optimal tool to detect and choose the right person equipped with all required personal and professional characteristics. Stress interview would give us information about candidate's ability to cope with different life situations, professional competency, empathy and ability to help over all.

Next suggestion from international groups was applying supervision in the process of NHCs work. Supervision is necessary for workers as HNC that conduct this kind of work. Meeting variety of people who are ill and stressed because of their health problems is an everyday situation that perhaps is not so innocent and might leave consequences that disable person to work professionally. Sometimes being able to empathies is not enough, so person needs someone to help them find solutions and peace in themselves. For preventing NHCs overload or break down supervision is the right prevention tool.

Team meetings with internal and external staff is by students of other countries evaluated as a very important factor of NHCs work because cooperating with professionals in health care gives NHC an opportunity and ability to create a net of crucial information that they need for working as NHC. Also staff meetings would give NHC an opportunity to present their work.

The last but not any less important suggestion was ways to evaluate NHCs work and patient/staff satisfaction. Measuring satisfaction is nowadays commonly used technique of evaluating workers. In health care the most reliable evaluators are patients. Evaluating NHCs work is important because it shows efficiency of NHC, patient satisfaction, staff satisfaction, and possible reparable mistakes in NHCs work field.

Based on the above suggestions, we propose the following to be completed:

**Implementation of NHC:** Our first suggestion is that the Health Care Centre Novo mesto implements NHC. We think that he/she would be very useful and the most important, he/she would definitely relived infirmaries. NHC could assume some job tasks which are taking a lot of nurses's time and we think that implementation of NHC would increase job productivity in specific infirmaries because nurses would not have to explain patients every single thing but they would just sent him to NHC.

**General NHC:** Judging by our research, we have come to recognition that NHC should work on specific areas of Health Centre Novo mesto, although NHC is currently set to work and cover all the areas of functioning due to financial problems. If there would appear need for NHCs in specific areas then the Health Care Centre Novo mesto should think about recruiting more NHCs.

**Job tasks:** we suggest that NHC would be answering various questions related to health issues, inform and advise patients about health, healthy life style, she/he would help patients to find specific infirmary, help them find telephone number they seek outside or inside Health Care Centre Novo mesto, she/he would perform health education and would very good cooperate with medical staff and front-desk employee.

**Education:** based on conducted cross section of survey and interviewees we established that a NHC has to be nurse graduate or nurse with master's degree. In School of Health Sciences Novo mesto is currently conducting a master's program for graduated nurses, who wish to upgrade their knowledge to a higher level. Nurse with a master's degree would be the most appropriate for this job position.

Because NHC would work as a general NHC, we think that he/she should have a wider spectre of knowledge. He/she could get that knowledge from special module and elective subjects based on area of her/his work. We suggest that School of Health Science Novo mesto in cooperation with Health Care Centre Novo mesto establishes special module for educating future NHC.

**Experiences:** Applicant is required to have 5-10 years of experiences, which is why we state that most appropriate for work of NHC would be a nurse who is already employed in Health Care Centre Novo mesto and was previously employed somewhere else, outside of Health Care Centre Novo mesto.

In our research we have come to a conclusion that NHC should spend a certain period of time in every infirmary to get better insight with the work process; only in this way he/she would be able to efficiently help users.

**Informing users and medical staff:** The management aspect is that users would be informed about the new post position through billboards, LCD television sets in waiting rooms, web sites and by nurses and doctors as well. We suggest that users should be informed about new job position 6 months before actual implementation of NHC. This way we would ensure public's prior knowledge of NHC's work and advantages if they use her/his services.



The users are not the only one who should be informed about new health worker which is working in Health Care Centre Novo mesto; first we think that the management should inform their current employees in appropriate way, because they could feel threatened for their own jobs.

**Computer data-base:** Based on our research one of the most important things is networking. Building a local net is important if NHC wants to help patient efficiently and holistically. We assume that NHC will have to integrate with local institutions to ensure quality service. Cooperation between other health institutions is also important which is why we suggest creation of computer data base that contains all necessary contact details, including telephone numbers, titles, addresses, e-mail contacts, medical staff and infirmary working hours. Another reason for complete and efficient contacts computer data base is one of NHC's job tasks which is making appointments on certain procedures outside Health Centre Novo mesto.

As previously said, NHC is meant to work generally for all areas of Health Centre Novo mesto therefore her/his knowledge will have to be very extensive and precise. That is why we consider creating medical data base that contains detailed explanations of certain diseases, medical conditions, drug therapy, procedures, interventions, recommendations for healthy life style and rehabilitation process.

**Time dedicated to users:** Our main concern was that NHC would not be able to process as many patients as they would seek for help. That is why we suggest establishment of time rate on 10 minutes per patient for basic interview and 5 minutes per patient for a telephone call. We also consider that patients should call in advance for in-depth interview or make an appointment in advance - this type of service will be self financed according to length of conversation. The practice will show if in-depth interviewees should be charged or even necessary.

**Communication channel:** Because of time problem that NHC could face, we suggest that communication channel should be personal and not via telephone. Our research also showed that users prefer to seek for information personally.

**The right person for the right job:** according to our research the most important thing for creating this job position is the right person for the right job. It could happen that NHC would

face with difficult situations and he/she would have to know what the most appropriate way for solution is. NHC would have to have very good communication skills because she/he would be dealing with sick and probably impatient patients and she/he would have to be able to calm them down.

**Job interview:** The results of our research showed us that applicant for job of NHC will have to have a lot of positive personal characteristics and formulated personality. Because of stressful work environment NHC will face many unpleasant and urgent situations. It would be advisable for applicant to have a Stress interview that contains one or more problematic situations that he/she has to solve professionally, ethically and responsible.

## **11. REFLECTION ON THE INNMEAS PROGRAM**

Being a part of International project work was a very valuable experience. All through creating this project we gained knowledge and experience that contributed our professional and personal growth. As individuals in the group we became a team and we relied on each other every step of the project. We have learned the importance of team work, mutual cooperation and individual responsibility towards project team. We realized that our project team is like a chain and a “chain is as strong as its weakest link”. There were times when we thought that it is not possible to create an actual project, but every step we took the project further we came to realize that it is possible.

We are grateful that we were given an opportunity to work on a project such as this and to cooperate with Health Care professionals in HCCNM and general Hospital Novo mesto. We are also happy that we have met all the students from Germany and Finland who gave us broader knowledge of their countries ways of living and their projects. As professionals in social pedagogic they taught us importance of mutual cooperation between social workers and health care workers to ensure individual and holistic view of a patient and society.

We would like to thank the School of Health Sciences for giving us opportunity to work on a project; also we would like to thank Health Care Center Novo mesto, their director and professional director for total cooperation during creation of the project. And the biggest thanks goes to our project mentors Annmarie Gorenc Zoran, Dolores Modic and Darja Peterec Kotar, who were standing by our sides and gave us great support at all times. Without their professional knowledge, support and recognition this project would not be possible.

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## APPENDICES

### Appendix 1: QUESTIONNAIRE FOR USERS

We are a task group of Higher Education center Novo mesto. In the context of our project work in conjunction with Health center Novo mesto, we have prepared a questionnaire on nurse health consultant in Health care centers. With the questionnaire, which is in front of you, we will receive valuable information for our research project. Therefore we kindly ask you to take a few minutes for answering the questions. Participation in the questionnaire is anonymous, no signature is needed.

#### QUESTIONNAIRE

1. SEX M F

2. AGE

- a. From 18 to 30
- b. From 31 to 50
- c. From 51 to 70
- d. Over 70

3. COMPLETED EDUCATION

- a. Primary school
- b. Secondary school
- c. Professional secondary school
- d. University
- e. Other: \_\_\_\_\_

4. WHICH AREA OF MEDICAL SERVICES DO YOU VISIT THE MOST?

- a. General dispensary
- b. Child dispensary
- c. School dispensary
- d. Dental dispensary
- e. Dispensary for women
- f. Other: \_\_\_\_\_

5. WHAT INFORMATION ARE YOU ASKING ABOUT?

- a. medicines
- b. expiration of examinations
- c. ordering on examinations
- d. waiting line
- e. correct treatment on smaller health problems
- f. explanation of medical expressions
- g. alternative methods of treatment
- h. continuation of treatment
- i. self-paying services
- j. working hours of clinic
- k. medical accessories
- l. covering of insurance company
- m. physical therapy
- n. healthy style of life
- o. ways of treatment
- p. vaccination
- q. other: \_\_\_\_\_

6. PEOPLE YOU GO TO FOR INFORMATION IN THE HEALTH CENTRE?

- a. Nurses
- b. Doctors
- c. People passing by
- d. Cleaning ladies
- e. Dorman
- f. Other: \_\_\_\_\_

7. HOW DO YOU USUALLY SEARCH FOR INFORMATION ON HEALTH SERVICES?

- a. Personal
- b. Internet
- c. Telephone
- d. E- mail

8. DO YOU USE INFORMATOR'S SERVICES?

Yes

No

Who is informant

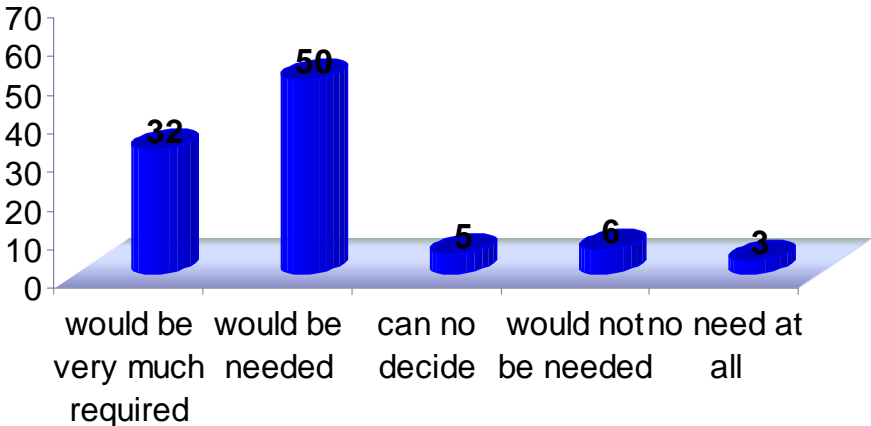
Thank you for your time!

**Appendix 2: Results of Survey**

In the survey question: "Do you think that the Health Care Centre has a need of a medical worker, who will give patients information and advice on the necessary measures before visiting a doctor?" On the question above 96 replied respondents. Of those 52% responded that this worker would be needed, 33% of those who responded that this worker would be very much required and 6.25% of those who believed that this worker would not be needed.

*Figure 18: Require an Adviser in Health Care Centre*

**Would you require (need) The Adviser in The Health Care Centre**







	<b>Director</b>	<b>Social worker</b>	<b>Front desk worker No. 1</b>	<b>Front desk worker No. 2</b>	<b>Special infirmary</b>	<b>School dispensary</b>	<b>General infirmary</b>	<b>Urgent medicine infirmary</b>	<b>Women dispensary</b>	<b>Dr.</b>
<i>Figure 19: Qualitative Interview Data</i>										
<b>Name and surname</b>	M.K.Z.	S. K.	X	X	A. T.	P. A.	S. P.	D. P.	V. V.	F. K.
<b>Working title/education</b>	DR.	Social worker / nursing school	Informatory / Economist	Informatory / Elementary school	Graduate nurse	Graduate nurse	Graduate nurse	Nurse	Graduate nurse	DR.
<b>Working experience</b>	x	Section of intensive care unit x years and 5 years as a social worker	x	x	7 years at specialist infirmary and 30 years at internal infirmary	10 years at school dispensary and 1.5 years at internal ward for cardio diseases	10 years at general infirmary	10 years at urgent medicine infirmary and 15 years at general infirmary	6 years at women dispensary, 4 years at school dispensary and 10 years maternity ward	x
<b>Job tasks</b>	x	Counseling and organizational work: - patients rights -accessibility	Taking calls, giving telephone numbers, forwarding calls to diferent infermaries,	Taking and making calls, informs, guiding patients, giving information, photocopying,	x	x	x	x	x	x

		and realization of social rights - filling forms  - connecting with other institutions	accepting forwarding doctors notes and subscriptions, giving instructions and guiding patients to infirmaries	sending fax messages, forwarding subscriptions, organizing charts						
<b>Additional knowledge for performing your work:</b>	x	Finished university of social work. She learned social work from practice	2 weeks of guided work	2 days of introduction to work of front desk worker	Did not need	Did not need	Did not need	Did not need	Did not need	x
<b>How do you acquire additional knowledge?</b>	x	x	x	x	Lectures and seminars by association of nurses	x	x	Lectures and seminars by association of nurses	Lectures and seminars by association of nurses and reviewing of literature	x
<b>Needed additional knowledge on your area</b>	x	x	x	x	Knowledge of specific examinations on ward for cardiovascular and pulmonary diseases	Is not necessary	Communication, geriatrics, pediatrics, urgent medicine, occasionally orthopedics.	x	In depth knowledge in obstetrics and gynecology	x

							Necessary is starter period.			
<b>Population of users</b>	Middle aged population	Patients of General Hospital Novo mesto (primarily older people), in principle everybody	Everybody, mostly older people	Jung people, older people and mothers with children	Mixed population, primarily older people over 65 years of age and young people with chronic diseases	School children and their parents	Middle aged population	Active-working population and older people, also members of marginalized groups	Women and expectant mothers	Mixed population
<b>With who do you mostly cooperate</b>	x	Entire medical staff	Nurses	Nurses	x	x	x	Entire Health Care Centre Novo mesto	x	Nurses
<b>Cooperation with other institutions</b>	x	Senior Citizens Centers, Centre for social work, Patient associations,	x	x	Ordering for additional diagnostics (University Medical Centre LJ, MB), Centre for Social work, General	General Hospital Novo mesto-pediatrics ward, Institute for Health Prevention, Institute for	General Hospital Novo mesto, The Health Insurance Institute, Employment service of RS,	General Hospital Novo mesto, The health Insurance Institute, Senior Citizens Centre, Spa,	General Hospital Novo mesto- ward for gynecology and obstetrics, Cyto-pathological	The Health Insurance, Institute Institute of Public Health, Employment Service of

		Institutions for Mental Health, Prevention programs			Hospital Novo mesto, The Health Insurance institute	Public Health	Medis	University Medical Centre LJ, MB, Institute of Oncology LJ, Polyclinic LJ	laboratory, Institute for Health protection , Infertility Clinic LJ	Slovenia, Institute of Public Health  Social worker, Chair of family medicine, General Hospital Novo mesto, University Medical Centre LJ
<b>Where would you need NHC the most?</b>	Treatment and prevention, Children an school dispensary, field of general medicine, gynecology, urgent medicine and dentistry	Nursing wards on secondary level- not-acute hospital treatment	x	x	Ward for cardiovascular and pulmonary diseases	School dispensary	x	Dispensary for gynecology (older woman and teenage girls)	Dispensary for gynecology	x
<b>Proposals for NHC's education and experiences</b>	<i>Graduated nurse or nurse with masters degree</i> ad lest 5 years of experience, desirable 10 years of experience on	x	x	x	x	10 years of experience on different fields, especially on a field of treatment	x	A lot of practical knowledge	Does not need additional work experiences	Graduated nurse with additional knowledge in a field of social work and organization work, practical

	different fields of Urgent medicine, Prevention and Home care Service									experiences in work organization
<b>Proposals for NHC's additional knowledge</b>	Informatics (internet), Legislation, Work organization, Constant additional education	Legislation, Social work, extended human knowledge, ability to create a local net	x	x	<i>In depth knowledge about all fields of Health Care Centre work:</i>  - procedures in specialists infirmaries  - nursing process in different diseases	In depth knowledge of in nursing of school children	<i>Extended knowledge in all fields of Health Care Centre:</i>  - health insurance - sick leaves - patient rights - drugs, therapy and vaccination - procedures - prevention and health education - explaining doctors notes	Urgent medicine knowledge, Health insurance knowledge, Sick leaves, drugs and therapy	Rotation and practical work for familiarization with specifics of certain infirmaries	Social work and organizational work
<b>Proposals for NHC's personal characteristics</b>	Learning ability, flexibility, researchable, kindness, communicative ability, mentally	Positive personal attitude, concrete informing, respect, communicative ability, self	x	x	Communication ability, NHC will have to be well informed	Responsibility and broad knowledge	Patient, determinate, communicative, patient, mature, self-initiative, kind, concentrated and knows	Communication ability, and good counselor	x	Accountability high level of knowledge, versatile, communicative, good listener, good observer (knows to

	stable, coping with pressure	learning, research, respecting patients right to decide, being aware of patients needs					where and how to set clear boundaries			access people and to react properly ), calm and good negotiator
<b>Proposals for NHC's job tasks</b>	Guidance inside of Health Care Centre, explaining doctors notes, organization of ambulance transportation, ordering to a specialist, giving out telephone numbers, explaining patients rights	x	Connecting important-urgent phone calls that she would not be able to answer	x	In depth explanations of procedures, nursing in different diseases, taking over consultation calls	Taking over part of telephone calls or telephone ordering on examinations	Taking over telephone calls, prevention health education and administrative work	Informing about health insurance, sick leaves and rehabilitation centers. More precise explanations on health issues	Ordering on examinations for hall dispensary and paperwork	Providing guidance, triage, ordering doctors notes, organization of transportation with ambulance
<b>What are advantages of NHC's implementation in Health Care Centre?</b>	1. Cutting down on waiting lines in infirmaries  2. Reliving	Better interaction, communication and linkage between institutions	Faster treatment of patients and reliving her of her work	Faster treatment of patients	Reliving nurses from their work.	Reliving nurses from their work.	Reliving nurses from their work.	x	Reliving nurses from paper work.	Reliving infirmaries

	nurses of work by performing counseling and part of their work tasks  3.  Reliving doctors from part of their work									
<b>Problems with NHC's implementation and work</b>	Financing	Financing	x	x	x	x	x	x	If NHC worked on a whole field of Health Care Centre, he/she would need a lot of knowledge	x
<b>Barriers at work</b>	<i>For NHC:</i>  Telephone calls (he/she won't be able to focus on consulting )  <i>Proposal:</i>	Conversation with patients in hospital rooms when work is in progress, bad hearing, bad eye site, dementia,	Explaining direction of certain infirmaries to patients when they can't find them (impatience)	When nurse in infirmary does not accept transferred call, patients can be insulting towards her	Explaining waiting lines for certain procedures, doctors notes <i>urgent!</i>  Too much work and	Patients who do not have an appointment, telephone appointments and telephone counseling.	Photocopying patients charts, recording EKG's during regular infirmary work, members of marginalized	Patients do not distinguish urgent infirmary from other infirmaries, writing regular doctors notes for drugs (we	Teenage girls are not interested in health education	Economic crisis brought increased visitation of infirmaries, ordering medical supplies



	Cooperation with front desk worker	financing of institutional services and care services			coordination between telephone calls, patients and procedures.  Impatient patients		groups (do not respect rules and infirmary order), telephone calls which disturb work in infirmary.	are not allowed to), coordination of telephone calls and physically present patients, undisciplined and aggressive patients, work with members of marginalized groups		
<b>Time that you dedicate to users (personal contact)</b>	For basic services 10 minutes, for in depth counseling (more than 1 hour- self paid)	Depends on patient and his/hers problems, cooperation in conducted all threw hospitalization	Depends on individual	Until patient gets wanted information's, usually one or two minutes	Depends on individual	x	Announced patient 10 minutes	x	x	2 -3 minutes (doctors note), depends on individual and his/her needs and problem(15 – 30 minutes), time frame ZZS 3 – 5 minutes
<b>Time that you dedicate to users (telephone calls)</b>	x	x	Number of telephone calls depends on a certain day, in the morning more than in the afternoon	Depends on information they seek, usually less than a minute	There is a lot of telephone calls, about 5/hour, how long they last depends on information users want	Telephone calls take a lot of calls, accepting orders to different procedures takes less time, time dedicated to	Telephone rings every 30 seconds (users that want telephone numbers are deployed to front desk worker)	Telephone rings constantly(these calls are linked to certain infirmaries)	It happens that telephone call is not answered	x

						counseling depends on a problem user has				
<b>Which are the most frequently asked questions</b>	x	x	Who from medical staff is currently working, clinic hours, ordering on procedures	Questions about dentistry, ordering on procedures, location of certain infirmaries, about doctors (does he take new patients)	Telephone numbers, ordering on procedures, counseling	Ordering on procedures and counseling	Location of certain infirmaries, ordering doctors notes, extension of sick leave, general advice	Telephone calls from all work fields of Health Care	Ordering on procedures, contact data, advice on menstrual problems, hemorrhages and inflammation	About relatives and drug therapy
<b>Where do you get contact information?</b>	x	x	x	x	Knows by heart or they are set on visible places in infirmary	Personal directory by the telephone	x	Internal directory and internet	x	x
<b>The coordination of personal contacts and telephone calls</b>	x	x	x	x	Coordination of telephone calls and regular work is difficult because of ongoing procedures in infirmary (ekg)	x	It is not possible to answer all calls because of ongoing procedures (ekg, changing bandages)	Coordinating telephone calls is difficult	Coordinating telephone calls is not difficult	x

<p><b>What do users want the most? ( the most frequently asked questions, related to your work area)</b></p>	<p>x</p>	<p>Counseling and guiding of individual or family in home environment, social protection services and rights, institutional protection, health insurance, financing of medical services, financial social help, doctors competences <i>Fields:</i> - family violence - custody - addiction</p>	<p>Location of certain infirmaries and forwarding doctors notes</p>	<p>Location certain infirmaries</p>	<p>When doctor starts to work, ordering on procedures, doctors personal characteristics, usage and drug therapy contraindications, regime of life with a chronic disease, phone numbers, waiting queue</p>	<p>Vaccination complication, current program of vaccination, nursing in acute medical problems (respiratory problems, fever, breathing relief, nutrition ) Nursing in different children diseases, ordering on procedures <i>In hallway:</i> Which doctor is working, how do I make an appointment for vaccination of my child</p>	<p>Drug therapy (using and interactions), extension of doctors notes, rights from social insurance, where to order on procedure, re-appointment, laboratory results</p>	<p>Drug therapy (interactions), regime of drug therapy application, additional check ups</p>	<p>Pregnancy, contraception, inflation <i>Pregnant women:</i> - course of pregnancy and nutrition, - legislation, - patients rights - parents compensation, maternity leave, financial help for children</p>	<p>Family, disease (course and prognosis), drug therapy, course of surgeries, social problems, laboratory results</p>
<p><b>What do users want the most? (the most frequently asked questions, <u>not</u> related to your work area)</b></p>	<p>x</p>	<p>x</p>	<p>Information on health issues</p>	<p>Information on urgent states</p>	<p>Social questions</p>	<p>Medical questions and threatening states (allergies)</p>	<p>Sick leaves, procedures before surgeries, vaccination and vaccination price</p>	<p>Health insurance and sick leaves</p>	<p>There are no such questions.  System of work in Infirmary</p>	<p>x</p>

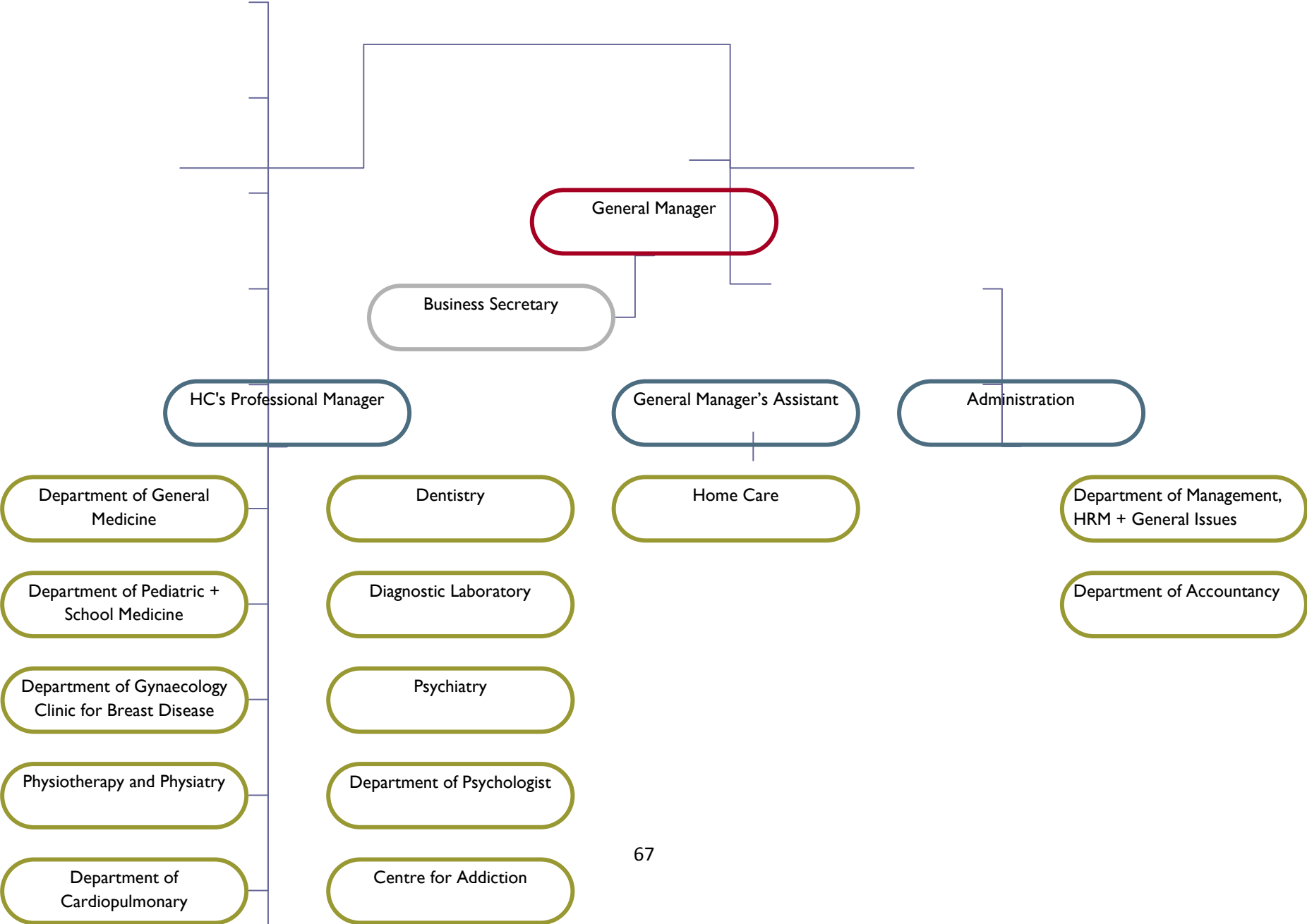
<b>What kind of questions takes the most time to explain?</b>	x	x	Directing to infirmaries	x	Ordering on procedures (where to go), giving out telephone numbers	There is no such questions, everything is important	In depth conversation with patient about drug therapy contraindications	Social security and in depth information about current medical condition	Alternative therapy for inflammation, urgent contraception, <i>she runs out of time for paper work</i>	Deficient information from patients, too much worrying for a patient (relatives), patients seek form information at their neighbors, in depth conversation of social security and disability, constant patients, impatient, intruding and aggressive patients
<b>What do you do when you have a shortage of time?</b>	x	x	x	x	Make an appointment for certain hour for a telephone call or personal contact, call patient back, ask patient to call back, medical staff	There must not run out of time	Tell patient to call back	Show patient to another infirmary	x	x

					is cooperating					
<b>What to do when the patient needs more detailed information?</b>	x	x	x	x	Sends patient to a doctor	Sends patient to a doctor	Sends patient to a doctor	Sends patient to a personal doctor or specialist	They do not want any information because they are informed enough	x
<b>Where do you get information for questions that you don't know the answer?</b>	x	She finds information about certain theme herself and additionally forwards learned information to the patient	Forwards call to the right infirmary or infirmary for urgent medicine	Forwards call to the right infirmary	Directs patients to other infirmaries based on presented problem or Institute for Health Prevention, also cooperates with medical coworkers	Directs patients to a doctor, reads literature or consults with coworkers	Directs patients to a doctor or consults with coworkers	Asks a doctor, coworker or learns from literature	Asks a doctor, searches on internet or learns from literature	Searches on internet, learns from literature or asks coworkers
<b>Preparedness for cooperation with medical staff</b>	Cooperation with doctors is expected to be good, because NHC would make their work easier. Nurses also good and tight cooperation with front desk	x	NHC would make her work easier, because she would not be obligated to give certain information which are not in her domain	NHC would make her work easier	Relief of her current work assignments	Relief of her current work assignments	Relief of her current work assignments	x	In a field of gynecology NHC's work will not have an impact if we consider it as a general work for hall Health Care Centre, if considered as	x

	worker								a field of women dispensary it would relief her of her current work assignments	
<b>Internal actors</b>	Front desk worker, nurses, medical technicians, doctors	x	Medical technicians and nurses	Nurses	Doctors, nurses, medical technicians	Doctors, medical staff	Doctors front desk worker	Doctors, nurses, medical technicians	x	x

x- This information was not obtained because of its irrelevance for the research

**Appendix 3: Institution's organigram chart**



Appendix 4: Curriculum 1 year

VISOKA ŠOLA ZA ZDRAVSTVO NOVO MESTO  
 PREDMETNIK ŠTUDIJSKEGA PROGRAMA ZDRAVSTVENA NEGA

Zap. št.	Predmet	VP	Organizirano študijsko delo										OŠD	IŠDŠ	LOŠ	KT
			zimski					poletni								
			P	SV	LV	KV	KP	P	SV	LV	KV	KP				
<b>1. LETNIK</b>																
1. semester																
<i>TEMELJNE VEDE</i>																
1.	Anatomija, fiziologija in patologija	NMV	90		30		20						140	40	180	6
2.	Mikrobiologija s parazitologijo	MV	45		30		15						90	30	120	4
<i>ZDRAVSTVENA NEGA</i>																
3.	Etika in filozofija zdravstvene nege	HV	30	15			30						75	15	90	3
4.	Teorija zdravstvene nege	MV	120	15		75	100						310	20	330	11
<i>DRUŽBENE VEDE</i>																
5.	Psihologija	DV	30	15			25						70	20	90	3
6.	Sociologija zdravja	DV	30	15			25						70	20	90	3
2. semester																
<i>TEMELJNE VEDE</i>																
7.	Farmakologija	NMV						30		30		15	75	15	90	3
8.	Biokemija, biofizika in radiologija	NMV						45		15		15	75	15	90	3
<i>ZDRAVSTVENA NEGA</i>																
9.	Didaktika zdravstvene vzgoje in promocija zdravja	DV						45	30			30	105	15	120	4
10.	Informatika v zdravstveni negi in zdravstvu	TV						30		15		30	75	15	90	3
11.	Klinična praksa	MV						5			15	400	420	0	420	14
<i>DRUŽBENE VEDE</i>																
12.	Strokovni tuji jezik (angleški/nemški)	DV						15	45				60	30	90	3
<b>SKUPAJ:</b>			<b>345</b>	<b>60</b>	<b>60</b>	<b>75</b>	<b>215</b>	<b>170</b>	<b>75</b>	<b>60</b>	<b>15</b>	<b>490</b>	<b>1565</b>	<b>235</b>	<b>1800</b>	<b>60</b>



Appendix 5: Curriculum 2 year cont'd

Zap. št.	Predmet	VP	Organizirano študijsko delo										OŠD	IŠDŠ	LOŠ	KT	
			zimski					poletni									
			P	SV	LV	KV	KP	P	SV	LV	KV	KP					
	<b>2. LETNIK</b>																
	3. semester																30
	<b>TEMELJNE VEDE</b>																
1.	Higiena z ekologijo in zdrava prehrana	BV	45	15			40						100	20	120	4	
2.	Preventivno zdravstveno varstvo	MV	30	15			30						75	15	90	3	
	<b>ZDRAVSTVENA NEGA</b>																
3.	Zdravstvena nega žensk z ginekologijo in porodništvom	MV	45	15		30	120						210	30	240	8	
4.	Zdravstvena nega otroka in mladostnika s pediatrijo	MV	45	15		30	150						240	30	270	9	
5.	Osební in profesionalni razvoj s supervizijo	DV	45	15			15						75	15	90	3	
	<b>DRUŽBENE VEDE</b>																
6.	Organizacija in vodenje v zdravstveni negi in zdravstvu	DV	45	15			15						75	15	90	3	
	4. semester																30
	<b>TEMELJNE VEDE</b>																
7.	Nujna medicinska pomoč in ZV v posebnih razmerah	MV						45			30	60	135	15	150	5	
	<b>ZDRAVSTVENA NEGA</b>																
8.	Zdravstvena nega in mentalno zdravje	MV						30	15		10	90	145	5	150	5	
9.	Zdravstvena nega starostnika z gerontologijo in rehabilitacijo	MV						45	15		15	175	250	20	270	9	
10.	Raziskovalno delo v zdravstveni negi	DV						45	15			15	75	15	90	3	
	<b>DRUŽBENE VEDE</b>																
11.	Zdravstvena in socialna zakonodaja	DV						45	15				60	30	90	3	
12.	Izbirni predmet							45	30			15	90	40	130	5	
	<b>SKUPAJ:</b>		<b>255</b>	<b>90</b>	<b>0</b>	<b>60</b>	<b>370</b>	<b>255</b>	<b>90</b>	<b>0</b>	<b>55</b>	<b>355</b>	<b>1530</b>	<b>250</b>	<b>1780</b>	<b>60</b>	

Appendix 5: Curriculum 3 year cont'd

Zap. št.	Predmet	VP	Organizirano študijsko delo										OŠD	IŠDŠ	LOŠ	KT	
			zimski					poletni									
			P	SV	LV	KV	KP	P	SV	LV	KV	KP					
	<b>3. LETNIK</b>																
	5. semester																30
	<i>TEMELJNE VEDE</i>																
1.	Dietetika	BV	30			30	15						75	15	90	3	
	<i>ZDRAVSTVENA NEGA</i>																
2.	ZN internističnega bolnika z interno medicino	MV	90			15	120						225	25	250	8	
3.	ZN kirurškega bolnika s kirurgijo	MV	90			15	120						225	25	250	8	
4.	ZN onkološkega bolnika z onkologijo in paliativno oskrbo	MV	60			15	75						150	15	150	5	
5.	ZN v patronažnem in dispanzerskem varstvu	MV	60	15		15	90						180	15	180	6	
	6. semester																30
	<i>SPECIALNI MODUL</i>																
6.	Predmet 1	MV						30	15			90	135	15	150	5	
7.	Predmet 2	MV						30	15			90	135	15	150	5	
8.	Predmet 3	MV						30	15			90	135	15	150	5	
9.	Izbirni predmet							45	30			15	90	40	150	5	
10.	<b>Diploma</b>								10			170	180	120	300	10	
			<b>330</b>	<b>15</b>	<b>0</b>	<b>90</b>	<b>420</b>	<b>135</b>	<b>85</b>	<b>0</b>	<b>0</b>	<b>455</b>	<b>1530</b>	<b>300</b>	<b>1820</b>	<b>60</b>	

## Appendix 6: Elective courses

IZBIRNI PREDMETI									
Zap. št.	Izbirni predmet	VP	Org. štud. delo			OŠD	IŠDŠ	LOŠ	KT
			P	SV	LV				
1.	Dokumentacija v zdravstveni negi	DV	45	30		75	50	125	5
2.	Metode komuniciranja v zdravstvu	DV	45	30		75	50	125	5
3.	Zdravstvena vzgoja za zdrav slog življenja	MV	45	30		75	50	125	5
4.	Obvladovanje sodobnih tehnologij v enoti intenzivne terapije	TV	45	30		75	50	125	5
5.	Fizikalna in rehabilitacijska medicina v ZN	MV	45	30		75	50	125	5
6.	Strokovni angleški jezik II.	DV	45	30		75	50	125	5
7.	Higijena dela	MV	45	30		75	50	125	5

## Appendix 7: Modules (Bachelor's degree)

IZBIRNI MODULI									
Zap.št.	Učna enota modula	VP	Org. študijsko delo			OŠD	IŠDŠ	LOŠ	KT
			P	SV	KP				
<b>Modul 1: ZDRAVSTVENA NEGA V INTENZIVNI TERAPIJI</b>									
1.	Perioperativna zdravstvena terapija in nega	MV	30	15	90	125	15	150	5
2.	Intenzivna terapija bolnika	MV	30	15	90	125	15	150	5
3.	Reanimatologija in urgentna medicina	MV	30	15	90	125	15	150	5
<b>Modul 2: OPERACIJSKA ZDRAVSTVENA NEGA</b>									
1.	Operacijsko okolje	MV	30	15	90	125	15	150	5
2.	Operacijske tehnike z operacijsko zdravstveno nego	MV	30	15	90	125	15	150	5
3.	Proces operacijske zdravstvene nege	MV	30	15	90	125	15	150	5
<b>Modul 3: OBVLADOVANJE BOLNIŠNIČNIH OKUŽB</b>									
1.	Bakteriologija in virologija	MV	30	15	90	125	15	150	5
2.	Bolnišnične okužbe in sterilizacija	MV	30	15	90	125	15	150	5
3.	Preprečevanje in obvladovanje bolnišničnih okužb	MV	30	15	90	125	15	150	5
<b>Modul 4: OSKRBA IN NEGA NA DOMU</b>									
1.	Zdravstvena nega in pomoč na domu	MV	30	15	90	125	15	150	5
2.	Integralna nega na domu	MV	30	15	90	125	15	150	5
3.	Socialna vključenost	MV	30	15	90	125	15	150	5

<b>Modul 5: PALIATIVNA IN GERONTOLOŠKA ZDRAVSTVENA NEGA</b>									
1.	Paliativna zdravstvena nega	MV	30	15	90	125	15	150	5
2.	Psihosocialna oskrba	MV	30	15	90	125	15	150	5
3.	Kakovost gerontološke zdravstvene nege	MV	30	15	90	125	15	150	5
<b>Modul 6: LOGOTERAPIJA (TERAPIJA ZA SMISEL ŽIVLJENJA) V ZDRAVSTVENI NEGI</b>									
1.	Notranja izpolnitev smisla	MV	30	15	90	125	15	150	5
2.	Logoterapija v kriznih situacijah (bolezen, smrt, trpljenje, krivda)	MV	30	15	90	125	15	150	5
3.	Psihohigiena – skrb za človekovo telesno, duševno in duhovno zdravje	MV	30	15	90	125	15	150	5
<b>Modul 7: MENEDŽMENT V ZDRAVSTVU</b>									
1.	Menedžment kakovosti v zdravstvu in zdravstveni negi	DV	30	15	90	125	15	150	5
2.	Ekonomika v zdravstvu	DV	30	15	90	125	15	150	5
3.	Človeški viri in ravnanje z njimi	DV	30	15	90	125	15	150	5
<b>Modul 8: REPRODUKTIVNO ZDRAVSTVENO VARSTVO</b>									
1.	Ginekologija	DV	30	15	90	125	15	150	5
2.	Porodništvo	DV	30	15	90	125	15	150	5
3.	Porodniško in ginekološko zdravstveno varstvo ženske na domu in v patronažnem varstvu	DV	30	15	90	125	15	150	5
<b>Modul 9: DIFERENCIALNI MODUL</b>									
1.	Teorija zdravstvene nege	DV	30	15	90	125	15	150	5
2.	Informatika v zdravstveni negi in zdravstvu	DV	30	15	90	125	15	150	5
3.	Osebni in profesionalni razvoj s supervizijo	DV	30	15	90	125	15	150	5
<b>SKUPAJ V POSAMEZNEM MODULU</b>			<b>90</b>	<b>45</b>	<b>240</b>	<b>375</b>	<b>75</b>	<b>450</b>	<b>15</b>

## Appendix 8: Curriculum Master's degree

Zap. št.	Učna enota	VP	P	V	OŠD	IŠDŠ	LOŠ	KT
<b>I. letnik</b>								
<b>Zimski semester</b>								
1.	Metodologija raziskovalnega dela	RD	30	30	60	180	240	8
2.	Teorije in razvoj zdravstvene nege	ZD	30	30	60	180	240	8
3.	Javno zdravje in modeli organiziranja zdravstvene službe	ZD	15	30	45	165	210	7
4.	Vzgoja za zdravje	DV	15	30	45	165	210	7
<b>Letni semester</b>								
5.	Didaktika	DV	30	30	60	180	240	8
6.	Menedžment v zdravstvu	PV	30	30	60	180	240	8
7.	Epidemiologija	ZD	15	30	45	165	210	7
8.	Zakonodaja v zdravstvu	PR	15	30	45	165	210	7
<b>SKUPAJ:</b>			<b>180</b>	<b>240</b>	<b>420</b>	<b>1380</b>	<b>1800</b>	<b>60</b>
<b>2. letnik</b>								
<b>Zimski semester</b>								
1.	Modul: predmet 1		30	30	60	180	240	8
2.	predmet 2		30	30	60	180	240	8
3.	Izbirni predmet 1		15	30	45	165	210	7
4.	Izbirni predmet 2		15	30	45	165	210	7
<b>Letni semester</b>								
5.	Magistrski seminar	RD	5	15	20	130	150	5
6.	Magistrsko delo	RD				750	750	25
<b>SKUPAJ:</b>			<b>95</b>	<b>135</b>	<b>230</b>	<b>1570</b>	<b>1800</b>	<b>60</b>

**Appendix 9: Modules** (Master's degree)

Zap. št.	IZBIRNI MODULI	VP	P	V	OŠD	IŠDŠ	LOŠ	KT
<b>MODUL 1: RAZISKOVALNO DELO V ZDRAVSTVU</b>								
1.	Kvalitativne in kvantitativne metode	RD	30	30	60	180	240	8
2.	Etična vprašanja v raziskovalnem delu	RD	30	30	60	180	240	8
<b>MODUL 2: EDUKACIJA V ZDRAVSTVU</b>								
1.	Pedagogika z andragogiko	DV	30	30	60	180	240	8
2.	Antropološka in zdravstvena psihologija	DV	30	30	60	180	240	8
<b>MODUL 3: MENEDŽMENT V ZDRAVSTVU</b>								
1.	Menedžment kadrovskih virov	PV	30	30	60	180	240	8
2.	Menedžment kakovosti v zdravstvu	PV	30	30	60	180	240	8
<b>MODUL 4: ORGANIZACIJA IN INFORMATIKA V ZDRAVSTVU</b>								
1.	Informacijski sistemi v zdravstvu	RV	30	30	60	180	240	8
2.	Organizacija in planiranje v zdravstvu	PV	30	30	60	180	240	8
<b>SKUPAJ V MODULU:</b>			<b>60</b>	<b>60</b>	<b>120</b>	<b>360</b>	<b>480</b>	<b>16</b>

## Appendix 10: TIMETABLE

	JAN					FEB				MAR				APR					MAY				JUN				JUL					
	1	8	15	22	29	5	12	19	26	5	12	19	26	2	9	16	23	30	7	14	21	28	4	11	18	25	2	9	16	23	30	
<i>Framework of work place position</i>																																
<i>New group created for implementation of new work position and establishing contact with director of HCC NM</i>																																
<i>Researching, writing and drafting report</i>																																
<i>IP Innemas</i>																																
<i>Finishing report in English and Slovenian</i>																																
<i>Completion of report and submission to National Agency and HCC director</i>																																
<i>Promotion</i>																																
						AUG				SEP				OCT					NOV				DEC					JAN				
						6	13	20	27	3	10	17	24	1	8	15	22	29	5	12	19	26	3	10	17	24	31	7	14	21	28	
<i>Presentation of project to the director of HCC NM</i>																																
<i>Presentation of project to the management of School of Health Sciences and School of Business and Management and staff in HCC NM and General Hospital Novo mesto</i>																																
<i>Final financial report</i>																																
<i>Suggestions of legislation changes</i>																																





<b>Presentation of project to the director of HCC NM</b>	Presentation without English translation and IP changes	20.8.2010	TBD	Innemas (still to be determined)
<b>Presentation of project to the management of School of Health Sciences and School of Business and Management and staff in HCC NM and General Hospital Novo mesto</b>	Networking	15.9.2010	TBD	Innemas (still to be determined)
<b>Final financial report</b>		15.9.2010	TBD	HCC NM
<b>Suggestions of legislation changes</b>		15.9.2010	TBD	HCC NM
<b>Presentation of project to Ministry of Health</b>	Draft proposal of project Innemas	22.9.2010	TBD	Director of HCC NM
<b>Legislation changes</b>		21.10.2010	TBD	Ministry of Health
<b>Internal rules changes</b>		28.10.2010	TBD	HCC NM
<b>Equipping the workspace</b>		24.12.2010	10.000€	HCC NM
<b>Job tender</b>		1.12.2010	TBD	HCC NM
<b>Selection of NHC</b>		15.12.2010	TBD	HCC NM
<b>D-day</b>		5.1.2011	TBD	HCC NM