

Organizacijska Kultura Zaposlenih V Zdravstveni Negi V

Položaj zaposlenih v zdravstveni negi Stališča zaposlenih v zdravstveni negi do vodenja in vodij v zdravstvu Odnos zaposlenih v zdravstveni negi do izobraževanja sodelavcev Uradni list Republike Slovenije Obremenitve zaposlenih v zdravstveni negi zaradi izmenskega dela Zadovoljstvo zaposlenih v zdravstveni negi Poznavanje profesionalnih vrednot zaposlenih v zdravstveni negi Odnos zaposlenih v zdravstveni negi do uvajanja sprememb Odnos zaposlenih v zdravstveni negi do pacienta odvisnega od prepovedanih drog Vpliv delovnega časa na kvaliteto življenja zaposlenih v zdravstveni negi Ocena znanja zaposlenih v zdravstveni negi in oskrbi s strani delavcev v zdravstveni negi in oskrbi ter uporabnikov njihovih storitev Zadovoljstvo zaposlenih v zdravstveni negi v domski oskrbi Odnos zaposlenih v zdravstveni negi do forenzičnega pacienta Kakovost življenja zaposlenih v zdravstveni negi v povezavi z nočnim delom Izpostavljenost zaposlenih v zdravstveni dejavnosti škodljivim snovem v zdravstvu Odnos zaposlenih v zdravstveni negi do alternativnih in komplementarnih metod zdravljenja Javni zavodi med državo in trgom Usklajevanje družinskega in poklicnega življenja zaposlenih v zdravstveni negi Zdravstveno varstvo delavcev Uvajanje novo zaposlenih v zdravstveni negi v bolnišnicah v podravski regiji Vivian Kopač Andreja Oto Lidija Ladan Slovenia David Marjanović Simon Zdravec Neža Frčej Petra Šketa Amal Perviz Romina Kutnjak Lidija Čturič Mitja Gril (zdravstvena nega.) Vanda Cerar Damir Majanović Marina Šercer Darja Bauman Helena Kamnar Neli Dovžak Stane Lajevce Bernardka Hraš

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Izpostavljenost zaposlenih v zdravstveni dejavnosti škodljivim snovem v zdravstvu Odnos zaposlenih v zdravstveni negi do alternativnih in komplementarnih metod zdravljenja Javni zavodi med državo in trgom Usklajevanje družinskega in poklicnega življenja zaposlenih v zdravstveni negi Zdravstveno varstvo delavcev Uvajanje novo zaposlenih v zdravstveni negi v bolnišnicah v podravski regiji *Vivian Kopač Andreja Oto Lidija Ladan Slovenia David Marjanović Simon Zdravec Neža Frčej Petra Šketa Amal Perviz Romina Kutnjak Lidija Čturič Mitja Gril (zdravstvena nega.) Vanda Cerar Damir Majanović Marina Šercer Darja Bauman Helena Kamnar Neli Dovžak Stane Lajevec Bernardka Hraš*

teoretična izhodišča vodenje ljudi v zdravstvu je zahtevno in odgovorno delo vodje s svojim pristopom dejanji in vzorom odločilno vplivajo na to ali njihovi sodelavci delajo tisto kar se od njih pričakuje v smislu doseganja ciljev in poslanstva zdravstvenega zavoda z raziskavo smo želeli ugotoviti stališča in odnos zaposlenih v zdravstveni negi do vodenja in vodij v zdravstvu metoda uporabili smo kvantitativno metodo dela za zbiranje podatkov smo kot instrument uporabili nestandardizirani anketni vprašalnik ki smo ga oblikovali na podlagi pregleda literature uporabili smo neslučajnostni priročni vzorec raziskava je potekala v splošni bolnišnici slovenj gradec med izvajalci zdravstvene nege od 300 razdeljenih anketnih vprašalnikov sta bila vrnjena 102 vprašalnika kar predstavlja 29 4 realizacijo vzorca podatki so bili analizirani s statističnim programom spss 18 0 koeficient cronbach alfa je za vsak posamezni sklop presegel vrednost 0 7 rezultati zaposleni na področju zdravstvene nege v splošni bolnišnici slovenj gradec so z vodenjem glavne medicinske sestre in predstojnika oddelka zadovoljni pv 3 5 po njihovem mnenju vodje uporabljajo avtentični model vodenja pv 3 6 sledi mu transformacijski model pv 3 4 transakcijski model vodenja po njihovem mnenju uporabljajo najmanj pv 3 0 anketirani so ocenili da pri vodjih v bolnišnici prevladuje demokratičen stil vodenja pv 3 4 sledita avtorski s pv 2 4 in avtoritativni stil vodenja s pv 1 9 primerjava izvajalcev zdravstvene nege po izobrazbi med srednješolsko izobrazbo in visoko strokovno izobrazbo ali več je pri modelih vodenja pokazala da so izvajalci zdravstvene nege s srednješolsko izobrazbo v povprečju navedli večje zadovoljstvo glede pogovora z glavno medicinsko sestro oddelka o problemih pri delu t 2 612 p 0 010 prav tako so navedli večje zadovoljstvo z vodenjem s strani glavne medicinske sestre oddelka t 2 116 p 0 037 in zadovoljstvo z njeno odprto komunikacijo t 2 801 p 0 006 pri oceni stilov vodenja po izobrazbi so izvajalci zdravstvene nege s srednješolsko izobrazbo v povprečju navedli večje zadovoljstvo glede pogovora z glavno medicinsko sestro oddelka o problemih pri delu t 2 606 p 0 011 prav tako so navedli večje zadovoljstvo z delovnim vzdušjem ki ga ustvarja glavna medicinska sestra oddelka t 2 375 p 0 020 razprava izvajalci zdravstvene nege so zadovoljni z veščinami vodenja glavne medicinske sestre in predstojnika oddelka vodjem pripisujejo uporabo avtentičnega in transformacijskega modela vodenja torej zaželeni obliki vodenja med stili vodenja ki jih uporabljajo vodje pri delu z zaposlenimi v zdravstveni negi prevladuje demokratični stil vodenja kar

pomeni da vodja vključuje zaposlene v odločanje dovoljuje kritiko in s svojim načinom dela in razmišljanjem motivira sodelavce

teoretična izhodišča v bolnišničnem okolju je izmensko delo nujna oblika organiziranosti delovnega časa izmensko delo vpliva na kakovost poklicnega življenja s tem pa tudi na kakovost splošnega življenja medicinskih sester in ostalih zdravstvenih delavcev metodologija poleg osnovne deskriptivne statistike je bila uporabljena kvantitativna metoda raziskovanja vzorec je vključeval 171 medicinskih sester zaposlenih v splošni bolnišnici murska sobota s pomočjo programov microsoft excel in ibm spss 25 so bili za analizo rezultatov uporabljeni opisna statistika s frekvenčno porazdelitvijo standardni odklon povprečne vrednosti test razlik aritmetičnih sredin in hi kvadrat test rezultati ugotovili smo da je delovni urnik največkrat organiziran troizmensko f 62 s tedensko obvezo največkrat do 40 ur medicinske sestre ocenjujejo da izmensko delo največkrat f 38 pogosto vpliva na njihovo kakovost življenja 74 medicinskih sester ocenjuje da bi lahko živele kakovostneje če bi opravljale enoizmensko delo povprečna ocena kakovosti njihovega poklicnega in zasebnega življenja se bistveno ne razlikuje med negativnimi posledicami izmenskega dela ki vplivajo na kakovost življenja največkrat ocenjujejo utrujenost in stres kot pozitivne posledice izmenskega dela pa čas za socialne stike s prijatelji družino čas za športne aktivnosti čas za počitek na podlagi hi kvadrat testa p 0 083 za preverjanje povezave med oceno kakovosti življenja in oddelkom na katerem so anketirani zaposleni nismo ugotovili statistično značilne povezave razprava medicinske sestre bodo svoje delo morale vedno opravljati v izmenah zato je najboljša da se nanj fizično in psihično pripravijo vodje organizacij lahko s svojimi aktivnostmi izboljšajo kakovost poklicnega življenja medicinskih sester s čimer vplivajo na kakovost opravljenega dela svojih zaposlenih

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