A STUDY AIMING FOR THE IMPLEMENTATION OF THE EULAR RECOMMENDATIONS FOR THE ROLE OF THE NURSE IN THE MANAGEMENT OF CHRONIC INFLAMMATORY ARTHRITIS IN CHINA

L. Ma1, Y. Liang1, S.Y. Xiong1, on behalf of Ying Wang, Susan M Oliver, Yan-ling Chen, Yi Zhao, Yu-qiong Cao, Xue-mei Liu, Zi-yun Zhang, Li-hong Chen, Yi Liu, National Collaborative Group of Rheumatic and Immunological Disease Management, 1the department of rheumatology and immunology, West China Hospital, Sichuan province, Chengdu city, China

Background: Chronic inflammatory arthritis (CIA) is considered the leading cause of disability that places severe limits on daily activity and quality of life for over 100 million Chinese. Nurse-led CIA management reveals tremendous benefits for CIA patients. European League Against Rheumatism (EULAR) developed the recommendations for the role of the nurse in the management of CIA in 2011, however, whether or not the recommendations could be fully implemented in China is unknown.

Objectives: The aim was to test the EULAR recommendations among registered Chinese rheumatology nurses in terms of its agreement level, practically, and adverse conditions to the implementation.

Methods: We conducted an anonymous online questionnaire among registered clinical nurses in the department of rheumatology and immunology nationwide based on convenience sampling. The agreement and feasibility of the recommendations were assessed by visual analogue scale (VAS 0–total disagreement/completely infeasible, VAS 1–4–partial disagreement/partially infeasible, VAS 5–9–partial agreement/partially feasible, VAS 10–complete agreement/completely feasible). The respondents needed to select the reasons they agreed or disagreed and if they thought the recommendations were feasible or not.

Results: 485 subjects were included, and 438 valid questionnaires were retrieved (valid recovery rate = 90.3%). The subjects were from 49 national medical centers with the average age of 31.65 ± 6.65. The average years of working experience were 6.41 ± 5.438. With each and every piece of the recommendation, approximately 50% of the subjects completely agreed (VAS 10), about 40% partially agreed (VAS 5–9), under 10% (VAS 1–4) partially agreed and around 1% (VAS 0) totally disagreed (shown in figure 1A). As for the feasibility, around 30% of the subjects thought the recommendations were fully feasible (VAS 10), about 50% considered partially feasible (VAS 5–9), 10% partially infeasible (VAS 1–4), and less than 1% totally infeasible (shown in figure 1B). Factors made the subjects disapprove of the recommendations include busy clinical loading (59.98%), lack of professional knowledge and nursing skills (25.7%), patients did not accept the extended role of nurses (17.35%). In the meantime, lack of working time (16.33%), shortage of professional nurses (12.74%), lack of training and education (10.59%), lack of professional knowledge (9.22%), attitude of patients toward nurses (8.28%), and lack of financial support (7.53%) were the reasons that made subjects think the recommendations infeasible in China.

Figure 1 the agreement and feasibility analysis of the EULAR recommendations in China.

Conclusions: The role and tasks of nurses should be clearly described in the framework in China. Professional training and educational nursing programs at both basic and advanced levels need to be well developed with the aim of providing better care and bringing added value to patients at a lower cost.

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