

Uneasiness about nursing procedures of a nurse working in the ward of patients suffering from intractable neuromuscular disease

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Abstract

In our hospital, 134 patients are in the ward for intractable neuromuscular disease. The respirator-wearing patients number 28 people, and the tracheostomy patients number 48 people. In these patients, anxiety regarding 19 items of the daily nursing service and seven items of the non-daily nursing service was investigated. The collection rate of the questionnaire was 72%. There were six items concerned with uneasiness such as "lifting the stretcher" and "medication assistance" related to the normal business routine. Also, there were four items concerned with "resuscitation" "measures to do with surgery" related to the non-normal business routine. In the non-normal business routine, the item with the uneasiness had few opportunities to experience. In the normal business routine, a factor associated with uneasiness was that mutual understanding could not be established because the patients wore a respirator, and/or there was cognitive impairment.

Keywords : Uneasiness, nursing procedures, neuromuscular disease, anxiety

Introduction

In our hospital, 134 patients with intractable neuromuscular disease have been admitted to three wards. The patients who wear a respirator number 28 people. The patients who have received a tracheostomy number 48 people. Some of them cannot plan mutual understanding. Also, they are almost bedridden, and it is not possible for them to roll over by themselves. There are patients with contractures of the four extremities and patients whose bones are easily broken due to osteoporosis. We investigated the uneasiness of nurses with clinical experience in the intractable neuromuscular disease ward.

Subjects and methods

The subjects were 59 nurses working in a nerve / a line intractable disease ward. The 19 items of daily nursing service and seven items of non-daily nursing service were extracted from the nursing procedure manual of our hospital. Four phases of answers used a standard. The question paper added a personal attribute (the nurse's years of experience), and it was unsigned, and we depended on the obtained agreement.

Results

Forty-three of 59 copies of distributed questionnaires were collected (72.8%). It was 100% of effective response rate. The nursing

procedures about which at least 70% of nurses felt uneasiness were the following ten items: "Resuscitation", 90.2%; "Measures to do with the surgery", 85.4%; "Handling of the human-blood-based manufactured blood", 85%; "Investigation caused by the fact at respirator alarm development", 81%; "Support for the abnormality of the patients at respirator alarm development", 81%; "Operation of the valve back mask", 78.9%; "Medication assistance", 76.7%; "Insertion of the feeding tube", 76.2%; "Handling of the oxygen cylinder", 73.8%; "Nonverbal communication", 71.4%.

For "Resuscitation", "Measures to do with the surgery" and "The handling of the oxygen cylinder" many nurses had "knowledge" and "experience", but not "the confidence of the maneuver". For "The handling of the human-blood-based manufactured blood", "The investigation that we are caused by the fact at respirator alarm development", "Support for the abnormality of the patients at respirator alarm development", "The operation of the valve back mask", "Medication assistance", "The insertion of the feeding tube", "The handling of the oxygen cylinder", and "the nonverbal communication", many nurses had "knowledge", "experience" and "confidence of the maneuver".

Discussion

Neurological damage is the underlying cause of disability in around 40% of the most severely disabled people (who require daily help), and in the majority of people with complex disabilities involving a combination of physical, cognitive and behavioral impairments [1,2]. The complexity of knowledge and skills required to provide comprehensive care to those with neuromuscular disorders illustrates the need for increasing specialization within the health professions [3,4]. Nursing information is

contextually dependent, multidimensional, complex, and necessary for patient care. Essential elements of nursing information include intervention (acting for the patient and others), communication, form (attributes/traits), and value (commodity) [5].

In the present study, much uneasiness about the non-normal business routine seems to be related to the fact that nurses have little experience and few opportunities, and that effect on patients with nurse by the maneuver is sometimes critical. The factor associated with most uneasiness about the normal business routine was that there were many patients who wore a respirator and /or patients with contractures. It would be associated with much uneasiness that there are many patients with respirators, or with contractures of whole body joints, and that mutual understanding is often difficult. As a result, a high level of nursing of relative difficulty is demanded from nurses. In future, training on the nursing procedures causing the most uneasiness will be provided.

References

1. Wade DT, Langton-Hewer R: Epidemiology of some neurological diseases, with special reference to workload on the NHS. *Int Rehabil Med* 1987;8:129-137.
2. Greenwood R: The future of rehabilitation. *BMJ* 2001; 323:1082-1083.
3. Lewis A, Bethea J, Hurley J: Integrating cultural competency in rehabilitation curricula in the new millennium: keeping it simple. *Disabil Rehabil* 2009;16:1-7.
4. Andrade LT, Araújo EG, Andrade KD, et al. Role of nursing in physical rehabilitation. *Rev Bras Enferm* 2010; 63:1056-1060.
5. Erdley, W. S. Concept development of nursing information: A study of nurses working in critical care. *Computers, Informatics, Nursing* 2005; 23(2), 93-99.