

Effect of fixed team nursing introduction

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Introduction

Our hospital has adopted team nursing and nursing according to the function. However, there is a problem that nurses cannot understand an individual patient's state and continuing nursing care is difficult. Fixed team nursing was introduced to improve this inconvenience. In our ward, the nursing services such as joint duties or support functions were impaired by uneasiness and embarrassment. Therefore, before the introduction of team nursing we implemented a study session and conference, and an exchange of opinions.

Procedures

Fixed team nursing with seven-to-one nursing was introduced from May, 2012. Our ward specializes in muscular dystrophy and has 40 beds. The mean number of patients is 39. The mean hospitalization period is ten years. The average age of patients is 22.6 years. The mean average hospitalization number of patients is one. The breakdowns of the patients' ages are as follows: 30s, 11 patients; 20s, 21 patients, teens, five patients; 10 years old or less, three patients. Thirty-one nurses (one divisional commander, two second divisional commanders) are organized into four nursing teams. From 2012 five a year a year moon in June, a thyme schedule /

organizational chart was made. From 2012 seven a year a year moon in August. We included the fixed team nursing in the hospital education training. A transmission class and a study session in the ward were conducted. The roles of the charge nurse, sub-leader, team leader, and the second divisional commander were made clear. The joint duties were set out in a table. Criteria and procedures were prepared. The current conditions of the post were analyzed. During the period from September to October 2012, we prepared for the introduction. A notice about the roster-making was displayed. Administration criteria were determined. The aim of the team was determined. A teamwork sheet was made. In December, 2012, three months after the introduction, a questionnaire survey was conducted. In June, 2013, eight months after the introduction, a questionnaire survey was conducted.

Results

The message of the nursing was able to do shortening at the time of 10-15 minutes. During the shortened time, a short conference was held every day in each team. In the short conference, the attending nurse announced the behavior target and measures and the testing plan. The common knowledge to a member was carried out thoroughly. The flow of duties of 1st of the nurse became smoothly by

taking the ascertainment behavior. Because a care plan had not been fixed before the introduction, inappropriate support was given. Therefore, the cleanliness care plan of the conditioning the figure was drawn up. This ensured that proper care was given to the patients. Also, problem-solving was facilitated by having mini-conferences during duties. As a result, each member gained increased awareness, and could make positive choices. We asked the nurses: "Do you think that the quality of the nursing care has improved?" The affirmative answers increased from 57% to 83%. We asked the patients: "Can individualized nursing for each patient be offered?" There were 62% affirmative answers.

Discussion

It gained time about care of the patients to have introduced fixed team nursing. It is thought that this led to an improvement in the quality of the nursing. Also, the small conferences helped to ensure that the needs of the patients were met appropriately. Furthermore, the small group conference helped the independent activity of the nurse. By this, the nurse felt a sense of fulfilment. Nishimoto et al [1]. "all the members participate in the small group, and talk about their problems, and aims and rules are decided". In the small group conference, all the members could talk about their problems, and, as a result, aims and rules were decided. What was decided voluntarily was carried out voluntarily. Our fixed team nursing introduction was beneficial for the patients and the nurses. The education of the nurse leader should be examined in future.

Reference

1. Katsuko Nishimoto, Motoko Sugino. Fixed team nursing: For nursing with responsibility and continuity, second edition, 2005、 Igaku Shoin, Co.Ltd.