

Common Nursing Safety Problems and Nursing Management Strategies of Tumor Inpatients

Sang Nan

Xi'an City Tang Du Hospital of Air Force Military Medical University, Xi'an Shaanxi

ARTICLE INFO

Article history:

Published online: 31st Mar, 2018

Corresponding author: Sang Nan, Tang Du Hospital of Air Force Military Medical University, Email: 45808387@qq.com, Tel: 159916455, Address: Oncology in Xian City Tang Du Hospital of Air Force Military Medical University

Key words:

Tumor

Inpatients

Nursing safety problems

Nursing management strategy

ABSTRACT

Objective: This study aims to analyze the relatively common problems of nursing safety of tumor inpatients and to study the effect of implementing nursing safety management. **Methods:** The data of reference group are selected from patients admitted to hospital before the nursing safety management were fully implemented in the hospital from March 2015 to September 2015. The experimental group data are selected from patients admitted to hospital after the nursing safety management were fully implemented in the hospital from October 2015 to March 2016. The total number of nursing adverse events, the total rate of nursing disputes and the total satisfaction rate of nursing management of two group of tumor inpatients were calculated. **Results:** The total nursing adverse events of tumor inpatients in the experimental group were significantly different with the calculated values of the tumor inpatients in the reference group ($p < 0.05$ data comparative statistics). Similarly, the satisfactory total rate of nursing management for tumor inpatients in experimental group were also significantly different with the calculated value of the tumor inpatients in the reference group ($p < 0.05$ data comparative statistics). **Conclusion:** The findings suggest that nursing safety management to tumor inpatients should be highlighted as such program maybe useful to address the nursing safety problems in the hospitalized patients with tumor.

0 Introduction

Tumor is a kind of disease that causes serious harm to human health. The prognosis of most tumor patients is poor. Moreover, the disease has certain particularity, and the patient's psychology is relatively fragile, so certain

safety incident occur for the hospitalize patients, bringing certain difficulty to nursing safety management^[1].

1 Material and methods

1.1 Baseline material

The data of reference group were collected comes from 20 patients who had admitted to hospital before the nursing safety management were fully implemented in the hospital from March 2015 to September 2015. The 20 patients consist of 9 males and 11 females. The maximum age was 74 years old and the minimum age was 37 years old. The average age was (55.98 ± 3.28) and the heaviest weight was 79 kg. The lightest weight was 42 kg, and the average weight was (61.24 ± 5.02) kg. In the contrary, the data of experimental group were collected from 20 patients who had admitted to the hospital after the nursing safety management were fully implemented in the hospital from October 2015 to March 2016. Out of 20 patients, 12 were male and 8 were female. The maximum age was 75 years old and the minimum age was 36 years old. The average age was (55.94 ± 3.25) and the heaviest weight was 78kg. The lightest weight was 43kg, and the average weight was (61.22 ± 5.07) kg. The statistical tools were used to detect and calculate the basic data of the tumor inpatients both reference and experimental groups. Statistical significance was considered at $P < 0.05$.

1.2 Methods

The relatively common nursing safety problems of tumor inpatients were statistically calculated and analyzed. The correspondent measures of nursing safety were implemented as follows.

Firstly, the nursing safety management system was built and improved: the related preventive measures of nursing safety for the tumor inpatients was carried out, and the sign about nursing related security hidden danger was pasted on the patient's bed. The patients with indwelling ducts and pressure ulcer risk or fall risk were evaluated with high risk factors, and nursing intervention was taken. The 2-person check and examination system should be strictly implemented in patients who were undergoing dressing and infusion. The nursing staff who carried out actual operation and review was required to sign. To strengthen the related management of pharmaceutical quality, the classification and placement of drugs and first aid items were standardized, and medical equipment and articles were ensured in good condition and good performance.

Secondly, the related training of nursing safety and nursing skills wer strengthened: training of nursing workers' operation skills was carried out at different levels. The newly admitted nursing staff was needed to undergo pre-job training before they are qualified. For nursing staff with less than 3 years working life, the training of nurs-

ing related system, nursing related theory, nursing related procedure and nursing related time operation was needed to be strengthened. For nurses who have been working for more than 3 years, they were encouraged to study or go out to learn to further improve their nursing skills.

Thirdly, appropriate adjustments to human resources were made: the appropriate arrangement and a continuous and reasonable scheduling were performed according to the human resources situation and workload of the department. Meanwhile, the new nursing staff and old nursing staff were matched as well as the nursing staff with strong and weak nursing ability. The flexible scheduling system was used to ensure the reasonable use of human resources.

Fourthly, detailed care and communication between nurses and patients were strengthened: nursing advice to patients, the health education and provide psychological care were provided by nursing staff to avoid accidents and unsafe incidents. Furthermore, nursing staff was advised to further enhance their conversations with patients and their families. Based on improving their communication skills, the quality of nursing service will be upgraded to prevent adverse events caused by poor communication.

1.3 Index observation

(1) The total nursing adverse events of tumor inpatients in the reference experimental groups was studied and calculated. (2) The total incidence of nursing disputes in the reference and experimental groups were also calculated. (3) The total satisfaction rate of nursing management of tumor inpatients for reference experimental groups were also studied and calculated. It was mainly used to examine the satisfaction of the patient's attitude to the nursing staff, the satisfaction to the hospital environment, and the satisfaction to nursing operation of nursing staff, etc, with a total of 10 points. The satisfaction scores were as follow: Very satisfied: the patient's satisfaction score is 10 points; Satisfied: the patient's satisfaction score was 8-9; Basically satisfied: the patient's satisfaction score was 6-7; Dissatisfied: the patient's satisfaction score was less than 6 points.

2 Outcome

2.1 Compare the total incidence of nursing safety accidents in the two groups of tumor inpatients

The total rate of nursing safety accidents of tumor inpatients in the experimental group was compared with the tumor inpatients in the reference group. The statistical test result was $p < 0.05$, and the reference and control significance of statistical data is fully validated.

2.2 Compare the total rate of nursing dispute events in the two groups of tumor inpatients

The total rate of nursing dispute events in tumor inpatients in the experimental group was significantly different the tumor inpatients in the reference group ($p < 0.05$), and the reference and control significance of statistical data were fully validated.

2.3 Compare the total rate of nursing management satisfaction in the two groups of tumor inpatients

After comparing the total rate of nursing management satisfaction in tumor inpatients in the experimental group with reference group, the total rate was significantly difference. The statistical test results were $p < 0.05$, and the reference and control significance of statistical data were fully validated.

3 Discussion

Accumulating evidence showing that certain nursing safety incidents in tumor inpatients have been identified in hospitals. The causes of nursing safety problems in tumor inpatients are analyzed, including several aspects. Firstly, the nursing staff lacks certain legal relevant knowledge. The nurses' cognition of laws and regulations is not enough, and they have insufficient understanding on the relevant legal responsibilities. In the treatment for tumor inpatients, it is possible to have inappropriate language or not timely rescue nursing, which can easily lead to disputes between nurses and patients. In addition, due to a lack of legal awareness, some nursing staffs do not pay attention to the seriousness and carefulness of nursing records. These actions resulted in the timeliness and rigor of the nursing records are not enough and the relevant records are not very accurate, or may appear the error records, the omission records or the unauthorized alteration situations, all of which have the disadvantageous influence on patient's follow-up illness concern and the legal evidence [2-3].

Secondly, the nursing safety management of tumor inpatients is not in place. Due to their own emotional and psychological effects as well as the impact of their own diseases, it is very easy for cancer inpatients to having

the situations, such as falling or falling out of bed, pressure sore, suicide, lost and other adverse events. The nursing staff cannot judge the related risk factors accurately, and the evaluation of the related activity ability of the patients is insufficient, which causes the improper nursing safety management of the tumor inpatients. There are also individual nursing staff who has judged the nursing risk, but improper implementation of the relevant nursing measures or inadequate implementation still leads to the occurrence of adverse events [4-5].

Thirdly, the implementation of relevant nursing regulations is not enough. When nursing staff provides related nursing work to cancer inpatients, due to relatively heavy nursing tasks or lack of human resources, individual nursing staff may omit some nursing operation steps or check steps or carry out nursing intervention according to their own experience. Moreover, it can also lead to the occurrence of adverse care events in hospitalized patients. In addition, the relevant technical operation is not appropriate and succession-related systems as well because the disinfection and isolation steps are not strictly implemented, etc., all of which can easily lead to adverse events of nursing for cancer inpatients [6].

Fourthly, the comprehensive quality of nursing staff is deficient. Nursing staff who has relatively weak nursing basic knowledge and operation can easily lead to nursing errors in the process of nursing. Apart from this, individual nursing staff who does not practice high responsibility may result in dispensing errors and needle errors, etc. [7].

Fifthly, poor communication between nurses and patients. Nursing staff who lacks communication skills or nurse-patient communication experience, in which the nurse-patient communication appears back perfunctory, or the answer is relatively blunt and poor attitude, etc. This situation may generate adverse effects on the relationship between nurses and patients and can easily lead to the occurrence of nurse-patient disputes.

Sixthly, the management of medical equipment and articles is not good. The lack of preparation or the poor performance of the related rescue equipment and articles might also affect the rescue of the hospitalized patients. The placement of related items in the ward is relatively disorder, and there are sundries or other conditions, which all can lead to the occurrence of falling or skin damage to the tumor inpatients [8].

Seventhly, there are some factors existed in the patients with tumor. Tumor inpatients have relatively large psychological pressure and prone to have anxiety, depression or other unhealthy psychological diseases. If there

is no timely and effective psychological care, there will even be weary, suicidal and other serious adverse events [9-10].

After providing relevant nursing safety management countermeasures to cancer inpatients, the results showed that compared with the calculated values of the tumor inpatients in the reference group, the nursing adverse events of the patients in the experimental group were significantly lower. Similarly, the total rate of nursing disputes in the experimental group was significantly lower than that in the reference group. All data presented were statistically significance at $p < 0.05$ data reference and demonstrate the feasibility of coping with nursing safety management in tumor inpatients.

In conclusion, there are some nursing safety problems occurred in hospitalized patients with cancer. The management of nursing safety should be strictly implemented in patients with cancer, which embodies remarkable effect and has the value of popularization.

References

- [1] Zhang Wenzhi. Analysis of common nursing safety problems and nursing management strategies in tumor inpatients [J]. Chinese Practical Medicine, 2015, 10(22): 237-238.
- [2] Du Yihong. Common nursing safety problems and nursing management strategies in tumor inpatients [J].

Modern Health B, 2015, (5): 293-293.

[3] Yuan Chunan. common nursing safety problems and nursing strategies in tumor inpatients [J]. Medicine Frontier, 2014, (23): 306-307.

[4] Zhang Guijiao, Xu Qingqing. Study on common nursing safety problems and nursing management in tumor inpatients [J]. Medical Information, 2016, 29(22): 238-239.

[5] Guo Yu, Wu Qingjuan, Zhao Xiaodan, et al. Common nursing safety problems and nursing management strategies in tumor inpatients [J]. Journal of Aerospace Medicine, 2014, (10): 1461-1462.

[6] Xu Kaifeng. Common nursing safety problems and nursing management strategies in tumor inpatients [J]. Medical Information, 2014, (15): 570-571.

[7] Jiang Ping. Analysis of common nursing safety problems and nursing management strategies in tumor inpatients [J]. Chinese Community Physician, 2015, 31(36): 168-169.

[8] Zhang Qiuyan. Study on nursing safety problems and nursing management methods in tumor inpatients [J]. Modern Drug Application in China, 2016, (4): 232-233.

[9] Sharma, M., Sonig, A., Ambekar, S. et al. Discharge dispositions, complications, and costs of hospitalization in spinal cord tumor surgery: Analysis of data from the United States Nationwide Inpatient Sample, 2003-2010: Clinical article [J]. Journal of Neurosurgery. Spine, 2014, 20(2): 125-141.