

DOI: 10.13241/j.cnki.pmb.2014.05.040

多元化管理模式对急诊肝病患者的效果观察

秦玉玲 郭晓东 宋 兵 张 巍 周越塑[△] 邓 艳 米 来

(解放军第 302 医院 北京 100039)

摘要 目的:近年来,急诊收治的不同病症的肝病患者越来越多,给医护人员带来很大的工作压力,以致工作频频出错,影响护理质量和患者的临床疗效。本文针对急诊肝病患者采取多元化管理模式进行护理,探讨该模式的特点及作用,为肝病的临床护理工作提供可借鉴的方法。**方法:**选取 2011 年 10 月-2012 年 12 月我院急诊科收治的 160 例肝病患者,分为常规组和管理组。常规组采取基础护理,观察组采取多元化管理模式进行护理,包括人性化管理、分层级管理、情绪管理及环境管理。观察并比较两组患者对护理工作的满意度、护理工作的落实情况及患者的依从性。**结果:**管理组患者对护理服务的满意度为 98.7%,护理工作落实率为 97.62%,患者依从性为 90.46%;常规组患者对护理服务的满意度为 77.5%,护理工作落实率为 94.58%,患者依从性为 87.82%;管理组的患者满意度、护理工作落实情况及患者依从性均优于对照组,差异显著且具有统计学意义($P<0.05$)。**结论:**采取多元化管理模式进行护理有助于提高护理质量,推进急诊工作顺利进行,更有利于提高肝病患者的临床疗效及对护理工作的满意度,该模式对临床护理工作有重要的指导意义,值得推广。

关键词:肝病;多元化管理;效果

中图分类号:R575 文献标识码:A 文章编号:1673-6273(2014)05-944-03

Effects of Multiple Management on the Emergency Treatment for Patients with Liver Disease

QIN Yu-ling, GUO Xiao-dong, SONG Bing, ZHANG Wei, ZHOU Yue-su[△], DENG Yan, MI Lai

(302 Hospital of PLA, Beijing, 100039, China)

ABSTRACT Objective: In recent years, more and more patients with different symptoms aroused by liver disease were treated in the department of emergency that brought extra work for clinical staff so that many mistakes have happened. This article aims to discuss the characteristics and functions of nursing management mode by performing the multiple management for patients with liver disease so as to provide a reference for clinical nursing. **Methods:** 160 patients with liver disease who were treated in the department of emergency of our hospital from October 2011 to December 2012 were selected and randomly divided into two groups. The patients in the conventional group were treated by the routine nursing method, while the patients in the management group were treated by the multiple management mode. Then the satisfaction of patients on the nursing service, the implementation of work and the compliance of patients were observed and compared between two groups. **Results:** The satisfaction of patients in the observation group was 98.7% which was higher than 77.5% of the patients in the control group with statistically significant difference ($P<0.05$). The implementation of nursing in the observation group was 97.62% which was better than 94.58% of the patients in the control group with statistically significant difference ($P<0.05$). The compliance of patients in the observation group was 90.46% which was better than 87.82% of patients in the control group with statistically significant difference ($P<0.05$). **Conclusions:** Multiple management mode is worthy of promoting with the important guidance and significance to the clinical because it is helpful to improve the quality of nursing service, promote the emergency work smoothly, enhance the clinical effects for patients with liver disease and develop the satisfaction on nursing.

Key words: Liver disease; Multiple management mode; Effects

Chinese Library Classification(CLC): R575 **Document code:** A

Article ID: 1673-6273(2014)05-944-03

前言

肝病病情复杂,种类繁多,急性肝炎多具有传染性,肝病急性发作多伴有消化道症状,早期很难预见,只有在发病时才会出现明显的症状,需及时抢救治疗,这无疑增加了临床治疗的

负担,也给患者带来巨大的生理痛苦和心理压力^[1,2]。近年来,急诊收治的肝病患者越来越多,增加了医护人员的工作量,以至医院急诊部秩序混乱、医护人员工作失职等现象频发,引起医患纠纷,患者对医护人员失去信任,消极对待治疗,严重影响了护理工作^[3-5]。为了提高肝病急诊工作的效率,节约患者的抢救时间,我院建立了多元化管理模式(multiple management)对肝病急诊患者进行护理,并对临床急性肝病的治疗和预后产生了一定的效果。该模式是一种适应现实需求的新模式,它提倡以人为本的团队管理,根据患者的病情安排不同级别的护理人员

作者简介:秦玉玲(1976-),女,主管护师,护士长,主要研究方向:急危重症患者的安全管理等

[△]通讯作者:周越塑, E-mail: laohushanshang@163.com

(收稿日期:2013-07-11 接受日期:2013-07-29)

服务,对患者进行心理管理和健康教育,并且为医护人员制定工作细则以指导护理工作^[6-8]。

1 资料与方法

1.1 一般资料

选取本院急诊科于2011年10月-2012年12月收治的肝病急性发作患者160例为研究对象,包括男88例,女72例;年龄23-68岁,平均年龄(45.4±2.6)岁;治疗前肝病病程1-10年,平均(6.16±2.08)年,平均体重(56.23±1.45)千克;患者文化程度不同,其中50%的患者文化程度低于高中。其中,76为急性肝炎患,44例为门脉高压等导致的上消化道出血,26例为肝硬化腹水,14例为其他急性肝病发作。随机将患者分为管理组和常规组,两组患者的性别、年龄、病因、病情及病程等一般资料无明显差异,具有可比性。

1.2 方法

常规组采取基本的护理模式,管理组采取多元化管理模式进行护理,具体流程如下:

1.2.1 人性化护理 我院急诊部实施以人为本的管理机制,要求护理人员树立以患者为中心的服务理念,深化服务思想,调动工作积极性,提升服务质量。急诊部制定医疗指南发给患者,帮助患者了解就医流程;制定护理人员服务准则,加强其思想工作,做到以患者为本,真正为患者服务;定期对护理人员的专业技能进行多渠道、多形式的培训,加强理论知识学习,拓宽肝病护理方面的知识,熟练掌握急救器械等;护理人员不仅要掌握肝病的复发性和严重性,还要深刻了解急诊治疗对患者的重要性。此外,护理人员要加强医疗风险的防范意识,避免医疗纠纷^[9]。

1.2.2 分层级管理 一方面,根据工作年限、工作能力及学历等对护理人员进行分层管理:一级为助理护士,负责临床观察等基础护理工作;二级为初级责任护士,负责重症患者的护理;三级为高级责任护士,负责护理教学工作;四级为护士长,负责专科护理及科研工作。另一方面,根据病情将患者分为三个等级:一级为轻度患者;二级为中度患者;三级为重度患者。根据分级,合理分配护理人员的工作、优化组合、相互监督、相互促进^[10]。

1.2.3 情绪管理 护理服务直接与病人接触,患者对护理服务的主观感受和评价是护理质量的最真实体现^[11]。急诊肝病发作多为传染性疾病,患者的情绪已经出现消极或抑郁,甚至放弃治疗,后果不堪设想。我院针对患者的心理问题实施情绪管理的护理方法,要求肝病急诊的护理人员应积极帮助患者及家属,以礼貌的态度与患者沟通,了解患者及家属的需求,向患者讲解疾病相关知识,提升患者对疾病的了解,对患者进行心理疏导,为患者准备鲜花、卡片及健康手册等安慰并鼓励患者勇敢战胜疾病;传染病医院的医护人员切忌对患者产生排斥心理,避免与家属发生争执,保证救护工作进行顺利^[11,15]。

1.2.4 环境管理 为了给患者提供一个舒适的医疗环境,我院急诊部门购进了一批技术精良的医疗设备,不但减轻了医护人员的工作量,提高了工作效率,而且缩短了救治时间,为患者争取最佳治疗时机;此外,我们还安排了专门负责环境卫生的清洁人员,以确保急诊卫生环境的清洁,为患者获得更好的治疗效果提供环境保障^[12]。

1.3 评价指标

比较两组患者对护理服务的满意度、护理工作的落实情况以及患者的依从性等。

1.4 统计学方法

采用SPSS13.0统计软件进行分析,计数资料用 χ^2 检验,以%表示,计量资料用t检测,以 $\bar{x} \pm s$ 表示,以 $P < 0.05$ 为差异具有统计学意义。

2 结果

2.1 患者对护理服务的满意度比较

如表1所示,对照组35位患者对护理服务非常满意,占43.8%;27位患者基本满意,占33.8%;18位患者不满意,占22.4%;对照组患者对护理服务的满意度为77.5%。观察组44位患者对护理服务非常满意,占55%;35位患者基本满意,占43.8%;1位患者不满意,占1.2%;观察组患者对护理服务的满意度为98.7%。观察组满意度明显高于对照组,差异具有统计学意义($P < 0.05$)。

表1 两组患者满意度调查结果比较[n(%)]

Table 1 Comparison of satisfaction about nursing service between two groups

Group	Case	Satisfied	Good	Dissatisfied	In total	P
Control	80	35(43.8%)	27(33.8%)	18(22.4%)	62(77.5%)	$P < 0.05$
Observation	80	44(55%)	35(43.8%)	1(1.2%)	79(98.7%)	$P < 0.05$

2.2 护理工作的落实情况及患者的依从性

对照组护理工作的落实率为90.46%,观察组护理工作落实率为97.62%,观察组优于对照组,差异显著且具有统计学意义

($P < 0.05$);对照组患者依从性为87.82%,观察组患者依从性为94.58%,观察组明显优于对照组,差异具有统计学意义($P < 0.05$)。见表2。

表2 两组护理服务质量比较

Table 2 Comparison the nursing quality between two groups

Group	Implementation of nursing	Compliance of patients	P
Control	90.46%	87.82%	$P < 0.05$
Observation	97.62%	94.58%	$P < 0.05$

3 讨论

肝病急性发作时病情严重且发展速度快,及时抢救并控制病情是缓解临床症状、提高预后的关键^[7]。急性肝病患者因思想负担过重,过度担心病情,导致心理状况较差,常有焦虑、急躁等表现,严重影响治疗的效果^[13]。因此,一种高效率的护理模式是肝病急诊护理工作的基础。本文研究的多元化管理模式恰好具有这种特性,我们利用该管理模式所推崇的理念对急诊护理工作的流程进行优化组合,力争达到一种双赢的局面,在保证护理工作顺利进行的同时,节约人力、物力、财力等资源,推进肝病急诊护理工作运转顺利程度,避免与患者以及家属发生冲突,提高患者对护理工作的满意度,构建一种和谐的医患关系。

急诊护理工作相对特殊,环节复杂分散,患者流动性强,护理人员工作量大,对护理技能的要求相对较高,护理人员需保持高度紧张和警惕的状态应对各种突发事件^[4]。肝病急诊因具有传染性而显得更加特殊,而这种特殊性也增加了护理工作的难度,一旦出现问题便会延误患者救治的最佳时机,导致严重的后果,也影响了护理人员工作的积极性^[18]。因此,肝病急诊的护理人员要更加谨慎,以优质的服务使护理工作得到落实。多元化的护理管理模式强调科学合理的从多方面安排工作流程,改善护理方法,提高急诊护理服务的质量^[16]。多元化护理管理模式不仅注重多元化的护理服务,更注重多元化管理,以落实基本护理工作为基础,简化繁琐的急诊工作,使工作井然有序,增加各环节的联系性,从而提高护理工作效率^[18]。多元化护理管理模式提倡以人为本,切实满足患者的合理需求,有针对性的进行分层级管理以提升服务技能和服务态度,为急诊抢救工作开辟绿色通道,为患者争取抢救的时间,在一定程度上提升了抢救的成功率^[19,20]。

本研究中,采取多元化管理模式进行护理的患者对护理服务的满意度、护理工作的落实情况以及患者的依从性均明显优于常规护理组。结果说明,多元化护理管理模式对肝病急诊病人的临床意义显著,广泛受益于患者和护理人员,我们应积极推广并不断完善,为临床护理工作的提高而不断努力。

参考文献(References)

- [1] Moore L, Lavoie A, Sirois MJ, et al. A comparison of methods to obtain a composite performance indicator for evaluating clinical processes in trauma care[J]. *J Trauma Acute Care Surg*, 2013, 74(5):1344-1350
- [2] Deneckere S, Euwema M, Lodewijckx C, et al. Better interprofessional teamwork, higher level of organized care, and lower risk of burnout in acute health care teams using care pathways: a cluster randomized controlled trial[J]. *Med Care*, 2013, 51(1):99-107
- [3] Aelfers E, Bosma H, Houkes I, et al. Effectiveness of a minimal psychological intervention to reduce mild to moderate depression and chronic fatigue in a working population: the design of a randomized controlled trial[J]. *BMC Public Health*, 2013, 12, 13:129
- [4] Martin AM, Connor-Fenelon M, Lyons R. Non-verbal communication between nurses and people with an intellectual disability: a re-view of the literature[J]. *J Intellect Disabil*, 2010, 14(4):303-314
- [5] Kaido T, Mori A, Ogura Y, et al. Recurrence of Hepatocellular Carcinoma after Living Donor Liver Transplantation: What is the Current Optimal Approach to Prevent Recurrence?[J]. *World Journal of Surgery*, 2011, 35(6):1355-1359
- [6] Akazawa C, Nishizono T, Yamamoto M, et al. Investigation of actual daily lifestyle leading to continuous self-management after living-donor liver transplantation: More than 5 years living with living-donor liver transplantation and emotions of recipients [J]. *Jpn J Nurs Sci*, 2013, 10(1):79-88
- [7] 刘利敏, 郭晓东, 江岚, 等. 人性化管理在特需护理工作中的应用[J]. *现代生物医学进展*, 2013, 13(23):4565-4567
- [7] Liu Li-min, Guo Xiao-dong, Jiang Lan, et al. The application of harmonized management on the special wards[J]. *Progress in Modern Biomedicine*, 2013, 13(23):4565-4567
- [8] 刘利敏, 郭晓东, 江岚, 等. 特需病房护理工作面临的问题及对策[J]. *现代生物医学进展*, 2013, 13(24):4770-4772
- [8] Liu Li-min, Guo Xiao-dong, Jiang Lan, et al. Problems and solutions of special wards in hospitals [J]. *Progress in Modern Biomedicine*, 2013, 13(24):4770-4772
- [9] Aboumatar HJ, Cooper LA. Contextualizing patient-centered care to fulfill its promise of better health outcomes: beyond who, what, and why[J]. *Ann Intern Med*, 2013, 16, 158(8):628-629
- [10] Wu RC, Lo V, Rossos P, et al. Improving hospital care and collaborative communications for the 21st century: key recommendations for general internal medicine[J]. *Interact J Med Res*, 2012, 24, 1(2):9
- [11] Singh P. Effect of distraction techniques in behaviour responses to pain among toddlers receiving immunisation[J]. *Nurs J India*, 2012, 103(4):176-179
- [12] Duffy JR, Kooker WC, Wolverton CL, et al. Evaluating patient-centered care: feasibility of electronic data collection in hospitalized older adults[J]. *J Nurs Care Qual*, 2012, 27(4):307-315
- [13] Wolf DM, Lehman L, Quinlin R, et al. Effect of patient-centered care on patient satisfaction and quality of care [J]. *J Nurs Care Qual*, 2008, 23(4):316-321
- [14] Schlegel C, Woermann U, Shaha M, et al. Effects of communication training on real practice performance: a role-play module versus a standardized patient module[J]. *J Nurs Educ*, 2012, 51(1):16-22
- [15] Morgan S, Yoder LH. A concept analysis of person-centered care[J]. *J Holist Nurs*, 2012, 30(1):6-15
- [16] Friesen MA, Herbst A, Turner JW, S. Developing a Patient-centered ISHAPED handoff with patient/family and parent advisory councils [J]. *J Nurs Care Qual*, 2013, 22
- [17] Pelzang R, Wood B, Black S. Nurses' understanding of patient-centered care in Bhutan[J]. *Br J Nurs*, 2010, 11-24, 19(3):186-193
- [18] van Bekkum JE, Hilton S. The challenges of communicating research evidence in practice: perspectives from UK health visitors and practice nurses[J]. *BMC Nurs*, 2013, 9, 12(1):17
- [19] Webber KL, Macpherson S, Meagher A, et al. The impact of strict isolation on MRSA positive patients: an action-based study undertaken in a rehabilitation center[J]. *Rehabil Nurs*, 2012, 37(1):43-50
- [20] Ruchiwit M. The effect of the one-to-one interaction process with group supportive psychotherapy on the levels of hope, anxiety and self-care practice for patients that have experienced organ loss: an alternative nursing care model[J]. *Int J Nurs Pract*, 2012, 18(4):363-372