

Action Research Using the Nursing Model on Education (TK model): Study Meetings and Case Review Meetings Facilitated by University Researchers

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Background and Objectives

To clarify changes in clinical nurses handling patient education that arise through participation in study meetings and case review meetings planned by university researchers using the TK model.

Methods

1. Participants

Two nurses working at University A's affiliated hospital who agreed to participate in the research among the nurses who participated in the study meetings and case review meetings.

2. Features of facility where research was conducted

University A's affiliated hospital has approximately 1200 beds and almost 30 medical departments. The average stay for a hospitalized patient is about 20 days. Medical and nursing care is provided primarily through treatment and testing for acute deterioration in acute-phase and chronic conditions.

3. Research period

May 2008 to August 2010

4. Position of research participants and researchers in action research

The researchers' position was to clarify the issues facing clinical nurses and support the resolution of those issues. The basic relationship between the research participants and researchers was one of mutually working to find solutions to problematic issues in nursing practice.

5. Research methods

The researchers approached the head nurse at University A's affiliated hospital, explained the purpose of the research, and solicited clinical nurses to participate. Subjects who agreed were interviewed for about 30 minutes on their views on patient education.

Later, 11 meetings were held at a pace of one per month -- study meetings on the "TK model" (five times) and case review meetings (six times). Anyone with an interest in joining the meetings was allowed to, even if they were not a research participant. The details of each meeting were recorded on a voice recorder for a verbatim record and participants made their own participant observation notes.

After all of meetings were over, the research participant who joined the meetings consistently was interviewed individually for about 30 minutes to determine what kind of changes occurred in the nurse's own patient education behavior and perceptions.

6. Analysis methods

To investigate the effect on nurses of the TK model study meetings and case review meetings, data was taken from the verbatim records and participant observation notes related to both how the meetings were conducted and to what changes took place in the nurses. The features of those changes were then classified and arranged chronologically.

7. Ethical considerations

This research was conducted upon receiving approval from the Japanese Red Cross College of Nursing Research Ethics Review Committee and the Nursing and Health Sciences Ethics Review Committee at Kyushu University.

Results

1. Summary of study meetings and case review meetings

The researchers carried out the study meetings through questions and answers with the research participants about each element of the TK model. The content of each meeting is summarized in Chart 1.

Chart 1 Summary of Study Meetings/Case Review Meetings

	Main Content	Partici-pants	Dura-tion (min.)
Study meeting 1	<ul style="list-style-type: none"> • Outline of the TK model • Clinical experience episodes 	8	80
Study meeting 2	<ul style="list-style-type: none"> • Study related to "verbal/behavioral cues and their intuitive interpretation" • Clinical experience episodes 	7	100
Study meeting 3	<ul style="list-style-type: none"> • Study of "understanding the person's life and sharing with him/her" from the model • Episodes related to clinical experience 	6	80
Study meeting 4	<ul style="list-style-type: none"> • Study of "stepwise searching and a problem-solving educational method" from the model • Clinical experience episodes 	7	120
Study meeting 5	<ul style="list-style-type: none"> • Study of " tailoring of treatment to the person" and "PLC" from the model • The current situation of not being able to insist on "tailoring nursing" 	8	90
Case review meeting 6	<ul style="list-style-type: none"> • Introduction of troublesome inpatient M from Nurse T 	7	120
Case review meeting 7	<ul style="list-style-type: none"> • Patient M's release from the hospital • Nurse T's intent in actively handling the patient M 	4	120
Case review meeting 8	<ul style="list-style-type: none"> • Hospital readmittance of patient M • Review of information leading to an understanding of lifestyle 	4	110
Case review meeting 9	<ul style="list-style-type: none"> • Nurse T's night shift episode • Nurse T's position on the ward 	2	105
Case review meeting 10	<ul style="list-style-type: none"> • Review of measures to care for patient M as a team 	3	105
Case review meeting 11	<ul style="list-style-type: none"> • Review of other cases from Nurse H 	3	105

2. Changes in Nurse T in the study meetings and case review meetings

Nurse T participated in all of the meetings from the first to the eleventh. Figure 1 covers three general areas related to Nurse T: Nurse T's situation; the participants' response to her in the study meetings and case review meetings; and changes in Nurse T. Quotes are taken from words spoken at the meetings, with the figure 1 in parentheses indicating which meeting.

Participants' response to Nurse T in study meetings/case review meetings

(1) Participants' response and spoken endorsement

The participants did not contradict what Nurse T said. Rather, they expressed approval of Nurse T's practice through their attitude and posture. In particular, Nurse H was quite familiar with the situation on the hospital ward and with Nurse T's practice.

(2) Understanding the model

The participants asked questions and shared ideas, relating them to the model's elements of "understanding the person's life and sharing with him/her " and "verbal and behavioral cues and their intuitive interpretation."

Nurse T's situation

Nurse T, with 8 years of clinical experience, carried out her practice with a focus on building a relationship with each patient and looking at the patient's lifestyle. But she was not able to understand the reason or the basis for the patient's behavior modification brought about through her own practice.

(1) Is unable to share one's own nursing practice within the ward

Nurse T spoke about her troubles and concerns regarding not having anyone to consult with, nor a forum for sharing information, and not knowing how to provide guidance on her hospital ward.

(2) Doesn't know how to provide nursing care to the patient

The case for review presented by Nurse T was a "troublesome patient" for the ward nurses who had a long illness and complicated physical condition. "

(3) Lack of support and grounding for nursing practice

With regard to her own experience providing education, Nurse T spoke of a lack of support and grounding for her practice.

Changes in Nurse T

(1) Tries to share nursing practice within the ward and consults with others

Nurse T understood the feelings of the ward nurses toward the "troublesome patient" as *"maybe being burned out because things are not going well"* (10th meeting) and tried to engage the nurses to share ideas and feelings about nursing practice. "Also, Nurse T became able to consult with Nurse H about her own nursing practice.

(2) Looks back on nursing in the past and seeks to find a direction for the future

While speaking, Nurse T sought to find a direction for the future. Nurse T listened to the ideas and suggestions of the other participants and said things like *"I will try to get through to the patient."* (8th meeting) and *"There is so much that needs to be done with this patient."* (9th meeting). She tried to engage in nursing so the patient could live without regrets.

(3) With the model as a base, nursing practice is endorsed, bringing confidence and peace of mind

Nurse T sought meaning in her own practice. *"I feel as though I started to be able to see little by little what was good through the study meetings."* (3rd meeting) Also, Nurse T stated that the model helped in endorsing her practice. *"I felt peace of mind knowing that what I had been doing wasn't wrong. It really put my mind at ease."* (9th meeting)

Figure 1 Changes in Nurse T in the Study Meetings/Case Review Meetings

Discussion

The results show that the study meetings on the model and case review meetings were useful in helping clinical nurses to find meaning in their nursing practice and to reflect on the results of the education they provided. More specifically, use of the model provided a reason and basis that endorsed the patient education practice, which, it is assumed, led to the nurses feeling peace of mind and confidence with regard to educational activities.

In addition, in the hectic pace of carrying out nursing duties, the clinical nurses had had a limited opportunity in the clinical setting to talk about the appropriateness of their practice or about their own feelings. The study meetings on the model and case review meetings were a beneficial forum for talking about that kind of clinical practice. In particular, the participants were nurses belonging to different departments who did not know each other, and for this reason they held a strong interest in each other's specialized practice and were able to appreciate each other's opinions.