

Developing Nursing Care Standards for Postoperative Hepatic Patients

This Proposal
Submitted to faculty of nursing of
Kin partial fulfillment for doctorate, degree Of nursing
administration.

By

Elham Youssef Elhanfy

Msc. In nursing Administration

Under Supervisors

Dr. Mohammed Abd-Elwahb
Professor of General Surgery
Faculty of Medicine Mansoura
University

Dr. Kamilia Fouad
Assistant Professor of Medical Surgical
Nursing
Faculty of Nursing Ain Shams University

Dr. Galila Abd-Elghfar
Lecturer of Nursing Administration
Faculty of Nursing Ain Shams University

Faculty of Nursing
Ain Shams University
2002

Introduction

The last ten to fifteen years, major changes have occurred in the field of disease. These changes include a new diagnostic development approaches, ill-surgical treatment and possibilities, expectations regarding the results of management the patients with severe liver disease may require transfer to an intensive care unit undergoing anesthesia and surgery apart from monitoring of vital organ functions these patients in need of extensive nursing care, physiotherapy for improvement of pulmonary as well as (b)keletal function and are in need of psychological support by the whole team (Blumgart, 1996). The liver plays a central role in the response to tissue injury, whether that be from ill, surgical intervention, disease: of infection. However understanding of the liver is often limited in the management and prevention of organ failures that occur after injury (Liddle 1996). Accordingly certain principles should follow to manage such patients. This file includes, maintaining a clear airway, assessment of effective breathings and maintenance of adequate circulation (Peattie, 1996).

appropriate complication/may arise of postoperative hepatic patients, bile leakage, Y peritonitis, T.tube blocked, vascular damage of the portal triad, infection, bleeding and fusion (Simpson, 1998 and Kontaki, 1996). These groups of patients need high quality of care and special standards to give such care in order to reach desired outcome.

Quality is the systematic process of evaluating the quality of care given in a particular unit. involves setting standards, determining criteria to meet those standards, evaluating how well criteria have been met, making plan for change based on the evaluation and following upon evaluation for change (Sullivan & Decker, 1988).

If standards focus on practice, they provide a means for determining the quality of care which a patient receives regardless of whether such services are provided solely by a professional nurse and nonprofessional assistants (Sullivan & Decker, 1988),

care defined as authoritative statements that describe a common or acceptable level of client care or performance (Ellis and Hartly 2000). Standard is a baseline condition or level of excellence that comprise a model to be followed and practiced (Vestal 1987). It is not an end in itself but provide the yardstick (Marquis and Huston 1994).

Standards for nursing practice define the scope and dimensions of professional nursing (Sullivan & Huston, 1994). The purpose of standards are stated according to a systematic approach to nursing practice, the assessment of patient status, the plan of nursing action the implementation of the plan and the evaluation (Sullivan & Decker 1988, Vessourik 1990).

Duke (1983) listed four qualities necessary in the development of standards, the standard must be explicit in terms, of what measured at what level of performance and at what times it must distinguish various difference in the quality of care, the organization must possess the technology or techniques necessary for measurement of the criteria, and the measurement

Standard must be cost effective.

The criteria defined as descriptive statements of performance that identify the essential elements of the care process and outcome that can be used to measure quality. The criterion for the standard be achievable and avoid aiming at unrealistic expectations, it should be objective based on facts without bias, at the same time the measurement tool should be valid and reliable (Nan and Diana 1990).

The framework commonly used for establishing standard is Donabedian's. It is framework model, it composed of three entities structure encompasses the setting and environment in which nursing is practiced this entails facilities, supplies, equipment, professional, and auxiliary personnel that should be available. Process standards the second component of the model focuses on the specific nursing activities that are necessary to achieve the desired patients care goals. While process standards as a component of Donabedian's model develop parallel to the components of the nursing care process, thus entails assessment planning implementation and evaluation of care. The third component model is outcome standard -related to the result of the nursing care given to the patient (Donabedian, 1991, Sale 1990 (Liddle 1990).

Development standard of care for postoperative hepatic patients is important in the setting, which the study will be carried out to guide nurses to carry out care effectively, help them to improve their practice and to reach to the quality of care.

Standards for nursing practice define the scope and dimensions of professional nursing (Sullivan & Huston, 1994). The purpose of standards are stated according to a systematic approach to nursing practice, the assessment of patient status, the plan of nursing action the implementation of the plan and the evaluation (Sullivan & Decker 1988, Vessourik 1990).

Duke (1983) listed four qualities necessary in the development of standards, the standard must be explicit in terms, of what measured at what level of performance and at what it must distinguish various differences in the quality of care, the organization must possess

linology or techniques necessary for measurement of the criteria, and the measurement standard must be cost effective.

The criteria defined as descriptive statements of performance that identify the elements of the care process and outcome that can be used to measure quality. The criterion for the standard be achievable and avoid aiming at unrealistic expectations, it should be objective based on facts without bias, at the same time the measurement tool should be valid and reliable (Nan and Diana 1990).

The framework commonly used for establishing standard is Donabedian's. It is a work model, it composed of three entities structure encompasses the setting and environment in which nursing is practiced this entails facilities, supplies, equipment, personnel, and auxiliary personnel that should be available. Process standards the second part of the model focuses on the specific nursing activities that are necessary to achieve intended patients care goals. While process standards as a component of Donabedian's model develop parallel to the components of the nursing care process, thus entails assessment, planning, implementation and evaluation of care. The third component model is outcome standard -related to the result of the nursing care given to the patient (Donabedian, 1991, Sale 1990 Non 1990).

Development standard of care for postoperative patients is important in the study, which the study will be carried out to guide nurses to improve their practice and to reach the quality

Aim of the study

This study aims at, Developing nursing care standards for postoperative hepatic patients.

Developing check list of nursing care entailing all criteria related to nursing care for postoperative hepatic patients.

Testing the validity of observational check list from expert **of view** .Developing nursing standard.

Testing the validity and reliability of nursing care standard

Reference

- L.h. (1994) ;Surgery of the liver and biliary tract. Churchill fcstor. NewYork.2ed vol;l .p.499 |,M, & Cartin M.A. (1991) ;Cycle of quality, nursing dard.p.p.3-4
- ;(1983) in Marquis B. & Huston C. (1994) ;Management sion making for nurses .J.B. Lippincott co.Philadelphia, p. 335 ,Hartly L (2000);Managing and coordinating nursing care.
- IJ.B . Lippincott, Baltimore, p.p. 74-75.
- i E. (1996) ;Surgical critical care. W,B. sounders co. London. p.4H,p
- jis B. Huston C. (1994) Management decision making for "
- fles. J.B. Lippincott co. Philadelphia, p. 335
- 1(1990), Quality assurance essentials of nursing management.
- icmillion. Hong Kong.
- son p. (1998): Introduction to surgical nursing, Arnold co. London p. 187.
- in E, & Decker p., (1998) Effective Management in nursing 2^{ll<1} e
- ddibon - wesley Co. "New York. P. 797, p. 592.
- jK.W.1987 in Marquis B. & Huston C. (1994); Management
- vision making for nurses. J,B- Lippincott co. Philadelphia, p. 335
- iourik B. (1990) ;Standards of nursing care.Amodel for chemical
- ::actice. J.B. Lippincott co. Philadelphia.

تطوير مستويات الرعاية التمريضية للمرضى بعد جراحة الكبد

توطئة للحصول علي درجة
الدكتوراه في إدارة التمريض

مقدم من

إلهام يوسف الحنفي

ماجستير إدارة تمريض

إشراف

أ.م.د/كاميليا فؤاد
أستاذ مساعد تمريض باطنة وجراحة
كلية التمريض - جامعة عين شمس

أ.د/محمد عبدالنواب
أستاذ جراحة عامة
كلية الطب - جامعة المنصورة

د. جليلة عبدالغفار
كلية التمريض - جامعة عين شمس

كلية التمريض
جامعة عين شمس

٢٠٠٢

مقدمة:

حدثت تغييرات عديدة خلال الأعوام من العشر سنوات إلي الخمس عشرة سنة في أمراض سقراء الكبد، هذه التغيرات تشمل وسائل التشخيص المتطورة والعلاجات الجراحية والاحتمالات المتوقعة الخاصة بنتائج الفحص، علاوة علي ذلك ربما يتطلب نقل مريض أمراض الكبد الشديد، إلي وحدة العناية المركزة يتبعها فقدان الحس والجراحة بصرف النظر عن تخدير وظائف العضو الحيوى فإن هؤلاء المرضى بحاجة إلي رعاية تمريضية مكثفة، علاج طبيعى لتحسين الرئة فضلاً عن وظيفة الأعضاء، وهم بحاجة إلي دعم نفسى من كل الفريق (Blumgaret, 1994)

يلعب الكبد دوراً محورياً في الاستجابة المتسلسلة لأضرار سواء إذا كانت من الصدمة التدخل الجراحى، المرض أو العدوى، علاوة علي ذلك فهم الكبد مهم لإدارة ومنع فشل العضو الذي يحدث بعد التلف (Kontaki, 1996).

وبناء علي ذلك يجب إتباع قواعد معينة لإخضاع مثل هؤلاء المرضى، هذه قواعد تشمل الحفاظ علي منفذ الهواء النقى وتحديد اللحظات مؤثرة فعالة وتحديد الدورة المتناسبة (Peattie, 1996)

معظم المضاعفات التي تلى العمليات الجراحية لمرضى الكبد، هى ارتشاح الصفراء إلتهاب الصفا الصفراوي، انسداد قناة T وتلف أوعية الوريد البابي الدموية والعدوى، النزف وارتفاع ضغط الدم (Kontaki, 1996; Simpson, 1998)

هذه المجموعات من المرضى بحاجة إلي درجة عالية من الاهتمام وقياسات خاصة للحصول علي مثل هذه الرعاية لكى نصل إلي النتائج المرجوة المتوفرة في وحدة معينة أنها عملية نظامية لتقييم نوعية تشمل الوضع القياسى وتحديد المعيار لمواجهة هذه القياسات وتقييم كيفية مواجهة تلك المقياس جيداً وعمل خطة للتغير مرتكزة علي التقييم ومتابعة تنفيذ هذه التغييرات (Sullivan, Decker 1998) هذه المستويات تركز علي الممارسة تزود بأساليب لتحديد صورة جودة التمريض التي يتلقاها المريض بغض النظر عن ما إذا كان مثل هذه الخدمات تقدم بمفردها من قبل ممرضين محترفين (Sullivan, Decker, 1998).

يعرف مستوى العناية بالجهات المسؤولة التي تصف مستوى شائع أو مقبول من رعاية الزبون أو الأداء (Eillis and Harety 2000). مستوى الرعاية هو حالة القاعدة العريضة أو مستوى التفوق الذي يشمل نموذج يحتذى به ويمارس (Vestal 1987) إنها ليست أداء للتقييم في حد ذاتها ولكنها مقياس معتمد (Marquis and Hustion, 1994) يحدد مستوى ممارسة التمريض مدى وأبعاد التمريض (Marquis and Hustion).

يحدد الغرض من مستويات التمريض وفقاً للطرف النظامية لممارسة التمريض وتحدد حالة المريض خطة التمريض تؤثر في تنفيذ الخطة والتقييم (Sullivan).

(Duke, 1983) وضع أربع خصائص ضرورية لتطوير هذه المستويات يجب أن تحدد هذه المستويات في بنود عن ماذا يقاس في أي مستوي من الأداء وفي أي وقت يمكن تمييز اختلافات متعددة من درجة الاهتمام هذا التنظيم يجب أن يكون لديه التكنولوجيا والتقنية الضرورية لقياس هذا بالعيار.

تطور مستوى الرعاية المتوفر لمرض المتوفر الكبد التابع لعملية جراحية في هذا المحيط الذي تسعى لتحقيقه هذه الدراسة لإرشاد الممرضات لتوفير الرعاية بشدة تساعدنهم لتحسين ممارستهم والوصول إلي درجة عالية من الاهتمام.

أهداف الدراسة

تهدف الدراسة إلي:

- تطوير مستويات الرعاية التمريضية لمرضى الكبد التالي لعملية جراحية من خلالها:
- ١- تطوير قائمة فحص الرعاية التمريضية التي تشمل كل المقاييس المرتبطة بالرعاية التمريضية لمرضى الكبد التالي لعملية جراحية.
 - ٢- اختبار صلاحية قائمة الفحص المتعلقة بالمشاهدة أو من وجهه نظر الخبير.
 - ٣- تحسين مستوى التمريض.
 - ٤- اختيار الصلاحية وثقة بمستوى الرعاية التمريضية.

المواد والأساليب

مكان الدراسة:

يتم عمل هذه الدراسة في مراكز الجهاز الهضمي بمستشفى جامعة المنصورة.

الموضوعات:

تشمل هذه الدراسة علي مجموعتين من الموضوعات هم:

المرضات:

كل الرعاية التمريضية المتوفرة لمريض الكبد التالي لعملية جراحية المذكورة سابق في نفس وقت الدراسة.

الخبراء:

أعضاء الكلية (التمريضية . الطبية)

مقدمى الخدمات (مدير التمريض والأطباء) في مجال الخدمات.

الأدوات لجميع البيانات:

أدوات تجميع البيانات:

- ١ - قائمة الفحص التي تشمل الرعاية التمريضية لمرضى الكبد التالي لعملى جراحية والتي تعتمد علي المراجعة والملاحظة المباشرة للمريض.
- ٢ - استبيان يهدف إلي اختيار مدى أو حجم صلاحية تطوير مستوى الرعاية التمريضية.

ABSTRACT

The aim of this study was to develop a standard of nursing care for postoperative hepatic patients through developing a check list for observation of nursing care entailing all criteria related to nursing care for postoperative hepatic patients, testing the validity of this observation checklist from experts of views, developing a nursing standard, and testing its validity and reliability. A descriptive design was used. The setting of the study was Gastro –Entrology Center at Mansoura University hospitals. The sample consisted of 90 of juries, 70 nurses working at the intensive care unit and recovery room. The tools of the study were two juries' opinionnaires, and two observation checklist. The results indicated that, The checklist entailing nursing care for postoperative hepatic patients was valid through full acceptance by juries.' The checklist entailing structure items of postoperative hepatic units was also valid by experts' consensus. Application of The checklist showed that the performance of bachelor nurses was higher than that diploma nurses. The reliability was tested through verifying internal consistency using Cronbach alpha coefficient, and showed high reliability of the tool. All items of initial checklist of nursing care for postoperative hepatic patients and initial checklist of structure items were used in developing the nursing care standard for postoperative hepatic patient, which was also validated by experts.

keywords

Nursing standard, postoperative hepatic

TABLE OF CONTENTS

	Page
INTRODUCTION	1
AIM OF THE STUDY	7
REVIEW OF LITERATURE	8
STANDARDS	8
History of standards	8
Definitions of standards	10
Importance of standards	13
Developing standards	15
Writing standards	18
Validity and reliability of standards	20
<i>Validity</i>	20
<i>Reliability</i>	22
Standards criteria	24
Types of standards	27
<i>Structure Standards</i>	28
<i>Process Standards</i>	30
<i>Outcome Standards</i>	32

	Page
Standards and quality	33
Standards and quality assurance	36
PATIENT WITH HEPATIC SURGERY	37
The postoperative hepatic patient	40
NURSING CARE FOR LIVER SURGERY PATIENTS	42
SUBJECTS AND METHODS	48
RESULTS	60
DISCUSSION	144
CONCLUSION	164
RECOMMENDATIONS	165
SUMMARY	167
REFERENCES	172
APPENDICES	
ARABIC SUMMARY	

LIST OF TABLES

Table	Page
1 Characteristics of jury groups in the study sample	62
2 Agreement of jury groups upon mission and objectives of unit structure items	64
3a Agreement of jury groups upon human and material resources of unit structure items	66
3b Agreement of jury groups upon human and material resources of unit structure items	67
4 Agreement of jury groups upon record keeping system of unit structure items	69
5 Agreement of jury groups upon job description and performance appraisal system of unit structure items	70
6 Agreement of jury groups upon channels of communication, patient environment, and physical and financial resources of unit structure items	72
7 Agreement of jury groups upon pre-operative assessment items of the proposed observation checklist of nurses' performance	74
8a Agreement of jury groups upon patient assessment items upon arrival to unit in the proposed observation checklist of nurses' performance	76
8 b Agreement of jury group upon patient assessment items upon arrival to unit in the proposed observation checklist of nurses' performance	77
9 Agreement of jury groups upon nursing diagnosis items of the proposed observation checklist of nurses' performance	79

Table	Page
10a Agreement of jury groups upon nursing planning items of the proposed observation checklist of nurses' performance	81
10b Agreement of jury groups upon nursing planning items of the proposed observation checklist of nurses' performance	82
11 Agreement of jury groups upon immediate nursing intervention items of the proposed observation checklist of nurses' performance	84
12a Agreement of jury groups upon implementation items related to respiratory system in the proposed observation checklist of nurses' performance	85
12b Agreement of jury groups upon implementation items related to circulatory system in the proposed observation checklist of nurses' performance	87
13a Agreement of jury groups upon implementation items related to body fluids, nausea and vomiting, and pain in the proposed observation checklist of nurses' performance	89
13b Agreement of jury groups upon implementation items related to body fluids, nausea and vomiting, and pain in the proposed observation checklist of nurses' performance	90
14a Agreement of jury groups upon implementation items related to hypothermia and patient safety in the proposed observation checklist of nurses' performance	92
14b Agreement of jury groups upon implementation items related to hypothermia and patient safety in the proposed observation checklist of nurses' performance	93
15a Agreement of jury groups upon implementation items related to care of tubes in the proposed observation checklist of nurses' performance	94