

# Action Research Using the Nursing Model on Education (TK Model): Study Meetings Facilitated by an Education Expert



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## Objective

To clarify changes arising from case review meetings for nurses involved in patient education set up to study TK model and also to clarify how other nurses on the ward changed.

Use of the TK model should bring about changes in actual nursing practices -- care improvement that arises through self-reform efforts on the part of both individual nurses and teams of nurses.

## Methods

1. Research design: Action research
2. Methodology

Structure of the action research team (Fig. 1)

The action team was formed with the idea that both participants and researchers would experience this process and build a mutually dependent relationship. The ward nurses were the core participants, and nurses from other sections who wanted to participate could join as they liked.

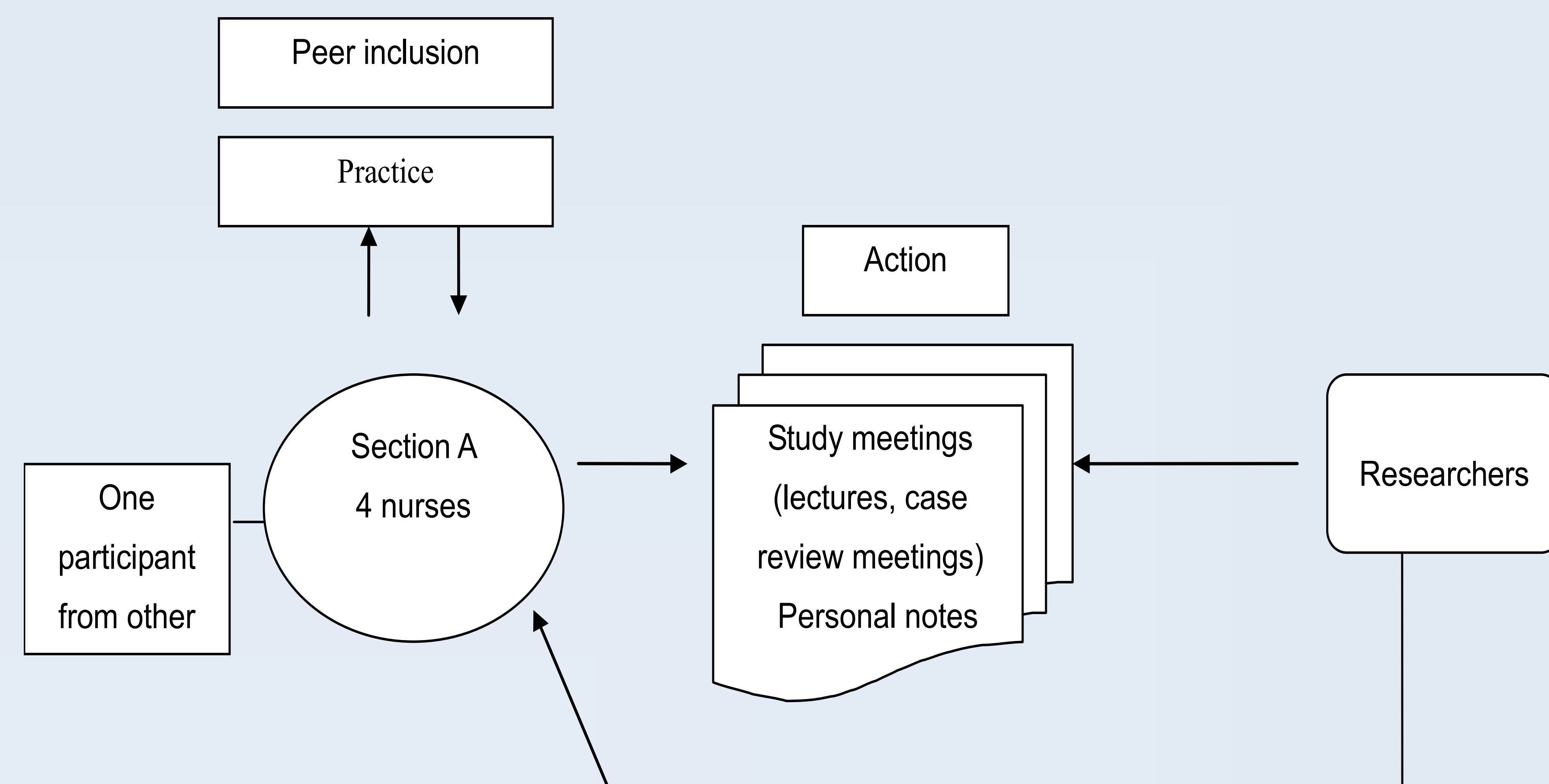


Fig. 1 Structure of the Action Research Team

## Results

1. Summary of study meetings: held once a month and a total of 14 times.

The researchers involved with the TK model, mainly the in-hospital researchers, participated as supporters, and gave three lectures. They also reviewed six cases provided by the participants.

Participants in study meetings: participants: 4-6 per meeting; non-participating nurses: 0-3 per meeting from same section, 0-4 per meeting from different section; researchers: 2-4 per meeting.

2. Study meeting process

Study meetings using the TK model were held; the data was analyzed and results were formulated. **The phases of Introduction, Emergence, Stagnation, Breakthrough, Adoption, and Propagation were observed** in both the study meeting process, in which participants and researchers formed relationships with one another, and in the process of the participants influencing those around them. (Fig. 2).

**Introduction:** Participants compared the TK model and their practice, while the researchers built a foundation to keep participants coming to the study meetings.

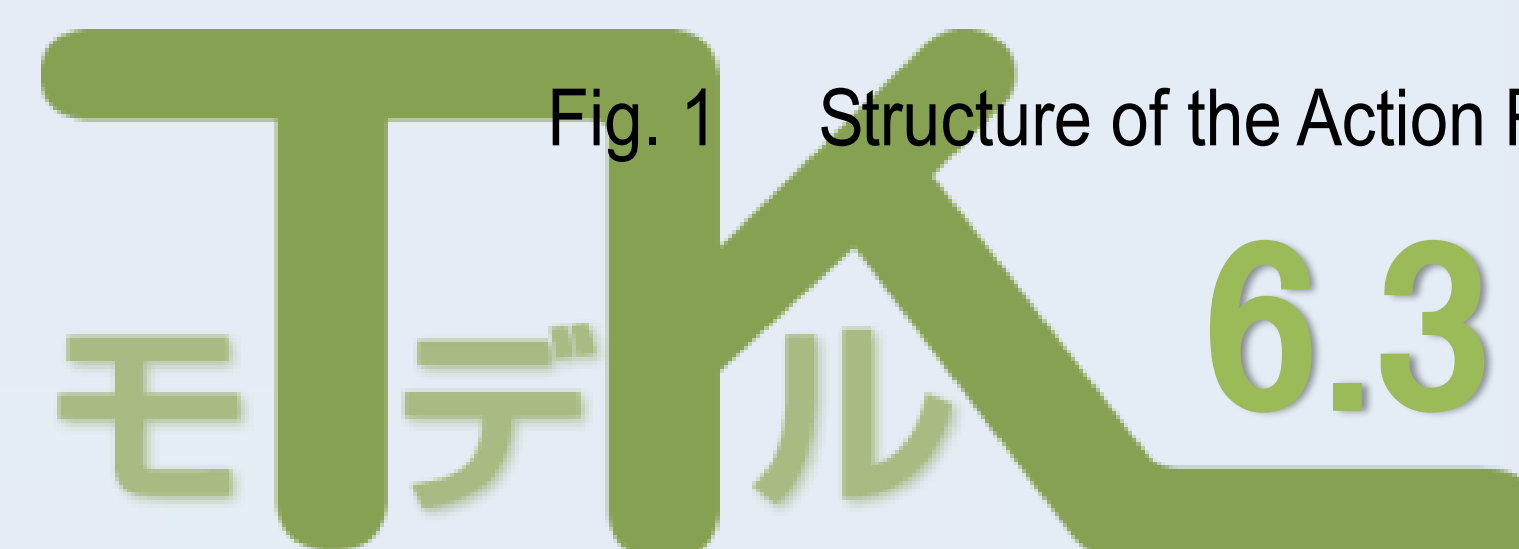
**Emergence:** The first case is reviewed. Opposing nursing assessments between the participants and other nurses emerge with regard to between-meal snacking by the diabetic patient, which are reviewed as "concerns" The researchers shared the successful experiences of the participants' practice and modified their views toward the opposing nurses.

**Stagnation:** Participants didn't seem to care and hastily the researchers turned to explaining the TK model using cases. Participants felt uncertain about the model being useful in practice so the review minutes of the researchers were distributed to the participants to communicate the intent of the researchers.

**Breakthrough:** The researcher explained the participant's case using the TK model. Participants felt certain of the connection between their practice and the model.

**Adoption:** A series of case review meetings was held, based on the TK model. Participants studied the review methods over time and reviewed the TK model based on their practice. For example (Fig.3), nurse T reflected on her own involvement while linking her practice to the TK model. Also, the way in which they approached patients changed.

**Propagation:** A participant from another ward joined the study meetings and carried out her practice while following her intuitive feeling that "this is strange," but soon found that it worked and became a convert and even a practitioner who gained admirers. Positive change also emerged in other wards as an effect.





Time		→						
phase	Introduction	Emergence	Stagnation	Breakthrough	Adoption	Propagation		
Mutual relationship	Nervously talk about their practice		New realizations		Want to know subject	Ask questions, exchange views		
	Lectures	Researcher asks questions	"Wake up" comments		Shift to review of specific practices			
	Attitude based on the TK model							
Change	Encounter with the model and researcher		Makes no connection between model and practice		Model gives meaning to practice			
	Model is always present in practice		Attempts practice based on model		Thinks about the meaning of participating in study meetings			
	Communication with other nurses, opposition and mutual understanding			Puts model into practice and talks about it				
Raw data	"Thought about things that had not crossed my mind before" "The outcome of nursing changed " "I tried changing my approach to the " "I discovered model elements in my usual form of care" "I don't feel clear "		"My ideas differ from the staff's, so I don't know how to handle the " "I did things without thinking, but " "I'm tired of thinking so much"		"Thinking based on the model has become a habit" "I consciously try			

Fig.2 phase of Changes

### Discussion

#### 1) The changes in the nurses

- The participants reflected on their practice by participating in the study meetings.
- The participants influenced the ward nurses, generating agreement and opposition, which gave rise to a new understanding of patients and nurses.
- They studied cases from the perspective of the TK model together with the researchers and became aware of "things that had not crossed our minds before."

#### 2) The involvement of the researchers

- The researchers gave lectures based on the participants' cases to get the nurses to understand the TK model. This led to their linking the cases to the TK model's elements of behavioral cues, living and sharing of his/her thinking, and PLC.
- The researchers interacted with the participants based on the philosophy of the TK model.
- At the case review meetings, the researchers asked the participants "questions to deepen understanding of the subject" and "questions to elicit ideas from the participants."
- Comments intended to "wake up" the participants encouraged reframing.

#### 3) Adaptation of the TK model

- To the participants, the study meetings using the TK model affirmed their nursing practice.
- Through study meetings using the TK model the participants influenced the ward nurses. Also, even as doubts arose concerning not being able to use the TK model, its conscious application led to its viability.

### 【Case explanation】

Take-san: 80-year-old male  
 While undergoing examination as an outpatient for variola pemphigosa, he was hospitalized for testing related to a suspected small intestine tumor. But he decided to cancel the fiberscope test and check out of the hospital.

"Here is a person who won't change his mind after deciding on something. I worry that he might not understand how to handle symptoms of ileus after being released from the hospital. Now seems like a good time to talk to him."

"I heard you're going to leave the hospital tomorrow."

"I decided not to have the tests. I've lived for 80 years and gone through many things. I'm clear about life and death. At my age tests will always find something wrong no matter who it is."

"What will he do if symptoms of ileus develop? I wonder if he intends to come in for an examination?"

"They said that I may get intestinal pain, and if I do I should come immediately for an outpatient consultation, so I'll come right away."

"Did the doctors say anything about what may happen? Of course, there's nothing wrong now..."

**Outcome : By talking with the nurse, Take-san was able to clarify his thoughts for himself.**

Fig3: Episode : Example of patient who was able to organize his thoughts by talking with a nurse