

Action Research Using the TK Model: Study Meetings and the Study of Nursing Practice Facilitated by a Staff Nurse (Certified Nurse Specialist)



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Introduction

Patients with a chronic illness that requires self-care behavior often feel confused, not knowing quite how to actually bring the desired self-care behavior into their lives. For this reason nurses need to do more than impart knowledge through explanations. They need to educate patients according to the patients' individual characters. However, most nurses today are preoccupied with providing patients with self-management methods according to a rigidly fixed education plan that has been prepared in advance and are unable to direct their attention to the confusion felt by the patients.

Objective

To clarify how nurses changed through the study of the TK model, case review meetings, and discussions about nursing practice.

Method: Mutual Action Research

1. **Research period:** March 2008 to February 2009
2. **Research participants:** Five ward nurses working at a general hospital
3. **Data analysis:**

Data was gathered and used from verbatim records from meeting minutes, case records, and semi-structured interviews; context was extracted with regard to thoughts and attitudes toward educational involvement; changes in nurses were reconstructed.

4. Ethical considerations:

This research was conducted upon receiving approval from the ethics committee.

5. Action plan steps: showed Fig. 1.

6. Researcher's position & Participants' positions in the hospital:

Researcher's position:

The main researcher is a staff nurse (CNS) at the hospital ward that served as the research field.

Participants' positions:

Staff nurses at the hospital ward that served as the research field.

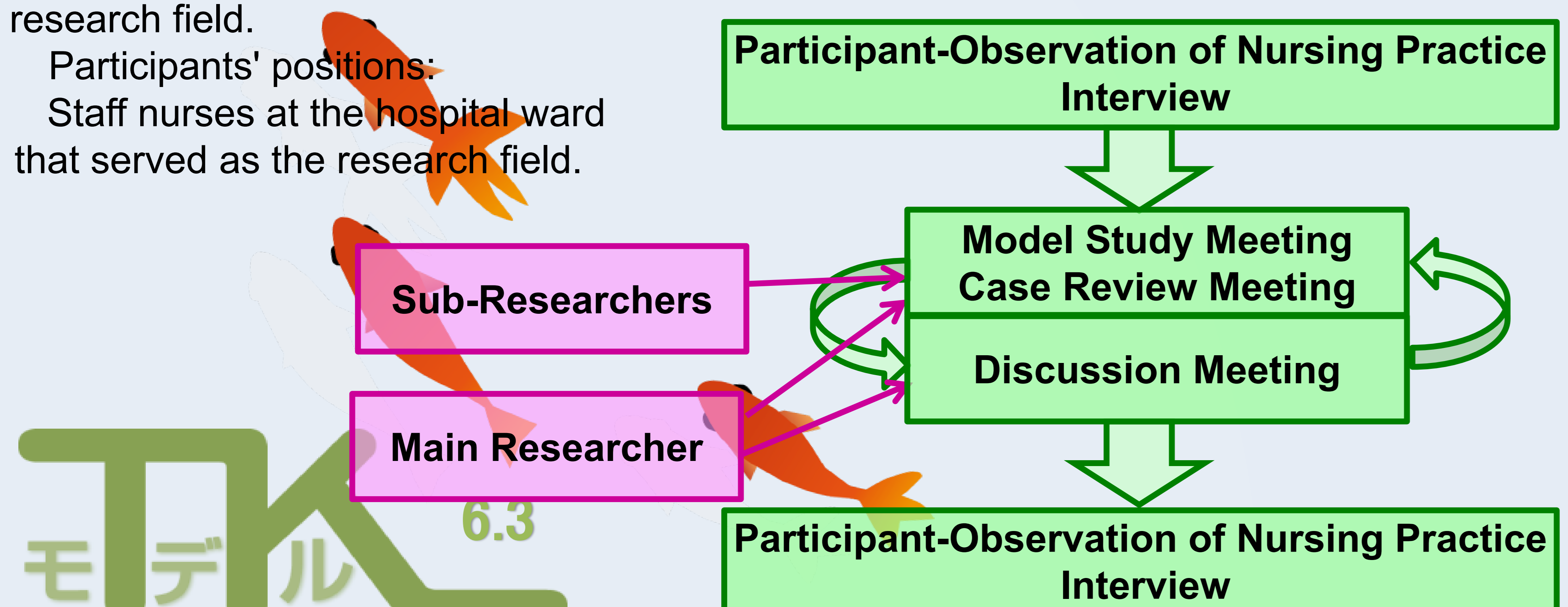


Fig 1 : Action Plan Steps

Results

1. Summary of research field:

The research field consisted of a multi-department hospital ward for endocrinology, nephrology and respiratory departments at a major, regional hospital with 400 beds and 25 departments in a government-designated city in central Japan with a population of approximately 2.26 million.

2. Summary of participants:

The analysis focused on changes in individuals. For that reason the subjects were three individuals who participated for the full length of the research period.

Nurse 1: A nurse in her fifth year of nursing and a certified diabetes educator. She participated in the research with the expectation that her view on nursing would probably undergo a change.

Nurse 2: A nurse in her eighth year of nursing who had always had a strong interest in taking care of patients with respiratory problems. She is respected as a leader in the hospital ward and participated in the research to try something different from the usual routine.

Nurse 3: A nurse in her ninth year of nursing who had worked in the dialysis room and in ICU, and had joined the field ward six months earlier. She participated in the research with the aim of further improving her handling of/interaction with patients.

3. Action plan summary:

Action plan summary is showed Fig. 2. The research group members provided support up until the sixth case review meeting, but did not participate in the remaining three meetings. The main researcher and participants tried holding a case review meeting on their own, which they continued doing thereafter.

4. Roles of the main researcher:

- As facilitator
- As supporter
- As advisor

5. Roles of the sub-researchers:

- To deliver the TK model
- To encourage participants to put their nursing practice into words by asking questions
- To complement the main researcher, who is an internal staff nurse
- To connect the model to the practice scenes

6. Demeanor of the main and sub-researchers:

- Non-evaluative demeanor
- Respectful attitude toward everyone's ideas and thoughts
- Non-controlling demeanor

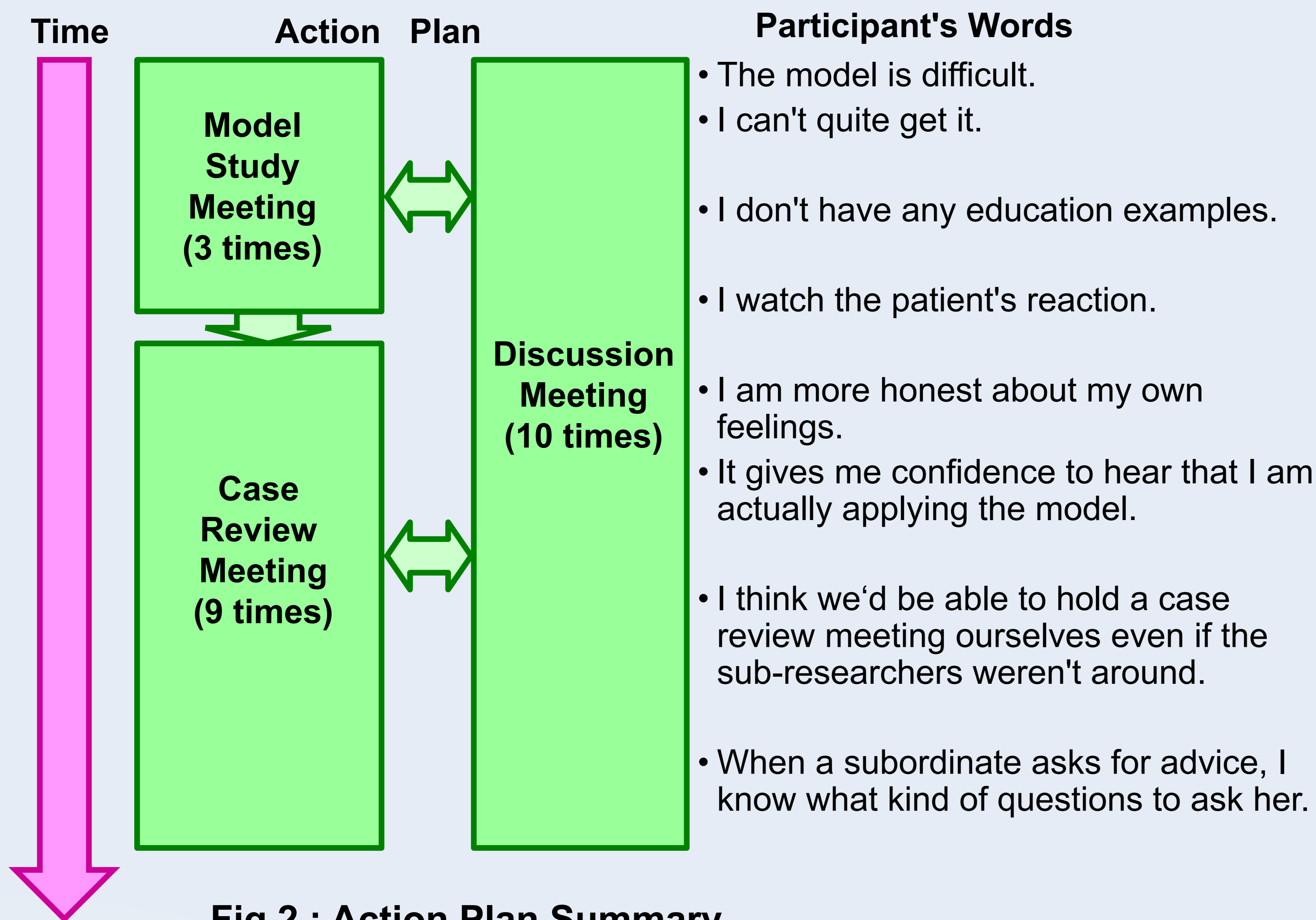
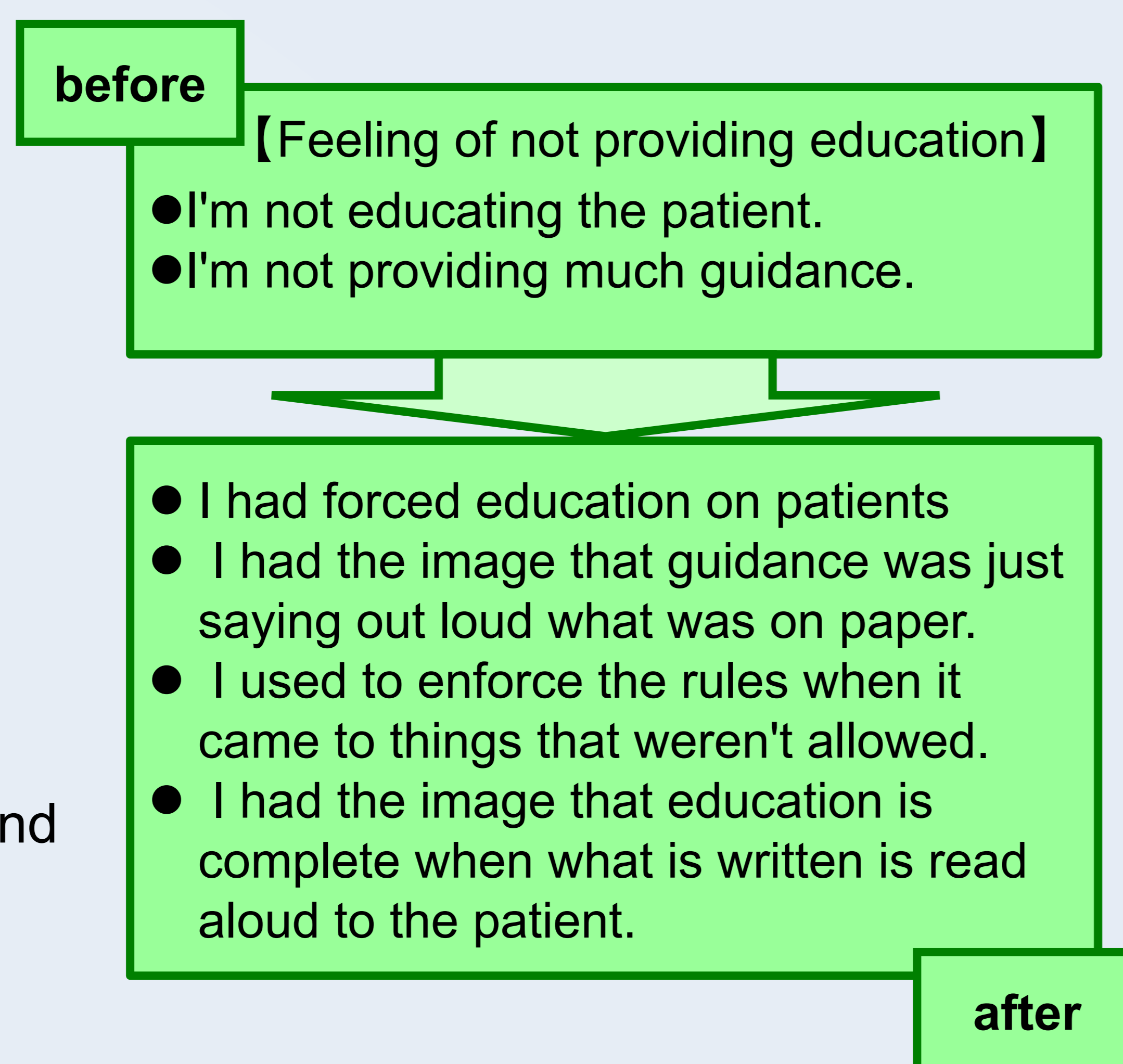


Fig 2 : Action Plan Summary

7. Changes in the participants

(1) Change in awareness with regard to education

At first, the participants held the vague idea that patient education meant that nurses imparted knowledge that the nurses determined was necessary for the patients' treatment. But in the process of carrying out the action plan, their awareness underwent a change. They understood the importance of shifting from normal everyday conversation into education, and that patient education meant proceeding according to the reaction of the patient as expressed through the patient's language and behavior and form of interaction.



Discussion

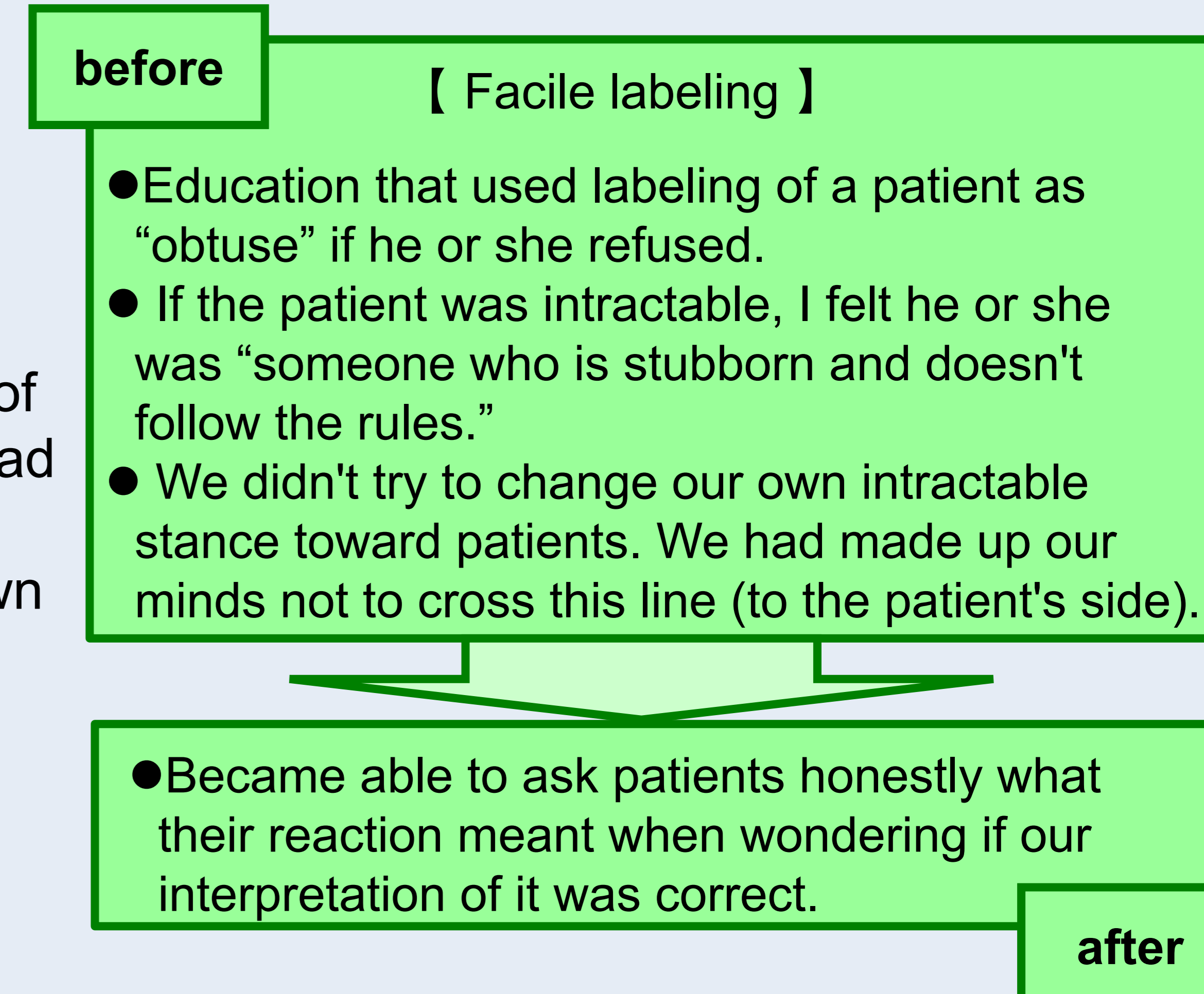
Topics discussed this time were: how the participants' understanding changed with regard to patient education; what kind of actions brought about this change in awareness; and how this change manifested in the participants.

1. Had not been aware before of the problem of "not stopping to take in what difficulties a patient was having".
2. Support and endorsing of participants allowed them to begin to reflect.
3. Use of the TK model became a starting point for supporting the participants' reflection.

(2) Became conscious of the patient's point of view

Participants realized that they quickly judged patients and labeled them too easily as "an obtuse patient" or "someone who doesn't follow the rules" when a patient was halfhearted about self-management or expressed negative behavior. Through the action plan the nurses became aware of the stance they took of "never crossing a line that had been drawn between the patient and the medical caregivers" and also never trying to change their own attitude in response to the patient's reaction.

Having realized these things, they began to think, "Why doesn't this patient want to take care of himself?" Furthermore, they started to ask patients about the patients' own reactions.

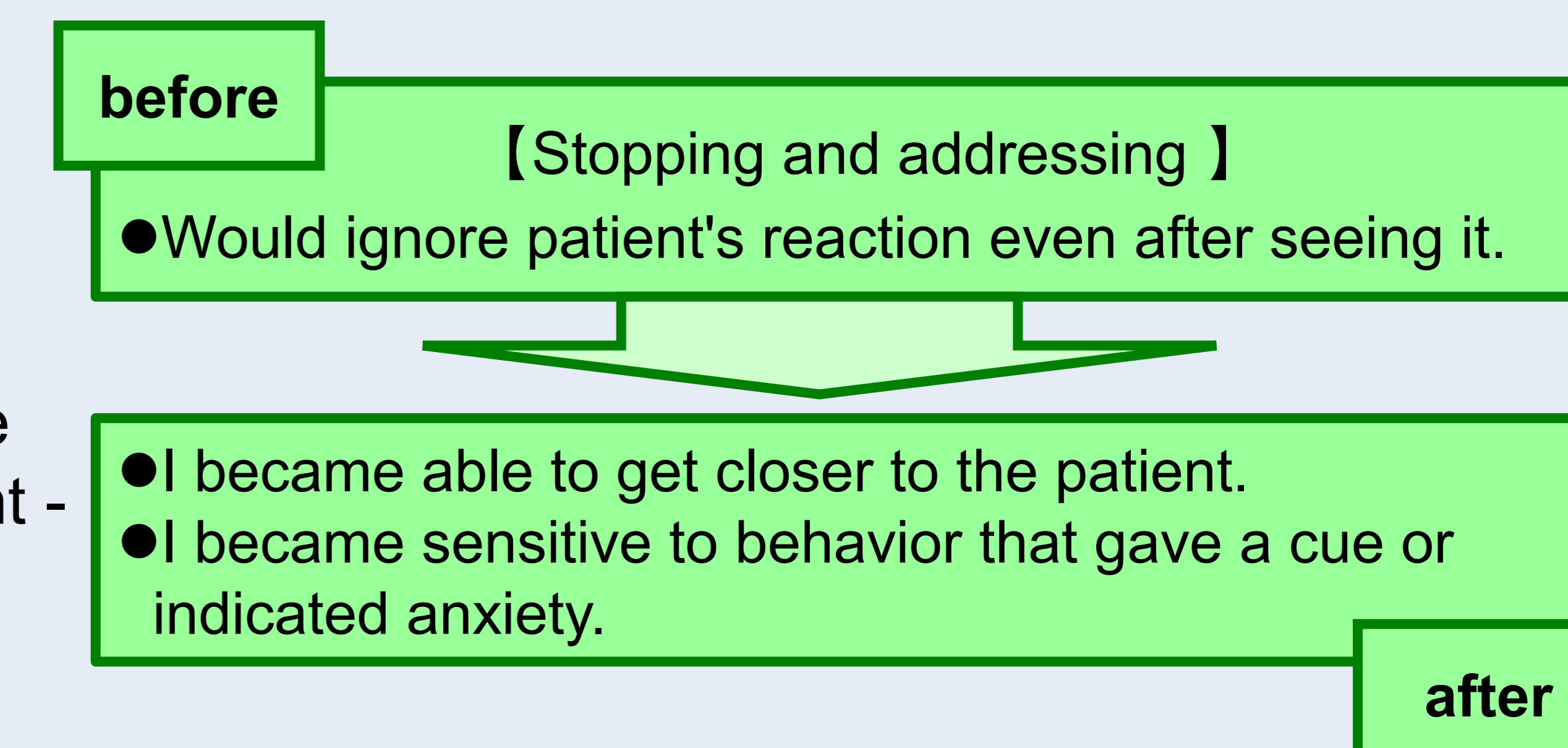


(3) Became able to stop and address patient's anxiety

Before, value was placed on setting up and implementing a plan for teaching patients the required knowledge about self-management on an item-by-item basis.

As a result, even when perceiving a patient's reaction, the nurse would not link it to patient education and would give priority to a different task, ignoring the patient's reaction.

In the process of carrying out the action plan, the nurses changed. They became able to give attention to the words and actions of the patient - "extending my antennae and stopping at behavior that gave a cue."



(4) Came to feel that "my patient education has been endorsed"

By using the researchers' questions and the TK model to look back on cases, the nurses felt, "I am also providing education" and "my patient education has been endorsed."

(5) Became able to communicate their feelings honestly to the patient

The nurses were aware of the patient's behavior, but even if the nurses interpreted that behavior, they were unable to check with the patient about the meaning of the behavior. The nurses' understanding was that they should not tell the patient honestly how they felt or what they thought about the patient's behavior. In the process of carrying out the action plan, the nurses became able to share their own thoughts with patients and consider how to proceed with nursing while watching the patient's reaction to what they said.

8. Influence on other staff

Other nurses who were not participants began paying attention to the reaction of patients.