

Study of Safety Management on Nursing Care in Oncologic Department

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ABSTRACT Objective: To improve the service quality of the department/hospital in an all-round way through strengthening management, improving attitude towards service, standardizing medical service, enhancing medical service quality and guaranteeing medical safety. **Method:** Nursing safety management is analyzed to develop protective measures for medical safety. **Result:** The department does not have any accident or dispute over severe medical safety errors. **Conclusion:** Nursing safety management is strengthened to considerably improve medical safety and lower the rate of medical error accident and dispute.

KEYWORDS

Oncology
Nursing care
Safety management

1. Introduction

Nursing risk refers to the possibility that unsafe factors may directly or indirectly result in the death, injury or disability of patients during nursing care. Apart from the characteristics of common risks, it is also featured by high risk levels, uncertainty, complexity, existence in all links of nursing care and severe risk consequences, etc. Oncologic patients and their requirements for nursing techniques differ from patients suffering from other diseases, due to the special features of the disease. Particularly, the exquisite puncture technique is required to inject medicine for chemotherapy, and close attention must be paid to preventing the exosmosis of medicine. Hence, the ultimate goal of nursing management for oncology is to provide outstanding service for preventing nursing errors and medical accidents. Nursing is a major part of medical work, so its safety should not be overlooked. Hence, one of the important issues that nurses face in the process of nursing is how to standardize nursing behavior, improve the quality of nursing, eliminate the hidden problems of nursing care and protect the life and safety of patients [1]. Radiotherapy

and chemotherapy are the main techniques for treating tumors. Meanwhile, these techniques cannot avoid different degrees of toxicity and side effects as well as complications, which directly affect patients' quality of life and how long their survive rate. Hence, the hidden dangers should be eliminated in the process of nursing care, in order to guarantee the safety of oncologic patients.

2. Analysis of hidden dangers to oncologic safety

2.1. Lack of sense of responsibility

Some nurses lack the sense of responsibility, so they do not strictly implement the examination and verification system, resulting in wrong dispersion of drugs, wrong injection and wrong distribution of drugs. They don't patrol wards carefully during the injection of chemotherapeutic drugs and do not conduct explanation and education carefully before and after chemotherapy, causing the exosmosis of chemotherapeutic drugs. They less likely visit the ward in time on the night shift, don't observe the condition of patients in a timely and careful manner, and do not identify the changes of the patient's condition in on-time, thus delaying the rescue. The complaints about nurses' lack of sense of responsibility account for 25.0% of all complaints [2].

2.2. Lack of communication between nurses and patients

A large number of young nurses lacked the skills of communication with patients, ignore about the questions of patients and families and only give simple and formulaized answers. Nurses are disliked by patients, due to pay no attention to the emotions and psychological needs of

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patients and families.

2.3. Poor professional quality

At present, the knowledge structure, business quality and technical level of nurses are still much behind the development of medical technology and the diverse service demands of the people. Nurses do not pay much attention to the update of knowledge and training for new technology [3]. Hence they are not proficient in operational techniques, do not establish the effective intravenous channel during rescue of patients in a timely manner, and even conduct wrong operations due to violation of technical operating procedure, lastly resulted in the defects and accidents of nursing care.

2.4. Legal awareness and risk awareness

Some nurses attach importance only to medical treatment and nursing care, and overlook the potential risks of nursing. Also, they don't pay attention to the hidden problems in nursing and the potential disputes over nursing, and take chances in their work.

2.5. Non-standard nursing documents

During work, the nursing record was often delayed, has omission, mistake and alteration, even not identical with the medical record, etc. Particularly when some patients go out without permission after chemotherapy, the nursing document does not include the "written request for leave", and not record the reasons as to why patients ask for leave or go out in a timely manner. If any accident occurs to patients during this period, it may easily cause nursing safety accident and dispute.

2.6. Psychological factors of patients

Cancer often brings tremendous mental pressure on patients, resulting in some emotional problems. Due to bad prediction of the disease, severely worsened quality of life, unbearable pain and heavy economic burden, etc., patients may easily become afraid, depressed and pessimistic, and even commit suicide. It is reported that 58% of people who commit suicide have the symptoms of depression [4,5].

2.7. Chemotherapeutic risk

Now, surgery is the primary treatment for most cancerous tumors, but chemotherapy is still an indispensable assisting therapy. Chemotherapeutic drugs often have toxicity and side effects, so they may cause some risks if they are not used reasonably. This mainly involves several aspects as follows: (1) Nurses lacked the necessary knowledge and do not realize the risks of chemotherapeutic drugs. Nurses conduct the work randomly and carelessly, and do not put away special drugs on-time, and leave them in the ward, etc. (2) Intravenous chemotherapeutic risk may easily happen to the patients who have a history of allergic response to drug, obesity, long-term chemotherapy or difficulty for

puncture of veins during intravenous infusion 3. Nurses are not very skillful, resulting in the exosmosis of intravenous chemotherapy. Moreover, nurses do not have sufficient knowledge about this condition, so some risk events may be caused. (4) Chemotherapeutic drugs may be inhaled through the respiratory tract, and enter the human body through skin contact. If they are not handled strictly according to the rules or they are used by patients without permission, some related hazards may be caused.

3. Preventive measures against hidden dangers to nursing safety

Nursing safety means that patients are not experiencing psychological, physical or functional injuries, defects or death beyond the range permitted by the laws and regulations during the whole process of nursing [6].

3.1. Reinforcement of key systems

The key systems, including nursing safety responsibility system, visit and examination system, shift handover system, critical patient rescue system and disinfection as well as quarantine system, are carried out. All nurses are required to keep these systems in mind and pass the examination with regards to these systems. Before chemotherapy, the letter of approval is signed with patients. Nurses should thoroughly tell patients about the chemotherapy scheme, side effects of chemotherapeutic and reasons as well as principles for drug exosmosis handling, recording what has been told in the nursing record.

3.2. More communication between nurses and patients

The nurses of oncology should have strong compassion, being philanthropy-spirited with great skills of communication. They should answer all questions raised by patients in a patient and careful manner, console patients if they use intemperate language or conduct improper behavior, improve the understanding and trust of patients and their families, improving their service satisfaction overall, and prevent nursing disputes.

3.3. More training for professional knowledge and skills

3.3.1. Increase of training and examination as well as familiarity with all kinds of operating techniques

Particularly, PICC training should be carried out. The senior and experienced nurses can be arranged to tutor young nurses, in order to teach, assist and guide them. PICC is carried out actively to guarantee the success rate of intravenous puncture and reduce the pain of patients.

3.3.2. Strengthened learning about professional knowledge

Every nurse must have a notebook for learning. In a ward, nurses take turns to visit the sickrooms for nursing work and lecture about the professional knowledge of oncology every month. Nurses can ask questions about the visits and

the lectures, and take examinations for academic knowledge. At the end of each month, nurses were reviewed.

3.4. Stronger legal awareness

Strengthening the education of nurses with regards to medical ethics and regulations is crucial to reducing the occurrence of safety accidents. The nurses of oncology are organized to carefully study related legal knowledge, and typical cases are utilized to educate nurses and improve their safety awareness constantly.

3.5. Quality improvement of nursing document

The nursing document composition workshop is held to standardize their composition of nursing documents. Nursing documents should be composed on the principles of science, authenticity, integrity and timeliness, synchronously with medical documents [7]. Patient records are randomly checked every week.

3.6. Attention to psychological nursing

3.6.1. Careful evaluation of health education

Nurses should learn about whether patients feel gloomy, pessimistic and negative, and observe whether there is any abnormality in their everyday behavior or any desire to commit suicide. The nursing plan is prepared based on the results of evaluation, and focused aid is given to patients with psychological barriers.

3.6.2. Development of in-patient suicide emergency response plan and inpatient suicide handling regulations

Nurses should give psychological consultation to patients who show the tendency of suicide. In addition, they should gain the cooperation of their families, by move away the items that patients may use to hurt themselves, arrange their sickbed away from the window, mount the protective shield onto the window, place them in the sickroom close to nurse station, strengthen the patrol to their sickroom, and ask their families to stay with them 24 hours in the ward.

3.7. Proper storage of special drugs

The special drugs for chemotherapy, anesthesia and other purposes should be kept properly. For spare drugs in the ward, the principle of "four fixed" must be followed. They are fixed category and quantity, fixed place of storage, inventory taking at fixed time and management by fixed person. While taking shifts, nurses should also count the special drugs, and register any psychotropic drugs and narcotics in a timely manner. All nurses should be well trained with regards to rules on administration of drugs, and they are required to know about the rules on the administration of special drugs, managing the drugs well [8].

3.8. Improved clinical tutoring

A tutor should improve the clinical observation ability of

nurses under training, and enable them to basically understand the special features of oncologic patients. As most oncologic patients need chemotherapy and have different reactions to drugs, it is difficult to nurses under training to remember the specific clinical reactions. Thus, a tutor can arrange for nurses under training to observe several key cases, find out the problems and record them immediately, and ask them to sum up what they learn about training on the given day, so as to train them into nurses with a strong habit of learning [9].

4. Discussion

After risk management is carried out, the quality of nursing is considerably improved. Nursing risk management is a task for improving nursing quality. Risk management plan and nursing quality assurance plan are carried out simultaneously. Through actively improving the attitude towards service, strengthening the education on risk prevention, paying more attention to the management of unsafe events in all links, the impacts of disputes on the hospital can be reduced to the minimum [10].

The implementation of risk management improves nurses' awareness of risk prevention and awareness of active service. Meanwhile, patients receive respect, acquire knowledge with the trust in the work of nurses, and hospitalization safety of oncologic patients is improved before and after chemotherapy. The results show that the complaints about nursing are considerably reduced after the implementation of risk management, and the degree of satisfaction is greatly improved. Along with the development of medical technology, the application of new high technology increases the difficulty and risk level of nursing. Only if the difficulties and risks are correctly eliminated can the quality of nursing be constantly improved [11].

Along with the improvement of patients' legal and self-protection awareness, it is more important to prevent the risks of nursing care. Considering the hidden dangers to nursing safety, it is crucial to strengthen prevention, improve the quality and technical experience, strengthen the management and improvement mechanism, and realize the standardization and normalization of nursing safety management systems. Nursing safety protection measures are developed based on the links that involve nursing safety, so as to effectively reduce the occurrence of nursing errors and disputes [12]. The department provides nurses with training regarding law, skills, communication and rules on composition of written documents, which improves the quality for each nurse. The nurses of oncology should have a strong sense of responsibility, compaction and the spirit of dedication. They should also have good skills of communication and attitude towards service, solid professional academic knowledge and skills, so they can provide an orderly and safe environment for surgical nursing care, and guaranteeing nursing safety for patients.

Conflicts of interest

These authors have no conflicts of interest to declare.

Authors' contributions

These authors contributed equally to this work.

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