

# 看護キャリアアップ部門紹介



## 設置目的

1. 変動する社会環境の中で高度専門化する医療・看護の社会的ニーズに応えるべく、より質の高い看護ケアを提供する看護職のキャリアアップ支援に向けた教育活動の推進を図る。
2. 医学部附属病院とともに多角的な視野で実践研究に取り組み、看護学における教育・研究活動を地域社会に還元する

## 事業内容

### 資格所得

#### 「認定看護師育成部門」

認定看護分野とは、高度化及び専門化する保健、医療及び福祉の現場において、熟練した看護技術及び知識を必要とする看護分野として制度委員会が認めたものをいいます。

平成23年より「慢性呼吸器疾患看護」、平成26年より「手術看護」認定看護師教育課程を開講しました。このような幅広い領域で専門的知識と技術を持った看護師が増えることで、個々の対象者に合ったカスタマイズされた看護・医療の実現が可能となるといえます。

## 学会活動

### 日本呼吸ケア・リハビリテーション学会 呼吸器認定看護師教育課程研修生によるブース



毎年、日本呼吸ケア・リハビリテーション学会などに参加し、慢性呼吸器疾患看護認定看護師教育課程研修生がブースを作成し、認定看護師教育課程の紹介や、タバコによる害などの呼吸器系疾患における啓蒙活動を行っています。



## 論文

青池智小都,長谷川智子:手術室看護師が立案した周手術期におけるハイリスク患者の看護診断の特徴,日本看護診断学会,看護診断, Vol 24 (1), 2019

## キャリアアップ研修 英国



国際的・学術的な交流目的で訪問した施設  
Glenfield Hospital, University Hospital's of Leicester  
University Hospital's Coventry & Warwickshire  
Birmingham City University  
St.Christopher's Hospice

## スキルアップ

### 「人材育成担当部門」

厚生労働省は「看護師は人の生涯にわたるヘルスプロモーションとして重要な社会機能の一つである」と述べるように、一人1人の人生を支える知識と技術を備える専門職人として、日々自己研鑽する必要があります。

再就業を目指す潜在看護師、看護基礎教育修了後の新卒看護師、様々な分野で専門性を高めたい就業看護師に対する教育を提供します。

## 学会発表

### NANDA-I国際学会 メキシコ カンクン



ID 76 Characteristics of perioperative nursing diagnoses for high risk surgical patient.  
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**Table 1. Frequency nursing diagnosis in preoperative, intraoperative, and postoperative phases**

Nursing diagnosis	preoperative	intraoperative	postoperative	total
1 Readiness for enhanced health	10	10	11	31
1 Ineffective health management	2	1	1	4
2 Risk for electrolyte imbalance	1	2	0	3
2 Risk for imbalanced fluid volume	2	2	0	4
3 Risk for impaired gas exchange	11	11	11	33
3 Risk for ineffective peripheral tissue perfusion	10	10	10	30
4 Risk for decreased cardiac tissue perfusion	10	11	11	32
4 Risk for ineffective renal perfusion	2	2	0	4
4 Risk for ineffective breathing pattern	1	1	1	3
5 Risk for waste excretion	1	4	1	6
9 Anxiety	11	11	8	30
9 Fear	4	4	2	10
10 Risk for preoperative positioning injury	17	17	11	45
10 Risk for imbalanced body temperature	11	15	14	40
10 Risk for infection	10	10	10	30
10 Risk for imbalanced body temperature	10	10	10	30
11 Risk for altered sensory perception	4	2	4	10
11 Risk for altered response	2	2	0	4
11 Risk for bleeding	0	2	0	2
11 Risk for aspiration	1	1	1	3
11 Risk for impaired skin integrity	1	1	1	3
11 Risk for altered sleep pattern	1	1	1	3
12 Client pain	6	7	10	23
12 Risk for nausea	1	1	1	3
total	176	192	165	533

**Fig. 1. Nursing diagnosis rates in the perioperative (top rank 10)**

**Fig. 2. The frequently stated NDI in through preoperative phases were Risk for preoperative positioning injury, Risk for imbalanced body temperature, Risk for impaired gas exchange, Risk for infection, and Risk for ineffective peripheral tissue perfusion.**

**Conclusion/Implication:**  
A large number of diagnoses were stated by the CN trainees throughout preoperative phases. Most of the stated NDIs were potential risks for physiological problems related to surgical and anesthetic stress. Some psychological NDIs were stated for patients in preoperative phase.

014 Implications of nursing process and partnership mind in the Partnership Nursing System: PNS

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**BACKGROUND:** The University of Fukui Hospital revised the Partnership Nursing System PNS in 2003, and has systematically introduced it since then. Under the PNS, two nurses cooperate with and complement each other as effective, equal partners, taking advantage of each other's strengths to perform daily nursing care and share achievements and responsibilities. The aim of the PNS is to enable nurses to provide both safe and high quality nursing.

**AIMS:** To describe the partnership mind of nurses who work in the PNS to clarify implications of the partnership mind to each aspect of nursing process.

**METHODS:** Subjects: 210 nurses from 8 general hospitals and 1 university hospital were invited to participate in this study. The PNS had been introduced in all hospitals. (187 (89.0%)) out of 210 subjects who were responded to the questionnaire, and data from 38 subjects who had been working under the PNS were analyzed. Average length of nursing experience was 31.2±2 years, and average length of nursing practice under the PNS was 17.4±3.5 months.

**Survey method:** A systematic questionnaire was distributed to the subjects.

**Data Collection:**

1. Partnership mind: The Nursing Partnership Scale: NP Scale (Miyahira, 2014) was used. The scale is consisted of 3 subscales: I 'Trust and equality', II 'Nursing innovation through collaboration', and III 'Information sharing and complementation'. The reliability of the scale has been evaluated. A level of partnership mind was assessed by using 5 rank Likert scale.
2. Accomplishment of nursing process: A scale was developed by the researchers based on the scale of nursing practice competencies (Suzuki, 2012). Levels of accomplishment of each nursing process was assessed by using 5 rank Likert scale.
3. Implications of PNS to the nursing process: A scale was developed by the researchers. The scale is consisted by 'Nursing documentation' and 5 nursing processes: I 'Data collection and assessment', II 'Nursing diagnosis', III 'Nursing planning', IV 'Nursing intervention', and V 'Evaluation'. Awareness of weakness and positive effect of PNS on above 6 categories were assessed by using 5 rank Likert scale.

**Ethical considerations:** Approval from the ethical committee of the institution was obtained. The aim and method of the study and the content of the survey were verbally explained to the voice nurse participants, and their consent was obtained.

**FINDING/ DISCUSSION:** The subjects' average scores of the NP Scale were: total: 1.82.8±11.2, I: 82.4±17.8, and III 71.7±16.0. There was a weak but significant positive correlation between subscale III, and a length of nursing practice under the PNS ( $r_s = .235, p<.05$ ). Length of practice under the PNS also had a weak but significant positive correlation with accomplishment of nursing process ( $r_s = .201, p<.01$ ). These results indicated that nursing practice under the PNS could facilitate attitude of information sharing and complementation, and accomplishment of nursing process. The nurses' awareness of weakness or nursing process was strong on #1 'Nursing intervention', and #2 'Data collection and assessment'. The nurses felt positive effect of PNS on #1 'Nursing intervention', and #2 'Nursing documentation'. The nurses might feel difficulties on carry out nursing interventions; however, they felt positive effect of having a partner to do nursing interventions. They also felt easiness to make nursing documentations by having a partner (Fig. 1). According to Tsuji et al. (2014), the PNS enable nurses to do on-time documentation because one pair nurses can share in implementing direct care and documentation during patient care. For this reason, the nurses felt positive effects of the PNS on nursing documentation work.

**CONCLUSION/IMPLICATIONS:**

1. Length of nursing practice under the PNS had a weak but significant positive correlation with accomplishment of nursing process.
2. The subjects felt easiness to make nursing documentations by having a partner.
3. There was a weak but significant positive correlation between total points of Partnership Mind Scale and total points of accomplishment of nursing process.
4. The PNS could facilitate nurses' competency or accomplishment of nursing process as well as reduce their burden of making documentations.

**Fig. 1. Implications of PNS to the nursing process**