急診室護理人力需求與因應策略探討-以臺北市立聯合醫院爲例

A Study of Nurse Staffing Requirements and Accordance of Strategy in the Emergency Departments in Taipei City Hospital

中文摘要

護理人力配置是影響病人安全與照護結果的主要原因，而強制性或自願性加班經常被用來填補護士空缺，導致護士疲累及崩潰，醫療疏失堪慮。本研究目的探討急診室護理人力需求與因應策略，並通過臺北市立聯合醫院人體試驗委員會審查。研究方法係以資料庫分析臺北市立聯合醫院 5 個院區，自 97 年 1 月 1 日至 97 年 12 月 31 日止之急診室病人就診特性資料 189,590 筆、護理人員延遲下班時間紀錄 22,335 筆及異常事件 56 筆，分析護理人力與護理人員延遲下班時間及異常事件之關聯，及自擬式問卷調查 109 份，問卷 CVI 值爲 1.0，分析急診室護理人員對護理人力相關議題看法。研究結果顯示：

一、依醫院評鑑標準人力計算公式或以各級病人所需護理時數總和，各院區現有配置人數不足 5~11 人。

二、異常事件類型與班別有統計上顯著差異，異常事件小夜班佔 39.6%，大夜班佔 29.3%其中以病人跌倒居多。

三、影響急診室護理人力需求因素爲病人疾病嚴重度、病人來診數、病人留觀人數及護理人員事、病、產假及年休的需求。

四、降低單位護理人力困難方法：建立部分工時人力庫、人員單位調動或調整班別時間、人員固定班別制、人員離職前先遞補新進人員及增設病房助理。

根據本研究結果建議如下：

一、依病人來診特性適時調整護理人力，以降低異常事件，提升病人就安全。

二、各院區可各針對因人員及環境所產生之護理人力問題，運用不同的管理策略來解決，以降低護理人員職業疲潰，提升工作滿意度。

三、未來研究可增加急診室離職、請調單位護理人員對於急診室護理人力問題之探討。

英文摘要

Background: The nurse staffing related to patient's care quality although mandatory or voluntary overtime to replace nurse vacancy that is to worsen nursing shortage and patient's safety.

Objective: These research purposes are (1) to evaluate nurse's overtime and nurse staffing of emergency department. (2) to compare the number of nurse staffing in the actual situation to the hospital accreditation in emergency department.

Method: This study was used emergency department (ED) data mining to analysis nurses workload and nurses staffing requirement. This study was collected 189590 patient visits ED, 22335 staff nurses' overtime, and 56 adverse events from five regional hospitals in Taipei from January 1st to December 31, 2008. This study had IRB approval. Also, 109 ED nurse staffs have answered self–designed questionnaire on the nurse staffing issue.

Results: (1) According to appraisal standard of hospital or patient hours, it had a shortage of nurse staffing in ED in the five regional hospitals, it showed short of nurse staffing 5 to 11 persons. (2) There are statistically significant differences between the adverse event type and work shifts at evening and night. (3) There are main factors of nurse staffing including patient disease severity, the amount of visiting patients and patients in observation status, and staffing from sick leave, maternity leave and vacations. (4) To reduce the difficulty of nurse staffing shortage as follows: setting up database of part-time workforce, changing units or flexible work shift, fixing work shift, new staff recruitment before staff resign, and setting up a clerk.

Conclusions: (1) To adjust nurse staffing based on patient conditions, adverse events. (2) To utilize the ancillary staff strategy to release nurse staffing shortage and nurses' work stress. (3) Staffs' desired future for creating a healthy workplace.