Construction and Implementation Effect Observation of Goal Management in Ward Nursing Management

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Abstract: Objective: To explore the construction and implementation effect of goal management in ward nursing management. Methods: 200 emergency ward patients and 100 medical staff from our hospital in 2021 and 2022 were selected as research subjects. They were randomly divided into groups according to the random number table. From June 2021 to December 2021, 100 patients were randomly selected as the control group and underwent conventional management. From June 2022 to December 2022, 100 patients were randomly selected as the observation group and underwent goal management. The medical staff in both groups served as their own controls. The incidence of adverse events, satisfaction of medical staff, and patient satisfaction in the two groups were compared. Results: Incidence of adverse events: Observation group VS Control group = 22.00% (22/100) VS 8.00% (8/100), Observation group ＜ Control group (χ^2 =7.686, P=0.006＜0.05); Medical staff satisfaction: Observation group VS Control group = 92.00% (92/100) VS 80.00% (80/100), Observation group ＞ Control group (χ^2 =5.980, P=0.014＜0.05); Patient nursing satisfaction: Observation group VS Control group = 90.00% (90/100) VS 75.00% (75/100), Observation group ＞ Control group (χ^2 =7.792, P=0.005＜0.05). Conclusion: Implementing goal management in ward nursing management has positive effects and is worth promoting.

***Keywords*:** goal management, ward nursing management, implementation effect

1. Introduction

In hospital wards, a large number of patients are gathered, with complex conditions and a variety of diseases, which can easily lead to high safety risks. Patients have a high incidence of adverse events. According to relevant clinical data, about 2.9% to 33.2% of patients experience at least one adverse event every year, including 77% of adverse events that can be prevented from occurring through prevention[1-2]. Therefore, it is necessary to strengthen clinical nursing management, establish effective management measures, clarify the current actual situation and management problems of patients in the ward, and adopt scientific and reasonable management models to improve patient management results. Nursing management in the ward is an important part of clinical nursing, and it is of great significance for improving the treatment effect and safety of patients[3-4].At present, hospital nursing management mostly adopts a flat management system and a responsibility system. However, under this situation, there may be delays in information feedback and a relatively fixed and single form, which makes the overall management effect poor and easily leads to problems such as poor implementation and uneven management intensity. It is necessary to adopt more effective nursing management methods to improve the nursing management effect in the ward[5-6].Target management is a people-centered and goal-oriented management method that can reflect the standardization and systematization of management models. It is a new type of management method that enables individuals and organizations to actively achieve optimal performance[7-8]. This study takes 200 ward patients as the research observation objects, aiming to analyze the construction and implementation effects of target management in ward nursing management. The specific report is as follows.

2. Materials and Methods

2.1 General Information

This study selected 200 inpatient cases from our hospital in 2021 and 2022 and 100 medical staff members in the ward. Patients were randomly divided into two groups according to the random number table, which included the observation group (June 2022 - December 2022, 100 patients) and the control group (June 2021 - December 2021, 100 patients). The 100 medical staff members in the ward served as their own before-and-after controls, consisting of 34 males and 66 females, 44 doctors, and 56 nurses, with ages ranging from 23 to 47 years old and an average age of (37.52±1.25) years.Among the 200 inpatient cases, the control group included 100 patients with 55 males and 45 females, and their ages ranged from 17 to 84 years old, with an average age of (60.12±1.75) years. The observation group consisted of 100 patients, including 57

males and 43 females, with ages ranging from 18 to 85 years old and an average age of (60.14±1.36) years. There was no statistically significant difference between the groups (P>0.05), indicating comparability.

2.2 Methods

Control group: Conventional management. Each department implemented nursing management according to the ward management regulations.

Observation group: Goal management. A three-level goal management checklist for the emergency ward was constructed and implemented through literature analysis, semi-structured interviews, and the Delphi expert consultation method. ① Literature analysis: By analyzing the current domestic and international development and application trends of goal management tools, a three-level goal management checklist was developed that conforms to nursing management work. ② Semi-structured interview method: Using purposive sampling, three physicians with attending titles or above engaged in emergency clinical work, three emergency nursing managers currently or previously engaged, and ten emergency clinical nursing staff with nurse titles or above were selected for interviews, obtaining entries for the emergency nursing goal management checklist and forming the initial version of the goal management checklist. ③ Delphi expert consultation method: Three nursing experts with deputy director nurse titles or above in nursing management direction were selected, and consultation and adjustment suggestions were provided to form the final version of the goal management checklist.

2.3 Observation indicators

The utilization of the three-level goal management checklist was surveyed through questionnaires to analyze the satisfaction of medical staff in using it; patient nursing satisfaction was monitored, and the incidence of adverse events in the two groups was compared.

2.4 Statistical Analysis

All data in the study were statistically analyzed. Measurement data were expressed as (±s), and count data were expressed as n (%). Intergroup comparisons were made using t-tests, with $P < 0.05$ considered statistically significant. SPSS 24.0 software was used for statistical analysis.

3. Results

3.1 Incidence of Adverse Events

Incidence of adverse events: Observation group VS Control group = 22.00% (22/100) VS 8.00% (8/100), Observation group ＜ Control group (χ^2 =7.686, P=0.006＜0.05). See Table 1.

Table 1: **Comparison of the incidence of adverse events between the two groups[*n* (%)]**

Group	Adverse events such as pressure sores	Drug safety incident	Pipeline event	Adverse event rate
Observation group n=100	2(2.00)	3(3.00)	3(3.00)	8(8.00)
Control group n=100	8(8.00)	9(9.00)	5(5.00)	22(22.00)
x^2	-	-	-	7.686
P	-	-	-	0.006

3.2 Medical Staff Satisfaction

Medical staff satisfaction: Observation group VS Control group = 92.00% (92/100) VS 80.00% (80/100), Observation group > Control group (χ^2= 5.980, P = 0.014 < 0.05). See Table 2.

Table 2. Comparison of satisfaction of medical staff between the two groups[*n* (%)]

Group	Very satisfied	Satisfied	Generally	Dissatisfied	Very dissatisfied	Satisfaction
Observation group n=100	39(39.00)	53(53.00)	4(4.00)	2(2.00)	2(2.00)	92(92.00)
Control group n=100	34(34.00)	46(46.00)	10(10.00)	5(5.00)	5(5.00)	80(80.00)
x^2	-		-	-	-	5.980
P	-		-	-	-	0.014

3.3 Patient Care Satisfaction

Patient care satisfaction: Observation group VS Control group = 90.00% (90/100) VS 75.00% (75/100), Observation group > Control group (false= 7.792, P = 0.005 < 0.05). See Table 3.

Table 3. Comparison of patient satisfaction between the two groups[n (%)]

Group	Very satisfied	Satisfied	Generally	Dissatisfied	Very dissatisfied	Satisfaction
Observation group n=100	38(38.00)	52(52.00)	5(5.00)	4(4.00)	1(1.00)	90(90.00)
Control group n=100	32(32.00)	43(43.00)	10(10.00)	10(10.00)	5(5.00)	75(75.00)
x^2	-	-	-	-	-	7.792
P	-	-	-	-	-	0.005

4. Discussion

4.1 Goal Management Checklist Can Reduce the Incidence of Adverse Events

In this study, 200 ward patients and 100 medical staff were surveyed. The incidence of adverse events was: Observation group VS Control group = 22.00% (22/100) VS 8.00% (8/100), Observation group ＜ Control group (χ^2 =7.686, P=0.006 ＜0.05). The results confirm that goal management is beneficial in reducing the incidence of adverse events in patients. The goal management checklist reduces the incidence of adverse events during implementation. Possible reasons are as follows: 1. The establishment of specific, feasible treatment and nursing goals makes the treatment and nursing of patients operational. Emergency wards require shift rotations, and medical staff on different shifts may have different opinions on patient conditions and treatment and nursing goals. The implementation of the goal management checklist effectively unifies treatment and nursing goals, avoiding inconsistent goals leading to repeated patient conditions. 2. A three-level quality management system consisting of responsible nurses, nursing team leaders, and head nurses has been established, clarifying inspection requirements and setting up a good real-time feedback mechanism for nursing quality. This avoids negligence and errors in the medical staff's operation process, ensuring the timeliness, standardization, and effectiveness of treatment and nursing measures. This is consistent with the research conclusions of Guo Xiaoli, Jiang Shuxia, and Mayinur · Maihesuti [9]. 3. Medical staff hand over patients based on the goal checklist during shift changes, reducing the omission of important information and facilitating the handover using the SBAR model, providing patients with good continuity of treatment and care. The three-level nursing quality control goal management not only effectively improves the nursing quality and specialized nursing management capabilities of the department but also mobilizes the initiative and enthusiasm of specialized nurses, gradually forming a standardized specialized nurse continuous training framework. Some studies have applied the goal management checklist to the teaching of nursing interns, allowing clinical teaching teachers and nursing students to have a clear and distinct understanding of teaching and learning tasks, quantifying and visualizing the evaluation of student internships, standardizing and systematizing the teaching work of each nursing unit and department, and improving teaching quality and satisfaction, making clinical teaching work more rigorous and ensuring the standardization, integrity, continuity, and interactivity of nursing education [10]. The use of safety checklists to verify critical and error-prone diagnostic and treatment decisions and activities in the medical process has become an important means of reducing medical errors and ensuring patient safety in recent years. At the same time, the electronic implementation of the three-level goal management checklist makes it convenient for nurses to use and record, simplifies the checklist, allows for the completion of record writing in a short amount of time without adding additional burden to the nurse, and the checklist can record special events to prevent the omission of important patient handover information.

4.2 Goal Management Checklist Can Improve Effective Communication Among Medical Staff

Goal management is a participatory, democratic, and self-controlled management system. The concept of goal management was first proposed by American management expert Peter Drucker in his 1954 book "The Practice of Management." Later, he also put forward the idea of "goal management and self-control" [11]. The implementation of the goal management checklist requires collaboration and coordination among medical staff. It allows for the development of specific treatment goals that are clear, quantifiable, and jointly established by doctors and nurses. This strengthens effective communication between doctors and nurses, avoiding patient harm caused by poor communication.

4.3 Goal Management Checklist Can Improve Patient and Medical Staff Satisfaction

Medical staff satisfaction: observation group VS control group = 92.00% (92/100) VS 80.00% (80/100), observation group > control group (false=5.980, P=0.014<0.05). Patient nursing satisfaction: observation group VS control group = 90.00% (90/100) VS 75.00% (75/100), observation group > control group (false=7.792, P=0.005<0.05). These results confirm that goal management is beneficial in improving the satisfaction of patients and medical staff. The implementation of the goal management checklist has reduced the incidence of adverse events, strengthened effective communication among medical staff, and may have shortened the time patients stay in the emergency department, leading to an improved medical experience for patients and increased satisfaction for medical staff [12-13]. In this process, the standardized and procedural management sequence can clarify the nursing responsibilities of medical staff and make them understand the goals and responsibilities of nursing management, actively assume their management tasks, and achieve a participatory management process [14-15]. This approach can demonstrate significant management advantages, motivate staff enthusiasm, clarify safety awareness, and complete a series of safety management content [16-17]. The limitation of this study is that the goal management checklist is implemented in the emergency department. Different regions have different emergency models, which may have some impact on the implementation of the checklist, requiring further exploration in future research.

5. Conclusion

In summary, the application of goal management in nursing management of hospital wards has achieved significant results, reducing the incidence of adverse events and improving the satisfaction of medical staff and patients. It is worth promoting and implementing.

Acknowledgments

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