

# Analysis of The Current Situation of Carrying Out The Construction of Unaccompanied Wards in High-level Specialized Oncology Hospitals

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**Abstract:** The unaccompanied ward care model, which is dominant in foreign hospitals, has been facing challenges such as family concepts affecting the choice of companion, shortage of nurse manpower, inadequate professional quality of caregivers, mismatch of relevant hospital facilities and equipment, inability of health insurance payment to cover long-term care costs and possible legal disputes over medical events since it was piloted domestically from 2010, but due to the orientation of China's healthcare policy, past experience, demographic changes, advances in medical information technology, the development of long-term care insurance, and the normalization of epidemics, taking the lead in developing the construction of an unaccompanied care unit in a high-level oncology specialty hospital will make it possible to break through all the challenges and explore a path with a demonstration effect for the development of the construction of an unaccompanied care unit in domestic hospitals.

**Keywords:** unaccompanied ward; feasibility study; review literature

## 1. Introduction

An unaccompanied ward is a ward nursing management mode in which all medical, nursing and life services are undertaken by healthcare workers and caregivers after the patient enters the ward, realizing the absence of family members' accompanying or accompanying but not nursing, and achieving the convenience of the patient, service to the patient, and satisfaction of the patient and his family [1]. In foreign developed countries and regions, unaccompanied wards are the dominant ward nursing management mode, which not only can bring convenience to patients and their families and improve the quality of patients' daily life; it also helps to standardize the management of hospitals, reduce the average infection rate, and reduce the occurrence of adverse events.

## 2. The current situation of the construction of domestic and foreign unaccompanied wards

### 2.1 Status quo in foreign countries

Unaccompanied wards in foreign countries is the mainstream, developed countries such as Australia, Germany, Japan, Singapore and other countries mainly use the unaccompanied mode [2]. Take Germany as an example, there is no nurse in the ward, very few family members, nurses are responsible for everything in charge of the patient, the main work is basic care, observation of the condition, communication with the patient, etc., in which the basic care accounts for a considerable proportion of the nurses do not do venipuncture operations. In addition to the prescribed meal and coffee breaks, the nurse is always busy around the patient and arranges her own work according to the patient's condition [3]. Singapore's unaccompanied wards, on the other hand, have perfect supporting facilities based on science and technology and a clear division of responsibility for the division of labor for the nurse's work to provide a strong material foundation and a strong personnel to ensure that the life care services are more advanced and distinctive, in Singapore's hospitals, the implementation of the system of unaccompanied care, to meet the physiological needs of the patient is the primary focus of its nursing work [4].

### 2.2 Domestic Status

Since 2010, the national health department has been carrying out the "Quality Nursing Service Demonstration Project" nationwide, vigorously promoting the "non-accompanied ward", and carrying out pilot work in a total of 678 wards in 72 key contact hospitals at the ministerial level nationwide, and 769 provincial key contact hospitals have also been identified by the health department at the provincial (district and municipal) level to carry out pilot work. (Provincial (district and

municipal) healthcare departments have also identified 769 provincial-level key contact hospitals for the pilot program. According to the official website of the national health department, the pilot hospitals have achieved remarkable results, mainly in the following five aspects:

First, patient satisfaction has significantly improved. According to the survey, patient satisfaction in all pilot wards had reached more than 95%, and patients and their families had praised and commended nurses in various forms. Second, the proportion of patients' accompanying nurses and self-employed nurses has been reduced. For example, since Beijing Cancer Hospital launched a pilot project and implemented holistic nursing care for three months, the rate of one-to-one nursing staff accompanying patients in the pilot wards has been reduced from 86% to 15%, and the rate of family members accompanying patients has been reduced from 85% to 50%. Third, the order of the wards has further improved. The pilot wards are quieter and cleaner than before, creating a good environment for patients to recuperate. Through the implementation of the accountability system, West China Hospital of Sichuan University provides comprehensive and whole process nursing services for patients, nurses have more time to work in the wards, and red light calls are basically eliminated. Fourth, the quality of medical care is further guaranteed. Nurses are able to grasp the patient's condition in a more detailed and comprehensive way, and nurses are able to detect and take timely and effective measures to ensure patient safety for subtle changes, including the patient's psychological condition. Fifth, it creates a harmonious doctor-patient relationship. By providing patients with all-round holistic nursing services, nurses have improved communication and exchange with patients and brought them closer to each other.

### **3. Feasibility analysis of carrying out the construction of unaccompanied wards in high-level specialized oncology hospitals**

Although facing the above challenges, we believe that it is a general trend for domestic hospitals to carry out the construction of unaccompanied wards, but it is necessary to gradually promote the construction in steps, hospitals, and even departments, and take the lead to carry out the construction in hospitals with more mature conditions. High-level oncology hospitals are more feasible to carry out the construction of non-accompanied wards because they have the quality attributes and financial support of “high-level hospitals” as well as the specialty attributes and chronic disease characteristics of “oncology hospitals”.

#### **3.1 High-level oncology hospitals to carry out the construction of unaccompanied wards is in line with the policy guidance.**

The “Guiding Opinions on Promoting the Reform and Development of the Nursing Service Industry” jointly issued by 11 departments of the National Health Commission and other departments in 2018, and the “Notice on Strengthening the Training and Standardized Management of Medical Nursing Staff” jointly issued by 5 departments of the National Health Commission and other departments in 2019, have put forward specific guidance and requirements for quality care; the “Guidance on Notice on the Implementation Plan for the Construction of Non-Accompanied Wards in High-level Hospitals in Shenzhen” issued by the Shenzhen Municipal Healthcare Commission in 2020, which is a direct determination of the construction of non-accompanied wards in five high-level hospitals in Shenzhen.

#### **3.2 Past experience positively supports the construction of unaccompanied care wards for oncology specialties**

In addition to the five-point summary on the official website of the National Health Commission, studies by Yu Cuiping [5] and An Guijuan [6] also concluded that carrying out the construction of unaccompanied wards helps to share the pressure of patients' families, enhance the degree of nursing specialization, improve patient satisfaction, allow unattached patients to receive effective care, make the hospital area quieter, facilitate the recovery of the condition, reduce the adverse effects of the hospital's therapeutic management, and reduce cross-infections. Specifically in the field of oncology, Chang Ying et al.'s study [7] showed that the application of the unaccompanied care model in the ward can effectively enhance the self-management efficacy of patients with hepatocellular carcinoma, improve the state of mental health, and improve the quality of daily life; Yang Miaomiao et al.'s study [8] showed that the unaccompanied care in the gynecological oncology radiotherapy ward has reduced the pressure on the accompaniment of the patient's family members, and improved the quality of life of the patients undergoing gynecological oncology radiotherapy during their hospitalization. quality of life during hospitalization.

### **3.3 Current trends in China's demographic structure support high-level specialized oncology hospitals to carry out the construction of unaccompanied wards**

In recent years, the trend of population aging in China has accelerated significantly, and the birth rate of newborns has been declining year by year. In August 2022, the National Health Commission published an article "Writing a New Chapter of Population Work in the New Era" in the magazine "Seeking Truth", which clearly points out that the population will enter a negative growth stage during the "14th Five-Year Plan" period [9]. In other words, in the future, in China's demographic structure, the proportion of middle-aged and elderly people is getting higher and higher, and the proportion of young people is getting lower and lower, and the "intimate care" objectively becomes more and more difficult to realize, especially in oncology hospitals, which mainly serve middle-aged and elderly patients. This trend of demographic change has objectively forced oncology hospitals to adapt to the needs of the new situation by carrying out the construction of high-level unaccompanied wards.

### **3.4 The development of medical information technology provides tools to support the construction of high-level oncology hospitals to carry out the construction of unaccompanied wards.**

In recent years, with the development of digital information technology, information communication between people and people, people and hospitals, and within hospitals has become more and more convenient, and the development of hospital information technology such as Internet hospitals and smart hospitals has made the interaction between patients and their families and hospitals more and more efficient, and even in the field of companionship, companion robots have appeared [10]. For example, the seal-type companion robot Paro (Paro) developed by Japan's Industrial Technology Research Institute can effectively improve the mood of the elderly. It is known that almost all elderly care facilities in Denmark now have a Paro. All of these medical information technology developments can provide strong support for the construction of unaccompanied wards in high-level specialized oncology hospitals.

## **4. Suggested Measures for Developing the Construction of Non-Accompanied Ward in High-level Oncology Specialized Hospitals**

Based on the above analysis, we believe that: taking the lead in carrying out the construction of the unaccompanied care ward in high-level specialized oncology hospitals will make it possible to break through all the challenges and explore a road with demonstration effect for the domestic hospitals to carry out the construction of the unaccompanied care ward, and we suggest:

### **4.1 Establish a full set of nursing support system, so that the unaccompanied care model can win the trust of patients and families.**

To carry out the construction of unaccompanied care ward in high-level oncology hospitals, it is necessary to first establish a full set of nursing support system for patients in medical care, life care, psychological care, etc., and sort out the supporting publicity and communication process, so as to make them truly realize that the unaccompanied care mode is a ward management mode that is beneficial to patients, their families and the hospitals, and it has the feasibility of reality, especially in the situation of the normalization of the epidemic. The model will be accepted by the patients and their families.

### **4.2 Make full use of the financial support of "high-level hospitals" to build a management system for nurses' manpower and competence.**

High-level oncology hospitals, because of the financial support of "high-level hospitals", have inherent conditions to increase the manpower of nurses; in terms of improving the competence of nurses in unaccompanied wards, they also have a certain theoretical and practical basis. For example, Yang Xueying [11] combines the title and education system of nurses in China, takes the actual clinical work ability as the main basis for division, and takes the basic structure of the resulting competency framework as a guide to construct a scientific and operable nursing personnel competency management system, and determines a five-tier competency framework for nursing personnel: assistant nurses, registered nurses at level I, registered nurses at level II, specialized nurses, clinical nursing specialists, and nursing personnel at all levels. Access, competency standards. According to Chu Liangliang [12], the humanistic caring ability of nurses in unaccompanied care model wards needs to be improved, and improving the comprehensive quality of individuals as well as increasing their perceptions of external care are effective strategies for intervening in the humanistic caring ability of nurses in unaccompanied care model wards at present.

### 4.3 Nursing workers become professional “caregivers”, unified training and management by hospitals

Under the current situation that it is difficult to make up for the shortage of nurses within a short period of time, high-level oncology hospitals should make full use of the resources of caregivers, and the hospital should unify the training and management of caregivers, so as to help them to become professional “caregivers”. Under the guidance of nurses, caregivers are expected to change from the traditional “one-to-one” escort mode to “one-to-one”, “one-to-two”, or even “one-to-many” escort mode depending on the patient's condition. One-to-one”, ‘one-to-two’, or even ‘one-to-many’ caregivers, depending on the patient's condition, which will save manpower and costs, and improve quality and efficiency.

## 5. Conclusion

The construction of unaccompanied wards in high-level specialized oncology hospitals not only puts forward higher requirements for the professionalism and professionalism of nurses and caregivers, as well as the level of facilities and equipment in the wards, but also requires the hospitals to actively communicate with patients and their families to gain their trust; to dock with the medical insurance department and the commercial insurance company to provide patients and their families with the convenience of paying for their insurance and to solve the economic reasons; and to communicate with the legal department and lawyers to avoid the legal disputes that may exist as a result of the implementation of the construction of the unaccompanied wards. The hospitals also communicate with legal departments and lawyers to avoid legal disputes over medical incidents that may arise from the implementation of the construction of the unaccompanied care unit. In spite of the challenges mentioned above, the promotion of the construction of unaccompanied wards is a need of policy, a need for the construction of high-level hospitals, a need for the convenience of patients and their families, and a need for the society under the normalization of the epidemic. High-level specialized oncology hospitals have the conditions and possibilities to take the lead in the construction of unaccompanied wards, overcome the difficulties, and explore a path with demonstration effect for domestic hospitals to carry out the construction of unaccompanied wards.

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