

Postprint of Quality Control Circle Practice for Enhancing Psychological Nursing Knowledge and Skills among Members of a Psychological Nursing Study Group

Authors: Xu Qiong, Chen Ping, Liu Wei, Chen Ping

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Abstract

Objective To investigate the effectiveness of Quality Control Circle (QCC) activities in enhancing members' knowledge and methodological application abilities in psychological nursing within a hospital psychological nursing group.

Methods QCC activities were conducted from June to October 2021, focusing on improving psychological nursing knowledge and skills. Based on principles of spontaneity and voluntariness, a QCC was established with implementation steps comprising theme selection, activity planning, current situation analysis, goal setting, problem analysis, countermeasure formulation, countermeasure implementation and review, and effectiveness verification.

Results Following the QCC activities, the examination pass rate among psychological nursing group members increased from 89.55% (60/67) to 98.51% (66/67). Team members' problem-solving abilities, communication and coordination skills, and sense of responsibility were enhanced.

Conclusion QCC activities can effectively improve members' psychological nursing knowledge and skills, enhance their comprehensive quality, and lay a solid foundation for further clinical implementation of psychological nursing activities.

Full Text

Application of Quality Control Circle Activity in Improving Team Members' Knowledge and Skills for Psychological Care

XU Qiong, CHEN Ping, LIU Wei

Physical Examination Center of Health Management Center, Changzheng Hospital Affiliated to Naval Medical University, Shanghai

Abstract

Objective: To explore the effect of Quality Control Circle (QCC) activities in improving psychological care knowledge and practical skills among members of a hospital psychological care team. **Methods:** Based on the principles of spontaneity and voluntariness, a QCC group was established to conduct activities from June to October 2016 focused on enhancing psychological care knowledge and skills. The implementation procedure consisted of theme selection, activity plan formulation, current situation analysis, goal setting, problem analysis, countermeasure formulation, implementation and review, and results presentation. **Results:** Following the QCC activities, the qualification rate of team members in psychological care theory and practice assessments increased from 60% (9/15) before implementation to 93.3% (14/15) after implementation. Team members' problem-solving abilities, communication and coordination skills, and sense of responsibility were significantly enhanced. **Conclusion:** QCC activities can effectively improve team members' psychological care knowledge and skills while enhancing their overall comprehensive quality, laying a solid foundation for further clinical implementation of psychological care activities.

Keywords: quality control circle; psychological care; nursing practice; nursing management; problem-solving skills

1. Materials and Methods

1.1 QCC Group Formation

Based on the principles of spontaneity and voluntariness, a 15-member QCC group was established in June 2016. The chief nurse served as the counselor, one circle leader was elected, and among the members, one publicity officer and one liaison officer were selected to manage promotional planning, documentation, and collection of activity materials for each session.

1.2 Theme Selection

According to work characteristics, all circle members voted to select the circle name "Heart Circle." Through brainstorming, members identified problems in

psychological care work and evaluated potential themes using an assessment method. The circle leader compiled statistics and ranked alternative themes. Based on four dimensions—alignment with organizational policy, feasibility, urgency, and circle capability—the theme “Improving Team Members’ Psychological Care Knowledge and Methods” was selected for this activity.

1.3 Activity Plan Formulation

All circle members jointly discussed the activity plan, which spanned 5 months with one session per month, each lasting 1-2 hours. The schedule allocated: 1 week for theme selection and plan formulation; 1 week for current situation analysis and goal setting; 2 weeks for problem analysis; 1 week for countermeasure formulation; 20 weeks for implementation and review; and 1 week for results confirmation, standardization, and presentation.

1.4 Current Situation Analysis

In the first quarter of 2016, the qualification rate (passing both theory and practice) of psychological care team members in psychological care theory and practice assessments was 60% (9/15). The QCC team conducted a self-check survey to understand reasons for non-compliance. A total of 15 self-check forms were distributed, with 15 valid responses returned (100% valid response rate). Statistical analysis revealed that personal factors and environmental factors accounted for 80% of the total. Therefore, this activity focused on improving four aspects: insufficient nurse initiative for re-learning, inadequate hospital training, limited training funds, and few opportunities for external learning.

1.5 Goal Setting

Based on the formula:

$$\text{Target Value} = \text{Current Value} + \text{Improvement Value} = \text{Current Value} + (1 - \text{Current Value}) \times \text{Circle Capability} \times$$

The calculated target value was 88.8%.

1.6 Problem Analysis

Building on previously collected data, the team conducted another brainstorming session to analyze problems from four perspectives: personnel, environment, materials, and systems. A fishbone diagram (Figure 1) was created to illustrate the lack of psychological care knowledge and skills among team members. After analyzing causes related to personnel, training venues, learning environment, and management systems, improvement priorities were ultimately identified.

1.7 Countermeasure Formulation

Through brainstorming, circle members developed improvement countermeasures based on identified priorities. Countermeasures were evaluated according to feasibility, cost-effectiveness, and circle capability using a scoring system: excellent = 5 points, fair = 3 points, poor = 1 point. Countermeasures with total scores ≥ 120 points were selected for implementation, resulting in four finalized strategies: sending members to psychological care training courses, organizing centralized psychological care training, conducting psychological counseling outpatient practice, and organizing psychological care three-level ward rounds with case counseling and expert-member salon exchanges.

1.8 Implementation and Review

Centralized theoretical instruction: All members attended the “National Seminar on Clinical Psychological Care Theory and Technology Advances.” Five centralized training sessions were organized, covering content including emotion management, stress management, common clinical psychological problems, overcoming self and embracing health, relaxation techniques, application of common psychological measurement scales, and doctor-patient/nurse-patient relationships from a social psychology perspective.

Enhanced education: The importance and necessity of psychological care learning were reinforced through regular ideological exchanges to understand members’ learning dynamics, encouraging them to actively participate in “National Psychological Counselor” on-the-job training and certification.

Psychological counseling outpatient practice and case discussions: Members participated in psychological counseling outpatient practice and psychological care three-level ward rounds. Expert-member salon exchanges were held to discuss and analyze psychological problems of nephrology patients with uremia, proposing corresponding psychological care measures.

2. Results

2.1 Assessment Results

After implementing QCC activities, the theoretical assessment qualification rate of psychological care team members increased from 60% before implementation to 93.3% after implementation, while the practical skills qualification rate improved from 53.3% to 93.3% (Table 1).

Table 1 Evaluation of Theoretical Assessment and Operational Skills Assessment [n(%)]

Assessment Item	Before Implementation	After Implementation
Theory Qualified	9 (60.0)	14 (93.3)
Skills Qualified	8 (53.3)	14 (93.3)

2.2 Comprehensive Ability Enhancement

Using a self-designed scoring scale, each circle member's abilities were evaluated before and after QCC activities, including QCC technique application, team spirit, professional knowledge, coordination, activity confidence, and responsibility/honor. Results showed varying degrees of improvement in all member capabilities, with the highest increases in communication/coordination ability and responsibility/honor.

2.3 Extended Outcomes

Extended outcomes primarily manifested as enhanced self-learning consciousness. Some members voluntarily registered for "National Psychological Counselor" training and obtained certification, demonstrating the positive effect of this activity in improving members' psychological care knowledge and skills.

3. Discussion

Quality Control Circle, also known as "QCC Quality Team," refers to small groups spontaneously formed by frontline staff to manage quality. Regardless of position, all members are equal in circle activities, allowing everyone's abilities to be utilized and recognized, respecting human nature, promoting excellent management, and creating a pleasant work environment where problems are solved happily.

Through this QCC activity, members worked collectively with concerted efforts, using scientific methods to collect, organize, and analyze data, implementing targeted measures to stimulate learning enthusiasm and identify methods to improve psychological care knowledge and skills. This has built a highly skilled psychological care talent team, comprehensively elevated psychological care standards, and laid a solid foundation for full clinical implementation of psychological care activities.

Although this activity comprehensively understood training needs through questionnaires to develop targeted training courses and ensure effectiveness, some limitations existed. During implementation, circle capability was overestimated, resulting in insufficient creativity and unclear standards, with some countermeasures not strictly implemented. Currently, psychological counseling outpatient practice cannot proceed as originally planned due to limited practice space, representing a future direction for the psychological care team.

As the backbone of hospital psychological care, the psychological care team regularly organizes activities such as typical case analyses and salon exchanges to help nursing staff master theoretical knowledge and clinical analysis capabilities, increase interest in learning psychological knowledge, and promote clinical implementation of psychological care methods through nursing 骨干. Through this QCC activity, members demonstrated enhanced team collaboration, fully realized individual potential within the collective, and improved their overall comprehensive quality.

Conflict of Interest Statement: The authors declare no conflict of interest.

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Note: Figure translations are in progress. See original paper for figures.

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