# The Concept of Quality Nursing

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ACCORDING to Oxford Dictionary 'quality' is defined as the degree of excellence. The quality of a product or service is an important parameter for an industry or service organization to evaluate its performance and this is equally true for the hospital which is accountable to the community as well as to provider of resources. Nursing being an integral part of the hospital services it can not be overlooked as far as the quality nursing is concerned. In the medical care system quality cannot be quantified in absolute numbers. The concept of health restoration, rehabilitation, relief of pain, prevention of disease and death are not tangible or quantifiable, numerical or financial terms. Hence in the hospital inputs that is resources provided in the form of facilities and standard practices constitute the important indices for measuring the quality of service rendered.

The quality control, a part of manufacturing practice gradually has been replaced from quality control to quality assurance which is basically an application of systems approach to ensure quality. Now everyone is talking of improving the quality of various services provided under the health care system and a lot of stress is being laid on quality assurance programme (Q.A.P.) e.g. Q.A.P. in Surgery medicine, MCH, and nursing is no exception.

**Not by Chance**

"Quality is not assumed by chance but it has to be planned. Quality assurance is a concept which strives to provide the evidence required to establish confidence of all concerned that quality function is being adequately performed."[1]

In order to measure quality nursing we need to develop standards of patient care, but how many hospitals in their nursing department in India have such a standard established ? May be very few.

Quality must be the constant goal of education, service and research if Nursing is to meet its share of responsibility for the health of the nation. Growing public demands for accountability changes in our society and advances in the science of medicine require leaders in the health field with more knowledge and skill than ever before. Such leaders include teachers, supervisors, administrators and clinical specialists. At present the field of Nursing has too few professionally qualified leaders. The need for leadership will become greater as time goes on. In general the talented young people are demanding a university education and the national interest dictates that they should receive it. This is and should be no less true in nursing than in such fields as medicine, teaching engineering, business and agriculture.

Today Nursing education is at a crossroad. We need a careful examination of the existing types of nursing education programme to determine how these can be merged into a pattern that will adequately prepare the nurse to render better patient care and allow her to advance professionally in an orderly manner but the problem is that we nurses have been debating too long on this issue without reaching on any consensus of opinion and taking a positive decision. Pending the outcome on this vital issue we need immediate action, expand and improve nursing services within the evolving framework of education and patient care. This is only possible through scientific research, controlled experiments and critical analysis of existing practices and policies.

Dr. Bhaduri in her keynote address at the First National Congress of Nursing Research in September, 1988 mentioned that nursing has generally accepted research as an integral aspect of its professional development. Nursing research refers to the use of specific systematic process in attempting to discover or cofirm facts that relate to specific problem or question about the practice of nursing ; it is the key to quality in the practice of nursing ; this provides the basis for standards of care, helps determine staffing needs and patterns, assists management in decision making.

The rising public demand for expanded and improved health care, restructuring of the delivery of health services, the expanding role of nurses, the delineation of the scientific base of nursing practice, in the absence of a set pattern for more efficient use of nursing personnel and the slow growing corps of the qualified nursing researchers are factors affecting the quality of the nursing component of the health care delivery system. The solution of the Nursing problem is a complex matter; it requires a multipronged attack with adequate resources to do the job. A timid piecemeal approach is doomed to failure. The situation thus calls for a broad and integrated approach on the many problems in the nursing field. The price of delay in dealing with these problems will be paid in the suffiering of our people who need but do not receive adequate and quality nursing.

**Complex Jobs**

If the many difficult and complex jobs of nurses are to be done well, if safe patient care is to be ensured, and if community services are to be strengthened and expanded, nurses must have a better scientific preparation and educational background than ever

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1. Sarma R.K., Medical Audit as Tool for Quality Assurance Programme in a Large Hospital. *Hospital Administration Journal*. "Silver Jubilee Issue" Vol. XXV No. 4-Dec. 1988, p. 371.

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before. A basic nursing education must provide not only technical skills but depth of understanding so that nurses can deal with ever changing and increasingly complex responsibilities.

Inspite of improvements in the recent past in nursing supply and education, the profession is not keeping abreast of fast changing health care needs, due to the following reasons :

Too few hospital based nursing schools which are really fully equipped to prepare nurses who can provide quality nursing.

Due to political interference it is not always possible to recruit young capable people in the profession.

Too few college bound students are entering the nursing field.

More nursing schools needed within colleges and universities.

The continuing lag in the social and economic status of nurses discourages people from entering the field and remaining active in it.

Available nursing personnel are not being utilised for effective patient care, including supervision and teaching as well as clinical care.

Too little research is being conducted on the advancement of nursing practice.

These are the principal problems for which solutions must be found. Many basic questions need to be answered. What kind of nurses and how many are needed to alleviate present shortage of personnel as well as to meet future requirement? How can the profession of nursing be made more attractive to potential recruits? What are the implications for nursing education of developments in medical science and in methods of organising medical care? How can the best use be made of our limited number of nurses ? What additional leadership does nursing need and how can it be developed ? In what areas is research in nursing likely to be most effective and productive? Although definitive answers are not yet available for these questions, enough is known to enable us to move rapidly forward towards meeting quality nursing needs. The time is long over due for a planned integrated programme for the future of nursing education which should be of concern not only to the nursing profession but to the general public at large.

**References**


1. Bhaduri, A., "Towards Development of Nursing", *Souvenir*, First Congress of Nursing Research, Sept. 1988.
2. Ghei P.N., "Quality Assurance Programme" (CAP) *Hospital Administration*, Vol. XXV, No. 4, Dec. 1988, p. 322-324,
3. Fontarlonaky Serge, "Improving Hospital Management" International Hospital Federation (IHF) Year Book, 1985, p. 219-220
4. U S. Deptt. of Health Education and Welfare, *Quality in Nursing*. May 1963, P. XIII, 4 and 5.


## Nurses and Yoga

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| | | | | | |
|---|---|---|---|---|---|
| | (A) A-R (Total) | Mean SD | 34.00 14.15 | 9,68 5.87 | 21.34** |
| 2. | P.G.I. Health Qustionnarie N-2 | Mean | 8.75 | 3.24 | 10.31** |
| | (N) | SD | 6.84 | 3.01 | |
| | (L) | Mean | 3.11 | 2.89 | .79 |
| | | SD | 2.7 | 2.96 | N.S |
| 3. | Amritsar Depressive Inventory | Mean SD | 6.49 5.35 | 3.11 3.46 | 6.77** |
| 4. | P.G.I. Well Being Scale | Mean SD | 13.37 5.65 | 15.21 4.91 | 3.52** |
| 5. | Yoga Attitude Scale | Mean SD | 39.00 7.00 | 37.21 7.45 | 2.56** |
| 6. | Organi-zation Role Stress | Mean SD | 74.25 28.80 | 63,34 26,61 | 4,01** |

*P<.05 **P<.01

**Table-7**

**Difference of score in various sections of organization roll stress scale betwecn problematic and non-problematic nurses**

| / | | | n=169 Problematic | n=283 Non-Problematic | Z |
|---|---|---|---|---|---|
| 1. | IRD | Mean | 8.16 | 6.73 | 3.49** |
| | | SD | 4.25 | 4.22 | |
| 2. | RS | Mean | 8.10 | 6.34 | 3.70** |
| | | SD | 4.05 | 3.56 | |
| 3. | REC | Mean | 6.75 | 5.89 | 2.60** |
| | | SD | 3.44 | 3.49 | |
| 5. | RE | Mean | 7.6 | 6.99 | ns |
| | | SD | 3.83 | 3.43 | |
| 5. | RD | Mean | 7.95 | 6.39 | 3.93** |
| | | SD | 4.43 | 3.46 | |
| 6. | RI | Mean | 7.59 | 6,88 | ns |
| | | SD | 3.87 | 3.77 | |
| 7. | PI | Mean | 7.53 | 6.92 | ns |
| | | SD | 4.19 | 4.03 | |
| 8. | SRD | Mean | 8.01 | 5.86 | 4 50** |
| | | SD | 4.23 | 5.9 | |
| 9. | RA | Mean | 5.23 | 4.34 | 2.54* |
| | | SD | 3.71 | 3 6 | |
| 10. | RIN | Mean | 7.56 | 6.85 | ns |
| | | SD | 4.21 | 3.66 | |

*p<.05 **p.<01