Role of Research in Quality Nursing Care

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IN order to enhance the understanding and appreciation of this topic it is convenient to offer definitions as basis of conceptual framework. The key words in the title of this topic are "research" and "quality nursing care".

Research can be defined in so many ways. For the purpose of ensuing discussion, it is sufficient to simply state that research is a systematic way of investigating a problematic question. The investigation has to be a studious enquiry, or examination, especially critical and exhaustive investigation or experimentation, aimed at the discovery of new facts, and their correct interpretation, the revision of accepted conclusions, theories or law's.

It is assumed that all of you in one way or the other have known, or heard, when people talk of a thing having "quality", although it is difficult to define what is quality but on the other hand it is not impossible to describe it. In the same vein I have decided to do the latter.

Quality is a word very frequently used in societies with a high living standard. As mentioned earlier, it is a concept which is hard to define. It embodies an abstraction which, according to researchers, can be expressed most adequately in terms of quantitative data. A product has a good quality if it is meeting the standards that have been set before the evaluation took place.

Interpretations of Quality

A number of agreements have to be made between people before any quality can be measured. This is presumably necessary as each person interprets quality in his own way. Also the standards people apply show a wide variety of opinions. What can be accepted by one, may be criticised by another. It is also safer to set standards that can be improved than to ignore the importance of the use of criteria.

Quality is a concept that expresses reality, but at the same time it expressed aspects of desirability. It is not easy to make a clear distinction between the real and the ideal; they overlap each other to a certain extent. Apart from agreements people make concerning the quality, and depending on the properties of the product, it has to be decided whether a qualitative evaluation is possible.

Quality in relation to people is much more complicated to define, per se, because human interactions are influenced by factors of a different discussion, often hard to describe, either, in terms of quality or quantity.

I wish to argue further that it is easier to talk or to write about quality of Nursing care than it is even to implement the broad concept for fieldwork in the clinical area.

Having dealt with the conceptual premise of what is quality generally and the problems implicit in the definition, it is rational to pose this searching question; what then is quality nursing care? Attempts at the formulation of the definition again will tantamount to academic dishonesty.

The Criteria

All I can do is to set out criteria which quality Nursing care should ensure. Professional nurses are responsible for the Nursing care of patients. We recognise the patient (client) as an individual. We endeavour through quality nursing care to tailor the care of the patient to his individual needs and demands (which is based on the physical, social, spiritual, mental, and psychological well being).

The care that we give is in compliance with the medical prescriptions and medical care programmes, which co-ordinates the functions and activities of other members of the health team as they contribute to the achievement of the "total nursing care".

Quality nursing care requires that not only the disease of the patient (client) should be attended to, but that the patient receives the supportive Nursing care from the mental physical, spiritual and emotional aspects, so that he will be provided with rest, security, good hygiene and comfort.

Consequently, it is directed towards maintenance of health and to make rehabilitation possible. It takes into consideration the patient as a member of the family and the cultural setting in which the total health care delivery system is rendered.

I wish to contend further that quality nursing care is concerned with health as well as sickness. Emphases are laid on initiative on the part of the patient and giving facts to the patient to help him make his health plans. These are submitted as guiding principles and quantifiable units of quality nursing care.

The very nature of professionalism mandates constant evaluation and re-evaluation of the practice in the light of new knowledge and social change.

One of the ways to achieve this is through trial and error, experiments, common sense and custom. However, it is argued that when the problem becomes

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very complex, systematic research is imperative.

The role of systematic research therefore is to delve into the traditional methods of providing Nursing care; to examine whether they are still appropriate in the light of changing techniques, diagnosis and therapy.

Admittedly, the professional Narses of today are by far more knowledgeable and sophisticated than the Nurses of yester years; in comparison, however, the Nurses of yester years nursed their patients. Today's nursing appears to be losing its identity. Primary importance is often attached to the technical side and the skill with which it is performed. Some Nurses even find this prestigious; they would like more delegated powers from medicine.

By these inevitable developments, problems are created for Nursing. Must Nursing or can Nursing redefine its own area of autonomy and develop its own theories, or is Nursing for ever condemned to the role of medical assistants ? This subject has been the talking point amongst Nursing leaders and thinkers for many years.

The development of a theory of Nursing through scientific investigations including the identity of Nursing as a professional discipline is the central purpose of research in quality nursing care. It has been argued and asserted that Nurses do not require so much detailed knowledge of the neuro-physiological or biochemical effects of treatment on the patient, that such details belong principally to the field of medicine, but what is essential to the Nurse is knowledge of general conditions which provide the most favourable climate for the patient's recovery. When a physician makes a diagnosis of a patient's disease, he is dependent upon his knowledge of the biological sciences, but when a Nurse is caring for a patient, the situation is seen as a whole, where the process of sickness and recovery is influenced by physical, psychological and social forces and the effect of the total environment. The Nurse's duty is to assist nature by creating a physical, psychological and social climate which is conducive to the patient's recovery and well-being. Significantly, it is in relation to this vital aspect of the Nurse's duties that she gets often criticised by the public.

This advanced thinking and action amongst the Nursing leaders are further stimulated, by constructive criticisms levelled at Nurses by intellectuals outside the Nursing profession. Many have questioned the right of Nurses to claim professional status or to describe Nursing as a professional discipline. It is argued that we do not demonstrate the characteristics expected of a professional group, that our training and educational programmes at basic level lack the breadth which is considered to be minimal for professional responsibilities, that we have no theory on which we base our practice, that in a profession part of the leadership is constantly doing research that improves professional theory and practice, but in Nursing there is not much research about the theory behind practice.

Schools of Nursing exist to prepare prospective nurses for safe and effective quality nursing care. Thus, the role of research in achieving this is the ultimate test of educational outcomes in subsequent performance on the job. The investigation of educational outcomes alone is not enough except the research is communicated to other nurses. The consumption of the research findings without actually utilizing the research results and recommendations does not promote professional growth.

The role of research in quality Nursing care as discussed earlier can be appreciated by the type of result one has in mind. For instance, evaluative research will essentially look backwards (retrospective) to assess what has been done. Whereas decision making research looks to the future and suggests what should be done. Evaluative research is very pragmatic. The underlying question is: has it made any difference to do something one way as contrasted with another way? This difference must be real, meaningful and practically significant.