Quality Nursing Care Myth or Reality?

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What is Quality Nursing Care ?

Quality is a word about which opinions rarely coincide. The word itself is of Greek origin from where it entered Latin and then into English. Of its different meanings the one which is relevant to the present paper is that it stands for superiority or excellence. In nursing, quality is one of the terms most difficult to analyse and explain. All nurses believe that quality care is their goal, everyone agrees that nursing care quality has gone down and many strive in their own way to bring back quality into professional practice. But one finds it difficult to describe and define quality. It is often easy to notice and criticise poor quality work but hard to recognise good or high quality performance or product.

Just as precision is given importance in pure sciences, so is quality in the behavioural professions. A surgeon or mechanic may need precision and expertise in technical and mechanical skills to produce a work of art, but nurses who deal with interacting people need much more than skills—they are expected to give quality care.

Appreciated Everywhere

Quality is sought after and appreciated everywhere. Not only in Nursing but in all professions and arts, human beings set goals of the highest kind and daily strive to achieve them. Human life itself is an excellent example of quality. One sees how the Creator or whoever is responsible for our existence has perfected nature in the thinking, feeling and reasoning beings that we pride ourselves to be. There is an unparalleled quality control process in the evolution of the human species.

Yearning for quality is inbuilt and inherent in the human body, mind and heart, in fact, in his entire soul. We pine for perfection, for the best in every field. Quality is closely linked with pride and involvement in one's work. Neither situations and shortages nor problems and finances can be excuses for poor quality. A sensible artist makes the best possible use of his tools and conditions, at the same time trying to improve them.

Quality Nursing Care can be defined as the best possible care given to patients/clients with the available resources and in the prevailing conditions and situations.

Determinants of Quality

Quality is influenced by various factors, the most important of which can be identified as : the nurse, the patient, the nursing profession, other allied professions, the situation and conditions and the society. The nurse as a determinant of quality includes her knowledge, skills, aptitudes and interests, her attitudes both general and specific, her degree of involvement, in the caring art, her situational involvement, her past and present experiences, her mental and physical health and her outlook on life. But the nurse alone does not determine quality care even though each nurse does make difference in her particular contribution to that patient as the nurse-patient situation is a highly individualistic one.

By patient one means all connected factors like his condition of health, his willingness to get well and his cooperative participation in the care, his degree of self help, his understanding of the situation and sickness, and his ability to cope with the stress. The nursing profession influences quality by its overall view of nursing, of quality, its professional maturity and status, its clarity in defining objectives and evaluating outcomes, its methods of enforcing quality and its disciplinary measures. Professional organizations also play a vital role in determining quality.

Besides nursing other professions and their members also influence quality nursing care through their recognition, appreciation and cooperation, or otherwise, of the work of nurses. The situation is the most important factor in maintaining quality. It includes all the inputs of structure and process; and resources and conditions; and whether they are conducive or detrimental to quality care. Society is the supporter of nursing and if it recognised the values of nursing care quality, more encouragement will be given to nursing.

Why Quality Care?

This question will be answered if one examines the benefits and beneficiaries of quality nursing care. The Primary beneficiaries of quality nursing care are the patients and the nurses. Both gain by this interaction. It is mistaken to say that nurses give care and patients receive. It is a two-way process. The apparent benefits are health and recovery to the

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patient and improved skill and confidenee to the nurse besides the material benefits. This is the level of physical benefits. But deeper than this there is the exchange of one personality with another, the mental satisfaction each feels in having communicated and having understood each other. This is the second or the mental level of benefits whis is less apparent than the first. The third level of benefits lies still deeper. It is at the human or spiritual level where both add to their vast resources of the hardly-known. This experience which we rarely feel because of our superficial involvement in the nursing situation is the indepth involvement of one human being with another. Here neither is superior. Each experiences a sense of fulfilment.

Besides the nurse and the patient who are individual beneficiaries, the profession also benefits through quality nursing care. A profession is accountable to the public which supports it and within which it functions. With high quality care professional status and image get a boost, knowledge levels increase, financing improves and thus the profession is able to grow and contribute greater to the common good. Quality maintenance is thus essential for the survival of the profession. The soeiety also benefits through quality care as it gets a sense of satisfaction at having invested in a worthwhile cause. Quality care gives society a sense of security, for, the caring profession can be safely relied on to take care of the sick and the responsibility for health, and recovery from sickness can be laid at its door.

Measurement of Quality

Quality measurement is essential to nursing as it provides evidence of the utility of the profession to both within and outside the profession. To arrive at precise measurements it is necessary that nurses agree on quality, its meaning and degree. This will help in arriving at levels of standards for different patients/clients in different situations cared for by different groups of nurses.

During the TNAI Conference at Hyderabad in October 1985, where nearly a thousand nurses had gathered, the authors conducted an on-the-spot survey of nurses' opinion of quality nursing care by circulating a brief questionnaire. The nurses were asked to respond to four questions.

The first question was : "Who should decide nursing care quality?" Out of 225 respondents 59% said nurses, 38% said patients, 12.8% said professional organization, 5.8% said the public and only 5% said doctors should decide quality nursing care. The second question asked whether it was possible to give quality nursing care in the present situation. Only 25% of the respondents said yes whereas 75% said it was not possible to give quality nursing care in the present situation. The third question gave five factors which could help in improving quality of care and asked the respondents to rank these in order of importance. A positive change in the nurses' attitudes was ranked first by 43.35% and an increased staff strength was ranked first by 40% of the respondents, whereas the least rank was given to sophisticated equipment. This meant that nurses give almost equal importance to the number of staff and their attitudes but not much importance to sophisticated equipment, or that, if there were enough nurses with the right attitudes it would be possible to give quality care even in the absence of other factors.

The fourth question wanted the respondents to say whether it was more important to give higher quality care to only a few people or to give average care to all. To this 79% of the respondents said that it was more important to maintain quality even if only a few people benefited. This indicates that nurses do not want to sacrifice quality for coverage.

Reasons for Poor Quality

The reasons for poor quality could be divided into five : those related to the nurse, materials, allied workers, society, and the nursing department. The factors related to the nurse could be subdivided into :

(a) Conceptual factors : One finds an absence of a clearcut professional concept of roles and responsibilities. Since nurses are not fully aware of their duties, many other activities are done by them and some important nursing functions are neglected.

(b) Lack of interest to nurse is another reason for poor quality. Many nurses enter the profession not with the idea of helping others in need but for personal gain and so a lot of time is spent in concentrating on working hours, remuneration, and other personal and family affairs.

(c) In the preparation of the nurse one finds shortages in that education does not prepare nurses to work in reality. There are inter-state and inter-institutional discrepancies in the preparation of the nurse.

(d) Deficient nursing manpower poses a threat to nursing quality as manpower needs are not being met and we are very far from the accepted standards, the nurse-patient ratio being 1:25 in some teaching hospitals and 1:5 in critical care units. Instead of the required three nurses to every doctor we ironically have 2.4 doctors to every nurse.

Materials comprise an important aspect in the delivery of quality nursing care. Take the example of linen, the deficiency of which leads to use of dirty linen which harbours bacteria, spreads infection, and demoralizes patients. In many hospitals it is common to see patients either lying on dirty linen or directly on the mattress. Even in places where adequate materials, equipment and supplies are available they are not used for fear of losses.

Many allied workers do not clearly understand the role of the nurse and nurses blindly accept activities which belong to others and perform them badly as they have not been adequately prepared to undertake them. By its lethargy and disinterest the Nursing department promotes poor quality.

How can Quality be Improved ?

Provision of quality nursing care need not become a myth fading away from reality. There is a gradual increase in awareness of the necessity for better care

Nurse researchers and theorists are delving into newer methods and concepts with inbuilt quality assurance. Progressive Patient Care is one method in which there is reorganization of the complex system of health care delivery into systematic methods based on structure and function. Patients are grouped into units based on their needs and physical and manpower resources are arranged to meet these needs. Since patients in each unit will be in similar stages of illness and dysfunction it is easier to meet needs and develop outcome criteria.

The Nursing Process with its phases of assessment, planning, intervention and evaluation has quality assurance inbuilt within it. Primary Nursing Care is another method which is adopted to improve quality of the care given. But research and newer methods alone will not suffice without some basic changes. Nurses must fight for manpower without which it is impossible to give quality care. Professional organizations need to strengthen themselves and strive for improvement.

Acknowledgement

The authors are grateful to the TNAI for providing this opportunity of pooling ideas and communicating them to the nurses in the country during the Conference. The authors would also like to thank Dr. A. Bhaduri for the intellectual resources she supplied and to Miss B.E. Hemanalini for her constructive criticism.

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the patient's role as a team member, nature of his illness, treatment schedule, complication expected, the need and the method of maintaining good body alignment for the prevention of deformities, use of improvised aids and the need and the preparation of the special procedures.

Rehabilitation

The Nurse should co-ordinate with the Physiotherapist and Occupational Therapist to help the patient live normal or near normal life with or without the use of aids. In the absence of the Occupational Therapist the nurse should encourage the patient to preserve finger movements by simple activities.

Community Care

The Community Nurse bridges the gap between home and hospital. She has a supportive role in times of stress, sometimes acting as a therapeutic listener or in some instances referring patients to agencies if there is need for change in occupation, changes in the house and office environment. She has to observe for adverse reaction of drugs and helping for urine analysis if the patient is on Gold or Pencillamine or steroid therapy. She has to continue the health education for the patient and family as and when required.

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that it cannot possibly be questioned or denied as a goal of the greatest significance when priorities are being ordered.

The multiple sources of power available to nurses, when utilized together, can magnify impact. Allying yourselves with available technology and communications means it can help you to actualize power.

We acquire influence by demonstrating our capacity to act—by demonstrating our capacity to change policies—by demonstrating our capacity to establish new programms, by taking action. **Madam President, let's call for a new world health order; current and future generations deserve such a legacy.**

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