



Quality Nursing Care: A concept analysis

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Received 18 January, 2016; Accepted 23 January, 2016 © The author(s) 2016. Published with open access at www.questjournals.org

ABSTRACT:-

BACKGROUND: The concept of 'quality nursing care' is widely used in health care with ambiguity and subjectivity. Evaluating and measuring quality is often a factor of an individual's knowledge and awareness, expectations and recognizable standards of quality (Chamber of nursing, 2000). Quality is attributed to material production, people and characteristics. Quality achievement and determination in nursing has also been difficult owing to the multiplicity of client's wishes and varying standards of quality (Freitas, J. S., et al, 2015). Professional bodies and policy makers have often designed their own concept and notion of quality leaving out the critical evaluators of quality who are the clients/ recipients of nursing care. However, satisfaction of clients is a key standard to determine quality of nursing. The aim of this paper is to clarify the characteristics of quality in nursing care and distinguish between the ordinary and holistic usage of the concept. This will assist in the implementation of quality nursing care and ultimately improve client satisfaction and outcomes.

METHODS: Walker and Avant's framework was used to analyze the concept and the related literature published between 2010 and 2015 was reviewed. A systematic review of a total of 22 papers was done. Articles that had information on quality relating to health and nursing care were included.

RESULTS: The systematic review of literature revealed that the concept of quality care in nursing still remains vague and contextual. None of the reviewed papers explored quality of care in its totality. To successfully attain quality nursing care, the necessary antecedents such as the availability of standardised tools for measuring quality and standardization of processes should be routinely implemented. The main consequence of quality nursing care is quality assurance in the nursing process. This means consistency in delivery of quality services for better patient outcomes and gain patient satisfaction (Lubbe, J. C, 2014). Some of the empirical referents which are critical in tool development for nursing research and for the enhancement of the nursing process were increased uptake of nursing services and high levels of client engagement.

CONCLUSION: In a bid to holistically unravel the concept of quality nursing care the paper highlighted its attributes, antecedents, consequences and empirical referents. Implementation of the comprehensive facets of this concept may address the current ambiguities and confusion in its definition and extent of application, distinguishing it from similar concepts. The discussions and findings can be utilized as a basis for the development of quality of care models, theories and tools for assessing and evaluating nursing care.

KEYWORDS:- Quality of care, Concept analysis, Walker and Avant, Client satisfaction

I. INTRODUCTION

Over the years, many professionals in different disciplines have published on quality and have tried to define quality in their different contexts. Researchers have defined determinants of quality, ways to improve quality and quality assurance. Attributes of quality have been correlated with satisfying customer, meeting professional standards and successful completion of set processes. Clients perceive and evaluate quality primarily according to how the service providers treat them, what attitude they had to them, how much they fulfilled their expectations or whether the service providers are worthy of trust (Kersmik, 1998). Quality of care is a complex and multi-dimensional concept; hence its assessment should be based on a conceptual and operational definition (Donabedian, 2005). Recognizing that quality is a key component in nursing and a critical determinant for access and utilization of health care services and patient outcomes; this paper seeks to critically

analyze the concept of quality of care in nursing. A full understanding of this concept will go a long way in improving service delivery by nurses and positive client outcomes in nursing.

Step 2: Identify the aim/purpose of the analysis

Aim: To clarify the characteristics of quality in nursing care and distinguish between the ordinary and holistic usage of the concept.

II. METHODS:

Walker and Avant's eight-step concept analysis method was used. The iterative steps are Selecting a concept, Determining the purposes of analysis, Identifying all uses of the concept, Determining the defining attributes, Identifying a model case, Identifying additional cases, Identifying antecedents and consequences, and Defining empirical referents. The study focused on a systematic review of literature to fully substantiate the concept.

The search words and phrases used were as follows: quality nursing care, satisfaction, nursing process and quality standards. Focus was on papers published that are indexed in international databases (Medline, CINAHL, and Embase). The inclusion criteria for papers was as follows (i) papers from the health field (ii) English language (iii) Concept analysis papers (iv) Studies on quality of nursing care of any design.

A total of 600 articles were initially identified. These were scaled down to 22 papers through screening by relevance. Eligible articles were read and coded. Through content and thematic analysis, codes were merged according to the 8 iterative steps in Walker and Avant's model.

III. RESULTS

Step 3: Significance and uses of the concept

Quality and its measurement are critical and should be an integral part of nursing care for continuous improvement and better patient outcomes (Gupta et al, 2014). There is a strong association between contextual factors and patient positive outcomes (Westwood, 2003). A full understanding of the concept of 'quality nursing care' results in improved person-centered care and overall effective care. Individualized care takes cognizance of the uniqueness of values, needs and expectations of persons with regards to their own health (Flagg A. J, 2015).

Quality care increases customer satisfaction, reduces cost of poor quality and increases staff productivity due to the increased morale and standardization of work processes. Griffiths et al, 2008 argue that measuring quality is central to enabling and supporting policy analysis and strategic decision making and triggers research around critical areas such as the relationship between the structural, process and outcome components of quality. Quality assurance can contribute to increasing understanding of the role of nursing care in determining patient safety outcomes (Rapin, J., D. D'Amour, and C. A. Dubois, 2015).

Understanding the concept of quality care in nursing will result in high impact, low cost interventions bringing in the component of value for money through higher productivity. Over the years there have been a growing concern by the public on the quality of nursing care, yet the definition of quality of care in nursing remain obscured.

Step 4: Defining attributes

According to Marija Zaletel, 2000, quality is the relative perfection of all the components of the product or service features with respect to meeting the requirements and justified expectations of buyers or users who use a product during its respective lifespan.

Philips Crosby, 2001 defines quality as service punctuality, speed of service delivery and correctness of procedure (right first time). Overtveit, 2001 defines quality "as the complete satisfaction of the needs of those who are in most need of the health services, for the lowest organizational costs, within the given limit and guidelines of higher administrative bodies and those paying".

Three aspects of quality are: (i) Measurable quality (that which can be judged by the provider through comparative measures between the actual performance vs. standard one) (ii) Appreciative quality (can be judged by experienced practitioners who rely not only on standards but also on their personal judgment and experience as well e.g. peer reviews) and (iii) Perceptive quality (which is perceived/judged by the recipient of care) (Aspan et al, 2009).

Three tier levels of quality in nursing care are Level 1: Acceptable nursing (all patient centered care according to a routine data). Level 2: Comparatively good nursing (Nursing is planned but patient is not directly involved in plans and assessment). Level 3: Excellent nursing (Nursing is planned and assessed together with patient and relatives- patient is an equal partner)

Donabedian (2005) asserts that quality in nursing is the harmony between actual nursing and the criteria prescribed beforehand. According to Sale D, 2005, "Quality is a function of the quality working methodology/technology, the quality of employee and the quality of the organization.

Quality nursing care entails meeting client needs and expectations, through conformance to relevant standards/requirements. It is the degree to which health services for individuals and populations increase the likelihood of desired health outcomes and are consistent with current professional knowledge (Neil H. P, 2015). To enhance nursing quality there should be a mutual co-dependence of various dimensions with the patient at the centre of the whole process. There is a general consensus among many researchers that quality health care comprises of the following components: (1) High level of professionalism (2) Efficient use of resources (3) Reducing the risk for patient (4) Patient satisfaction (5) A positive influence on a client's state of health (6) Appropriateness of intervention (7) Availability of service (8) Competency of service providers (9) Continuity of care (10) Effectiveness of service delivery (11) Efficacy of intervention (12) Efficiency (13) Prevention of harm (14) Respect and caring (15) Safety (16) Timeliness of care

Step 5: Identifying a model case

The Donabedian model is used to describe a model case for quality nursing care.

Focused Antenatal care for a pregnant woman

The nursing process in offering focused Antenatal Care (ANC) for a pregnant women at booking:

Structure

Performer: RGN/Midwife/Facility: Rural Health Centre

Equipment/aids: Fetoscope, Bp machine, adult weighing scale, Height board, thermometer, drugs, test kits for various screenings

Required knowledge of the contemporary nursing /elements: Nursing activities (PMTCT, nutrition in pregnancy etc.); latest research evidence; knowledge of danger signs along the continuum of care, signs of true labor; full plan for focused ANC

Literature: Manuals, Articles, Road Maps, Procedure guides, Checklists

Documentation: Nursing files, MNCH registers (ANC register, booking register, ART register etc.)

Goal: To maintain the best possible client health, autonomy, integrity and satisfaction with ANC services

Process	Outcome
On 1 st contact with client and with spouse, using a family centered approach) a competent nurse establishes rapport and takes a full health history and physical examination (including fetal growth and well-being assessment)	Patient's risk factors are fully outlined, explored and discussed with client
Counseling and screening for hematological conditions, fetal anomalies, infections and clinical conditions in a safe and confidential environment	1. Increased Knowledge and active participation of the client in their own health 2. Holistic assessment of possible pregnancy risks
Life style considerations, and Nutrition Education	Reduction in pregnancy risks and complication related to lifestyle factors and nutrition
Collective Planning with client and spouse	Empowered clients
Client-centred management of symptoms of pregnancy and specific clinical conditions	Reduced risk of complications and mortalities
Comprehensive documentation of care in maternity records	Continuity of comprehensive appropriate care along the continuum
Follow-up and continual reflection and system specific continuous assessment	Early risk detection and improved health status monitoring

Evaluation of the model case

In this model case, care is client centred and there is active engagement and participation of the client and her partner from the onset. Mutual consensus from the beginning is critical in the development of an effective nurse-client therapeutic relationship. Interaction with the client along the continuum of care is empowering and results in the client being directly accountable and responsible for their own health status monitoring. This is important in increasing the confidence of the client, improving their satisfaction and also their outcomes. Proper documentation and routine follow ups will ensure that risks and the health status are continuously under check.

Step 6: Identifying additional cases

Contrary case- Pain management following a Caesarean section

Following an elective Caesarean section, Mrs. Johnson is admitted in a surgical ward. Nurse Charlie gives Mrs. Johnson a stat dose of pethidine 75mg intramuscularly at 530pm for pain management. The medical notes for Mrs. Johnson state that she should then get the same dose of pethidine 6 hourly. At around 930pm,

Mrs. Johnson complains of pain but Nurse Charlie says she can only get pain medication at 1130pm as per prescription. Instead Nurse Charlie encourages Mrs. Johnson to endure and tolerate the pain for the time being.

Evaluation of the contrary case

“Pain is what the patient says it is and exists whenever the client says it does” (McCaffery, 1968). Viewing a problem in the perspective of the client and jointly planning on how to deal with the problem is part of offering quality nursing care. The clinician has the responsibility to determine the nature of the pain and explore all its characteristics with the client. Pain assessment scales are useful in the process of pain characterization and quantification. If the client continues to complain of pain after pain medication has been administered, there is need to reassess the effectiveness of the treatment. Constant pain requires constant analgesics hence clinicians/nurses should also not over rely on predetermined intervals or PRN dosing. If opioid dose escalation is not improving control, other strategies of pain management should be considered since there is also a psychological and emotional domain of pain and suffering. Continual monitoring and reassessment are critical since pain can change its cause, location and nature during the course of illness. Quality pain management does not ignore the client’s perspective since client satisfaction is at the heart of quality.

Step 7: Identifying antecedents and consequences

Antecedents are events and circumstances which occur prior to the occurrence of the concept and are often associated with the occurrence of the concept. Below are the antecedents that were identified through literature review.

Antecedents

- values and attitudes that lead to quality nursing care should be identified
- Availability of standardised tools for measuring quality
- Development of standardised processes, structures and shared outcomes
- Clear and shared link/relationship between standards and indicators (collectively developed with clients)
- Engaging with multiple stakeholders to identify core elements of health and social care quality (Shared decision making)
- High teamwork and resource adequacy
- There must be structure standards, process standards, outcome standards and content standards which are relevant, understandable, measurable, behavioral and attainable (Zaletel, 2000)

Consequences

Quality Care achievement in the Nursing process

The nursing process is a systematic approach that commence with assessment and diagnosis of problem, planning, implementation and evaluation of intervention and the cycle begins again. If quality is to be achieved and assured in nursing care, then quality assessment, quality assurance and quality improvement should be an integral part of each stage in the nursing process. According to (Marija, 2000), quality improvement in nursing is a dynamic process which entails discovering, using the best results to achieve excellence, explicitly defining the goals of quality, supervision within the profession, benevolent leadership and inclusion of patients. Quality assurance in the nursing process means consistency in delivery of quality services for better patient outcomes and gain patient satisfaction (Owens, L. D, 2014).

Nursing internal processes

Quality nursing care standards will enhance the development of specific indicators for quality measurement and evaluation. This will result in collective reflection, through look and learn sessions, through executive networks, practice forums and quality improvement networks. When this is done regularly and monitored through both internal and external methods, reliability and validity of nursing care is maintained leading to quality assurance to the intended recipients of care (Sanjari M, etal, 2015).

The Norma Lang model of quality assurance is often used in nursing and it stipulates 7 levels in 3 phases of quality assurance that are applicable in the nursing internal process. In the first phase (description phase), values and attitudes that lead to quality nursing care should be identified and criteria for excellent nursing standards must be selected covering the structure, process and outcome. In the second phase (Measurement phase), methodology is then chosen to determine the nature of practice in comparison with standards and criteria of excellent nursing set internally or externally. A SWOT analysis should be factored in to determine the change needed. The last Phase is action, where the changes needed and paths along which changes will run in the nursing environment is determined and the change towards better quality is introduced. If quality nursing care is achieved, this circle runs continuously for quality assurance and continuous improvements

Step 8: Define empirical referents

Empirical referents are classes or categories of actual phenomenon that by their existence or presence demonstrate the occurrence of the concept.

Empirical referents for quality nursing care include patient satisfaction which can be elicited through customer satisfaction surveys, improved health outcomes for clients (e.g. reduction in morbidity and mortality of clients), increased uptake of nursing services; high levels of client engagement in health care and efficiency in service delivery. These are very useful in future instrument development for research and evaluation of nursing quality. The content and construct validity of any new tools and checklists can be assessed using these empirical referents.

IV. DISCUSSION

By and large this paper has explored and consolidated the current knowledge on quality nursing care. The paper has managed to bring together the various fragments of knowledge and experiences on nursing care in a bid to provide a consolidated and comprehensive meaning of quality nursing care. It is apparent from the explorations that quality nursing care can't be defined holistically without the input of the recipients of care. Clients are external to the systems and processes of nursing yet they are always present in the process of performing services (Tobiano, 2015). Quality of care ought to be measured from the perspective of both patients and the staff and their opinions should be comparable.

Value-based access and utilization of health care services is increasing whereby clients and insurers embrace quality improvement for better outcomes (value for money). This then means that there is need to address frequent nursing practice errors and meet the rising demand of services and limited resources.

Most models that have assessed effectiveness of nursing care have either focused on quantity of care or to some extent quality of care. Such models include the performance based financing models. Systematic integration of both quantity and quality component improve nursing outcomes and enhances cost effectiveness. Opinions of patients and their families concerning professionalism are reflected in their levels of satisfaction and if considered, contribute to the improvement of quality of services rendered in nursing (Ross H. A, 2015).

V. CONCLUSION

Quality nursing care entails meeting client needs and expectations, through conformance to relevant standards/requirements and comprehensive implementation of care through the nursing process. It is the degree to which health services for individuals and populations increase the likelihood of desired health outcomes and are consistent with current professional knowledge. Antecedent events/activities determine the implementation of quality nursing care and they should always be available for quality assurance because they determine the dimension of outcomes of nursing care. A study by Chen, 2015 on patient satisfaction revealed that patients most valued traits "patients", "responsibility", "cautious"; "considerate" were perceived by participants as ideally important but were under performed. If the structures and processes of nursing care are effective and continuously monitored, the system is assured of good outcomes which are inclusive of increase uptake of services, improved client satisfaction and increase prevalence of positive client outcomes.

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