

Short Communication

Nurses' perceptions of nursing care quality

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INTRODUCTION

Quality of care is a vital topic in nursing care and can be achieved through caring, understanding and meeting human needs, good nurse-patient relationships, respectful interactions, effective staff communication, empathy, holistic care, cleanliness and safety (Coulon et al., 1996) (McKenna et al., 2006). Nurses are concerned with process but outcomes are generally used for quality improvement, and just few studies describe nurses' perceptions of quality in nursing care (Ryan et al., 2017). Nurses' perceptions of what contributes to quality nursing care varies, as there are many factors that influence the perception: work environment characteristics (Hanefeld et al., 2017), social norms, relationships, trust, values (Burhans et al., 2010), the institution, working position, working time (Bayer et al., 2018), shift lengths (Stimpfel et al., 2012), patient need fulfilment, therapeutic effectiveness, empathic, respectful interactions (Burhans et al., 2010), and interpersonal relationships with patients and leadership (Rosen et al., 2018). In Slovenia, the quality of nursing care is systematically controlled regarding adverse events: pressure ulcers, falls from bed and nosocomial infections. There are some local studies about patient satisfaction with nursing care (Peršolja et al., 2018), but the research from the perspective of practicing nurses is not focused on quality. Because limited literature regarding nurses' perceptions of what good or bad quality nursing care is, we explored the determinants of nursing care quality.

The purpose of this study was to identify the determinants of quality nursing care based on the perceptions of nurses, with describing: a.) events that are seen as high/low quality nursing practice; and b.) qualities (characteristics, attitude towards work) of the nurses engaged in high/low quality nursing practices.

A descriptive qualitative design was used. Semi-structured interviews were conducted based on the critical incident technique. The population consisted of Slovenian nursing personnel with at least one year's work experience. The size of the sample was not limited. The interviews with nursing personnel were held face-to-face between 2017 to 2019. The interviewers used the interview guide and the respondents were asked to describe incidents that they observed or experienced and were examples of high- or low-quality nursing. The study was conducted following the Helsinki-Tokyo Declaration (WMA, 2013) and the Code of Ethics for Nurses and Nurse Assistants of Slovenia (Zbornica, 2014).

A total of 136 nursing personnel was included in the qualitative study. Content analysis technique was used to analyze the presence, meanings, and relationships of words. The interviews were compiled in unedited form and entered into NVIVO 11. The analysis was done in stages: generating quality determinants - generating categories - generating themes. A quality determinant was derived from the incident's meaning and words and was not predefined.

Three major themes were identified from the coded data: technical care, communication, and teamwork (Table 1). Three quality determinants were identified within the theme of technical care: standard of care, triage and assessment, and emergency care. The theme communication contains two quality determinants: communication with patient or family, and communication with colleagues. The third theme, teamwork, includes multidisciplinary teamwork and helping colleagues. Each of these determinants has two categories, representing high- and low-quality nursing care. The respondents most frequently noted the importance of the determinant standard of care, and helping colleagues is a new determinant of nursing care quality.

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Theme	Quality determinant	Category	Total references per category	Total references per quality determinant	Rank of quality determinant (1-7) ^b	Total references, per theme
(Rank of theme, 1-3) ^a						
Technical care -1	Standard of care	High	40	91	1	140
		Low	51			
	Triage and assessment	High	17	25	3	
		Low	8			
	Emergency care	High	21	24	4	
		Low	3			
Communication -2	Communication with patient or family	High	22	37	2	
		Low	15			
	Communication with colleagues	High	2	14	6	
		Low	12			
Teamwork -3	Multidisciplinary teamwork	High	10	12	7	
		Low	2			
	Helping colleagues	High	12	22	5	
		Low	10			

Note: a The rank is defined by the sum of references per theme (1=most references; 3=few references); b The rank is defined by the sum of references per quality determinant (1=most references; 7=few references)

Table 1. Themes, determinants, categories, and ranks defining quality of nursing care

In this study, high-quality nursing care was described as a competent, professional, and personal commitment to nursing care according to professional standards. Nurses providing nursing care must be up-to-date, have broad knowledge, be independent, and show initiative. The work of a nurse must focus on the patient and his needs, which is possible only if the nurse is empathetic, listens carefully, and takes sufficient time for the patient. In addition to good communication with the patient and their relatives, communication with colleagues must be effective and based on good relationships and trust. It is not enough for nurses to work well together in a team; they are also expected to support and help their colleagues.

CONCLUSION

Determining the quality of nursing care only on results is superficial and ignores the process. We cannot therefore speak of quality in nursing care if we ignore the process by which the patient experiences service. Considering nurses' perceptions of nursing care quality it is not enough to look at the results, but also how they were achieved.

CONFLICT OF INTEREST

None declared

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