



High-Quality Nursing Care for Patients in Hospital with Advanced Disease: The Creation of a Concept

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Abstract

By combining research on constructs that define quality nursing care with interviews with 16 patients with advanced illness, a concept of quality nursing care for this population was created. Competence, personal care, professionalism, and a professional demeanour were all attributes of high-quality nursing care. Even though competence, caring, professionalism, and demeanour were found to be common characteristics of high-quality care for a variety of patient populations, the caring domain gained importance when patients with advanced illness felt vulnerable. Patients' perceptions of vulnerability must be taken into account when evaluating the quality of nursing care they receive for advanced illnesses.

Keywords: Quality of nursing care, Concept development, Advanced illness, Vulnerability

INTRODUCTION

While nurse-sensitive indicators are useful for demonstrating the relationship between the structure of nursing care and healthcare outcomes, they provide little insight into what constitutes high-quality nursing care (Aiken LH, 2002). Basic to have measures to assess the most common way of nursing care notwithstanding construction and result pointers. However, the literature on indicators of the quality of the nursing care process and methods for measuring them is lacking. The goal of this study was to find characteristics that could be used to assess the quality of nursing care given to seriously ill hospitalized patients (Aspinal F, 2003). The perspective of the patient is also largely absent from the current literature on the evaluation of high-quality nursing care. As direct beneficiaries of care, patients are legitimate evaluators of care quality. However, in the past, patients have been viewed as either ignorant or incapable of evaluating the care they receive. Hospitals, on the other hand, have begun to treat patients like service clients as a result of market forces, financial incentives, and an increasing emphasis on the significance of patient-centred care. Additionally, patient satisfaction has emerged as a

crucial quality indicator over the past ten years. A number of researchers have argued that patient satisfaction as a quality measure is conceptually inadequate, despite the fact that patient satisfaction is an important input from patients regarding the care they receive (Åstedt-Kurki P, 1992). The degree to which the patient's expectations for the care they receive are met is known as patient satisfaction. Therefore, regardless of the level of care provided, a patient may be satisfied if they have low expectations. Therefore, knowing what patients consider essential to high-quality nursing care and what they expect may be more important than determining whether or not they are satisfied. Patients' perceptions of quality nursing care and their expectations of nursing care have been the subject of several studies (Attree M, 1993). The results of these studies suggest that the definition of quality nursing care for various patient groups is multifaceted and diverse. Targeting subsets of patient groups rather than treating all patients as a single group is recommended due to the fact that attributes' definitions, dimensions, and priority vary by patient group (Beech P, 1995). Suggested defining quality indicators using a population-based strategy that breaks patients down by important characteristics. Patient characteristics such

as age, sex, education, and the type and stage of illness also influence patients' expectations and evaluations of quality nursing care. However, there are few studies of how different patient groups perceive quality nursing care. Patients with advanced illness may have different views, needs, and expectations regarding high-quality nursing care than patients who are hospitalized for an acute illness due to their prolonged experiences with illness and healthcare services. Although patients with advanced illness make up a significant portion of the patient population in many hospitals, the literature largely ignores their perspectives on high-quality nursing care (Burfitt S, 1993).

METHOD

Quality nursing care from the perspective of hospitalized patients was the subject of the inquiry. The theoretical phase's objective was to acquire a comprehensive comprehension of the concept-related literature (Chance KS, 1980). Utilizing the Cumulative Index to Nursing and Allied Health Literature, MEDLINE, and PsycINFO databases, a literature search was carried out; key phrases included "quality of health care and nursing" and "quality of nursing care." The hunt was restricted to grown-up subjects and diary articles in English (Cleary PD, 1997). The initial search was conducted from 1990 to 2008 because, as a result of healthcare reform in the 1980s, it was determined that prior concepts of quality care were not applicable to the current healthcare system. In order to exclude irrelevant articles, such as clinical trials of medical treatments and studies that did not include hospital nursing care, the identified articles (N=785) were screened by title and then by abstract. In order to trace the development of the idea of quality care in nursing over time, reference lists were searched for additional relevant publications for the 185 articles that met the inclusion criteria (Coulon L, 1996). Key literature that was identified from the reference lists prior to 1990 was also reviewed. Throughout the fieldwork and analysis phases, as new insights emerged, the literature search continued.

DISCUSSION

The four domains of high-quality nursing care that were identified through literature review and fieldwork applied to a variety of patient groups, but the manner in which these attributes are displayed varied depending on the perceived vulnerability of patients with advanced illness. Particularly, the level of vulnerability experienced by the patient influenced the amount and nature of the caring behavior that was required. Findings suggest that the variation in quality care attributes, particularly the caring attribute, depend on patients' perceptions of vulnerability and should not be overlooked when considering quality nursing care for patients with advanced illness. Vulnerability is not a characteristic that is only associated with patients with advanced illness and patients with advanced illness are not

always vulnerable. In this study, there were no population-specific characteristics-related variations in other domains (Currie V, 2005).

CONCLUSIONS

Even though participants indicated that a particular domain or quality was the most crucial during vulnerability, they frequently added that they assumed other qualities were also present. As a result, this study did not reveal whether vulnerability affects other domains or whether the importance of other domains decreases as the caring domain increases in the patient's perception of quality nursing care. Aside from perceived vulnerability, it is necessary to conduct additional studies to determine whether advanced-stage patients possess any characteristics that are distinctive and significant. The study's limitations are illustrated by these unanswered questions. Participants were restricted to patients who were conscious and physically stable at the time of the interviews but had advanced illness due to the use of semi-structured interviews.

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