

The Way, Nursing Care Quality, Affects the Patients Healing

Ghulam Mustafa Rajput, Musarat Fatima, Bharat Lal, Pir Bux Jokhio

ABSTRACT

Objective: Identification of factors that affect the care of patient by nursing perspective and its all-round consequences on the healing of patient.

Methods: This observational study was conducted at Begum Bilqees Sultana Institute of Nursing, Peoples University of Medical & Health Sciences (PUMHS), Shaheed Benazir Abad from June 2016 to December, 2016. Five (05) point Likert's scale was developed to measure the responses of various categories of nurses about the knowledge they possess concerning the healing of patient.

Results: Withstanding the result of this study, it is found that the sub-standard quality care may hamper the healing of patient.

Conclusion: Nurse patient ratio, quality of nursing education, and the managerial characteristics are among the factors, that may affect the healing of patient.

Key Words: Nursing Care, Quality Education, Patient, Healing, Over Burden.

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INTRODUCTION:

Health care quality directly affects the outcome of the patient. The nurses are among the stake, that delivers the care to the patient, hence; it is important to improve the quality care that nurse could deliver for the better outcome of the patient¹.

The shortage of nurses is another dearth that play a part in the poor upshot in rendering the health care delivery system. It is not possible for any country to provide quality health care to its population without considering the quality education and appropriate employment of nurses. For the existence of well-organized health care delivery system depends on the working of nurses with enthusiasm and humility^{2,3} (Table-1).

The proper handling of the responsibilities is related to nursing services that safeguard the

patient health, includes; Care plan, review of clinical care, making clinical decisions, communication, socialization of patient and inter professional communication⁴.

The missing nursing activities leads to re-admission, prolongation of stay time, increasing mortality, morbidity rate and delaying the healing process of patient.

The lack of time, overburden and working environment with deficit resources set the nurses in a condition of poor performance fruiting in further loss of patient health care⁵. The patient mortality statistics are variable with the re-admission policy of hospitals⁶, however it is documented that accustomed 30-day mortality rates were meaningfully lesser at 250 major teaching hospitals paralleled with 894 hospitals⁷. So, the patient centered teaching by the nurse's mandate to have an in-depth knowledge of health problem issues of the patient.

METHODS:

This observational study was conducted at Begum Bilqees Sultana Institute of Nursing, (PUMHS), on five (05) point Likert scale⁸ containing 30 items, with 20 open ended responses.

Purposive, convenient sampling were done

- * Associate Professor & Director, Begum Bilqees Sultana Institute of Nursing, PUMHS, Nawabshah.
- ** Assistant Professor, Nursing LUMHS Jamshoro
- *** Associate Professor, Dept. of Medicine, PUMHS Nawabshah.
- **** Assistant Professor Nursing, PUMHS, Nawabshah.

Correspondence to:

Dr. Ghulam Mustafa

Associate Professor & Director, Begum Bilqees Sultana Institute of Nursing, PUMHS, Nawabshah.
Email: bbion@pumhs.edu.pk

Table- I. Nurses/Doctors Ration in Different Countries

Country	Nurses	Doctors	N/D ratio	Population (year 2018)
Srilanka	40879	12488	1:23	20,714,040
Iran	154309	66880	1:2	82,030,476
U.S.A	3300000	730818	1:4.5	326,815,296
Pakistan	94766	184711	1:0.51	207,774,520

for 70 nurse participants with the different level of nursing qualification. The confidentiality and privacy of data were assured to participants. The autonomy of the participants was guaranteed with their capacity for withdrawal from the study on their own. Frequency & percentages were calculated and analyzed.

RESULTS:

Data was analyzed for frequencies with the percentages and ranked according to the descending order. Seven factors were identified, that can affect the performance of nurses in caring of the patient, that include: over burden / nurse patient ratio (69) 98%, educational quality (60) 85%, Factors that affect working environment (56) 80%, effect of duty routine on patient care (52.5)75%, loss of enthusiasm & interest in patient care (49.5) 70%, inter-professional communication & feedback (47.06)68%, nosocomial infections & hygiene (42) 60%, have risen out from the result of this research study.

Table II: Age Characteristics of Participants

Mean	36.05
Std. Deviation	6.90
Minimum	26
Maximum	46

DISCUSSION:

There is association between the nurse patient ratio and the patient survival. It depends the severity of illness and the availability of nurses⁹, accordingly the ratio of mortality was found higher with the critical low nurse ratio.

98 % of the study participants, view that reduced time in the surveillance of critical ill patient in ICU, CCU, recovery room quantifies the work load in terms of nursing interventions that directly affects the stay time of patient. Similarly, the study done by the Neuraz et al, revealed that mortality on a shift was related with a patient-to-nurse ratio >2.5 and a greater number of life-supporting procedures per patient¹⁰. The data in this study ratifies the previous results of the

Table-III. Factors influencing the patient's Outcome

Item No:	Description	Frequency (f)& %ages.
01	Over burden / nurse patient ratio	(69) 98%
02	Educational quality	(60) 85%
03	Factors that affect working environment	(56) 80%
04	Effect of duty routine on patient care	(52.5)75%
05	Loss of enthusiasm & interest in patient care	(49.5) 70%
06	Interprofesional communication & feed back	(47.06)68%
07	Nosocomial infections & hygiene	(42) 60%

research studies which justify the disproportionate workload /nurse-patient ratio with the high mortality.

The autonomy concept in the term of caring the patient is well known among the health care providers, in the situation where the critical patient stresses immediate intervention for the sake of life, it is expected to apply expert decision without delay in saving the life.

Highly qualified nursing professionals are more competent to analyze the situation for the formulation of the appropriate intervention as per need of the patient in time.

The perplexing knowledge and lacking skills, limit the patient's care and makes the professional dependent to others; this leads to differing feelings of insecurity and helplessness. Dependency on others is termed as suffering where the care givers have no other choice but to leave the patient on the mercy of himself¹¹.

In current study the majority of 85% of those with graduate degree claimed that graduate nurses are more competent than the under graduate nurses in evaluating the progress of patient with the travel of time.

Shahrokhi A et al, conducted a study to recognize the affect of nursing care on the improvement of well being of patient, according to their study they found that the educational factors are most effective that can alter the health status of indoor patient¹², it is further explored that deficient pharmacological knowledge: taking improper routes of drug administration, incompatibilities of drug & related side effects, antidotes, miscalculation of doses are among the factors that contributes in the escalation of mortality rates. Harding L, et al¹³ that style of written medical orders by physician, caring out the verbal orders of physicians by nurses, use of unusual acronyms, flawed interaction among health care team members and quality of writing reports¹⁴ leads to the long time stay of patient as well as it also increases the risk of patient mortality.

Our 80 % of participants realized that working environment can affect the performance of nurses in delivering the health care of patient. The factors that alter the altitude of environment of

working place includes; overcrowding the indoor department, unhygienic conditions, deficiency of skilled sanitary workers, sub-standard infra structure of health unit, managerial conflicts all together create an impact to disrupt the services brought by the nurses. Kieft RA, de Brouwer BB, Francke AL, Delnoij DM uncovered that clinically competent nurses, cooperative working affairs, self-sufficient nursing practice, acceptable staffing, control over nursing practice, administrative backing and patient-centered culture are the elements that mount the deluxe environment for the functioning of nurses and other health care workers¹⁴. Unpleasant environment, noisy setting of nursing unit, scanty lighting, and an suitable privacy in the nursing stationed un accustomed working policies put working staff in tiredness leading to illness; hence is the reason; how the working environments effects the quality care provided by the nurses^{13,15}.

The 75% study participants believe that flexible duty schedule, well-organized duty rosters are the reasons that have the greatest influence on quality care expected through the nurses. Sundberg K et al found in their study that shifting during the night and early morning signs a strong risk to the quality of patient care than the prolonged working hours. The tired night shifts make less concentrating as it drops the vitality level and the understanding with clients¹⁶. The disorganized duty schedule indicates the other higher potential risk to patient care than lengthened duty times. The participants of the study described anxiety, work pressure and tiredness at high level in their working condition than an extended schedule of duty hours. The reduction in the extreme sequential duration of duty hours may benefit the health status of the worker in aiding to, the safety of the patient.

70% of nursing related staff have verbalized that the loyalty & justified earnings are the important practices that motivates inner-self of worker and satisfies ambitions of life. Factors which can affect these practices may include; the reward, appreciation, a sense of selflessness, teamwork, strong inter professional relationship and mostly important is the organizational behavior.

Many studies have revealed that these factors are not merely important for the survival of an organization but the dearth of the same would lead to the bereavement of business.

Research conducted by the Sampson found that lack of communication, inappropriate shifting of workload, on call trends would lead to lose the interest and enthusiasm resulting in defective patient care¹⁷, the research study further concludes that communication gap among nurses and health professional; importance hearing, sharing the patient centered knowledge would shrink the enthusiasm and expected interest in the caring of the patient.

There has been dearth in research screening review based inter professional communication and feedback. 68% participants have revealed the importance of inter professional medication review. According to the result of this study and the research conducted by the Bell HT et al the, description of drugs and follow-up only on the physicians choice may not bring productive benefits to the patient, such inconsistencies may be addressed through the inter professional medical reviews (IMRs).

A handful cases were reported due to the lack of feedback & IMRs, that in turn affects the healing of patient¹⁸. To end the drug related discrepancies leading to the patient harm a system of IMRs has been developed, that consists of, the feedback of nurses, medical practitioners and pharmacists^{19,20}. The participant of this study realized that there is extreme dearth on the involvement of nurses in the review and feedback mechanism related to drug prescription, hence this deficit may lead especially infant and elderly patients to un-necessary polypharmacy and multimorbidity.

No, doubt the nurses are the key stake holders and the front line care givers in the hospital setting, in the progress and in the healing patient, the performance of nurses has ever remained in question. Factually the cumulative progress of patient health status is multi factorial, and the infrastructure of the ward, and hospital are among them.

The result of this study matches with the study shown by the Stiller A, et al, depicts the

influence of hospital infrastructure that contributes patient safety and prevention from the hospital related risks²¹.

The roles of nurses in relation to the infrastructure of health care facility would include the handling of multi-bedrooms or an open ward design.

The suggested distance for rooms: 18.58 m² per bed on critical care units in the USA, while 25m² is recommended for single-patient rooms or 40m² for multi patients in the Germany. The facility guidelines institute (FGI): an organization works to develop guidelines for designing and construction of health care facilities; recommends 13.94m² per patient bed in single-patient rooms and 11.15m² per patient bed in multiple-patient rooms on critical care units²².

The knowledge of prevalent clinical conditions and the use of proper hygienic disinfection is central for hand cleansing for well efficacy and cutaneous tolerance. The frequency of nosocomial infections can be condensed up to 40% implementing the proper hand disinfection protocol. Hence the knowledge of health worker about clinical conditions of patient, disinfectants and the principle of isolation of patient prevents the patient from hospital acquired infection, and also safe guard the health care workers^{21,22}.

CONCLUSION:

From the statistics of the result of this study reveled that quality nursing care may be considered as the hall mark of the extent the patient healing and recovery back the lost status of health.

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