

**Factors Affecting the Quality of Nursing
Care in Intensive Care unit: perception
Of Physicians and Nurses versus
Health Care Consumers**

Proposal

**Submitted for partial fulfillment of Master
degree (Nursing Administration)**

By

**Hasnaa Saleh
(B . Sc . Nursing)**

Supervisors

Dr: Soheir Hassanin

Assist. Prof. of nursing
Administration
Faculty of Nursing
Ain shams university

Dr: Samia Adam

Lecturer of nursing
Administration
Faculty of Nursing
Ain shams university

**Faculty of Nursing
Ain shams university
2003**

Introduction

Health care agencies and health professionals want to provide the highest care with minimal risk to client. Quality of care is the right of all patients with the responsibility lying with nurses who deliver it (*wise, 1995*).

Questions about the quality of health care are receiving increased attention from health care professionals and consumers, concern about maintaining the quality with constraining costs has intensified effort to improve the methods of evaluating health care.

Nurses at all levels are playing an active role in evaluating the quality of health care, their involvement leads to opportunities to work with colleagues in other professions, both to better articulate their respective contributions and to improve patient outcomes (*Tappen, 1995*).

The institute of medicine's study committee (*1986*) defines the quality as the degree to which health services for individuals and populations increase the likelihood of desired out comes and are consistent with current professional knowledge.

Quality involves the integration of values between the user and provider of the services or product. Thus quality is composed of three parts, the user of the service or client, the producer of the service or staff members, and the organization that provides the structure in which it still operates (*Peters, 1994*).

A quality evolution has occurred in health care, this evolution is the result of many factors such as the expectations of the health care consumers, the desire of health care providers to improve quality and the quality management practices (*Kelly, 1992*).

There are many factors which determine the quality of caring services, organization of work in the ward, provision of material and means for nursing, personality related factors, incentives for work and supervisors' requirements (*Slusarska, 2002*).

Quality of nursing care can be measured by nursing standards. Standards of quality of care divided into three types. Structure, process and outcome standards.

The structure standards include manpower, material resources like buildings, budget and equipment's, process standards include the performance of nurses, physicians and other professionals in management of patients,

Outcome standards are the results of Care or intervention, and patient satisfaction. So structure, process and outcome standards are affecting the quality of Care provided to the health care consumers (*Clark, 1997*).

Intensive care unit is a specialized recovery area, which receive the patient immediately from the operating room after major operations like open-heart surgeries by specialized nursing staff. The intensive care units provide continuous, comprehensive physiologic monitoring and therapies not available in other areas of the hospital.

The range of technologies and interventions provided varies significantly with the size and type of unit; continuous Electro-cardio graphic monitoring, pulse oximetry, invasive arterial monitoring, and mechanical ventilation are considered essential in most intensive care units (*John and George, 1995*).

So the quality of health care provided to the health care consumers in the intensive care units are very important than any other area. Patients who are present in the intensive care unit are suffering from many complications during staying in the intensive care unit. For example, increasing the rate of different types of infection such as pneumonia in children that is leading to death.

Thus the outcome of patient care is not up to desired level and the quality of health care provided is not being met.

So this study will be made to identify factors affecting the quality in the intensive care units.

Aim of the study

The aim of this study is to identify factors affecting the quality of nursing care provided in intensive care units at National heat Institute and Ain Shams Specialized Hospital as perceived by physicians, nurses, and health care consumers through:

1. Soliciting nurses' perception regarding factors affecting quality of nursing care in intensive care units.
2. Eliciting physicians' opinion regarding factors affecting quality of nursing care in intensive care units.
3. Investigating opinion of health care consumers regarding factors affecting quality of nursing care in intensive care units.

Subjects and Methods

Setting:

The study will be conducted in the intensive care units at the National Heart Institute and Ain shams specialized hospital.

Subjects of the study:

Three types of subjects will be included:-

- All nurses assigned to the intensive care units in the aforementioned selected settings during the study period.
- A representative sample of physicians who are working in the intensive care units in the aforementioned selected settings at the time of data collection.
- A representative sample of patients who are receiving care in the intensive care units in the aforementioned selected settings for at least 48 hours who are available at the time of data collection.

Tools of data collection:

Two tools will be used for data collection

- a) A questionnaire sheet to be directed to the staff nurses and physicians to assess their perception

regarding factors affecting quality of nursing care in intensive care units.

- b) An interview with patients to assess their opinion regarding factors affecting quality of nursing care in intensive care units.

Results:

Discussion:

Conclusion and Recommendation:

Summary:

References:

References

- **Boyer E, (1983):** The American Heritage Dictionary, Dell publishing Newyork, U.S.A
- **John D. and George S. (1995):** Surgery A problem Solving Approach 2 nd., ed ., Mosby year book U.S.A
- **Kelly K. (1992):** Nursing staff Development Current Competence, Future Focus. Lippincott Company, Philadelphia, U.S.D
- **Peters D. December (1994):** Performance Improvement Through Quality Improvement Team work: The Journal of Nursing Administration, Vol 24 (No:12),
- **Tappen R. (1995):** Nursing leader ship and Management concepts and practice 3rd ed. F.A Davis Company Philadelphia , U.S.A
- **Yoder wise P. (1995):** Leading and Managing in Nursing 1st. ed .St. Louis Mosby year book, U.S.A
- **William V. (1995):** Creating Quality Concepts, Systems, strategies, and tools. McGraw Hill Singapore.

العوامل المؤثرة على جودة الرعاية التمريضية في وحدة
الرعاية المركزة: إدراك الأطباء والممرضات وانعكاسه
على متلقي
الرعاية الصحية

خطة بحث مقدمة من
حسناء صالح عبد الكريم
بكالوريوس المعهد العالي للتمريض
للحصول على الماجستير في إدارة التمريض

المشرفون

د/

د/ سهير حسانيين

سامية آدم

مدرس بقسم إدارة التمريض

أستاذ مساعد بقسم إدارة التمريض

كلية التمريض

كلية التمريض

جامعة عين شمس

جامعة عين شمس

كلية التمريض

جامعة عين شمس

2003

مقدمة:

تحرص الهيئات والمؤسسات التي تعتنى بالصحة والعاملين فى هذا المجال على تقديم أعلى مستوى من العناية الصحية بأقل احتمال لحدوث أى خطر للمريض ولذلك فإن جودة الرعاية الصحية من حق كل المرضى وهو أيضاً مسئولية الممرضات اللاتى يقدمن هذه الرعاية الصحية لهؤلاء المرضى . إن السؤال عن مستوى جودة الرعاية الصحية يلقى اهتماماً كبيراً من العاملين فى مجال الرعاية الصحية وأيضاً متلقى هذه الرعاية ولذا فالحفاظ على الجودة الرعاية الصحية يحتاج إلى مجهود كبير من العاملين به لتحسين طرق تقييم الرعاية الصحية و تطوير جودة هذه الرعاية المقدمة إلى التخصصات الأخرى وهذا يعطى الفرصة لتحسين جودة الرعاية الصحية والنتائج المرضى ولذلك فإن أعضاء هيئة التمريض بجميع مستوياتهم يلعبون دوراً هاماً وفعالاً فى تقييم جودة هذه الرعاية الصحية عن طريق تضامنهم فى العمل مع زملائهم من النهائية لمرضى.

تتكون الجودة من ثلاثة عناصر هم مستخدم الخدمة (العميل) ومقدم الخدمة والنظم التى يتم تقديم هذه الخدمة من خلالها وتشمل الجودة توحيد القيم بين مستخدم ومقدم الخدمة أو المنتج. تم تطوير جودة الرعاية الصحية وهذا التطوير ناتج عن عدة عوامل منها توقعات متلقى الرعاية الصحية ورغبة مقدمى الرعاية الصحية فى تطوير جودة هذه الرعاية وهناك بعض العوامل التى تحدد جودة الرعاية الصحية منها نظام العمل وتوافر الأدوات والإمكانات والوسائل المستخدمة فى العمل وهناك عوامل شخصية وعوامل للتحفيز على العمل.

وحدة الرعاية المركزة هى مكان خاص جداً وخرج جداً يستقبل المرضى من غرفة العمليات بعد إجراء العملية وخاصة العمليات الكبيرة مثل عملية

القلب المفتوح ويتم استقبال المرضى وتقديم الرعاية الصحية لهم بواسطة فريق تمريض خاص بوحدة الرعاية المركزية والهدف من هذه الوحدة هو تقديم الرعاية المستمرة والشاملة للمريض عن طريق وجود أدوية وأجهزة خاصة بهذه الوحدة مثل جهاز التنفس الصناعى وجهاز رسم القلب المستمر وقياس ضغط الدم المباشر ولهذا فأن وجود الرعاية الصحية المقدمة فى هذا المكان الحرج هامة جداً لتجنب حدوث أى مخاطر للمريض فى هذه الوحدات الحرجة والهامة والخاصة بالعمليات الكبرى.

الهدف من الدراسة:

الهدف من الدراسة هو معرفة العوامل المؤثرة على جودة الرعاية التمريضية المقدمة فى وحدة الرعاية المركزة بمعهد القلب القومى ومستشفى عين شمس التخصصى عن طريق:

- إدراك الممرضات للعوامل المؤثرة على جودة الرعاية التمريضية فى وحدة الرعاية المركزية بالأماكن المختارة.
- معرفة آراء الأطباء بالنسبة للعوامل المؤثرة على جودة الرعاية التمريضية فى وحدة الرعاية المركزة بالأماكن المختارة.
- تحليل آراء متلقى الرعاية الصحية الخاصة بالعوامل المؤثرة على جودة الرعاية التمريضية فى وحدة الرعاية المركزة بالأماكن المختارة.

مكان البحث:

أن هذه الدراسة سوف يتم إجراؤها فى وحدات العناية المركزة بمعهد القلب القومى ومستشفى عين شمس التخصصى.

عينة البحث :

أن العينة التي تم اختيارها لهذه الدراسة تشمل:

- 1- جميع الممرضات العاملات في وحدة الرعاية المركزة بالأماكن المختارة أثناء فترة إجراء الدراسة.
- 2- النواب من الأطباء العاملين بوحدة الرعاية المركزة بالأماكن المختارة أثناء فترة إجراء الدراسة.
- 3- المرضى الذين يتلقون الرعاية الصحية على الأقل لمدة 48 ساعة في وحدة الرعاية المركزة بالأماكن المختارة في أثناء فترة إجراء الدراسة.

أدوات البحث :

سوف يتم استخدام نوعين من أدوات البحث لجمع بيانات الدراسة وهما:
الأولى : استمارة استبيان لاستطلاع رأى الأطباء والممرضات لمعرفة أدراكهم للعوامل المؤثرة على جودة الرعاية الصحية في العناية المركزة بالمستشفيات المختارة.

الثانية : عقد مقابلات شخصية مع المرضى لمعرفة آراءهم في جودة الرعاية الصحية المقدمة بوحدة الرعاية المركزة بالمستشفيات المختارة.

النتائج .

المناقشة.

الخلاصة والتوصيات الناتجة من الدراسة.

الملخص.

المراجع.

INTRODUCTION

In supplying products or services there are three fundamental parameters which determine their sale ability. They are price, quality, and delivery. Customers require products and services of a given quality to be delivered by or be available by a given time and to be of a price which reflects value for money. These are the needs of customers. An organization will survive only if it creates and retains satisfied customers and this will only be achieved if it offers for sale products or services which respond to customer needs and expectation (*Hoyle, 1997*).

The word quality has many meanings: a degree of excellence, conformance with requirements, the totality of characteristics of an entity that bear on its ability to satisfy stated or implied needs, fitness for use, freedom from defects, and imperfections or contamination, and delighting customers (*Beckford, 1998*). Quality has always been a primary concern in the health care field. It determines how successfully to prevent and treat physical and mental illness which affect the well being of patient and his family (*Badran, 1997*).

Quality management stresses prevention of clients' care problems. Management must practice a quality philosophy that encourages the people providing the service to trust each other, work together, and to be creative in service improvement. A major part of delivering quality services is the skill of the people who provide the service. These people must work together effectively to improve the services and delight the customer (*Wise, 1995*).

Quality is not the result of a task, regulation or committee, but it is the result of people's values, behaviors, and structures, which focused toward the common goals. Quality management is based on the philosophy that we should do things right the first time and always strive for improvement. Quality management involves everyone on the improvement team and encourages everyone to make contributions (*Schroeder, 1994*).

Quality-related terminology or jargon changes rapidly. Quality management and quality improvement are terms that are sometimes used interchangeably. However, quality management is a philosophy that defines a corporate culture that emphasizes customer satisfaction, innovation and employee involvement. Quality improvement is an ongoing process of innovation, prevention of error, and staff development that is used by

corporations and institution who adopt the quality management philosophy (**Flarey, 1993**).

According to **Koch and Fairly (1993)**, the terms quality management and quality improvement have evolved from the business philosophy known as total quality management. Total quality management remains controversial. Many healthcare organizations prefer to use the term quality management because total quality management can never be achieved.

Quality had become the promotional tool for many health care organizations as they adapted a more consumer-oriented approach. Most healthcare agencies assigned quality monitoring activities primarily to a special person or department with the title of quality assurance (QA). Quality assurance specialists compare structure, process, and outcome measures to previously established criteria or standards. As a result of this process, nursing care errors or omissions are detected and corrections made (**Cohen & Cesta, 1997**).

Quality assurance activities are gradually changing to quality improvement activities. Healthcare system can benefit in a number of ways from quality management. The financial environment with prospective payments has constrained budgets, which in turn caused a decrease in staff. Greater efficiency and proactive planning while