CHAPTER - I

INTRODUCTION

“Quality is never an accident; it is always the result of high intention; sincere effort, intelligent direction, and skillful execution; it presents the wise choice of many alternatives” - William A. Foster.

BACKGROUND OF THE STUDY

As nurses, we work long and hard to achieve greater respect for our education and skill as healthcare providers. We can be proud of our expanded roles in all aspects of healthcare today and of the increasingly complex and important functions we fulfill. We must remember however the ever broadening scope of nursing practice, which makes contemporary nursing so exciting and rewarding, has also complicated our work. Nursing has emerged as a challenging profession requiring a high level of education, knowledge, skill and decision making capabilities.

The unprecedented technological advancement, the increased use of biomedical equipment, sophisticated treatment regimen and problem-solving approach in nursing care demand appropriate preparation of nurses and judicious organization of nursing services to provide quality care. It is a matter of pride for nurses that nursing profession has attained a distinct position in the search for quality in healthcare. Nursing is unique in that it is the only profession in the world of healthcare which has produced the greatest number of quality assurance systems and techniques exclusively for and about nursing.
Defining quality is difficult—it is a concept, it is a notion, and an idea. The word quality can be used in two distinctly different ways. On the one hand, quality has connotations of excellence and on the other hand, quality can be a neutral term referring to the general character of some object or phenomena. In that sense, one can refer to good or bad quality. One view of quality is that it is something that satisfies the customer or consumer.²

**Quality** would be different from various perspectives. Quality for a nurse/provider may be one thing, a client’s perception of quality could be something else, and quality to the hospital administrator could be from yet another perspective, based on the situation from which it is viewed. Hence quality has varied connotations.²

**WHO** (1992) defines quality assurance as making sure that the services provided by the hospital is the best possible, with given existing resources and current medical knowledge. **Sanzora** (1980) defines quality assurance as a systematic effort to maintain satisfactory performance or improved medical care and its results².

**Lee & Jones** (1983) defined quality of care as “the application of all necessary services of modern scientific medicine to the needs of all people”³.
Maxwell (1984) defined quality care as having six elements or dimensions which require to be held in balance, i.e. Effectiveness; Efficiency; equity; accessibility; acceptability; relevance to need\textsuperscript{4}.

Quality assurance in health care is an innovation of the late twentieth century, but its gestation has much longer history. In the nineteenth century, the concept of quality in nursing was first introduced by Florence Nightingale. She prepared the cycle of standards setting, observation, review and improvement. The improvements she effected in the hospital at Scutari were only possible because of her observation that allowed her to demonstrate that hospitalization of wounded soldiers led to an increase rather than a decrease in mortality. According to Ellis & Whittington (1993), Miss. Nightingale’s “Notes on Nursing” were in fact standards for nursing care and remained benchmark for high but achievable quality for many years.\textsuperscript{5}

Nursing is a service in which people are helped to meet needs related to their general health. From its earliest inception nursing has had a nurturing quality and today this quality is incorporated into practices that are designed to assist patients physically, psychologically and sociologically.
The ANA goes further to specify and define four areas that are required as knowledge base for nursing practice\(^6\). These areas are:

- Phenomena of concern
- Diagnosis
- Intervention and
- Evaluation

**Phenomena of Concern**

Nurses must focus on human experiences and responses to birth, health, illness and death within the context of individuals, families, groups and communities.

**Diagnosis**

Nurses must facilitate communication among health care providers and the recipients of care and provide for initial direction on choice of treatments and subsequent evaluation of the outcome of care.

**Interventions**

Nursing interventions direct or indirect involve both physical and emotional intimacy. Nurses provide physical care, emotional support and health teaching or counseling. They assist with recovery or a peaceful death. Nurses must evaluate the effectiveness of these interventions in relation to identified outcomes. They must continually revise their diagnosis, outcomes and plans of care.
As first and foremost caregivers of the human mind, body and spirit, nurses have an obligation to respond to health and illness without restriction, to integrate what they objectively know of the patient’s subjective response and, finally, continuously make an effort to learn and apply this knowledge to the diagnosis and treatment of these patients.

Nursing now is one of the most vital segments of health care delivery system. As nurses, more so as educators, they are called upon to commit themselves to develop education in nursing, and through this, improve the quality of care given.

**Evaluation**

The evaluation of the quality of nursing performance may be the single most important goal of the nursing profession in this decade. The outcome of nursing care should be the primary focus of quality assurance.

Quality assurance carries with it a commitment to respond positively to results obtained from an evaluation or assessment. When roles of nursing are specified, only then, the evaluation would be effective.\(^6\)

Nurses’ roles and their administrative responsibilities have multiplied over the past 20 years. The most crucial role of the nurses in the hospital setting is patient care. This is the core function of nurses. The major role of nurses is vital in five areas as *practitioner, educator, leader, communicator* and *evaluator* (*PELCE*).
As a knowledgeable **practitioner**, the RN demonstrates positive behavior and the ability to perform ongoing clinical assessment of the patient, plan and implement a plan of care. As an **educator**, the nurse demonstrates behavior which includes assessing the educational needs and learning strategies. As a **leader**, the nurse is responsible for delegating the delivery of care to others and giving guidance in the care of patients. As a **communicator**, the nurse co-ordinates with other healthcare professionals and patients to ensure a safe and conducive environment. As an **evaluator**, the nurse evaluates the outcome of care and have a plan to modify when the goal is not achieved.\(^7\)

The professional nurse today presents many different images in contrast to the universe one of the centuries ago: A single woman in religious habit or uniform, providing care to the sick person. Today, the nurses have multiple roles in different settings. The titles by which nurses are known mirror their diverse roles for example practitioners, educators, leaders etc.

*Janet* (1990) explored in a study of the changing roles and recommendation for graduate preparation for nurses in health care found that it is a crucial time for nurse administrators to increase their clarity of focus on the essence of nurses’ unique contribution to health care across their different roles.\(^8\)
Ellis et al. (2001) defined role ambiguity in nursing as a situation in which role is not clearly defined. This frequently occurs because of the lack of good job description and clear communication.9

Sims and Lindberg (1978) explored the newer roles of nurses. They concluded that the impact of social change on the healthcare system has motivated nurses to examine their current status as professionals in an effort to develop innovative roles. Acceptance of these new roles has been slow on the part of not only physicians and other healthcare professionals but also nurses and consumers who continue to view the nurse in the traditional role.10

The new roles that nurses with advanced degrees are practicing and that nurse educators are advocating, lead to role conflict, role stress and role strain because nurses as individuals, and as a professional group experience difficulty in supporting one another.

Pity Kaul (1998) explained in her study that under the expanded role, nurses in clinical areas have to provide not only basic nursing care but also they have to carry out, wide range of specific functions requiring high level of professional knowledge and skills.11

In India, we have various categories of nurses, ANMs, Diploma nurses, Graduate nurses, Postgraduate nurses, M.Phil and Doctorate nurses. The standard of nursing is different for each one. This could be one of the reasons why many of the roles could not be described on a definite basis as these roles are based on the knowledge of that particular group.
Keeping this in view, we have to prepare nurses to perform both extended as well as expanded nursing roles in clinical practice and public health practice. Under the expanded roles, nurses have to perform diversified functions in nursing practice in addition to providing basic care. Therefore, nursing profession should continuously search for methods of improving nursing care at all levels and make maximum use of established professional judgment and skill.

Many new professions have arisen during the twentieth century, particularly in the paramedical field. The nursing profession needs to establish harmonious relationship with other professions whose members also provide service to the sick. To achieve beneficial relationship between the different professions involved in healthcare, it is essential to have a clear idea of the nurses own role to understand the functions of others and finally to consider where there may be an overlap of functions and how nurses can work in conjunction with members of other professions who are involved in individual patient care. These comments seem to be self evident, but in any human relationship, misunderstanding and even conflict can arise over the work of others. Inevitably, the service being given may then suffer, quite apart from possible function and diminution of job satisfaction for the professional workers concerned.
The role of the nurse varies according to the situation in which nursing is carried out. It may be perceived differently, by the nurse herself, by doctors or by patients. It changes according to the needs and expectations of society, as in the changing emphasis at present from treatment of diseases to promotion of health.

In considering nursing in relation to other professions, some views from the Briggs report are pertinent here. The report stated that professional nursing and midwifery have as their objective continuity and co-ordination of care in the interests of the comfort, recovery and integrity of the person being cared for and that this is a central role both in and out of hospital. It pre-supposes team work both in a nursing team in the wide health team including all those concerned with preventive, remedial and rehabilitative care.

It is essential that the nurse is ready and able to explain her particular role in relationship with others. In large organizations such as hospitals this must be carried out not only informally but also by means of formal committees set up to maintain services, iron out problems and provide quality care.

The longstanding and honorable professional relationship between the nursing and medical profession should be preserved and fostered not only at an individual level but also on a wide scale by finding out their opinion about their performance.
The role of the nurse in the changing society resembles less and less what is being written about practicing. A nurse who is educated to believe that her nursing role will be the way it is described in the literature may well find, once she starts working that her expectations are in conflict with reality. The real life problems nurses face every day of their nursing career are just what practices is all about. The nursing sisters play multiple roles. To perform these roles they carry out a number of nursing and non nursing activities directly or indirectly related to patient care.

In course of time, performance of these activities becomes a routine. Most nurses carry out these responsibilities automatically and unquestioningly. The nature of functions and their professional relevance have often been discussed, but strong measures have not been initiated to define and benefit nurses’ role even in large referral hospitals. Nurses’ accountability with regard to nursing function is not clear even to the nurses, nurse administrators and nurse educators. One may find many instances there are where differing viewpoints or perception of nurses performance by healthcare professionals. A continuous assessment of the congruency between what we say and what we do is necessary not only to develop standards but also to earn respect to the profession.

Perception and cognition undoubtedly shape our views on nursing. What follows is an exploration of practices, myths, realities and remedies. In order to promote evidence based practice, nurses have to closely observe their practices and their outcomes.
In these situations and so many more, nurses need to know their responsibilities and how to handle themselves, so that nurses’ action do not jeopardize their carrier. But we cannot expect these situations by quoting nursing theories or citing textbook references, all that is needed is improving our own practices by performance evaluation. Collaborative nursing practices with other healthcare professionals require nurses to develop confidence in their clinical competence and assume responsibility for decisions. Nurses must be assertive in their interpretation of appropriate nursing role. This involves knowledge of facts, confidence and the ability to keep competence. True collaboration can only be accomplished when there is a willingness to take risk, open communication and right perception on each other.

Mauksch (1981) said that interdependent collaborative relationship between nurses and other professionals would be characterized by more equitable distribution of data collection about the client. Joint decision making, a naturally agreed upon division of labour and unified goal achievement in professional practice, rectifies the gap between the practices and perception through understanding of expanded role.¹²

NEED FOR THE STUDY

Health care professionals are calling for more collaboration between themselves and nurses, recognizing the influence of this relationship on patient care and job satisfaction of nursing professionals.
Robert Mayer, the famous educator stated “we teach and train because we hope that through our instructions, students will somehow be different from what they were before the instructions”\(^{10}\). The process of measuring nurses performance should have the same intent. It should be learning experience for the nurses that improve the areas of performance listed by Mayer.\(^{1}\)

Who is a nurse? How do you describe nursing practice? How have others described it over the years? The word nurse means to nurture, nourish and protect. The word practice means to do or perform and to become proficient and excellent in a particular area (or) skill. Therefore, nursing practice implies proficiency in the skill of nurturing and protecting others.\(^{12}\)

The successful nurse is viewed as the mother of the unit and should be aware of how the nursing profession is defined and regulated.

The word paradigm comes from the ancient Greek language. That means model, theory, perception, assumption or frame of reference. Most nursing paradigms are based on learning through theoretical or clinical experiences. Most students model their behavior after an admired instructor or clinical nurse. Others read and critically evaluate their readings to define their perceptions. Some use a mix of both approaches to determine their way of seeing nursing practice. Most nurses bring their
cultural belief systems with them to school and work; these perceptions generally enrich the environment and add the component of diversity to a setting. The same is true of personal biases. The purpose of exploring perception is to recognize existing paradigm and work within their different frame-work as a nurse.  

Taylor et al., (1977) defined perception as the selection and organization of sensation so that they are meaningful. Perceptions are learned, is dependent on experience during socialization. Perceptual expectations are influenced by emotions, language and attitudes and they vary widely from one individual to another. One’s interpretation ability is, therefore, highly dependent on perceptual abilities. Validated perception between nurses and health professionals is essential to goal setting and achievement. The nurse must constantly be aware of the power and influence of perception of other professionals. It is also essential for nurses to develop concepts of self that are most effective in improving performance. The important concept is to have awareness of one’s own perception of and feeling about self performance.  

Chitty (1993) said that whatever the setting, nurses fulfil a number of roles on the healthcare team. As the healthcare delivery system experienced major changes during the 1990s the evolving roles of the registered nurse required new competencies and skills. There are numerous roles, the nurse play of which the five are most important as practitioner, educator, leader, communicator and evaluator.
Brooks et al., (1983) defined roles as ‘performed behavior or behavior perceived or acceptable relative to a given situation’. Nurses like members of every professional discipline need to establish role identifications, what particular role a nurse plays, and must have mutual validation between the nurse and consumer of nursing care.\(^{16}\)

It is also important for the professional to know about the different roles of nurses and also their performance in each role. Working harder or changing your attitude to achieve a goal whether you identify right perception or if you are able to shift your paradigm to fit the current environment. This shift has to be authentic in terms of understanding the rationale and purpose of making the shift.

A study had been conducted on physicians’ perception of nurse practitioners by Donald and Katize (2002). They concluded that physicians lacked a full and clear understanding of the Nurse Practitioner’s role, demonstrating the need for the professionals to share their core competencies, values and skills with physicians, administrators and the educational practice.\(^{17}\)

A major study of nursing was conducted in the 1980s at Chicago by national commission on nursing. They found that the physicians and healthcare administrators often did not understand the role of nurses in patient care, and that traditional and outdated images of nurses impeded
acceptance of current roles. Some physicians and administrators thought that nurses were over educated, and did not support or increase the nurse’s authority to make decisions concerning healthcare.\textsuperscript{18}

\textbf{Schroeder} (1991) suggested that view of quality incorporates knowledge, skills and behaviors of practitioners as well as use of patient, physician and payer’s measures of quality. It is important to take account of the underlying values and beliefs of nurses and the way they organize nursing care.\textsuperscript{19}

Analyzing today’s situation where nursing profession occupies a distinct position in healthcare services, there is an indication that lack of understanding of the expanded roles of nurses by other healthcare professionals and nurses themselves which may cause a severe threat to the existence of the profession leading to the profession merging into the other professions.

Various developed countries are involved in quality assurance programmes in nursing. But quality assurance program in India is still at a rudimentary stage where baseline studies are needed to assess the status of nursing, nurses’ roles, their performance and its involvement in quality assurance. Through awareness of quality among professionals is an essential pre-requisite for quality, whereas very little has been done so far due to various hindrances.
Gupta et al., (1990) assessed the nurses’ perception and attitude towards their professional activities and accountability. The information from this study revealed that more than 50% nurses viewed that their role is neither defined nor rationalized. They also reported that they are engaged in other than nursing care activities like housekeeping, clerical work etc. Majority of bedside nurses perceived their activities, most of which were related to medical care than nursing care.20

As a profession, nurses must also question themselves about what constitutes nursing activity. This is essential to maintain professional identity and autonomy. Historically, nurse has been perceived as nurturing mother who is congruent with the role of the healthcare provider1. Meenakshi (1996) discussed that nurses play a major role in the healthcare system and this is gaining greater visibility. It is at this time that the nursing profession must make concerted and united efforts at restructuring or remodeling their profession. Clear guidelines must be formulated for an expanded and independent role. The profession must work towards developing a framework for specialization. Development of competence requires both ability in a particular dimension and perception of that ability. One of the competence to be identified as essential for professional practice is continued learning and self development.21

Haugh (1999) compared the perceptions of 46 nurses and 10 managers with regard to the amount of power in their positions and found that staff nurses believed that they had significantly less power in their position than did the managers. This suggested the lack of congruence in perceptions of job co-ordination.  

Keeping all the above points in mind, the nurses need to acknowledge existing perceptions among health professionals (physicians, nurse administrators, nurse educators and nurses themselves). By understanding the perception of all these professionals, more effective and meaningful care can be administered.

There are no quantitative studies comparing nurses’ perceptions with that of health professionals or incorporating the perceptions of people who are neither nurses nor patients. The present study was therefore designed to investigate healthcare professionals’ perception of nurses’ performance on Pentagonal roles (PELCE): Realities and Remedies.
STATEMENT OF THE PROBLEM

A Study to Explore the Healthcare Professionals’ Perception of Nurses’ Performance on Pentagonal Roles (PELCE) - Realities and Remedies”

OBJECTIVES OF THE STUDY

I. Healthcare Professionals’ Perception of Nurses’ Performance on PELCE roles

1. To measure and provide empirical evidence regarding the healthcare professionals’ perception of nurses’ performance on PELCE roles as:

   ✭ Practitioner (Care giver)
   ✭ Educator
   ✭ Leader
   ✭ Communicator
   ✭ Evaluator

2. To compare the perception of nurses’ performance among health professionals.

3. To correlate the inter-relationship between perception of health professionals with selected variables.

4. To identify the perception of the most important nurse caring behaviors on PELCE roles.
II. Self Evaluation

1. To study the nurses’ perception about their own performance (Self evaluation).

2. To associate the perception of nurses’ performance on PELCE roles with their demographic variables.

3. To identify the perception of most important nurse caring behaviors by registered nurses.

III.

1. To develop a module to acquire high quality performance among nurse practitioners, based on the empirical evidence found from the study.

OPERATIONAL DEFINITIONS

Nurse

Refers to both diploma and graduate nurses registered with the State Nursing Council and working in clinical settings.

Performance

Refers to nursing actions, which assist the client/patient to maximize her/his health capabilities. The action will require diverse skills, possibly including psychomotor abilities, leadership, teaching, communication and management.
**Realities** are the facts of the information obtained empirically regarding perception of nurses’ performance in this study.

**Remedies** refer to the strategies to refine and improve skills or performance.

**Role**

Refers to performed behaviors or behaviors perceived or acceptable, relative to a given situation during care.

**Pentagonal roles**

Refer to five identified roles of registered nurses as practitioner, educator, leader, communicator and evaluator.

**Healthcare professionals**

Refer to physicians, nurse administrators, nurse educators and registered nurses.

**Perception**

Refers to written statements of the professionals by observing RN’s caring behaviors, practice, skills and clinical competence, education, leadership, patient needs and expectations.
ASSUMPTIONS

★ Nurses and other healthcare professionals have different views of what traits are important for nurses.

★ Physicians perceive nurses role differently from the nursing professionals.

★ Appraisal is essential for improving the quality of care in nursing.

★ Self evaluation improves self awareness and self motivation.

★ The changing role of nurses is less clearly perceived by health care professionals.

★ Deficiencies in quality care may be related either due to the failure to perceive the roles of nurses or poor perception of performance.
CONCEPTUAL FRAMEWORK OF THE STUDY

*Conceptual framework was developed from the ANA Model for Quality Assurance by Lang (1975).*¹²

The quality assurance model was originally developed by Lang and adopted by the American Nurses Association (1975). This is a cyclical model. American nurses have prepared a model of quality assurance which is meant for the nursing profession but it has also been used by various other professionals in healthcare.

All the quality assurance systems involve appraisal of quality standards followed by action for quality improvement. The ANA cycle of quality assurance is an elaboration of the sequence.

At each stage in the cycle, the observation and events of the previous stage influence the decision to be made and action to be taken in the next cycle. The cycle is known as open system. This openness is necessary to allow for continuous quality improvement. Today’s highest possible standards may not satisfy the consumers and professionals of tomorrow (Fig.1).
Fig. 1 Conceptual Framework of the Study: Quality Assurance Cycle
(Model Adopted by American Nurses Association: modified).

VI Identify possible courses of action: Formulate Strategies to improve quality care

I Identify values: Perception of health professionals on nurses performance.

V Make interpretation of perception.

II Selecting a topic: Expanded roles of nurses and assessment of their performance in each role
- Practitioner
- Educator
- Leader
- Communicator, and
- Evaluator

VII Take Action to Improve Quality Care

IV Secure measurement needed to determine degree of attainment of standard and criteria (Administering a self administered questionnaire)

III Setting standards and criteria for each different role
Model for Quality Assurance (Model Adopted by American Nurses Association: modified).

i. Identification of values

It emphasizes the need to clarify the social, institutional, professional and individual values along with the advances in scientific knowledge that influence nursing practice. Examination of these beliefs offers insight into what clients, nurses and others think as important in nursing care. These values or interpretations help to determine the standards and criteria needed to judge quality.

ii. Selecting a topic

In this study, the topic selected is roles of nurses and assessment of their performance in each role as practitioner, educator, leader, communicator and evaluator. Based on the perception of the professionals, important nursing care activities in each role are interpreted.

iii. The standards and criteria

The standards and criteria derived from previous studies and theories describe the level of nursing care considered in each role. The standards are specified and assessed, whether it is met or not met during nursing care. These standards range from minimal to achievable and comprehensive standards which represent the agreed level of excellence. Criteria are specific, measurable statements.
iv. Measurement of Current Nursing Practice

There are many methods that could be used to measure nursing practice. However, in this study, the self administered questionnaire is used to assess the perception of nurses performance. Strength and weakness of current nursing practice will be revealed through analysis, comparison and interpretation of values or perceptions.

v. Analysis and Interpretation of data

Identification of discrepancies between established criteria and current practices. Judgments are made about strengths, deficiencies and other problems in quality.

vi. Course of Action

Alternatives are intended to resolve discrepancies and finding out the remedies. The facts or realities of the information are to be documented and strategies to be formulated to improve quality care in each role. Decisions may range from simple to complex plans entailing many changes.

vii. Take Action

Suitable strategies are influenced by organizational contexts and available resources. The action plans are implemented subject to the availability of resources.

At this point, the cycle is repeated and actions are reassessed periodically to determine the expected improvements in practice have actually occurred (or) have been maintained.