



Perception of Staff Nurses on Quality Patient Care

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Abstract

Introduction: Quality of care reflects how health-care services improve health outcomes. Nurses, as the largest health-care workforce, play a critical role. This study analyzed nurses' perceptions of quality patient care and identified factors influencing it at MGM Hospital, Kamothe, India.

Materials and Methods: A quantitative, descriptive survey was conducted with 106 nurses using convenient sampling. The study included nurses aged 20 or above working directly with patients and willing to participate administrative permission was obtained from the MS of MGM hospital. Data were collected through Google Forms from June 09, 2021 to June 19, 2021, with links distributed through WhatsApp to the nursing superintendent and ward incharge.

Results: The majority (65%) of nurses held a neutral perception of quality patient care, followed by negative (25%) and positive (16%) perceptions. The highest mean perception score (61.9%) with the lowest standard deviation (SD 2) was observed for communication between nurses, patients, and relatives among factors promoting quality care. Conversely, equipment and consumables had the highest mean perception score (55.4%) with the highest SD (3) as factors hindering quality care.

Conclusion: While communication is perceived positively by nurses, a significant portion holds neutral or negative views on quality patient care. Equipment and resources are areas needing improvement. Further research with a larger, representative sample and qualitative methods is recommended to inform targeted interventions for enhancing care quality at the hospital. This study encourages beginning researchers to explore similar topics with different variables on a larger scale.

Keywords: Hindering, perception, promoting, quality patient care, staff nurses

INTRODUCTION

High-quality health-care minimizes risks, utilizes evidence-based practices, avoids delays, and strives for accessibility, efficiency, and equity. It prioritizes patient safety, reduces errors, and respects individual preferences while maximizing resources. This study delves into nurses' perceptions of factors impacting this ideal, aiming to illuminate pathways

for improvement.^[1] Quality health care includes characteristics such as availability, accessibility, affordability, appropriateness, competency, timeliness, privacy, confidentiality, caring, responsiveness, accountability, accuracy, reliability, comprehensiveness, continuity, and equity. Ensuring safety and security, reducing mortality and morbidity, and improving quality of life and patient involvement have also been seen as quality attributes.^[2] Nurses as the largest number of health-care professionals and front line of hospital services in community have a big role in determining health-care quality. Patient safety is one of the important points in conducting health services in hospital and also a part of hospital accreditation.^[3] Of all the members of the health-care team, nurses therefore play a critically important role in ensuring patient safety by monitoring patients for clinical deterioration, detecting errors and near misses, understanding care processes and weaknesses inherent in some systems, and performing countless other

Date of Submission: 02-07-2024

Date of Revision: 22-07-2024

Date of Acceptance: 16-08-2024

Access this article online

Website: <http://innovationalpublishers.com/Journal/ijns>

ISSN No: 2454-4906

DOI: 10.31690/ijns.2024.v09i03.004

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tasks to ensure patients receive high-quality care.^[4] Assessing patient perception and experiences of the quality of care not only provides information about the actual experiences but also reveals which quality aspects patients regard as most important.^[5] The nurses have a central role in offering emotional and psychological support to patients and their families in all settings.^[6]

Care and caring have been identified as inherently difficult concepts to define, but many authors believe that care is the central and unifying core of nursing. It is vital that nurses understand what care is, with the current issues about measuring and justifying exactly what they do for patients to be clear about what good care is. If nurses are to constantly improve the care they give, they need to be clearer about how to care for patients.^[7] This study aims to assess nurses' perception of quality health care at your hospital. It highlights that current research focuses mostly on patients' perspectives, neglecting nurses' unique insights. As primary caregivers and connectors within health-care teams, nurses offer valuable feedback on factors promoting or hindering quality care, leading to a more dynamic understanding.

MATERIALS AND METHODS

Study design and setting

A descriptive study designed to assess nurses' perception of quality health care was conducted in MGM Hospital, Navi Mumbai, Kamothe.

Aim

This study aimed to analyze nurses' perceptions of quality patient care.

Objectives

To identify the factors promoting quality patient care and to assess the factors hindering quality patient care.

Population

The target population is nurses providing direct patient care and the accessible population is nurses from MGM hospital with sample size of 106 staff nurses.

Sample technique

Nonprobability convenient sampling is used in this study.

Inclusion criteria

Staff nurses working in MGM hospital, Kamothe. Age 20 and above and willing to participate in the study.

Exclusion criteria

Staff nurses unwilling to participate, unavailable during data collection, staff nurses working in outpatient department, and blood bank.

Data collection tool

Structured questionnaire is used with two sections: Sociodemographic characteristics and tools for nurses' perception of quality patient care. Convenient sampling technique was used to collect data from staff nurses present during the specified

period. The analysis was done using quantitative data analysis with appropriate statistical methods. Informed consent was obtained from participants. This study is limited the context of MGM hospital, Navi Mumbai, Kamothe. Construction of sociodemographic performer and two structured rating scales: Tool 1 (factors promoting) and Tool 2 (factors hindering). Content validation by 15 nursing experts.

Tool 1: Factors Promoting Quality Patient Care

Options: Strongly Agree (4), Agree (3), Disagree (2), Strongly Disagree (1).

Tool 2: Factors Hindering Quality Patient Care

Positive Sentenced Questions: Reverse scoring (Strongly Agree-1, Agree-2, Disagree-3, Strongly Disagree-4).

Negative Sentenced Questions: Normal scoring (Strongly Agree-4, Agree-3, Disagree-2, Strongly Disagree-1).

Data collection process

Administrative permission was obtained from MS of MGM hospital.

Data were collected through Google Forms from June 09, 2021, to June 19, 2021. Links were distributed through WhatsApp to nursing superintendent and ward incharge, then forwarded to respective staff nurses groups.

Data analysis

Section A: Descriptive analysis of demographic characteristics.

Section B and C: Frequency and percentage distribution of factors promoting and hindering quality patient care.

Section D: Perception scores are categorized into positive (>92), neutral (76–92), and negative (<76).

The study's findings will provide nurses' perceptions of factors influencing patient care quality. Positive scores may indicate areas of strength, while negative scores could highlight potential improvement areas. This research contributes to enhancing the quality of patient care and can guide interventions for better health-care outcomes.

RESULTS

Table 1 shows that a total of 106 nurses were involved, and the findings revealed positive perceptions among the majority of participants across various aspects of nursing care. 52.83% of nurses agreed, and 0.94% strongly disagreed on the importance of positive interpersonal relationships with patients. A significant majority (60.38%) agreed, with no strong disagreement, on proper planning and decision-making for tasks. The commitment to maintaining standard safety practices was strong, as 50% strongly agreed, and none strongly disagreed. Patient-centered care received high agreement (69.81%), as did minimizing health risks and medical errors for improved patient care (62.26%). In addition, a majority agreed on applying scientific principles (66.04%), timely medication administration (50%), and teamwork

Table 1: Depicts the frequency and percentage distribution of factors promoting quality patient care. n=106

S. No.	Factors promoting	Categorization	Frequency (F)	Percentage
1	Positive interpersonal relationship with all patients.	Strongly agree	48	45.28
		Agree	56	52.83
		Disagree	1	0.94
		Strongly disagree	1	0.94
2	Proper planning and decision for every task.	Strongly agree	42	39.62
		Agree	64	60.38
		Disagree	0	0
		Strongly disagree	0	0
3	Maintenance of standard safety practices.	Strongly agree	53	50
		Agree	53	50
		Disagree	0	0
		Strongly disagree	0	0
4	Patient-centered care	Strongly agree	32	30.19
		Agree	74	69.81
		Disagree	0	0
		Strongly disagree	0	0
5	Minimizing health risk and medical error enhances the quality of patient care.	Strongly agree	38	35.85
		Agree	66	62.26
		Disagree	2	1.89
		Strongly disagree	0	0
6	Applying scientific principles during patient care.	Strongly agree	35	33.02
		Agree	70	66.04
		Disagree	1	0.94
		Strongly disagree	0	0
7	Timely administration of medication	Strongly agree	53	50
		Agree	52	49.06
		Disagree	1	0.94
		Strongly disagree	0	0
8	Teamwork results in speedy recovery of the patient.	Strongly agree	51	48.11
		Agree	55	51.89
		Disagree	0	0
		Strongly disagree	0	0
9	Adequate material available in ward/ICU	Strongly agree	30	28.30
		Agree	66	62.26
		Disagree	10	9.43
		Strongly disagree	0	0
10	Maintaining proper communication between health-care workers.	Strongly agree	41	38.68
		Agree	63	59.43
		Disagree	2	1.89
		Strongly disagree	0	0
11	Obtaining feedback from patients	Strongly agree	24	22.64
		Agree	80	75.47
		Disagree	2	1.89
		Strongly disagree	0	0
12	Therapeutic environment helps to promote faster and more effective healing of the patient	Strongly agree	43	40.57
		Agree	63	59.43
		Disagree	0	0
		Strongly disagree	0	0
13	Follow-up service ensures effective after treatment and full recovery	Strongly agree	33	31.13
		Agree	72	67.92
		Disagree	1	0.94
		Strongly disagree	0	0
14	Adapting infection control practice	Strongly agree	45	42.45
		Agree	61	57.55
		Disagree	0	0
		Strongly disagree	0	0
15	Maintenance of adequate nurse-patient ratio in every shift.	Strongly agree	46	43.40
		Agree	49	46.23
		Disagree	7	6.60
		Strongly disagree	4	3.77

leading to speedy patient recovery (51.89%). Other aspects, such as adequate material availability, proper communication, obtaining patient feedback, therapeutic environment, follow-up services, infection control practices, and nurse-patient ratio,

also garnered positive responses from the majority without strong disagreement. These findings underscore the nurses' collective positive perspectives on various crucial elements in health-care delivery.

Among the 106 surveyed nurses, findings from Table 2 unveiled various perceptions on challenges within the health-care environment. A notable majority (52.83%) acknowledged the existence of negative attitudes from patients toward

Table 2: Depicts the frequency and percentage distribution of factors hindering quality patient care. n=106

Factors hindering quality patient care	S. No	Factors hindering	Categorization	Frequency (F)	Percentage
Communication Between Nurses, Patient and Relative	1	Negative attitude of the patient toward the nurse	Strongly agree	11	10.38
			Agree	56	52.83
			Disagree	38	35.85
	2	Nurse's lack of knowledge regarding communication skills	Strongly disagree	1	0.94
			Strongly agree	10	9.43
			Agree	47	44.34
	3	Nurse's insufficient knowledge about the needs and status of the patient	Disagree	46	43.40
			Strongly disagree	3	2.83
			Strongly agree	14	13.21
	4	Busy environment of the ward (noise and traffic)	Agree	57	53.77
			Disagree	53	50
			Strongly disagree	2	1.89
	5	Good collaboration between team member	Strongly agree	15	14.15
			Agree	63	59.43
			Disagree	27	25.47
Issues related to provision of staff	6	Doctors full-time in hospitals	Strongly disagree	1	0.94
			Strongly agree	10	9.43
			Agree	70	66.04
	7	Staff are always able to cope with medical trauma and maternity emergencies	Disagree	26	24.53
			Strongly disagree	0	0
			Strongly agree	14	13.21
	8	In cases of emergency, doctors are immediately available	Agree	62	58.49
			Disagree	25	23.58
			Strongly disagree	5	4.72
	9	Provision of staff is inadequate for all nursing care functions	Strongly agree	13	12.26
			Agree	70	66.04
			Disagree	9	8.49
	10	Staff have adequate opportunities for career development	Strongly disagree	14	13.21
			Strongly agree	16	15.09
			Agree	65	61.32
11	Staff members are qualified to cope in all ward settings	Disagree	21	19.81	
		Strongly disagree	4	3.77	
		Strongly agree	14	13.21	
12	Motivation of nurses for participating in necessary in-service courses	Agree	56	52.83	
		Disagree	22	20.75	
		Strongly disagree	14	13.21	
13	Equipment and consumables are always adequate	Strongly agree	16	15.09	
		Agree	65	61.32	
		Disagree	21	19.81	
Equipment and consumables	14	Equipment is always in working condition	Strongly disagree	4	3.77
			Strongly agree	9	8.49
			Agree	72	67.92
	15	Maintenance of equipment is done on a regular basis	Disagree	12	11.32
			Strongly disagree	13	12.26
			Strongly agree	16	15.09
	16	Adequate materials are used to prevent cross infection	Agree	68	64.15
			Disagree	21	19.81
			Strongly disagree	1	0.94
	17	Adequate materials are used to prevent cross infection	Strongly agree	10	9.43
			Agree	55	51.89
			Disagree	26	24.53
	18	Adequate materials are used to prevent cross infection	Strongly disagree	15	14.15
			Strongly agree	10	9.43
			Agree	56	52.83
19	Adequate materials are used to prevent cross infection	Disagree	25	23.58	
		Strongly disagree	15	14.15	
		Strongly agree	11	10.38	
20	Adequate materials are used to prevent cross infection	Agree	66	62.26	
		Disagree	13	12.26	
		Strongly disagree	16	15.09	
21	Adequate materials are used to prevent cross infection	Strongly agree	15	14.15	
		Agree	62	58.49	
		Disagree	29	27.36	

(Contd...)

Table 2: (Continued)

Factors hindering quality patient care	S. No	Factors hindering	Categorization	Frequency (F)	Percentage
Documentation	17	Proper documentation protocol is maintained	Disagree	11	10.38
			Strongly disagree	18	16.98
			Strongly agree	23	21.70
			Agree	59	55.66
			Disagree	23	21.70
			Strongly disagree	1	0.94
	18	Verification of documentation is done by higher authority	Strongly disagree	1	0.94
			Strongly agree	21	19.81
			Agree	59	55.66
			Disagree	25	23.58
			Strongly disagree	1	0.94
			Strongly agree	21	19.81
19	Knowledge, skill, and regulation awareness regarding risk management	Agree	62	58.49	
		Disagree	20	18.87	
		Strongly disagree	3	2.83	
		Strongly agree	13	12.26	
		Agree	49	46.23	
		Disagree	22	20.75	
Workload	20	Equal distribution of work to all staff.	Strongly disagree	22	20.75
			Strongly agree	13	12.26
			Agree	49	46.23
			Disagree	22	20.75
			Strongly disagree	22	20.75
			Strongly agree	13	12.26
	21	Proper time management to track and complete the work	Agree	59	55.66
			Disagree	19	17.92
			Strongly disagree	15	14.15

nurses, with a minimal 0.94% expressing strong disagreement. Concerns were raised about nurses' perceived lack of knowledge in communication skills (44.34%), insufficient awareness of patients' needs and status (53.77%), and the impact of a busy ward environment (59.43%). On a positive note, good collaboration among team members (66.04%) and the presence of full-time doctors in hospitals (58.49%) received widespread agreement. However, a significant 8.94% disagreed on staff always being able to cope with medical trauma and maternity emergencies. Issues related to emergency response, staff provision adequacy, career development opportunities, qualification of staff for various ward settings, motivation for in-service courses, adequacy of equipment and consumables, equipment maintenance, infection prevention, documentation protocols, and risk management awareness were also explored, offering insights into the multifaceted challenges faced by nursing professionals in the surveyed context.

Table 3 shows that in our study involving 106 nurses, the findings revealed that a majority held a neutral perception regarding communication among nurses, patients, and relatives as factors impeding quality patient care. Following this, 19 nurses expressed a positive perception, while 7 nurses had a negative perception. Regarding issues related to the provision of staff, 59 nurses perceived it neutrally, while 33 nurses had a negative view, and 14 nurses expressed a positive perception. Staff receiving continuing education, the majority of 62 nurses had a neutral perception, with 27 nurses holding a negative view and 17 nurses having a positive outlook. 70 nurses had a neutral perception about working equipment and consumables affecting patient care quality, whereas 26 nurses viewed it negatively, and 10 nurses had a positive perspective. Similarly, 58 nurses perceived documentation neutrally, with 27 nurses expressing a positive perception and 21 nurses having a

Table 3: Depicts the mean and standard deviation of all the factors that hinder quality patient care. n=106

Variables	Mean	SD	Mean %
Communication between nurses, patient, and relative	13	2	61.9
Issues related to the provision of staff	10	1	47.6
Staff receiving continuing education	8	1	38.1
Equipment and consumable	11	3	52.4
Documentation	7	1	33.3
Workload	5	2	23.8

negative perception. Finally, majority of 68 nurses had a neutral perception regarding workload as a factor hindering quality patient care, followed by 21 nurses with a negative perception and 17 nurses with a positive outlook. These findings provide valuable insights into nurses' perceptions of various factors influencing patient care quality. Aspects wise mean perception score among nurses. The result indicates that the staff has highest mean perception score of 61.9% with SD 2 in the aspect of communication between nurses, patient, and relative, followed by mean perception score of 55.4% with SD 3 in the aspect of equipment and consumables are the factors hindering quality patient care.

DISCUSSION

The two studies on nurses' perceptions of quality patient care in long-term care settings reveal both similarities and differences in findings. Jarran M. (2015) qualitative study highlights the holistic and individualized nature of quality care for older people, with staffing, staff motivation, and ward management playing crucial roles in either facilitating or hindering care.^[8] Similarly, the study involving 106 nurses found that while there were positive perceptions regarding interpersonal relationships, planning, safety, and patient-

centered care, challenges such as negative patient attitudes, communication issues, and a busy ward environment were significant concerns. Both studies emphasize the importance of communication, teamwork, and proper resources in promoting quality care, though the latter study quantifies these aspects, with communication receiving the highest mean score (61.9%, SD 2) and equipment and consumables as significant hindrances (55.4%, SD 3). Overall, both studies underscore the complex factors influencing nursing care quality, with communication and resource availability being pivotal in both facilitating and hindering patient care.

The two studies present complementary insights into factors influencing the quality of patient care in nursing. Eygelaar and Stellenberg, 2012 study ($n = 340$), conducted in rural district hospitals, found that significant barriers, such as inadequate staff provision, equipment shortages, and insufficient professional development, were major contributors to compromised patient care.^[9] Similarly, the other study involving 106 nurses revealed a mix of positive, neutral, and negative perceptions regarding various aspects of nursing care. While there was strong agreement on the importance of interpersonal relationships, proper planning, safety practices, and teamwork, concerns were raised about communication skills, awareness of patient needs, and the impact of a busy work environment. Both studies highlight inadequacies in resources, such as staffing and equipment, as critical factors hindering the delivery of quality care, while also emphasizing the importance of effective communication and teamwork among health-care workers. Together, these studies underscore the complex interplay between structural resources and the professional environment in determining patient care quality.

CONCLUSION

The study at MGM hospital, Kamothe, assessed 106 nurses' perceptions of quality patient care using a self-administered questionnaire. Results showed that 65 nurses held a neutral view, 25 had a negative perception, and 16 had a positive perception of factors promoting quality care. Communication between nurses, patients, and relatives scored highest (61.9%, SD 2) among factors promoting quality care, while equipment and consumables scored 55.4% (SD 3) as factors hindering it. These findings offer valuable insights for improving patient care quality at the hospital.

ACKNOWLEDGMENT

We thank ALMIGHTY GOD for the blessing that has been shown upon us to complete the project works successfully. We honestly express our sincere thanks and gratefulness to our samples for their cooperation. We express our sincere and deepest gratitude and respectful regard to Dr. Prabha. K. Dasila Director and Dr. R. Ponchitra, Vice Principal MGM New Bombay College of Nursing, for her constant encouragement, support, and guidance. We extend our thanks to Dr. Padmaja Dhawale Nursing Superintendent for granting us the permission to interact with the nursing staff during the data collection.

FUNDING

NA.

CONFLICT OF INTEREST

NA.

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How to cite this article: Rane PP, Ajit R, Rajpurkar S, Prajapati N, Daniel P, Alam S. Perception of Staff Nurses on Quality Patient Care. *Indian J Nurs Sci* 2024;9(3):16-21.