



# Descriptive study: Evaluate the perspective understanding and viewpoint on the quality care in clinical evaluation method among Staff Nurses.

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**Abstract:** To achieve quality health care, it is important to do the right thing at the right time, in the right way, for the right person, and achieve the best possible outcomes. While it is tempting to assume that every health plan, doctor, hospital, and other provider provides high-quality care that is not always the case. Quality varies, for many reasons. To assess the perspective understanding and viewpoint on the quality care in clinical evaluation method among staff nurses and to find the association between the knowledge of staff nurses regarding quality care in clinical evaluation method with selected baseline variables. The research design selected for this study was Non-Experimental Descriptive Design. Purposive sampling techniques were used to select the sample. The perspective assessment was conducted through a closed-ended questionnaire, and the viewpoint was obtained through a Likert scale. Inferential statistics of the staff nurses were utilized to analyse the data. The Overall Perspective understanding score of the staff nurses revealed that the majority of staff nurses, 16 (53.33%) had average knowledge, 11 (36.67%) had adequate knowledge, and 3 (10%) was coming under poor knowledge. The overall mean Perspective understanding score obtained was 9.3 with a standard deviation of 2.956. It was revealed that most of the nurses on duty understood quality care and clinical evaluation methods. The association of the Perspective understanding level of staff nurses with selected demographic variables reveals that the calculated Chi-square test value is more than the table value for gender. Hence, there is an association between knowledge and demographic variables such as gender. The association of the Perspective understanding level of staff nurses with selected demographic variables reveals that the calculated Chi-square test value is less than the table value for age, qualification, clinical experience, and source of knowledge. The association of the attitude level of staff nurses with selected demographic variables reveals that the calculated Chi-square test value is less than the table value for age, gender, qualification, clinical experience, and source of knowledge.

**Index Terms -** Descriptive study, Evaluate, perspective understanding, viewpoint, clinical evaluation method, Staff Nurses.

**INTRODUCTION:** There are numerous ways for people to define what quality is. The standard of something when compared to other things of the same kind; the degree of excellence of something. To achieve quality health care, it is important to do the right thing at the right time, in the right way, for the right person, and achieve the best possible outcomes. While it is tempting to assume that every health plan, doctor, hospital, and other provider provides high-quality care that is not always the case. Quality varies, for many reasons<sup>1</sup>. Quality assurance, continuous quality improvement and total quality management. These approaches aim to improve healthcare quality continually, while also taking into account the needs of the service and those of women and children. The specific quality improvement actions taken are typically based on the data and evidence gathered by healthcare managers and their teams. The delivery of health care has been quantified with the model, "structure + process = outcome."

As we live in dynamic times, the future is here today. Technology advances have a profound effect on disease prevention and detection, and have become more embedded within healthcare. These changes drive healthcare and have increased consumer demand for professional accountability for both quality and cost-effective service<sup>2</sup>. Present measurement systems may focus on any one of the components. "Structure" in health care delivery can refer to the physical plant or the organizational structure such as in credentialing. Patient safety is the cornerstone of high-quality health care. Much of the work defining patient safety and practices that prevent harm have focused on negative outcomes of care, such as mortality and morbidity. Nurses play a vital role in the monitoring and coordination

of adverse outcomes. There is still a lot of work to be done in evaluating how nursing care affects positive quality indicators, such as appropriate self-care and other measures of improved health status<sup>3</sup>.

**II. MATERIALS & METHODS:** For this study, a non-experimental descriptive design was chosen as the research design. Using purposive sampling techniques, the sample was selected. A Likert scale was used to collect viewpoints, and a closed-ended questionnaire was used to assess perspective understanding. The data was analyzed by using inferential statistics of the staff nurses.

**III. RESULT AND DISCUSSION:** The majority of staff nurses, 26 (86.67%) belong to the age group of 21 – 28 years. In the professional qualification, the majority of staff nurses are 16 (53%) completed BSc nursing. Of the majority of the staff nurses, 28 (93.33%) have female nurses and 2 (6.67%) have male nurses. Majority of the staff nurses 17(56.67%) have less than 1 year of experience, 9(30%) had 2 – 3 years, 0(0%) had 4 – 5 years, and 4(13.33%) had above 5 years. Majority of the staff nurses 21(70%) having favorable attitude towards quality care in clinical evaluation method, 6(20%) had moderately favorable attitude, 3(10%) had unfavorable attitude. There is a significant association found between knowledge score and selected demographic variables such as gender and age, and there is no significant association found between knowledge score and selected demographic variables such as age, qualification, clinical experience and a source of knowledge ( $P > 0.05$ ).

**DISCUSSION:** Different people have different interpretations of quality, which is a complex notion. Determining exactly what quality means is necessary before we can challenge ourselves to improve it. The quality of care research indicates that the healthcare system is not able to translate knowledge into practice and apply new technology safely and promptly. Additional healthcare services are necessary to treat patients who have been harmed due to various medical errors. The health care system is disorganized and lacks clinical information systems to avoid unnecessary duplication of services, lengthy waiting times, and delays in services. The healthcare system is not making the most of its resources.

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**VI. SOURCE OF FUNDING:** By the Authors.

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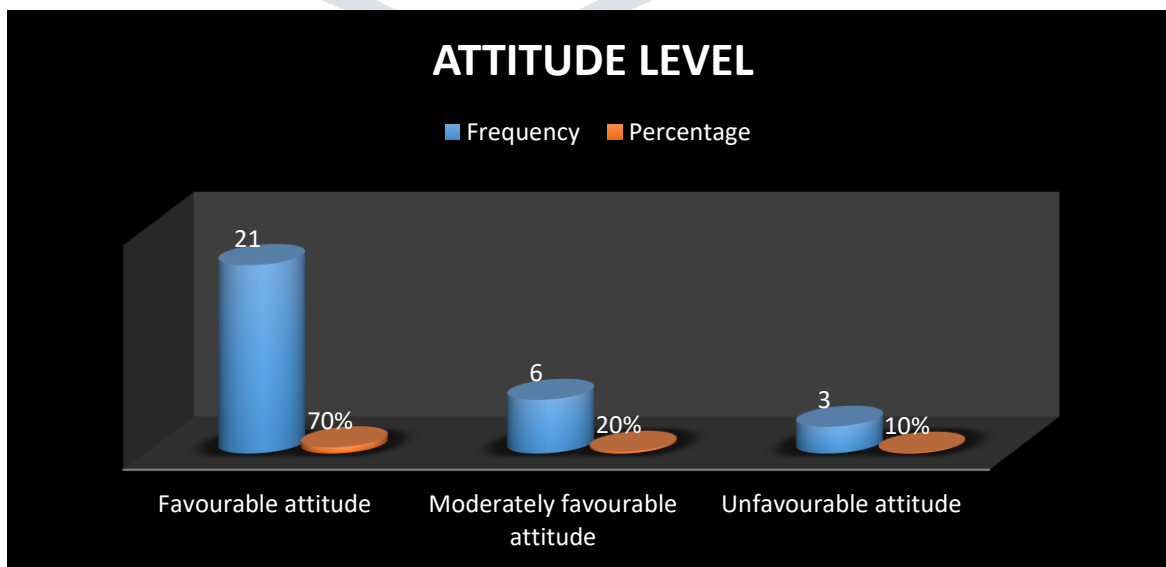
**Table: Frequency and percentage distribution of baseline variables** N = 30

Characteristics	Category	Frequency (F)	Percentage (%)
Age in years	21 – 28 Years	26	86.67%
	29 – 36 Years	3	10%
	37 – 44 Years	1	3.33%
	Above 45 Years	0	0%
	GNM	12	40%
	BSc Nursing	16	53.33%

<b>Education</b>	Post Basic BSc Nursing	2	6.67%
	MSc Nursing	0	0%
<b>Gender</b>	Male	2	6.67%
	Female	28	93.33%
<b>Clinical experience</b>	0 – 1 Years	17	56.67%
	2 – 3 Years	9	30%
	4 – 5 Years	0	0%
	Above 5 Years	4	13.33%
<b>Source of knowledge regarding quality care in clinical evaluation method</b>	Curriculum	17	56.67%
	Print media	1	3.33%
	Electronic media	1	3.33%
	In service education	11	36.67%

**Table: 2** Perspective understanding of staff nurses regarding Quality care in clinical evaluation method.

Knowledge level	Frequency	Percentage
Adequate knowledge	11	36.67%
Average knowledge	16	53.33%
Poor knowledge	3	10%
Total	30	100 %



**Figure1:** Percentage distribution of viewpoints of staff nurses

Majority of the staff nurses 21(70%) having favorable attitude towards quality care in clinical evaluation method, 6(20%) had moderately favorable attitude, 3(10%) had unfavorable attitude.

**Analysis of perspective understanding and viewpoints of staff nurses regarding Quality care in clinical evaluation method.**

Area	Mean	Standard deviation	Mean percentage
Knowledge	9.3	2.956	46.5%
Attitude	31.37	5.75	78.42%

