CRITICAL CARE NURSES' PERCEPTIONS OF THEIR EXPERIENCE WITH NURSING QUALITY ASSURANCE

by

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Abstract

The purpose of this study was to describe critical care nurses' perceptions of their experiences with nursing quality assurance activities. Using an exploratory, descriptive design, data were collected in a survey, utilizing a self-administered questionnaire. A convenience sample of critical care nurses, who are members of the Canadian Association of Critical Care Nurses, was used. The results showed that these particular nurses knew what comprised the components of a nursing quality assurance program, however, their participation in these activities was low. In addition, the majority identified that the primary purpose of nursing quality assurance activities was to meet the accreditation requirements of the hospital. Finally, the results also identified that all of this particular group of nurses felt that nursing quality assurance activities involved them, and the majority felt that these activities were part of their professional responsibilities.

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CHAPTER ONE

Background to the Problem

Inherent in the practice of health care is the fact that health care providers have the privilege and the responsibility of determining what constitutes quality care. This privilege has been granted by society to professional groups with the expectation that they will honour their obligation to provide a high standard of care through self-regulation. The provision of quality care, and the standards that determine that care, have concerned the nursing profession since Florence Nightingale described her experiences during the Crimean War (Baker, 1983; Lang & Clinton, 1983).

However, over the past several decades, an increase in the need for cost accountability of health care and an increase in professionalism has resulted in a demand for empirical evidence that quality health care is being provided. As noted by Wilson (1987), the new standards for hospital accreditation "demand that quality and its pursuit come out of the closet" (p.4). In other words, quality assurance programs that provide empirical evidence of the quality of care being

delivered are now a necessity to the practice of health care professionals and to the institutions that provide care.

More recently, there has been, within the nursing profession, an increased emphasis on defining what constitutes nursing practice and an individual's accountability for that practice. Several authors have identified nursing quality assurance activities as a mechanism that can provide explicit evidence that addresses these two areas (Blake, 1981; Schmadl, 1979; Sliefert, 1985; Smeltzer, 1983). However, the general attitude of staff nurses about the performance of quality assurance activities, as noted in a recent study by Edwardson and Anderson (1983), is that they are "often little more than an exercise in compliance..." (p.39). This investigator has been involved with various nursing quality assurance activities since 1983 and can attest to the lack of enthusiasm and participation of staff nurses in quality assurance activities. As further noted by Edwardson and Anderson (1983), "a discouraging reality for nurses who hold quality assurance positions in hospitals is the conclusion that their nurse colleagues are ambivalent about the quality assurance process" (p.33).

One area that has a high profile in the nursing division is the critical care unit. Nursing quality

assurance activities become high profile in this area because of the critical conditions of the patients and the heavy reliance on specialized nursing knowledge, combined with advanced medical technology. As noted by Kieller (1985), "today, critical care nurses are confronted with mind-boggling, resource-demanding, technology-overloaded, moral-confronting challenges...[and that] QA [quality assurance programs]...have been expanded to cover every aspect of every department..." (p.20). This increased emphasis in quality assurance relies on the cooperation of the nurse to ensure that safe, effective care is provided and documented.

There are numerous articles on the reasons why quality assurance programs are necessary and how individual agencies have established their programs. In addition, many articles offer suggestions and plans of action to nurse administrators on how to obtain nursing staffs' cooperation and compliance with quality assurance activities (Kelly, 1984; Lowe-Serge, Marcilli & O'Brian, 1988; Taylor & Haussman, 1988). However, in a review of over 1,000 articles and books written on nursing quality assurance, (Lang & Clinton, 1983), there appeared to be limited research in the area of nurses' attitudes and/or perceptions of nursing quality assurance. With this lack of research and an increase

in the need to demonstrate that quality care is being provided, a study that deals with quality assurance is timely.

Information gathered from this type of study could help the nurse administrator prepare and implement nursing quality assurance programs that individual nurses might use more enthusiastically to monitor their nursing care and the nursing care of others, and thereby meet the requirements for assuring that quality care is being provided to patients.

Purpose of the Study

The purpose of this study was to describe critical care nurses' perceptions of their experiences with nursing quality assurance activities. This information was sought for the purpose of enhancing the knowledge base of nursing quality assurance and improving the level of quality assurance programs.

Conceptual Base

This study was conducted within a conceptual base that directs the nurse administrator to seek out and understand staff nurses' perceptions of their experiences with nursing quality assurance. The

components, and key factors involved in the relationships of these components, are shown in Figure 1. Nursing quality assurance activities are required by the nurse administrator in order to provide evidence that quality nursing care is being given. Information is compiled by the staff nurse, who is charged with monitoring his/her own nursing care and the care provided by peers, using nursing quality assurance criteria. In order to ensure positive outcomes for patients, nursing staffs, and the nurse administrator, there should be a measure of agreement and cohesiveness concerning nursing quality assurance activities between the staff nurse and the nurse administrator. Therefore, the need exists to seek out and explore the perceptions, attitudes, and potential motives of the staff nurse in relation to nursing quality assurance.

Furthermore, it is generally accepted that there are several components that constitute nursing quality assurance programs. These components consist of the establishment of acceptable standards of care, methods of determining compliance with these standards, analysis of the data collected, and the utilization of results obtained.

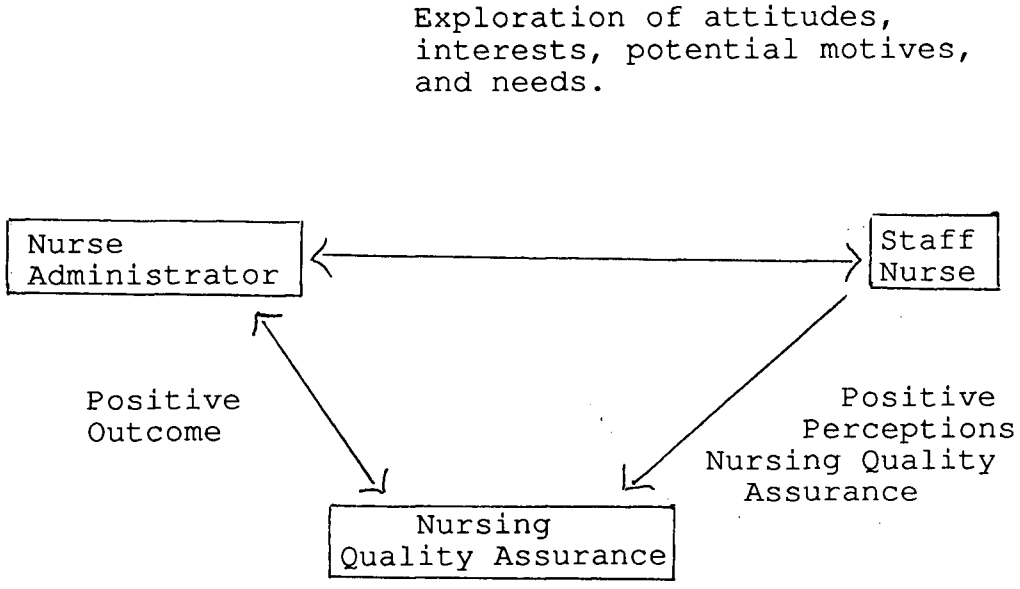

Figure 1: Interrelatedness of the nurse administrator, staff nurse, and nursing quality assurance activities.

Research Questions

1. What do critical care nurses identify as components of a nursing quality assurance program?

2. What do critical care nurses identify as the purposes of nursing quality assurance activities?

3. What is the involvement of critical care nurses in nursing quality assurance activities?

Definitions

1. Nursing quality assurance: nursing quality assurance involves assuring the consumer of a specific degree of [nursing] excellence through continuous measurement and evaluation of structural components, a goal-directed nursing process, and/or consumer outcome, using pre-established [nursing] criteria and standards and available norms, and followed by appropriate alteration with the purpose of improvement (Schmadl, 1979, p.465).

2. Nursing quality assurance program: a method of formal monitoring (composed of components) which defines and evaluates the quality of nursing care being given, and takes action to ensure that the quality remains at an optimum level (Campbell, 1982; Conline, 1983; Smith & Powers, 1990).

3. Nursing quality assurance activities: those designated activities that are the components of a nursing quality assurance program. For example, nursing audits, performance appraisals, credentialing, continuing education, and utilization of quality assurance findings.

4. General duty nurse: a registered nurse whose primary responsibility is directed to patient care and the activities that are involved in the provision of that care.

5. Nurse administrator: a nurse who is employed in a management position within a health care institution or agency and whose primary responsibilities are to supervise , direct, and counsel other nurses in the performance of direct patient care (Douglas & Bevis, 1983; Epstein, 1982; Gillies, 1989).

6. Critical care: refers to the care of critically ill patients in specific specialized areas of a hospital that are structured to deal with life-threatening physiological crises. These include intensive care units, coronary care units, surgical intensive care units, post-open heart recovery units, paediatric care units and neonatal intensive care units.

7. Experiences: direct personal participation or observation, actual knowledge or contact...(Hanks,

1986, p.536).

8. Perceptions: the process by which an organism detects and interprets information from the external world by means of sensory receptors...(Hanks, 1986, p.1139).

Assumptions

1. Quality assurance activities are used in critical care to provide evidence that quality nursing care is being provided.

2. Nurses working in critical care areas have had some experience with nursing quality assurance.

3. Nursing quality assurance is essential to the nursing profession to ensure a high quality of care to the consumer (patient).

Limitations and Delimitations

Limitations

Since the participants in the study are a convenience sample, the results of the study are applicable only to those individuals involved. The study was limited by the questionnaire instrument used and the extent to which it was a measure of the variable studied.

Delimitations

The study was delimited to the critical care nurses in the Lower Mainland of British Columbia who are members of the local chapter of the Canadian Association of Critical Care Nurses.

Significance

The study will provide information on the process of quality assurance and its relationship to nursing. By identifying nurses' perceptions of their experiences with quality assurance the nurse administrator can develop an understanding of the knowledge and expectations nurses have of the quality assurance process. It is hoped that this understanding will allow the development and/or enhancement of those programs that will be beneficial to the clients by assuring a specific standard of quality care, and will benefit the individual nurse and the profession of nursing.

Overview of the Thesis Content

This thesis is comprised of five chapters. In Chapter One, the background to the problem, purpose, conceptual base, research questions, definitions, assumptions, and significance of the study are

outlined. In Chapter Two, a review of selected literature on quality assurance activities and programs in nursing, is presented. Chapter Three addresses the research methods used, including the research design, sampling procedure, data collection instrument, ethical considerations, and statistical procedures used in data analysis. In Chapter Four, the description of the sample, a report of the findings and a discussion of the results are presented. The summary, conclusions, implications, and recommendations for future research are presented in Chapter Five.

CHAPTER TWO

Literature Review

A selective literature review was conducted to provide the scope of what is currently available concerning nursing quality assurance. Four areas were reviewed: the literature concerning the need for and establishment of nursing quality assurance programs, nursing quality assurance in critical care, directions and trends in nursing quality assurance, and studies concerning nursing and nursing quality assurance.

Nursing Quality Assurance

There is a large body of literature that addresses nursing quality assurance. Many of the authors, after addressing the need for nursing quality assurance programs, explain how their particular institutions are meeting quality assurance requirements. Some authors define quality assurance programs as a management process that is established to define and evaluate the quality of care provided to the consumer [patient] (Campbell, 1982; Coyne & Killien, 1987; Conline, 1983; Kerfoot & Watson, 1985; Maciorowski, Larson & Keane, 1985). Components of the quality assurance process are

identified as the establishing of standards of care, implementing and monitoring those standards, and evaluating the results of the monitoring (Billings, 1983; Campbell, 1982; Giovannetti, 1979; Marker, 1987; Migleozzi, 1990; Smeltzer, Feltman, & Rajki, 1983; Thurston & Best, 1990). In addition, the mechanisms used for the formation, orientation, and function of committees that coordinate quality assurance activities are described (Harris, Kreger & Davis, 1989; Judkins, 1982; O'Brian, 1988). For the most part, the literature regarding nursing quality assurance involves authors defining quality assurance and offering advice on what specifically has worked for them in the establishment of their programs.

Quality Assurance in Critical Care Nursing

In a review of the limited articles on quality assurance in critical care nursing, the information centred mainly on the components of the quality assurance process in critical care and mechanisms that have been successful in establishing quality assurance programs (Finley-Cottone & Link, 1985; Hirth & Lauzon, 1989; Kaplow & Bendo, 1989; McGee, 1988; Mudd, 1988).

In a survey on the state of the art in critical care nursing standards, conducted by Kidd, Whitely, and Scherer (1987) for the Canadian Association of Critical

Care Nurses (CACCN), a number of mechanisms were identified which were used in establishing standards to assess the quality of nursing care delivered in critical care (p.12). Using a questionnaire designed by the authors, 217 hospitals, with intensive care/critical care units, were surveyed with a response rate of 147. Activities such as equipment and environment audits, patient classification systems, patient satisfaction surveys, continuing education programs, and transfer of function descriptions were identified as mechanisms for establishing standards of care to assure quality in nursing care (p.12). In addition, nursing audits and performance appraisals were identified as methods to evaluate the quality of nursing care. Other than the above survey, no other studies were found on quality assurance in critical care nursing.

Directions and Trends in Nursing Quality Assurance

Several authors address the need to implement quality assurance programs as a method to maintain accountability and autonomy in nursing practice (Curtis & Simpson, 1985; Devet, 1986; Kelly, 1984; Migliozzi, 1990; O'Brian, 1988; Ott, 1987; Sliefert, 1985; Smeltzer, 1983). The authors emphasize that through quality assurance and peer review activities, nursing

care is refined and the provision of quality care enhanced. Furthermore, Finley-Cottone and Links (1985) emphasised that, with regular involvement in quality assurance activities, the ability exists for nurses to incorporate quality assurance principles into their daily practice (p.49). Beyers (1988) expanded this further by noting that the practice habits of nurses are being influenced and changed by the quality assurance movement. No longer is it focused on the specific needs of management, but greater and greater emphasis is placed on the individual practice of each nurse. Beyers (1988) emphasizes that we are moving away from the evaluation of the practice of all nurses on one unit, and starting to focus on quality assurance activities as an integral part of individual practice.

Studies Concerning Nurses' Attitudes and Perceptions of Nursing Quality Assurance

Little evidence is available in the nursing literature regarding nurses' attitudes toward and/or perceptions of their experiences with nursing quality assurance. Many authors, in discussing the mechanisms used to establish nursing quality assurance programs, address nursing staffs' attitudes by suggesting that staffs' cooperation and compliance can be obtained by involving them in the creation and organization of the

programs (Kelly, 1984; Lowe-Serge, Marvulli & O'Brian, 1988; Taylor & Haussmann, 1988). In addition, discussions on staff involvement usually emphasise the creation of unit specific quality assurance programs (Acorn, Love & Mills, 1990; Beyerman, 1987; Finley-Cottone & Link, 1985; Hirth & Lauzon, 1989; Kieller, 1985; McGee, 1988; Schroder, Maibusch & Anderson, 1982). These authors note that with unit specific quality assurance programs, issues and concerns unique to the unit are addressed. This makes the participation in and utilization of results of quality assurance activities more meaningful to general nursing staff.

A study by Edwardson and Anderson (1983) attempted to establish why nurses, who believe quality assurance is a vital part of their nursing role, do not demonstrate this belief by seeking out and participating in quality assurance activities. The authors' hypothesis was that staff nurses who had experience with quality assurance would show a positive attitude toward quality assurance, would value quality assurance activities, and would be more likely to view such activities as part of the nurse's role. Using their own instrument, they collected data from 308 nurses in 10 hospitals in the greater Minneapolis and St. Paul area. The findings suggest that, although

staff nurses thought involvement in quality assurance activities was an important part of the professional role and a responsibility of all nurses, in a ranking of nurses' duties and activities, it consistently fell far below patient care activities. Apparently, these nurses valued patient care activities as part of their professional role and responsibility, but did not value monitoring the quality of these activities. In addition, less than half the staff nurses who responded would choose to participate in quality assurance activities if they had the opportunity. In discussing the implications of their findings, the authors suggest that administrators investigate the causes of nurses' dissatisfaction with quality assurance activities and that their attitudes toward quality assurance be assessed in order to effect a commitment to this aspect of the nurse's role (Edwardson & Anderson, 1983).

Although the 10 hospitals used in the survey have quality assurance activities, by virtue of being represented on the Metropolitan Nurses in Quality Assurance (MNQA) group, no description was given regarding the types of quality assurance programs at each institution. Since quality assurance is a concept subject to various interpretations, differences between the programs might have accounted for some of the results. In addition, the questionnaire used was

created by the MNQA group and, though pilot tested, the findings are only generalizable to the nursing personnel who participated in the study. Beyond this study, no other literature was found that dealt specifically with nurses' attitudes and/or perceptions of their experiences with quality assurance.

Summary of Literature Review

Quality assurance activities have become an important concern for nursing practice over the past two decades. Much of the literature to date discusses the need for these activities from a management and clients' point of view. Emphasis has been on the establishment of quality assurance programs and on the many methods available which have been successful for particular nursing departments. However, one area that has not been addressed and is vital to the success of a quality assurance program is the perception and attitudes of the staff nurses. It is this group who ultimately are responsible for obtaining and utilizing nursing quality assurance information in their practice. Knowledge of these nurses' attitudes and perceptions of their experiences with nursing quality assurance activities will provide useful information for the development of programs and activities in nursing quality assurance.

CHAPTER THREE

Methods and Procedures

This chapter includes a review of the methods used in this study. The research design, sample selection, data collection instrument, validity testing, ethical considerations which guided the design, procedure for data collection, and the data analysis methods are presented.

Design

An exploratory, descriptive design was used as a research approach for this study. As noted by Burns and Groves (1987), "the purpose of exploratory research is the exploration and description of phenomena. This approach is used to generate new knowledge about concepts on topics about which little is known" (p.58-59). The data collection technique employed was a survey utilizing a self-administered questionnaire. A survey, as further explained by Burns and Groves (1987), "is used to describe a technique of data collection in which questionnaires (collected by mail or in person)... are used to gather data about an

identified population" (p.250).

Sample Selection

A convenience sample of critical care nurses was used for this study. Permission was obtained from the local chapter of the Canadian Association of Critical Care Nurses (CACCN) for access to their mailing list of approximately 78 current members (Appendix A). Critical care nurses were selected for this study because quality assurance activities within these units have a high profile due to the critical conditions of the patients and the heavy reliance on specialized nursing knowledge combined with medical technology. Furthermore, limiting the study to critical care nurses provided a realistic expectation in the type and amount of data collected. This limitation also facilitates easier interpretation and utilization of the results.

Instrument

The instrument (Appendix C) used was a self-administered, structured questionnaire developed by the investigator. The questionnaire contained modified questions used with the permission (Appendix D) of the authors of the Edwardson and Anderson (1983) study.

The questionnaire was designed to collect the following types of data. First, the knowledge level that critical care nurses have of the components of a nursing quality assurance program was sought (question 1). Then, their level of participation in nursing quality assurance activities was sought (question 2). Question three addressed their perceptions and attitudes towards nursing quality assurance activities and, finally, given the choice, on which activities listed would these nurses choose to spend more time (question 4). Demographic data, including education level, area of employment, length of employment, present position, age, and employment status was requested (question 5 through 10).

Validity Testing

The initial draft of the covering letter and the instrument were reviewed for content validity by five nurses currently enrolled in the Master of Science in Nursing program at the University of British Columbia. All five nurses had had experience in nursing quality assurance activities in previous employment. Comments were sought regarding clarity of meaning, effectiveness of instructions, overall presentation, time required for completion, and relevance of items to the research

questions. Construct validity was established by selecting items that corresponded with the theoretical constructs of quality assurance activities and programs. Furthermore, it was estimated that it would take approximately 20 minutes to complete the questionnaire. A revised questionnaire was then produced incorporating the suggestions of the reviewers.

Ethical Considerations

Burns and Groves (1987) noted that "conducting research ethically requires that researchers and reviewers of research recognize and protect the rights of human research subjects" (p.74). The following measures were taken to ensure the protection of the rights of the individuals who participated in this study.

First, the study proposal was approved by the U.B.C. Behaviourial Sciences Screening Committee to ensure that the study complied with the guidelines established by the University for the protection of human rights. The participants were recruited from a chapter of the Canadian Association of Critical Care Nurses rather than from an agency so that the decision regarding participation in the study was not influenced

by their employment. It was felt that recruitment of participants in this manner allowed for increased willingness to participate since there would be no link between the researcher and the institution in which the nurses were employed.

Each potential subject received a letter of explanation (Appendix B), along with the questionnaire, (Appendix C) in the mail. The letter explained that each questionnaire was identified with a code number in order to facilitate follow-up efforts in retrieval of questionnaires. The identification number was controlled by and known only to the researcher. The covering letter also stated that the responses given would not be identified with the subjects and that their names would not appear in any document or report.

Administration of Questionnaire

On February 1, 1990 each of the 78 persons whose names appeared on the current mailing list of the local chapter of the CACCN, was mailed a questionnaire package. A two week period was allowed for return of the questionnaires. During this time, 38 of the questionnaires were returned, 36 (46.2%) of which were filled out and useable. Two were returned to the investigator because the individuals had moved with no

forwarding address.

At this time a reminder postcard was mailed to those individuals on the mailing list who had not returned the questionnaire. This resulted in an additional 21 questionnaires being returned, of which 20 (25.6%) were useable. One questionnaire was returned unanswered because the individual, an associate member of the chapter, was not a registered nurse. A summary of the questionnaires returned is in Table 1.

Table 1: Questionnaire Response Rate

	Number	Percentage
Useable questionnaires returned	56	71.8%
Non-useable questionnaires returned	3	3.8%
Questionnaires not returned	19	24.4%
Total	78	100.0%

Data Analysis

Data were analyzed using the Statistical Package for the Social Sciences available through the computer centre at the University of British Columbia. The type of data collected was at the nominal level and therefore, the statistical techniques that were appropriate for the type of data collected in this research design, were frequencies, percentages, and

means of individual items.

CHAPTER FOUR

Findings and Discussion

In this chapter, the study findings and a discussion of those findings will be presented. The first part of the chapter will present the demographic data. Next, the findings from the first four questions, of the questionnaire, will be presented. Then, these findings will be discussed in relation to each of the research questions. Supplemental findings will then be discussed and, finally, limitations of the study identified.

Demographic Characteristics of the Sample

Demographic information collected included, age characteristics of the sample, time spent in present position, employment status, educational level, current nursing position held, and area of critical care in which the participants were employed.

The age characteristics of the sample are presented in Table 2. The most frequent age group represented was the 31-35 year group, with a representation of 32.1% of the participants. The lowest

representation for age groups was in the 20-25 year group (1.8%), and the 46 + year group (12.5%).

Table 2: Age Distribution

	Number	Percentage
20-25 years	1	1.8%
26-30 years	11	19.6%
31-35 years	18	32.1%
36-40 years	10	17.9%
41-45 years	9	16.1%
46 + years	7	12.5%
Total	56	100.0%

Table 3 presents the data collected on the time spent, by the subjects, in their present nursing position.

Table 3: Time in Present Nursing Position

	Number	Percentage
0-1 year	17	30.3%
2-3 years	14	25.0%
4-5 years	10	17.9%
6 + years	15	26.8%
Total	56	100.0%

The largest number, 17 (30.3%), have been in their present position for less than one year. The next highest categories, 2-3 years and 6 + years, have a similar number of subjects with 14 (25.0%) and 15 (26.8%) respectively. The lowest category in Table 3 is the 4-5 year category with 10 (17.9%).

Table 4 presents the data collected on the subjects' current nursing employment status. The question identified three specific employment classes: full-time, part-time, and casual.

Table 4: Employment Status

	Number	Percentage
Full-time	46	82.1%
Part-time	6	10.7%
Casual	4	7.1%
Other	0	0.0%
Total	56	100.0%

Of the nurses who responded, the majority, 82.1%, classified themselves as being in full-time employment. However, of this group, two participants indicated that they would be changing to casual employment status within a month of filling in the questionnaire. In addition, another participant wrote, that, in order "to maintain my broad knowledge base and skills I work casual at other institutions as well as full time...".

The following table, Table 5, presents a summary of the data collected on the educational level of the subjects. Although, all the participants were in one of the three categories listed, a number of them elaborated on additional educational experiences in the "other" category.

Table 5: Educational Level

	Number	Percentage
Nursing Diploma	30	53.6%
Baccalaureate Degree	22	39.3%
Master's Degree	4	7.1%
Total	56	100.0%

Under the "other" category, 32.1% of the subjects noted, that, in addition, they had also taken a post-basic critical care course. Further, 10.7% indicated that they were working on a baccalaureate degree in nursing. In addition, there were a variety of single responses, indicating other educational experiences such as the effective head nurse course, diploma paediatric nursing and paediatric education courses, and CHA diploma.

The current nursing positions occupied by the subjects are displayed in Table 6.

Table 6: Current Nursing Position

	Number	Percentage
Staff Nurse	22	39.3%
Assistant Head Nurse	4	7.1%
Head Nurse	7	12.5%
Other: Instructor	16	28.6%
Industry	2	3.6%
Director of Nursing	1	1.8%
CNS/Clinical resource/ Nurse Clinician	4	7.1%
Total	56	100.0%

As can be seen in Table 6, 22 (39.7%) of the participants identified, are filling a staff nurse's position. The next highest number appears in the "other" category, where 16 (28.6%) of the subjects identified their position as a critical care instructor.

Finally, demographic data were collected on where, in critical care, the subjects were employed. The questionnaire offered six definite choices, with a seventh being the "other" category. Thirty six (64.3%) of the subjects identified that they were employed in one area of critical care (Table 7-A). The remaining 20 (35.7%) listed two or more critical care areas as employment areas (Table 7-B).

Table 7: Areas of Critical Care Employment

A: Single areas of Critical Care Employment

	Number	Percentage
Intensive Care Unit	8	14.3%
Coronary Care Unit	6	10.7%
Surgical Intensive Care Unit	1	1.8%
Post-open Heart Recovery Unit	6	10.7%
Paediatric Intensive Care Unit	4	7.1%
Neonatal Intensive Care Unit	0	0%
Other: Critical Care Areas		
Recovery Room	3	5.3%
Education	2	3.5%
Emergency	2	3.5%
Baro Medical	1	1.8%
Other: None Critical Care Areas		
Head Nurse Med/Surg Area	1	1.8%
Private Industry	1	1.8%
Not Presently Employed	1	1.8%

B: Multiple Areas of Critical Care Employment

	Number	Percentage
Intensive care/Coronary Care	16	28.6%
Intensive care/Coronary Care/ Surgical care/Post-open Heart Recovery Unit	2	3.5%
Intensive care/Coronary Care/ Surgical Intensive Care Unit	1	1.8%
Coronary Care/Surgical Intensive Care	1	1.8%
Total	56	100.0%

The next section of the chapter will present the findings from the first four questions of the questionnaire.

Findings

Information collected on the subjects' perceptions, attitudes, knowledge, and participation level in nursing quality assurance are presented in the following tables.

The first question requested that the subjects identify items/activities, on the list provided, that they considered components of a nursing quality assurance program. The results are presented in Table 8. Nine of the twelve items/activities listed were identified by over 80% of the participants as a component of a nursing quality assurance program. The remaining three: regular checks and maintenance of biomedical equipment, suggestions by nursing staff of topics for nursing quality assurance activities, and a nursing workload measurement system were identified by over 70% of the participants.

Moreover, a number of the participants added, in the "other" category, additional items/activities which they considered as components of a nursing quality assurance program. A summary of the list includes,

education based on audit results, self-auditing, routine updates to nursing staff regarding new policies and procedures, mandatory critical care training and work experience, nursing research, skills assessment, budget analysis activities, and minimum number of patients per nurse per shift.

Table 8: Components of a Nursing Quality Assurance Program

Question 1: I feel the items/activities listed below are components of a nursing quality assurance program: (check as many as you think are applicable) (N = 56)

	Number checked	Percentage
a. Nursing care audits	55	98.2%
b. Regular staff performance appraisals	51	91.1%
c. Audit or quality assurance committee	55	98.2%
d. Incident reports	51	91.1%
e. Utilization of quality assurance findings	55	98.2%
f. Regular hospital-based inservice	49	87.5%
g. Regular checks and maintenance of biomedical equipment	43	76.8%
h. Verification of current nursing registration	47	83.9%
i. Nursing practice standards	52	92.9%
j. Suggestions by nursing staff of topics for nursing quality assurance audits/studies	44	78.6%
k. Orientation programs for new staff	52	92.9%
l. Nursing workload management systems (eg.GRASP)	42	75.0%

Responses to the second question provided information on how many of the items/activities listed in question one the subjects had been involved in over the past year. The data collected are presented in Table 9. The highest responses were: producing evidence of current registration (87.5%) and orientation of new staff (85.7%). The lowest response rate were: performing audits on biomedical equipment (12.5%) and serving on an audit or quality assurance committee (25.0%).

Several of the remaining items/activities had been participated in by approximately one third of the subjects over the past year. These items/activities included: conducting a nursing audit (37.5%), incorporating findings of quality assurance studies into practice (35.7%), developing nursing practice standards for measuring the quality of nursing care (35.7%), and suggesting topics for nursing quality assurance audits/studies (28.6%).

A number of subjects noted, in the "other" category, additional activities that they considered as nursing quality assurance activities. These include: presenting evidence of currency in BCLS (basic cardiac life support), successfully completing the ACLS (advanced cardiac life support) course, and participating in the selection of a nursing model.

Table 9: Involvement in Quality Assurance Activities

Question 2: In the past year I have been involved in the following activities: (check as many as you wish) (N = 56)

	Activities Identified	Percentage
a. Conduct a nursing audit	21	37.5%
b. Received a performance appraisal about my work	37	66.1%
c. Served on an audit or quality assurance committee	14	25.0%
d. Initiated incident reports	30	53.6%
e. Incorporated findings of quality assurance studies into practice	20	35.7%
f. Regularly attended hospital-based nursing inservice	44	78.6%
g. Performed audits on biomedical equipment	7	12.5%
h. Produced evidence of current nursing registration	49	87.5%
i. Developed nursing practice standards for measuring the quality of nursing care	20	35.7%
j. Suggested topics for nursing quality assurance audits/studies	16	28.6%
k. Oriented new staff	48	86.7%
l. Utilized a nursing workload measurement system (i.e., GRASP)	18	32.1%

The third question sought the opinions of the subjects regarding the purposes of nursing quality assurance activities. The results are summarized in Table 10. In identifying who should be involved in nursing quality assurance activities, 91.1% felt that nursing quality assurance activities should involve all levels of nursing personnel. All of the subjects, (100.0%), identified that nursing quality assurance activities involved them, with 87.5% identifying these activities as part of their professional responsibilities (Table 10). However, when responding to whether or not nursing quality assurance activities were part of their daily activities, only 62.5% responded to this item, and only 42.9% indicated that nursing quality assurance activities were a priority on the nursing unit.

Information was also collected on who required the data collected by nursing quality assurance activities. As can be seen in Table 10, 69.6% felt that these activities are required by the hospital quality assurance director/coordinator, 60.7% felt that they are required by the quality assurance committee, and 35.7% felt that they are required by supervisory-level nurses. Furthermore, 58.9% felt that nursing quality assurance activities are used primarily to meet accreditation requirements for the hospital.

Table 10: Purpose of Nursing Quality Assurance Activities

Question 3: I feel nursing quality assurance activities: (check as many as you feel are applicable) (N = 56)

	Items Checked	Percentage
a. are required by the quality assurance director/coordinator	39	69.6%
b. are primarily used to meet accreditation requirements for the hospital	33	58.9%
c. are required by the quality assurance committee	34	60.7%
d. are required by supervisory-level nurses	20	35.7%
e. do not involve me	0	0.0%
f. are a waste of time	2	3.6%
g. take up time that should be spent on patient care	4	7.1%
h. involve all levels of nursing personnel	51	91.1%
i. are part if my daily activities	35	62.5%
j. improve nursing care	48	85.7%
k. are part of my professional responsibilities	49	87.5%
l. are a priority in the nursing division/unit	24	42.9%

Question four asked the subjects, if they had the choice, on which activities would they spend more time? The responses are summarized in Table 11. No one activity listed was identified by the majority of the participants as one in which they would like to spend more time. However, there were three activities that did receive a higher response than the others. The most frequently identified activity was spending more time teaching patients and/or their families (71.4%) The next was involving patients in planning their own care, with a 69.6% response, followed by the writing of nursing care standards for speciality area with a 64.3% response.

Three activities: improving my skills in performing nursing care procedures, spending more time planning patient care, and reviewing the care given by other registered nurses, were identified by approximately 50% of the participants, as ones that they would spend more time on given the opportunity. Activities least frequently identified were getting to know my fellow workers (23.2%), and being an active member on a quality assurance committee (23.2%).

Table 11: Preferred Clinical Activities

Question 4: If I could, I would: (check as many as you wish) (N = 56)

	Number Identified	Percentage
a. Spend more time planning patient care	30	53.6%
b. Be an active member on a quality assurance committee	13	23.2%
c. Spend more time teaching patients and/or families	40	71.4%
d. Involve patients in planning their care	39	69.6%
e. Spend more time getting to know my fellow workers	13	23.2%
f. Write nursing care standards for speciality area	36	64.3%
g. Participate in reviewing the nursing care given by other registered nurses	29	51.8%
h. Improve my skills in performing nursing care procedures	30	53.6%

Additional activities that the subjects listed in the "other" space were participating in further education, teaching nurses the importance of maintaining standards of care, incorporating peer performance appraisals, and involving fellow workers in quality assurance functions.

The next section of the chapter will present a discussion on the study findings.

Discussion

The response rate to the questionnaire will be discussed first. Following this, the results of the study will be discussed in relationship to each of the three research questions. Finally, there will be a discussion on the supplemental findings and the limitations of the study.

Response Rate

Table 1 (p.23) presents the results of the response rate to the survey. The response rate of 71.8% for useable questionnaires was higher than what is generally experienced by researchers utilizing this method of data collection. As noted by Burns & Groves (1987), "the response rate for mailed questionnaires is usually small (25 to 30 percent)..." (p.314). This high response suggests that nursing quality assurance is a topic that is meaningful and important to this particular group of critical care nurses.

RESEARCH QUESTION ONE: WHAT DO CRITICAL CARE NURSES IDENTIFY AS COMPONENTS OF A NURSING QUALITY ASSURANCE PROGRAM?

The results that this particular group of critical care nurses considered to be components of a nursing quality assurance program are found in Table 8. All but three of the items/activities listed were identified by over 80% of the participants as components of a nursing quality assurance program. The remaining three items were identified by over 70% of the participants. The high response to identifying these items/activities, as components of a nursing quality assurance program, is encouraging for nurses and nursing divisions who are establishing and managing nursing quality assurance programs. There could be several reasons why there was such a high response rate to the items/activities listed. The high rate of identification could be a reflection of specific activities/programs in which the participants have been involved, and which they believe to be components of a nursing quality assurance program. Another explanation for this response rate may involve the question and its wording, in that, several of the choices offered utilized the phrase "quality assurance." The use of the same wording in the choices may have provided the participants with information that helped them answer the question. Finally, the

structure and visual presentation of the question may have influenced the participants to check off responses without reflecting on whether or not the response was appropriate.

The component that was selected the least, by 75%, was the nursing workload management system. In the Kidd, Whiteley and Scherer (1987) survey, a patient classification system (workload management system) was one method, specified under quality assurance, for establishing standards of care. Further, several authors have noted that workload measurement systems are an effective tool that provides a method for monitoring the nurse/patient ratio to ensure that equitable safe workloads are assigned to nursing staff (Billings, 1983; Giovannetti, 1979: Marker, 1987). Several possible reasons exist for the low response rate to a nursing workload measurement system as a component of a nursing quality assurance program. First, not all hospitals currently utilize a workload measurement system to determine staffing levels required on their nursing units. In addition, rapidly changing patient acuity levels in critical care areas can affect the efficient utilization of a workload measurement system, prompting some hospital not to extend their system to include critical care areas. Finally, if the information gathered utilizing such a

tool is not used to adjust staffing levels to workload demands when required, then, it can not be considered as a component of a nursing quality assurance program. This final reason was noted by one subject who stated, "[a nursing workload management system] would be a useful tool if it would be followed up on. Our hospital ignores it if the points are too high showing a need for extra staff. If it is ignored, then it is a waste of valuable nursing time when you're already busy."

The item/activity with the next lowest rate of response, regular checks and maintenance of biomedical equipment, was identified by 76.8% of the critical care nurses as a nursing quality assurance activity. This activity was identified as a quality assurance standard for critical care nursing in the Kidd, Whiteley and Scherer (1987) survey. The fact that this activity was identified less frequently than the others listed was unexpected for this particular group of nurses. In critical care nursing, the reliance on biomedical equipment to assist in the assessment and monitoring of the physiological status of the patients is a vital component of the nurses' routine. One possible explanation was noted by one subject, who stated "...[biomedical equipment] if other personnel do [it] then no, otherwise yes". Therefore, it would appear that auditing and monitoring biomedical equipment may

not always be the responsibility of the critical care nurse. Hospitals may have special technicians who are responsible for providing routine maintenance and audits of this equipment. However, another reason for a low response rate with this activity could be in the wording of the question, which may have been interpreted differently by the participants, depending on their experiences.

The third lowest item/activity, suggestions by nursing staff of topics for nursing quality assurance audits/studies, was identified by 78.6% of the participants. The reasons why this activity was not selected as frequently as other activities are not clear. However, as noted by Christensen (1990), "...it is of utmost importance that staff nurses be involved in setting standards, or at least choosing them...active participation in the development of a program assures its success" (p.50). The lack of involvement in the complete quality assurance process was commented on by one nurse, who stated, "not enough bedside nurses...understand it [nursing quality assurance] or the activities have not directly involved them! They have been audited (passive), not included (active)!". Consequently, a failure to include nurses in the total process may explain why this activity was not selected as frequently as the others listed.

RESEARCH QUESTION TWO: WHAT DO CRITICAL CARE NURSES IDENTIFY AS THE PURPOSE OF NURSING QUALITY ASSURANCE ACTIVITIES?

The results of the survey that address this research question can be found in Table 10. Over 69% of the subjects identified that nursing quality assurance activities are required by a quality assurance director/coordinator, with 60.7% identifying that these activities are required by a quality assurance committee. Although the survey did not seek specific information on the structure of the quality assurance programs with which they have been involved, the responses to this question could be reflective of what the subjects have experienced. Many of the quality assurance programs described in the literature deal with establishing programs where the activities are organized and coordinated by either a quality assurance committee or coordinator (Harris, Kreger, & Davis, 1989; Judkins, 1982; O'Brian, 1988). Therefore, what these critical care nurses identify as the purpose of nursing quality assurance programs may be reflective of how the program has been established and is functioning in their present employment.

Another purpose for nursing quality assurance activities, identified by 58.9% of the participants, was to meet the accreditation requirements of the

hospital (Table 10). The high response rate for this activity also could be reflective of the experiences that these particular critical care nurses have had with nursing quality assurance programs. As can be seen in the literature, many authors identify meeting accreditation standards as the primary reason for initiating these programs (Christensen, 1990; Coyne & Killien, 1987; Harris, Kreger & Davis, 1989; Kerfoot & Watson, 1985; O'Brian, 1988). Furthermore, the accreditation standards demand that hospitals seeking accreditation standing have a functioning quality assurance program in order to receive approval. One participant in the study, elaborating on this component noted, "I...think that many times nursing administration may initiate quality assurance programs but not always for the right reasons, e.g., they 'have' to for accreditation purposes." Another participant added "[nursing quality assurance activities] are merely used as a tool to meet accreditation requirements as they [nursing quality assurance activities] do not accurately portray the quality of care patients get, this is all they [nursing quality assurance activities] are good for." With quality assurance being a requirement for accreditation and with many hospitals experiencing accreditation reviews every two years, the response rate to this item may not

be surprising.

RESEARCH QUESTION THREE: WHAT IS THE INVOLVEMENT OF CRITICAL CARE NURSES IN NURSING QUALITY ASSURANCE ACTIVITIES?

The results on the involvement of the subjects in nursing quality assurance activities are found in Table 9. The results indicate that the involvement level for this group of critical care nurses in those activities they considered as components of a nursing quality assurance program (Table 8), is low for a number of the activities. In particular, there are low participation levels in serving on an audit committee (25.0%), incorporating findings of a quality assurance study into actual practice (35.7%), developing nursing practice standards for measuring the quality of nursing care (35.7%), and conducting a nursing audit (37.5%). The above involvement rates are very similar to those found for the same activities in the Edwardson and Anderson (1983) study.

The three items/activities in Table 8, that were not identified as frequently as components of a nursing quality assurance program also had similarly low involvement rates by the subjects. In particular, only 32.1% had utilized a workload measurement system, 12.5% had performed audits on biomedical equipment, and 28.6%

had suggested topics for a nursing quality assurance audit/study. The reasons for not being involved in these activities were not specifically elaborated on by the participants in the study. However, it is reasonable to assume that the same reasons put forth to explain the lower selection rates for these activities in Table 8 could account for the low involvement by the participants in the activities. In addition, the wording change between question one and question two in the component describing biomedical equipment may have been a contributing factor. The change from "checks and maintenance" to "audit" could have resulted in a different interpretation by the participants when they responded to the questions.

Supplemental Findings

The study also provided, through questions three and four on the questionnaire, information on the opinions and attitudes of this group of critical care nurses to nursing quality assurance.

Every participant (100%) identified that nursing quality assurance activities involved them, and 87.5% further noted that these activities were part of their professional responsibilities (Table 10). Furthermore, 91.1% of the participants felt that these activities involved all levels of nursing personnel. The results

obtained from this particular group of nurses suggests not only a positive attitude to quality assurance and quality assurance programs but also a professional responsibility for this concept. As noted by Beyers (1988) "...each nurse now has to learn an use quality assurance methodologies as an integral part of practice" (p.614). Therefore, the results obtained in this survey may be an indication that, although quality assurance activities are perceived as a requirement by non-nursing personnel or outside agencies, they also are, in fact, seen as an integral part of nursing practice.

Finally, Table 11 presents those activities on which, given the opportunity, the participants in the study would choose to spend more time. The activities that received the highest response rate in this survey were those that were patient-oriented. In particular, 71.4% of the participants noted that they would like to spend more time teaching patients and/or their families, and 69.9% would like to involve patients in planning their own care. These results are consistent with the Edwardson and Anderson (1983) study where "staff nurses showed a clear preference for direct-care activities and ranked formal quality assurance activities and social interaction low" (p.36). The activity which received the lowest response rate was

"to be an active member on a quality assurance committee" (23.2%). This result, when considered in light of the positive responses towards quality assurance, is interesting. Although these nurses have a positive opinion of nursing quality assurance and its role in providing quality nursing care, when given the opportunity less than one quarter want to participate in this typical quality assurance activity. It is unclear from the results obtained in this survey why these nurses feel this way.

Limitations in this study

There are several limitations in this study. First the population that was used worked in a variety of hospitals, each with a unique nursing quality assurance program. Information was not sought from the subjects concerning the specific program in their respective hospitals. In addition, information was not sought regarding the subjects' specific experiences with nursing quality assurance. Information from both these areas could have provided valuable insight into the analysis of the results obtained.

Another limitation in the study may be the wording of the specific questions and choices of responses. The fact that the subjects were asked to identify components of a nursing quality assurance program using

common terminology rather than their own, may have influenced the responses. As noted by Treece and Treece (1982) "the way a question is worded can influence the results...[in addition] people often try to give an answer that enhances their image in the eyes of the researcher..." (p.232). Finally, the actual structure and visual presentation of the questions may have promoted a higher response rate to the various components of the questions, than would have otherwise been observed. The structure of the questions required the subjects to check off their responses in a column on one side of the page. The subjects may have simply checked off the components without giving serious enough consideration to their responses.

Summary

Results of the information in the returned questionnaires were presented in this chapter. The demographic data were presented first, followed by the results of the four quality assurance questions. The results were then discussed in relationship to the three research questions, and then supplemental findings were discussed. Finally, limitations in the study were identified.

CHAPTER FIVE

Summary, Conclusion, Implications and Recommendations

A summary of the study findings and conclusions are presented in this chapter. Then, implications of the study are presented, with recommendations for future study.

Summary

The need to provide concrete evidence of quality care is a reality, both within nursing and in our present health care system. Lang and Clinton (1983) noted "objective and systematic evaluation or assessment of nursing care has been an urgent priority within the profession [of nursing] for several decades" (p.212). In addition, outside agencies such as the Hospital Accreditation Council, have, over the past decade, made quality assurance programs and activities a requirement in the accreditation process (Acorn, Love & Mills, 1990; Finley-Cottone & Link, 1985; Harris, Kreger & Davis 1989; Maciorowski, Larson & Keane, 1985; O'Brian, 1988). However, the enthusiasm and

participation level of many nurses has been at best, one of ambivalence and reluctant compliance with mandated nursing quality assurance programs.

The purpose of this study was to describe critical care nurses' perceptions of their experiences with nursing quality assurance. Three research questions were used to guide this study:

1. What do critical care nurses identify as components of a nursing quality assurance program?

2. What do critical care nurses identify as the purposes of nursing quality assurance activities?

3. What is the involvement of critical care nurses in nursing quality assurance activities?

Using an exploratory, descriptive design, data were collected in a survey utilizing a self-administered questionnaire. The questionnaire developed by the researcher, contained questions modified from the Edwardson and Anderson (1983) study. A convenience sample of critical care nurses, who are members of the Canadian Association of Critical Care Nurses, was used. Critical care nurses were selected as the sample for this study because nursing quality assurance activities have a high profile in these units due to the critical condition of the patients. The statistical techniques used to analyze the data were frequencies, percentages and means of the individual items.

The results showed that, although this particular group of critical care nurses appeared to know what comprised the components of a nursing quality assurance program, their participation level in these activities was low. When asked what the purpose was of nursing quality assurance activities the majority of the subjects identified that nursing quality assurance activities were required by a quality assurance director/coordinator and/or a quality assurance committee. In addition, more than 58.9% indicated that the primary purpose of nursing quality assurance activities was to meet the accreditation requirements of the hospital.

The findings also provide information on this group of nurses attitudes and opinions concerning nursing quality assurance. All of the subjects identified that nursing quality assurance activities involved them, with the majority identifying that these activities involve all levels of nursing personnel and were part of their professional responsibilities. However, very few identified that they would actively seek involvement in traditional quality assurance activities such as serving on a quality assurance committee. The activities that were identified by the majority of the subjects, as those on which to spend more time, were those that involved direct patient

care, such as teaching patients and/or their families, and involving patients in their own care.

Conclusions

The results of this study suggest that this group of critical care nurses have an understanding of what would be considered components of a nursing quality assurance program. However, their participation level in these activities is low. It was beyond the scope of this study to explain participation levels in recognized nursing quality assurance programs.

In the supplemental findings, the majority of the subjects identified nursing quality assurance activities as part of their professional responsibilities. However, in identifying the purpose for these activities the majority chose meeting the hospital's accreditation requirements. Although the results identified that these nurses valued nursing quality assurance activities, in the reality of practice, they perceived their purpose is for other than improving nursing care.

In addition, the supplemental results also identified that these nurses perceived nursing quality assurance activities as involving all levels of nursing and as a way of improving patient care. However, if

given the opportunity they were unwilling to participate in the activities that they identified as components of a nursing quality assurance program. The activities which they would seek involvement in are those that involve direct patient contact. This result is consistent with the findings in the Edwardson and Anderson (1983) study, in which the respondents "agreed that involvement in quality assurance was an important part of the professional nurses' role...[however] less than half of the staff-nurses respondents would choose to participate in these activities [quality assurance activities] if they had the opportunity" (p.37-38). Therefore, it appears that the participants of this study know and value nursing quality assurance activities but they do not transform that knowledge and those values into definite nursing quality assurance activities.

Implications and Recommendations

Although the study population was limited to a specific group of nurses, thereby giving rise to problems of generalization, several implications for nursing practice, nursing education, nursing administration and nursing research can be derived from the results obtained.

Nursing Practice

The results of this study have a number of implications for nurses who are in clinical practice. The results show that the nurses who participated in this study felt that nursing quality assurance activities were for quality assurance coordinators/committees and were primarily used to meet hospital accreditation responsibilities. These results are very disturbing in light of the current literature that identifies nursing quality assurance activities as one method of defining nursing practice and the individual nurses' responsibility for that practice. In addition, the subjects perceived that, nursing quality assurance activities involved all levels of nursing personnel and were part of their professional responsibilities. However, when given the opportunity to participate in nursing quality assurance activities, these nurses selected patient-oriented activities.

Nurses who practice direct patient care have to develop an awareness that not all activities that concern professional practice involve direct patient contact. Nurses have to stop being passive participants in the nursing quality assurance process and seek out an active role for themselves. This active role should include direct involvement in the decisions involving their unit and the nursing quality assurance program

with knowledge and utilization of the findings from the activities in the program. In addition, nurses who accept appointments to nursing quality assurance activities must request that nursing administration provide release time to attend meetings, ensuring that there is no conflict for these nurses between direct and indirect patient care.

Nursing Education

The findings of this study have implications for nursing education. These findings indicate that this group of nurses has developed a value system within their professional growth that recognizes that the assurance of quality in professional activity is part of their professional responsibility. However, what does not seem to have been acquired is how to translate these values into professional activities and practice. In addition, the results of the study indicate that, when given the opportunity, this particular group of nurses would choose to participate in those activities which predominantly involve direct patient contact.

As a result of these findings, it would appear that nursing education has a role in teaching students and staff how to translate their values for quality care into concrete activities within the clinical environment. One method recently discussed in the

literature was a liaison with a practice institution to provide a nursing practicum for students which would actively involve the student in a nursing unit's quality assurance program. The benefits as noted by Smith and Power (1990), are that "the link between education and practice is strengthened; ...and practical student experiences that address timely patient care issues are provided" (p.30).

Another part of nursing education that should play an active role is the continuing education systems that many nursing divisions offer their staff. These staff educational departments can play a significant role in the awareness level of staff in nursing quality assurance activities. Their educational programs should include a basic orientation to nursing quality assurance as well as experiences in writing standards, creation of auditing tools, and utilization of results. In addition, given the increasing emphasis on quality in the present health care environment, new developments in nursing quality assurance should be presented regularly to all nursing staff.

Nursing Administration

The results of this study are very important for the nurse administrator to consider because, as noted by Devet (1986), "[nurse administrators] often perceive

Q.A. [quality assurance] as a function to delegate to a staff support service rather than one to keep well integrated into their own leadership role..." (p.52). Consequently, in light of the findings of this study, nurse administrators should involve themselves in their department's nursing quality assurance program on a regular basis.

This involvement could be accomplished in a variety of ways. First, nursing quality assurance reports should be considered a regular component of all nursing staff and nursing management meetings. This will help refocus the perception that the nursing staff have about who the nursing quality assurance activities are for and why nursing staff should be involved in these activities. Secondly, nursing staff's involvement in nursing quality assurance activities has to be encouraged and supported by the nurse administrator. This should involve delegating responsibility for the process down to the nursing unit level and using the staff's ideas and input into the type of nursing quality assurance activities that are most suitable for their specific unit. As noted by O'Brian (1988) "[staff nurses] as direct care givers,...are in the best position to monitor nursing practice by identifying problems and implementing corrective actions which have the greatest impact on patient care" (p.33). Without

this type of direct involvement by the nursing staff, delegated by the nurse administrator, nursing quality assurance programs will continue to be seen as exercises in fulfilling third party requirements. Finally, the specific resources needed to properly operate a nursing quality assurance program should be a regular part of the nursing division's budget. Resource allocation includes provisions for relief staff to facilitate the attendance and participation of designated nursing staff in quality assurance activities. Failure to provide this type of relief will result in a conflict between direct and indirect patient care requirements, with the direct patient care needs always taking precedence.

The results of the study also indicate that although the nurses knew the components of a nursing quality assurance program, they identified their participation level in these activities as low. Edwardson and Anderson (1983) in their study noted similarly low participation levels for nurses in formal quality assurance activities and they recommended that nurse administrators investigate why staff nurses were not more actively involved in nursing quality assurance activities. Therefore, based on the present findings nurse administrators should not only take an active role in nursing quality assurance activities, but

should also investigate why staff nurses do not participate more enthusiastically in these activities.

Nursing Research

Based on the findings from this study the following research activities are recommended:

1. A five year, longitudinal study, surveying at yearly intervals all nurses in a specific institution, to determine if the nursing quality assurance program and the related educational programs are having any effect.

2. Using the same nursing population, and the results obtained in this study as a foundation, use a qualitative approach to explore the nurses' attitudes, perceptions and low participation levels in more depth.

3. survey a larger group of staff nurses to investigate the specific causes of nurses' dissatisfaction with nursing quality assurance activities.

4. Revise the questionnaire used in this study, correcting the weaknesses that have been identified in the wording and visual presentation.

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Appendix C

Nursing Quality Assurance
Survey Questionnaire

Directions

1. Please read each statement and the instructions carefully.
2. If you feel that a statement is difficult for you to answer, please check the response that you think is closest to being correct.
3. Please do not sign the questionnaire.

1. I feel the items/activities listed below are components of a nursing quality assurance program: (check as many as you think are applicable)

_____a. nursing care audits
_____b. regular staff performance appraisals
_____c. audit or quality assurance committees
_____d. incident reports
_____e. utilization of quality assurance findings
_____f. regular hospital-based nursing inservice
_____g. regular checks and maintenance of biomedical equipment
_____h. verification of current nursing registration
_____i. nursing practice standards
_____j. suggestions by nursing staff of topics for nursing quality assurance audits/studies
_____k. orientation programs for new staff
_____l. nursing work load management systems (ie. GRASP)
m. other (please specify)_____

_____

2. In the past year I have been involved in the following activities: (check as many as you wish)

_____a. conducted a nursing audit
_____b. received a performance appraisal about my work performance
_____c. served on an audit or quality assurance committee
_____d. initiated incident reports
_____e. incorporated findings of quality assurance studies into actual practice
_____f. regularly attended hospital-based nursing inservices
_____g. performed audits of biomedical equipment
_____h. produced evidence of current nursing registration
_____i. developed nursing practice standards for measuring the quality of nursing care
_____j. suggested topics for nursing quality assurance audits/ studies
_____k. oriented of new nursing staff
_____l. utilized a nursing workload management system (ie. GRASP)
m. other (please specify)_____

_____

3. I feel nursing quality assurance activities: (check as many as you feel are applicable)

_____a. are required by the quality assurance director/coordinator
_____b. are primarily used to meet accreditation requirements for the hospital
_____c. are required by the quality assurance committee
_____d. are required by supervisory-level nurses
_____e. do not involve me
_____f. are a waste of time
_____g. take up time that should be spent on patient care
_____h. involve all levels of nursing personnel
_____i. are a part of my daily activities
_____j. improve nursing care
_____k. are part of my professional responsibilities
_____l. are a priority in the nursing division/unit
m. other (please specify)_____

_____

4. If I could, I would: (check as many as you wish)

_____a. spend more time planning patients' care
_____b. be an active member on a quality assurance committee
_____c. spend more time teaching patients and/or families
_____d. involve patients in planning their care
_____e. spend more time getting to know my fellow workers
_____f. write nursing care standards for speciality area
_____g. participate in reviewing the nursing care given by other registered nurses
_____h. improve my skills in performing nursing care procedures
i. other (please specify)_____

_____

In the following questions please check or fill in the data that describes you most adequately.

5. Nursing education: (please check all that apply)

_____a. Nursing diploma
_____b. Baccalaureate degree
_____c. Master's degree
d. other (please specify)_____

_____

6. Please indicate the area of critical care that you are currently employed in:

_____a. intensive care unit
_____b. coronary care unit
_____e. surgical intensive care unit
_____f. post-open heart recovery unit
_____e. pediatric intensive care unit
_____f. neonatal intensive care unit
g. other (please specify)_____

_____