Leading Article

How Do We Assess "Good Nursing Care"?

Good nursing care is a critical facet of health care. It has an impact on all aspects of the business of hospitals and community care. In hospitals it must be provided over a full 24 hour period, every day of the year. If it is not present neither patients nor other health professionals will be satisfied with the service provided. But what exactly is good nursing care? Definitions are likely to be associated with individual perceptions—perceptions which are typically based on personal experience with nurses, and the context in which that experience occurred.

One of the problems for nursing is that there is no universal understanding of what nurses actually do. The "hands on" aspect—the actual tasks associated with providing care—is usually easily identifiable. The ability, or otherwise, of nurses to communicate effectively with patients is also identifiable. But the thinking and decision-making—or "heads on"—aspects of nursing that nurses use to make assessments and decide on particular courses of action is less demonstrable and escapes easy definition. Nurses frequently assert that they know they give good nursing care and that this care makes a difference to the health outcomes of patients. But unless it is clear what nursing actions make a difference to patient care outcomes, and why, the quality of nursing care will continue to be difficult to assess.

The nursing process has been used for many years by nurses as an approach to nursing care. It describes the way in which nurses assess the nursing needs of patients, plan appropriate nursing care or intervention, provide the care, then evaluate the effects of that care. Nurses have also used the nursing process as a basis to formulate standards for nursing practice and develop evaluation systems to determine the quality of nursing care.

Use of the nursing process in quality evaluation tools which assess the quality of nursing care can, however, be problematic. Not all health professionals understand the concept of the nursing process, let alone how use of this process makes the slightest bit of difference to the quality of nursing care. In fact, the impression that health professionals—including nurses—sometimes get from nursing quality assurance programmes is that good nursing care is only occurring if nurses are using the nursing process. If there is misunderstanding about what the nursing process is, then perceptions about the way in which it can be used to measure the quality of care will be blurred.

The Rush Medicus Process Audit is one example of a retrospective quality monitoring instrument which focuses on the nursing process as a basis for assessment and incorporates a patient classification system as a critical part of the audit. Nurses familiar with the nursing process will understand how the Rush Medicus Process Audit has been developed to assess quality and will recognize the need for modifications to allow its application in countries and cultures other than those for which it was designed. However, health professionals who do not understand the nursing process may not understand the instrument either. This can lead to difficulties in understanding what nurses are doing to assess the quality of nursing care.

The patients' perspective in assessing good nursing care is a neglected area. The patient—or consumer—is increasingly acknowledged as the focus of all activities in a quality health service. If nursing quality is to improve, it is important to use both the patients' view and nurses' conceptions of good nursing care to develop frameworks for evaluating care. Such frameworks can also form the basis for deter-
mining that 'good nursing care' makes a difference to patient outcomes. But for nurses and nursing it is essential that frameworks established from a definitional perspective with which other health professionals are not totally familiar do not reach conclusions that are questioned because others do not understand the basis of the instrument used.

Another important factor to be considered in the development of frameworks and instruments to assess good nursing care is the relationship between the quality of nursing care and the qualifications of the nursing staff providing care. For many people a nurse is a nurse is a nurse. But some research undertaken in the United States and in the UK suggests that registered nurses provide a higher quality of nursing care than other categories of nurses and untrained health workers or assistants. Cutting health care costs by replacing qualified nurses with untrained health workers is an increasing temptation in many countries with a diminishing health budget.

A critical dimension to quality, therefore, is economic. The International Council of Nurses developed the theme “Quality, costs and nursing”, for International Nurses’ Day in 1993. This has provided a focus and direction for quality issues in nursing for the future. In New Zealand, nurses are developing a national research project which aims to demonstrate how nurses have a direct impact on the quality and costs of patient care. This project reflects the reality that, in the future, good nursing care will need to be considered in economic terms and demonstrate a positive relationship between quality and cost effectiveness. Nurses have a long and proud history of involvement with quality. The challenge for the present and the future is to ensure that in order to assess good nursing care, the right questions about quality issues are being addressed.

Elaine Pappst† Chairperson, Nursing Council of New Zealand

† Formerly Chief Nursing Officer, Otago Area Health Board, Dunedin, New Zealand.