

Chapter 1

Introduction

Background and Significance of the Research Problem

Nowadays, health care systems are facing changes in market forces regarding patient demands, and quality has become a focal point for health care systems globally. Changes in the health care market include increasing patient demands, advanced technology, and environmental changes (Price, 1993). Patients in the United States increasingly voice their concerns regarding health care quality; they request a high standard of care, safety and additional needs such as comfort and respect of their patients' rights (Blumenthal, 1996; Diamond, 1999). Nurses also faced with challenges in maintaining and improving quality care based on standard of nursing care and professional appearance to meet patients' demands; they are also confronted with the competition of the health care delivery (McGlynn, 1997). Nurses are the health care providers whom patients are likely to have more contact with than any other health care providers, and nurses are part of the health care delivery system giving care and promoting and encouraging patients to achieve positive health care outcomes (American Nurses Association [ANA], 1996). Nurses are the major health care providers who are responsible for the provision of nursing care and accountable for the quality of nursing care and high standards of care during patients' hospitalization (Institute of Medicine, 2004). Additionally, quality nursing care is an important part of healthcare services in the hospital (Larabee & Bolden, 2001).

In Laos, People's Democratic Republic (Laos, PDR) quality of health care was ranked as one of the seven healthcare goals during the 7th National Socio-Economic Development Plan for 2011 to 2015 (Ministry of Planning and Investment, 2011). The National Health Plan (2003-2005) has been completed, and the Laos Ministry of Health (MOH) is currently implementing the second National Health Plan (2010-2020) which covers the 10 year period of Lao's Health Vision 2020. The goal of National Health Plan (2010-2020) includes enhancing the quality of health to uplift the health status of the entire nation and increase the quality of life of all the ethnic people in Laos (Ministry of Health [MOH], 2006). Consistent with national health policy, it is considered important to provide quality nursing care in health care settings and nurses are committed to professional excellence in providing the high quality care (MOH, 2000a). Therefore, quality care in the healthcare setting has to be provided (MOH, 2008b). Although quality of health care is in the national health plan, it needs supporting, moreover an issue that needs improvement is quality nursing care. However, the process to develop quality nursing care in Laos is not specifically illustrated in the national health plan.

There are three Central Hospital (CHs) located in Vientiane, the capital of Laos, and each hospital has a different number of patient's beds. Mahosot hospital has 450 patient beds, Mittaphap hospital has 150 patient beds, and Setthathirath hospital has 220 patient beds. In 2010 there were 82,470 inpatients visited to Mahosot Hospital, 50,765 inpatients visited to Mittaphab Hospital, and 12,495 inpatients visited to Setthatilath Hospital (Statistical record from CHs, 2011). The average nurse-patient-ratio was 8:1 at Mahosot hospital, was 12:1 for Mittaphap Hospital, and was 8:1 at Sathatilath Hospital. According to the World Health Organization's

standards (WHO, 2005), hospital inpatient units should have patient-nurse ratios of 3:1 for IPD. Therefore, when compare with the WHO (2005) it was found that nurses in Central Hospitals encounter a heavy workload due to insufficient manpower and lack of service support as nurses also perform many non-nursing duties (CHR, 2011).

The Government Agencies and the Protection of Government Employees (GAPGE) conducted a research survey to examine the service quality of Government Agencies (GAPGE, 2009). The survey was conducted in the Emergency Department, Mahosot hospital Laos, PDR, among 40 nurses and 52 patients. The purpose of study was to improve service quality in health care. The results showed patients complained that nurses were unfriendly, impolite, and careless. However, these situations may occur as each nurse is responsible for many patients and they are burdened with heavy workloads as mentioned previously. As a nurse working in central hospitals for over ten years, heavy workload and lack of staffs are the factors effecting for providing quality nursing care due to nurses did not have enough time to provide care for patients (interpersonal communication of 3 nurses in CHs, October 12, 2011).

Nurses work closely with the patients, they provide clear information to the patients and explain issues using leaflets for patients at the first time of admission, before giving nursing interventions every time, and before discharge to home. These are provided with respect to patients' privacy, patients' rights, and not exposing patients' confidentiality (Sisavath, 2005). The results of the GAPGE study also identified that patients and relatives were dissatisfied with nurses. Patients complained of not receiving enough information for self-care at home and no documents regarding health education and self-care provided for patients and family members prior to discharge from hospital (GAPGE, 2009).

With rapid development of nursing science and technology, nurse in CHs upgrade themselves with clinical knowledge, practical skills as well as interpersonal skill (CHR, 2010). Within the various continuing education programs CHs had provided education programs for different levels of nurses such as technical nurses, bachelor and master degree qualified nurses, to keep nurses growing in their professional knowledge and professional practical skills. However, these continuing education and trainings should be based on the rules of the Ministry of Health. Staff of government agencies who would like to upgrade their knowledge must follow the priority set by the staff in each department and must receive permission from the Ministry of Health (Regulations for the Scholarship Ministry of Health [RSMH], 1998). It is not easy for nurses who would like to upgrade their knowledge without being in part of the development plan of CHs and Ministry of Health.

Due to insufficient staff, nurses in CHs provide nursing and non-nursing duties. Nurses are responsible for making patients' beds comfortable, providing sufficient light, and keeping the ward clean and peaceful with minimal noise during the night (CHR, 2009). However, the physical environment is not productive for health; CHs are full of patients and family members. All beds are always occupied with patients and family members can stay with patients during the night. Nurses cannot control the noise in some units. Moreover as nurses have to do many non-nursing duties, they do not have enough time to provide direct care to patients, which may cause poor quality of care.

Nurses try to reduce waiting time for in receiving nursing intervention after the doctor's order. In addition, nurses must provide sufficient health care information and education for patients and relatives, teach relatives about daily care (clean

patients' body, feeding, help patient when he or she wants to move, sit-up, and go to bathroom) as well as provide health care information and education (CHR, 2010). As nurses have a heavy workload and with a staff shortage, it is often difficult for nurses to have enough time to give clear information to patients and relatives. Thus, the relationship between nurses and relatives was found to be at a low level (GAPGE, 2009).

Quality care can be defined from different perspectives. Quality care can be defined as the degree of competent nursing care of providers to receivers; it is holistic care, which includes quality nursing care (Oermann, Lambert, & Templin, 2000; Williams, S, 1998). Quality nursing care is a part of quality care, whereby quality nursing care (QNC) is defined as the degree of excellence in nursing care provided for patients that meets the patients' spiritual, mental, social, physical environmental needs (Leino-Kilpi, 1996). There are two major ways to measure QNC: using quality indicators or using the perception of nurses and patients. Quality indicators can be measured by structure, process and outcome (Donabedian, 2003). Perception of QNC can be measures from both nurses' and patients' perspective. There are several research studies measuring QNC as patients' and nurses' perception in both Western and Asian countries (Leino-Kilpi, 1996; Lynn & McMillen, 1999).

Leino-Kilpi (1996) developed the Good Nursing Care Model (GNCM) in a hospital for measuring QNC by combining the measurement from two studies, one study the QNC from the views of nurses (Leino-Kilpi, 1990) and another study from the view of patients (Leino-Kilpi & Vuorenheimo, 1994). GNCM includes six categories: staff characteristics, care related activities, precondition for care, physical environment, progress of nursing process, and cooperation with relatives (Leino-

Kilpi, 1996). Leino-Kilpi (1996) also developed the Good Nursing Care Scale (GNCS) to measure the quality of nursing care in acute care patients. Since then the GNCS was widely used in several studies to explore perception of QNC. In China, Zhao (2006) modified the GNCS into Perception of Quality Nursing Care Scale (PQNCS) based on GNCS (Leino-Kilpi, 1996) to survey 221 nurses working in 18 non-ICU inpatient nursing unit, in a Chinese hospital. In Thailand, Akkadechanunt and colleagues (2008) also modified the GNCS into a PQNCS to use among 177 professional nurses at Maharaj Nakorn Chiang Mai Hospital. Myint (2010) conducted a study used GNCS to explore nurse perception of quality nursing care among 266 nurses in Myanmar. The findings of their studies showed that the overall mean scores of nurses' perception quality nursing care were at a high level.

There are several factors that affect quality nursing care, including adequate staffing (Kim, Cho, & June, 2006), environment (staffing levels), organization (type of hospital, coordination and communication) and personal factors (personality and attitude, technical skills) (Iruita, 1999). One important factor that enhanced quality of nursing care was the professional practice environment (Lake, 2007). When studying quality nursing care, it is important to consider the professional practice environment (PPE) in which the nursing care takes place (Friese, Lake, Aiken, Silber, & Sochalski, 2008). There are a small number of research studies indicating the relationship between QNC and professional practice environment. Among three studies, the results were inconsistent, two studies found a positive relationship (Van Bogaert, Clarke, Vermeyen, Meulemans, & Van de Heyning, 2009; Leveck & Jones, 1996) and one study did not find any relationship between two variables (Kim, Capezuti, Boltz, & Fairchild, 2009).

Erickson, Ditomassi, Duffy, and Jones (2009) defined PPE as the organizational characteristics of work setting that facilitate or constrain professional nursing practice and they developed the Revised Professional Practice Environment (RPPE) Scale to measure 8 characteristics of the professional practice environment in an acute care setting, namely: 1) handling disagreement and conflict; 2) internal work motivation; 3) control over practice; 4) leadership and autonomy in clinical practice; 5) staff relationships with physicians; 6) teamwork; 7) cultural sensitivity; and 8) communication about patients. Charalambous, Katajisto, Välimäki, Leino-Kilpi, and Suhonen (2010) confirmed that professional practice environment was the structural factors of the environment (e.g. technology) that related to quality care.

There are a small number of research studies using the RPPE instrument based on Erickson et al., 2009 to measure nurses' perception of RPPE. In 2010, Charalambous et al. studied relationship between individualized care and the professional practice environment as perceived by nurses among 207 nurses working at in-patient wards of three acute hospitals and 13 different units in Finland. The results showed that the total mean score of nurses' perceptions of PPE was at a high level. Papastavrou et al. (2011) conducted a study to describe and to compare nurses' perceptions of their professional practice environment in seven countries among 1,156 nurses working in orthopedic and trauma wards. Researchers used 39-item of RPPE in seven countries including Cyprus, Greece, Portugal, Sweden, Turkey and USA. The results identified nurses' perception of PPE at a moderate level. In China, Ling (2011) conducted a study to explore the relationship between professional practice environment and turnover intention as perceived by nurses among 386 nurses working

at in-patient wards, in the hospitals setting, Yunnan province. Similarly, the results showed that total mean score of nurses' perceptions of PPE was at a moderate level.

The research related to professional practice environment and quality nursing care among nurses have not been found in Lao, PDR. Thus, more research to investigate the relationship between professional practice environment and quality nursing care are needed in Laos. The results of this study will fill the knowledge gap by describing levels of PPE and QNC and examining the relationship between PPE and QNC among nurses working in central hospitals, Laos, PDR. Also, the results of this study could be used as baseline information for hospital and nurse administrators to develop strategies for managing PPE and QNC as well as for further research.

Research Objectives

1. To explore professional practice environment in central hospitals, Lao PDR.
2. To explore quality nursing care in central hospitals, Lao PDR.
3. To examine the relationship between professional practice environment and quality nursing care in central hospitals, Lao PDR.

Research Questions

1. What is the level of professional practice environment among nurses in central hospitals, Lao PDR?
2. What is the level of quality nursing care among nurses in central hospitals, Lao PDR?

3. Is there any relationship between professional practice environment and quality nursing care among nurses in central hospitals, Lao PDR?

Definition of Terms

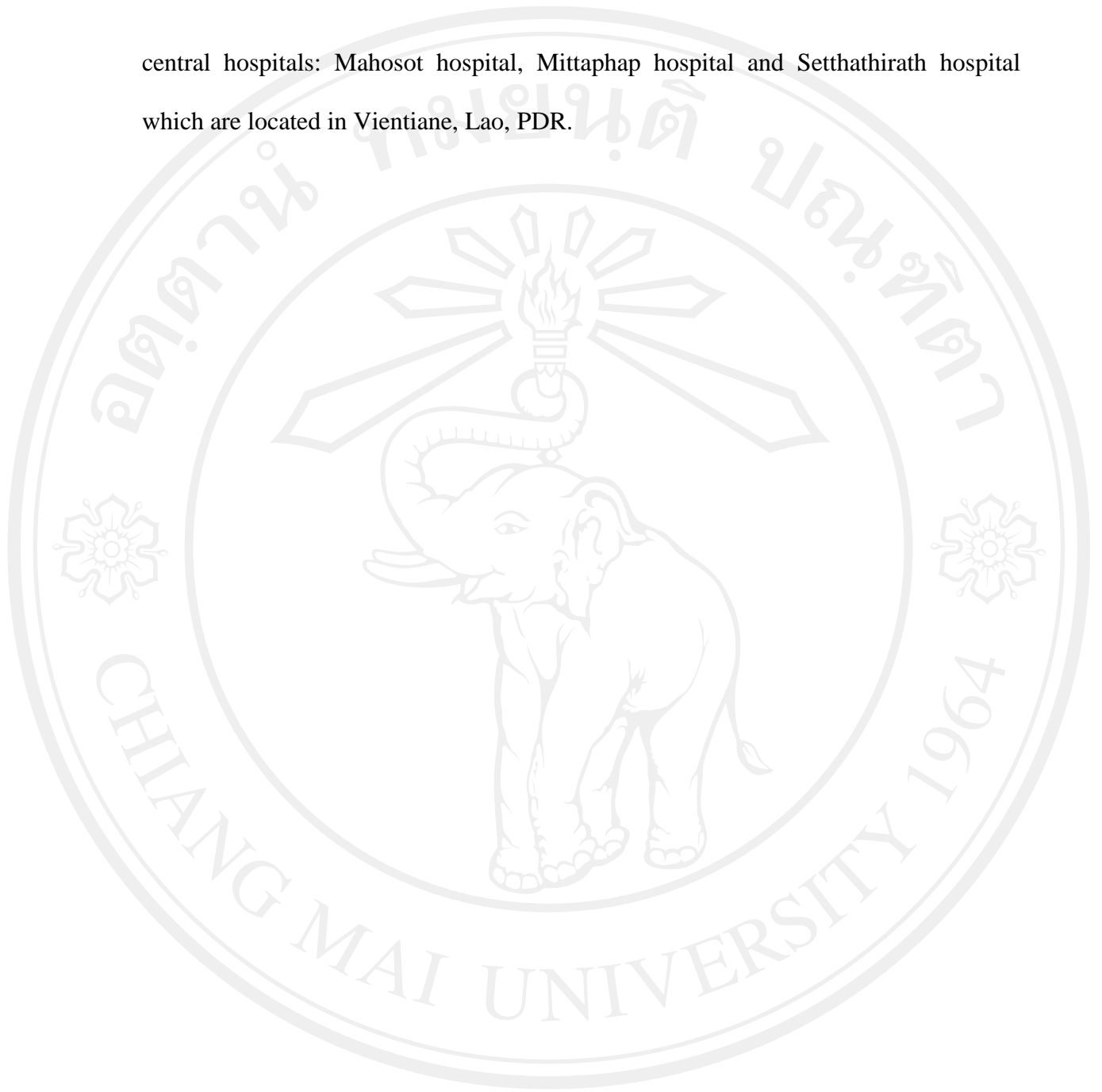
Professional practice environment (PPE) refers to the organizational characteristics of the work setting that facilitates or constrains professional nursing practice. Professional practice environment was measured using the Revised Professional Practice Environment (RPPE) Scale developed by Erickson et al., (2009), with eight components, namely: 1) handling disagreement/conflict, 2) internal work motivation, 3) control over practice, 4) leadership and autonomy in clinical practice, 5) staff relationship with physicians, 6) teamwork, 7) cultural sensitivity and, 8) communication about patients. This was translated into the Laotian language by the researcher.

Quality nursing care refers to the degree of excellence in nursing care provided for patients that meets the patients' spiritual, mental, social, physical environmental needs. This was measured using the Good Nursing Care Scale (GNCS) developed by Leino-Kilpi (1996) with six categories, namely: 1) staff characteristics, 2) care-related activities, 3) preconditions for care, 4) physical environment, 5) progress of nursing process and, 6) cooperation with relatives. This was translated into the Laotian language by the researcher.

Nurse refers to a person who works as a nurse in central hospitals and had graduated with diploma or bachelor degree from a School of Nursing.

Central hospitals (CHs) refer to the hospitals that provide a high level of curative, preventive, and health promotion services. In this study, there were three

central hospitals: Mahosot hospital, Mittaphap hospital and Setthathirath hospital
which are located in Vientiane, Lao, PDR.



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