

Knowledge and Practices regarding Advanced Patient Care among Staff Nurses Working in a Tertiary Care Hospital

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Abstract: *The nursing profession has been touted as a way of improving quality of health care. Objectives: To assess the knowledge and practices of advanced patient care, correlation between knowledge and practice among staff nurses working in a tertiary care hospital. Methodology: Descriptive survey approach with purposive sampling technique on 50 staff nurses working Krishna hospital Karad. Self administered questionnaire and structured observational checklist was used to collect data. Results: The results revealed that majority 58 % of subjects were having average knowledge, and 56% had average practices, There is a positive correlation between knowledge and practices among staff nurses. CONCLUSION-Nurses knowledge and practice may be enhanced through progressive broadening of the scope of the patient care role, fostering the nurse quality controller and educator role, and addressing barriers to role enhancement, such as organizational inexperience with interprofessional work and lack of a career structure.*

Keywords: Knowledge, practices, advanced patient care, staff nurses, tertiary care hospital.

1. Introduction

The nursing profession requires increasing competence of its practitioners at all levels because nursing practice at an advanced level for the pursuit of health care is expected throughout society. Nursing practice-based competence must be emphasized and assessed among nurses. Zhang *et al.* defined competence as a person's capacity to meet a job's requirements by producing quality outcomes[1]. According to Parsons, competence implies knowledge and the skills required in a profession, while also presuming the ability to apply that knowledge and those skills. Therefore, competence goes beyond simple knowing; it requires doing[2]. Competence in an actual practice is not the same as simply fulfilling educational requirements or maintaining a nursing license[3]. Competence requires an up to date knowledge base and is manifested by demonstrating the ability to achieve desired outcomes through the performance of desired skills[4].

Nurses are increasingly extending and expanding their scope of practice beyond initial registration in all health care settings. In areas such as general practice and community health, acute care, sexual health and mental health, nurses are now commonly working at an advanced practice level[5]. In every clinical care environment — hospitals, nursing homes, ambulatory care centers — nurses nearly always have the closest relationship with patients. They are the front-line providers who monitor and meet patient needs; they are the information conduit from patient to physician; and they are the dogged patient advocate who lobbies for both patient and family. Nurses' contributions to care coordination have long been a core professional standard and competency for nurses. It is what nurses do and have always done[6]. Whether developing care plans guided by patients' needs and preferences, educating patients and their families at

discharge, doing their best to facilitate continuity of care for patients, nurses need know what proven techniques and interventions they can use to enhance patient outcomes. The nurse is expected to be able to perform advanced health assessments and in possession of decision-making and diagnostic reasoning skill and possesses advanced clinical skills. The nurses apply the knowledge and skills appropriate to their level of responsibility[5]. Therefore, nurses should practice to the full extent of their education and achieve higher levels of training and should be full partners, with physicians and other health care professionals, to provide quality care[6].

2. Review of Literature

Learning is the addition of new knowledge and experience Interpreted in the light of past knowledge and experience. Teaching and learning is an integral part of nursing. Nurses have the responsibility to educate patients related to various aspects and keep themselves updated. Various teaching strategies are used to increase knowledge, such as lecturing, demonstration, discussion and self-education. These methods of self-education has an advantage over the others as the learner can educate himself at his own pace and it also stresses on rereading [7].

Review of literature related to education programme

Kadam,A.(2014) found that Structured education programme was highly effective to improve the knowledge score and to improve the attitude score of subjects/ caregiver towards colostomy care of patient [9]. Anjum, S.(2014)conducted study to assess knowledge of contraceptives methods and appraisal of health education among married women and concluded After the health education married women knowledge was improved to 100% about female sterilization followed by condom 99%, skin implants 86%, oral pills 85%

and emergency contraceptives 85%. Sociodemographic variable were significantly associated with existing knowledge and level of married women specially age at marriage, age at first child, occupation, income, education [10][11]. Babu, R. L. (2014) concluded that care takers had inadequate knowledge regarding non-curative care of terminally ill cancer patients. The planned education programme on non-curative care of terminally ill cancer patients was highly effective in improving the knowledge of care takers regarding non-curative care of terminally ill cancer patients [12].

3. Review of Literature Related to Patient Carer

3.1 Renate AMM Kieft (2013) study results showed that, several elements are essential in relation to patient experiences of the quality of nursing care: clinically competent nurses, collaborative working relationships, autonomous nursing practice, adequate staffing, control over nursing practice, managerial support and patient-centred culture. These elements correspond to the eight 'essentials of magnetism'. If these elements are incorporated into the nursing practice, it will most likely result in more positive patient experiences of nursing care [13].

Anna Lofmark (2006) identified that own competence, in the form of ability to perform nursing care, was rated by nursing students to be good or strongly developed in most of the investigated areas of nursing care. Experienced nurses also estimated newly-graduated nurses' competence to be good or strongly developed, although to a lesser extent. Nurses qualified within the previous 5 years rated newly-graduated nurses' competence to be higher in comparison with those with less recent education [14].

A study conducted by Beeby JP (2000) identified that nurses participated in delivering three types of caring involving physical, technical and emotional labour. These were 'being close', 'being there' and 'doing to' [15].

3.2 Review of Literature Related to Nurse Educator

Armstrong G (2012) concluded that as educators teach future health professionals about improving care, the dissemination of exemplary models and emerging best practices will be increasingly important, sustainability of improvements in patient outcomes will be dependent on both the value systems and skills of health professionals entering practice [16].

Virpi Kemppainen (2011) made a conclusion that nurses have not yet demonstrated a clear and obvious political role in implementing health promotion activities. Instead, nurses can be considered general health promoters, with their health promotion activities based on sound knowledge and giving information to patients. Nursing is an appropriate profession in which to implement health promotion, but several barriers associated with organizational culture have a marked effect on delivery. Therefore, more research is needed to determine how to support nurses in implementing health promotion in their roles in a variety of health-care services [17].

Marcum J (2002) made a conclusion that patient education is a valuable part of professional nurses' practice, but many factors impede this nursing function. Key recommendations to enhance patient teaching were suggested, including improving efficiencies in patient care, supporting the staff nurse educational role, and providing essential resources based on survey results [18].

3.3 Review of Literature Related to Problem Solver

A philosophical exploration done by Christy Raymond Seniuk (2011) shows that there needs to be additional scholarly attempts to understand critical thinking within nursing by comparing it to various philosophical concepts and previous understanding. By exploring critical thinking philosophically, multiple ways of understanding this important concept are illuminated to better inform whether we think critical thinking can be learned in nursing education [19].

Gillespie M, Peterson BL (2009) made a conclusion that in the current health care environment, novice nurses frequently work with few clinical supports and mentors while facing complex patient situations that demand skilled decision-making. The Situated Clinical Decision-Making Framework is presented for use by educators and novice nurses to support development of clinical decision-making. It provides novice nurses with a tool that a) assists them in making decisions; b) can be used to guide retrospective reflection on decision-making processes and outcomes; c) socializes them to an understanding of the nature of decision-making in nursing; and d) fosters the development of their knowledge, skill, and confidence as nurses [20].

Carl Thompson, et al (2004) concluded that nurses are increasingly regarded as key decision makers within the healthcare team. They are also expected to use the best available evidence in their judgments and decisions [21].

3.4 Review of Literature Related to Agent of Connectivity

A research conducted by Rinkoo A.V, *et al.* (2013) showed that identifying the existing problems and fostering a team spirit among all stakeholders hold the key in strategizing quality improvement in nursing care [22]. Pearce.C (2010) concluded that Policy development and funding structures would benefit from better understanding of nurses as agents of connectivity (rather than simply as performers of tasks) as well as the nature of teamwork in practices [23]. Neuma Santos (2009) concluded that the nurse plays a key role in the equation and solving the problems presented by patients / clients. Acting as mediator between client, multidisciplinary team, family and community, the nurse and the nursing staff assist in problem solving and coping with health problems diagnosed by them [24].

3.5 Review of Literature Related to Quality Controller

Prashant Saxena (2014) made a conclusion that in India, unless there is a paradigm shift from narrow individual patient-based approach to a more inclusive approach targeting control of the microbial environment and processes

of care, significant improvement in this vital area of healthcare would not be possible. Protocols and programs are being developed and implemented energetically in individual ICUs across India, but change is urgently also required at the organizational and administrative levels in terms of integrating all factors that go into effective and economical infection control practices[25]. Marla Weston (2013) made a conclusion that to continue to develop quality and safety measures, it is important for nurses to share the innovations through conference presentations, posters, and publications to help others learn about successful initiatives. Quality and performance improvement initiatives will continue to be a feature of the healthcare landscape[26]. Kanwalpreet Sodhi (2012) made a conclusion that infection control knowledge among the nurses was fairly good; however, there is still a wide scope of improvement with regular educational programs and in-house training[27].

3.6 Review Of Literature Related To Organizer

Donna S. Havens (2010) made a conclusion that enhancing relational coordination between nurses and other providers is central to improving the quality of patient care[28]. Megan Halacy (2008) made a conclusion that more research needs to be done in order to determine the best way to incorporate nursing rounds in the practice of new graduates. A protocol for orientation or adding nursing rounds to the curriculum of all nursing schools may increase the amount of new graduates performing nursing rounds and in turn, help to better organize their practice and improve patient care[29].

4. Statement of the Problem

“A study to assess the knowledge and practices regarding advanced patient care among staff nurses working in a tertiary care hospital”

4.1 Objectives

1. To assess the knowledge and practices of advanced patient care among staff nurses working in a tertiary care hospital.
2. To find out correlation between knowledge and practice of advanced patient care among staff nurses working in a tertiary care hospital.
3. To find out the association between knowledge and practices of advanced patient care with selected socio demographic variables among staff nurses working in a tertiary care hospital.

4.2 Assumptions

1. The nurses will have some knowledge and practices towards advanced patient care.
2. There may be some relation between knowledge and practices regarding advanced patient care.

4.3 Research Methodology

Research methods refer to steps, procedures and strategies for gathering and analyzing data in research involved. Research methodology is a way to systematically solve the research problem. It is a

science of studying how research is done scientifically [8].

4.3.1 Research Approach

The study undertaken is aimed at assessing the knowledge and practices of staff nurses regarding advanced patient care. A descriptive survey approach was felt to be appropriate and thus used for the study.

4.3.2 Research Design

In present study descriptive research design is adapted.

4.3.3 Study Area

Present study was conducted at Krishna Hospital and Medical Research Centre, Karad. It was a multispecialty hospital attached with teaching institutions. The hospital has a capacity of 1100 beds, 28 wards, 7 different ICUs.

4.3.4 sample

In this study the samples comprised of 50 staff nurses working in the Krishna Hospital and Medical Research Centre, Karad.

4.3.5 Variables Under Study

Independent Variables

In this study the independent variables are the knowledge and practices of staff nurses.

Dependent Variables

In this study the dependent variables is the advanced patient care.

Demographic Variables

The demographic variables under the study are age, educational qualification, present area of working, years of experience in nursing and participation in any continuing nursing education programme..

4.3.6 Sampling Criteria

Sampling criteria is the list of characteristics of the elements that we have determined beforehand that are essential for eligibility to form part of the sample.

Inclusion Criteria

In this study the inclusion criteria are:

1. Diploma and graduate nurses who are working in Intensive care unit and are willing to participate in the study
2. Diploma and graduate nurses who used to work in intensive care unit but are currently working in general ward and are willing to participate in the study.

Exclusion Criteria

In this study the exclusion criteria are:

1. Nurses who are not willing to participate in the study
2. Nurses who are not present at the time of data collection
3. Diploma and graduate nurses working in general ward who did not have intensive care unit experiences as a staff nurses.
4. ANM and MSc nurses

4.3.7 Sampling Technique

Purposive sampling technique was used to select the sample for this study.

4.3.8 Data Collection Procedure

The data collection process involves the precise, systematic gathering of information relevant to the research purpose, questions or hypothesis of a study. The staff nurses were included in the study by purposive sampling and each staff nurses practices was observed during their morning shift adherence to advanced patient care. An average of 3-4 observations was done per day. Following which the knowledge questionnaire was administered to the participant. The data collection process was terminated after thanking participant for their participation and cooperation.

4.3.9 Plan For Data Analysis

The data analysis was planned on the basis of objectives of the study. The data obtained is analyzed by using descriptive and inferential statistics.

5. Major Findings of the Study and Discussion

The present study is an effort to find out knowledge and practices of staff nurses regarding advanced patient care. This study was conducted over a period of four weeks from 29th September-25th October 2014. The data was collected from 50 staff nurses who were working in general ward and intensive care unit of the hospitals by using structured self administered questionnaire and structured observational checklists. The findings of the study were as follows:

5.1 Sample Characteristics

Majority 66% of subjects were in the age group 21-25 years, majority 54% were GNM nurses, majority 76% were working in intensive care unit, majority 82% of subjects were having experience less than or equal to 5 years and majority 52% of the subjects were not participated in continuing nursing education programme.

5.2 Level of knowledge and practices of staff nurses regarding advanced patient care

The present study illustrated that the level of knowledge and practices of staff nurses regarding advanced patient care. Out of 50 staff nurses 58% of the subjects had average knowledge, 24% had good knowledge and 18 % had inadequate knowledge regarding advanced patient care. Out of 50 staff nurses 56% had an average practices, 28% had good practices and 16% had poor practices regarding advanced patient care.

Based on literature reviews the investigator divided the advanced patient care into 6 sections such as patient carer, nurse educator, problem solver, agent of connectivity, quality controller and organizer. The knowledge and practices regarding patient carer was assessed based on Virginia Henderson's 14 components of basic human needs. The findings of this study shows that 50% subjects had knowledge and 63.14% subjects had practices regarding patient carer. Regarding nurse educator knowledge and practices, assessment was done whether nurses update their knowledge, providing need base health education to patient and guiding care givers, students and novice staffs, 52% subjects had knowledge and 53.33% subjects had practices regarding role of nurse educator. For assessing the

knowledge and practices regarding problem solver, the critical thinking abilities, decision making skills, the response and implementations of solution to a particular problem of nurses was assessed and 50% of subjects had knowledge and 51% subjects had practices regarding problem solver. The communication skills, importance of inter professional collaboration knowledge and practices was assessed for agent of connectivity and 54% of subjects had knowledge and 60% subjects had practices regarding the role of nurse as an agent of connectivity. For quality controller, the knowledge and practices of nurses regarding utilization of aseptic technique, safe disposal of waste ,maintaining standard protocol regarding patient care was assessed and 34% of subjects had knowledge and 26 % of subjects had practices regarding quality controller. The maintenance of clinical set up, organization of daily activities, was assessed for the knowledge and practices regarding organizer and out of 50 subjects 66% had knowledge and 69.2% had practices as an organizer.

A research was conducted using multimethod research in two substudies: (a) a rapid appraisal based on observation, photographs of workspaces, and interviews with nurses, doctors and managers in 25 practices in Victoria and New South Wales, conducted between September 2005 and March 2006; and (b) naturalistic longitudinal case studies of introduced change in seven practices in Victoria, NSW, South Australia, Queensland and Western Australia, conducted between January 2007 and March 2008. The study showed that practice nurses perform at least six roles : patient carer, organiser, quality controller, problem solver, educator and agent of connectivity and they often alternating rapidly between them. Although the first three roles are appreciated as nursing strengths by both nurses and doctors, doctors tended not to recognise nurses' educator and problem solver roles within the practice. The role of the nurse as an agent of connectivity, uniting the different workers within the practice organisation, is particularly notable in small and medium-sized practices, and may be a key determinant of organisational resilience.

5.3 Correlation between the level of knowledge and practice of staff nurses regarding advanced patient care

The correlation between the level of knowledge and practices among staff nurses regarding advanced patient care was depicted in table -12, it was found that there was a correlation between levels of knowledge and practice. . The Spearman's rho value $r_s = 0.556$ with statistically evidenced positive correlation which is significant at the 0.01 level (2-tailed).

1) A study conducted by White J on The Relationship Between Knowledge and Clinical Performance in Novice and Experienced Critical Care Nurses, results indicated that experienced nurses possessed highly superior knowledge when compared with novice nurses (P < .001).

A study was conducted to assess the knowledge and practices regarding infection control and standard precautions among 273 nursing and midwifery instructors and students. The result showed that there is a positive relationship with level of knowledge and practice ($r=0.873$).

The knowledge and practices was correlated. These findings were consistent with the findings of the present study.

5.4 Association between the levels of knowledge and practices regarding advanced patient care with selected socio demographic variables among staff nurses.

The association between level of knowledge and the selected socio demographic variables was done using one way ANOVA and Unpaired t test. The demographic variables- participation in continuing nursing education ($p=0.0274$, $t=2.276$) is found to be significant with Agent of Connectivity. The socio demographic variables like age ($p=0.0188$, $F=3.671$) and participation in CNE programme ($p=0.0003$, $t=3.920$) were found to be significant with Quality Controller. The demographic variables- participation in continuing nursing education ($p=0.0036$, $t=3.062$) is found to be very significant with organizer.

The association between level of practice and socio demographic variables was identified using one way ANOVA and Unpaired t test and depicted in table 19-24 . The demographic variables- years of experience ($p=0.0173$, $F=4.427$) is found to be significant with Patient carer. . The demographic variables like age ($p=0.0134$, $F=3.975$), years of experience ($p=0.0215$, $F=4.169$) and participation in CNE programme ($p=0.0165$, $t=2.485$) were found to be significant with Nurse Educator. The selected socio demographic variables like age ($p=0.0167$, $F=3.773$) and years of experience ($p=0.0167$, $F=4.470$) were found to be significant with Agent of Connectivity. The selected socio demographic variables like age ($p=0.0001$, $F=9.244$), education ($p=0.0460$, $F=3.289$) and years of experience ($p=0.0226$, $F=4.114$) were found to be significant with Quality Controller.

An article published by Hill K.(2010) demonstrated that years of experience in nursing support expertise and have a positive impact on the quality of care provided. A study by Huang HT concluded that inservice education has a significant improvement in the intervention group in terms of knowledge ($p = .000$) and self-reported practices ($p = .048$).

6. Conclusion

The knowledge and practices of nurses may be enhanced through progressive broadening of the scope of the patient care role, fostering the nurse quality controller and educator role, and addressing barriers to role enhancement, such as organisational inexperience with inter professional work and lack of a career structure.

7.Scope of the Study

The findings of this study have implications for nursing practice, nursing education, nursing administration and nursing research.

7.1 Nursing Practice

Nurses are an important part of each patient's care, They provide continuous care to patients: assessing the patient, answering questions, giving medications and treatments, and assisting with medical procedures. They have the

responsibility to explain to patients what they should and shouldn't do as they go through treatment and recovery, and they must quickly respond to patients in need. The findings of this study can serves as a guideline for the nurses in the way they perform their jobs as nursing care has a real impact on healthcare quality. Clinical quality measures are strongly related to good nursing care. In addition, a caring, knowledgeable and competent nurse can significantly improve the comfort and effectiveness of hospital care.

7.2 Nursing Education

Nursing curriculum is mainly theory based and little is focused on practice, there is always a gap in between. Hence more emphasis should be given to conduct in service education program to upgrade the knowledge of the nurses, which may help to plan effective care. Fostering nurse educator role can strongly influences staff nurse's knowledge and how to help them to create awareness and to increase practical efficiency.

7.3 Nursing Administration

Leadership in nursing administration requires knowledge of the future - that is, a clear perspective and an ability to picture and describe what nursing is and will be. Nurse administrators must have corporate savvy and excellent communication and organizational skills. They must understand and inhabit organizational structures, roles and cultures with ease. Their effectiveness depends on their comfort with power, paradox and organizational politics. Nurse administrators require strong management skills and this study can be used as a vision for exploring and fostering the organizational skills of nurses.

7.4 Nursing Research

A profession seeking to improve the practices of its members and to enhance its professional stature strive for the continual development of a relevant body of knowledge. Professional contribution in nursing are convinced of the importance of nursing research as a major contribution of meeting the health on staff nurses. By pursuing research, the nurse could contribute towards enriching the knowledge about the efficiency of nursing intervention in relieving their difficulties and the researcher can use this study findings to carry out for improving in their knowledge and practices to provide quality nursing care.

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