Nurse and Patient Perceptions of Quality Nursing Care in Mongolian Public Hospitals

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Abstract: Quality nursing care is a multidimensional concept that has attracted the interest of nurse professionals and healthcare organizations globally as it is a vital component of overall healthcare quality at all times. This study's aim was to explore nurse and patient perceptions of quality nursing care in public secondary and tertiary care hospitals in Mongolia. A qualitative descriptive approach was employed with 21 registered nurses using in-depth interviews and 18 patients using focus group discussions, and the data were analysed by using content analysis. Seven categories emerged and the essential components of quality nursing care were determined as: *Symptom management, Activities of daily living, Encouragement, Emotional support, Nurturing relationship, Respect for religious beliefs* and *Concern for cultural differences*. Our findings provide a deep, holistic understanding of nurses' perceptions of quality nursing care performance and patients' perceptions of their experiences and expectations related to that care. The findings can be used as a foundation for developing a valid and reliable instrument to measure quality nursing care, as well having the potential to facilitate practice changes, and drive improvement of patient outcome.

Pacific Rim Int J Nurs Res 2020; 24(4) 514-526

Keywords: Quality nursing care, Nurse perceptions, Patient perceptions, Descriptive qualitative study, Mongolia

Received 24 January 2020; Revised 24 February 2020; Accepted 3 March 2020

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Introduction

Today there are an increasing number of studies focused on quality nursing care (QNC) and determining how it can be better delivered.[1] Because nurses are involved in almost every aspect of a client's care and health needs, QNC remains an essential for both nurses and patients.[2] QNC has a significant impact on clients' well-being, affecting their feelings and health outcomes[3] and is an essential part of nurse job satisfaction.[4] Several qualitative studies have explored the meaning of QNC from nurse and patient perspectives. Yet, there has been little research conducted on this topic with both nurses and patients' perceptions correlated together. Gunther and Alligood, in a 2002 study, produced a systematic review on topic[5], and Charalambous and Beadsmoore, in 2009 conducted a hermeneutic phenomenological study aimed at exploring nurse,

patient and caregiver perceptions of QNC for patients with cancer.[6] More recently, Elayan and Ahmad in 2017 described the perceptions of QNC by nurses who underwent the experience of hospitalization.[7] Further qualitative research is required to investigate nurse and patient perceptions of QNC acquired in tandem in hospitals that have an established record of general care and treatment in order to achieve a deeper understanding of the concept.

Literature Review

Any attempt to improve QNC should begin with a definition and there are many of these. For example, according to patient perceptivity, QNC has been defined as the degree of excellence care provided for patients that meets their spiritual, mental, social, physical and environmental needs.[8] QNC has also been defined as the degree to which the patients' needs are met, they are treated pleasantly and are cared for, and that patients are satisfied with the care that they received.[9] QNC is characterized as individualized, patient-focused, related to need, a sociable relationship, bond/rapport, information passage, concern, kindness, compassion, sensitivity shown, availability of the nurse and feeling cared for.[10] Five themes of QNC have been determined as provider competence, provider behavior, respect, caring and individualization of care.[11] In the perception of nurses, QNC needs to meet the physical, emotional, social, cultural and spiritual needs of customers,[12] and is as the degree of excellence of care provided according to nursing standards designed to meet a good care and customers' satisfaction.[13] Additionally, QNC for practicing nurses has been described as meeting human needs through caring, empathy and respectful interactions within which responsibility, good intention and advocacy form an essential, integral foundation.[14] Furthermore, nurse-patient perspectivity, and attributes of QNC are that the nurse should be confirming, be respected, communicative, and supportive, and feeling belonged and valued.[6] Nurse competency, effective communication, proving comfort, acknowledge patient's individuality and meeting patient's needs are characteristics of QNC.[7]

Yet, among such definitions there is a lack of consensus in the definition of QNC[15] and its components that are vitally different from patient outcome, safety and satisfaction.[14] Previous studies have focused on diversity definitions and components of QNC, such as "meets the patient's needs", "meets the patient physical, psychological, emotional, social and spiritual needs" and these appear repeatedly and are understood to be the most common attributes of QNC by both nurses and patients[16], nevertheless the term "needs" remains too abstract and therefore, further clarification is needed.[16] Studies have highlighted that the essential components of nursing care are missed resulting in poor nursing care and patient dissatisfaction.[17,18] Particularly, the types of care left undone were emotional support, client education[19]; and comforting, encouraging and involving patients in care.[20] Unfortunately, there is no wide holistic understanding of the nature of QNC, so it is necessary to define this QNC from perspectives of both nurses and patients, and this study has attempted to do this in Mongolia.

In the latest available data from 2016, it was determined that Mongolia had a severe nursing shortage, with a nurse ratio of 3.2/1000 population; this is very low compared with some Asian countries (e.g., Japan (11.5), Australia (11.64), and New Zealand (10.28)).[21] Nursing shortages are a critical obstacle in the development of better healthcare.[22] In 2013 Mongolia, a consumer satisfaction survey conducted in public healthcare hospitals showed that 62.4% of clients were not satisfied with their medical care and services.[23] A comfortable, clean environment, respectfulness and helpfulness of nurses, and explanation of procedures performed by nurses had a significant influence on patient satisfaction in Mongolia.[24] However, a high nurse workload provides less opportunity to be concerned with psychological, emotional, social and spiritual care to the patients along with the demands

of physical care.[25] Only two previous studies evaluating the level of QNC among nurses in Mongolian tertiary care hospitals have been conducted,[26,27] and there has been no qualitative studies providing a deeper understanding of QNC before this study, highlighting the need to explore nurse and patient perceptions of QNC in Mongolian healthcare settings. Findings could provide necessary information for improving nursing practice and patient outcomes as well as informing policy makers in making important health care reforms.

Methods

Design: A descriptive qualitative study was employed to determine nurse and patient perceptions of QNC using established methodology to truly understand the phenomena in discovering the who, what, and where of events or experiences and gathering insights from participants.[28,29]

Settings: This study was conducted at six secondary and three tertiary care hospitals in Mongolia, with a total of 984 nurses employed. The selected hospitals have established general care and treatment for patients referred from throughout the country.[30]

Sample: A total of 21 nurses were interviewed in an in-depth interview (IDI) by using the purposive sampling technique. Eligible nurses needed to have at least eight years' work experience in hospital medical departments providing direct care to patients, and hold at least a bachelor degree in nursing. Head nurses, nurse administrators and those nurses who were on vacation, sick leave or maternity leave were excluded from the study. A total of 18 patients underwent three focus group discussions (FGD) conducted in three of the nine hospitals. One FGD was in a tertiary care hospital (state central first hospital) and two were in district hospitals, Bayanzurkh District General Hospital and Songinokhairkhan District General Hospital. Each FGD consisted of six participants. The reason for choosing these three hospitals was that they referred greater number of patients than the hospitals selected for the nurses. Patient inclusion criteria demanded their being at least 18 years old, and having been hospitalized in a medical or surgical unit for at least five days, with an expectation to be discharged within two days. We excluded seriously ill patients.

Data collection: Data collection took place between February-June 2019. All interviews were conducted in private hospital meeting rooms at nurse and patient convenience. Interview and FGD guides were drawn up by the research team and discussed with clinical staff before use so as to determine understandability and to acquire deeper understanding of QNC. Questions for the nurses included: *How do you define quality nursing care? What are the essential components of quality nursing care? Can you give me some examples?* The questions were changed for the patients, for example: *What does quality of nursing care mean to you? What is involved in nursing care quality? Can you give some examples?* The length of the interviews and FGDs ranged from 32 to 50 minutes and were digitally recorded. All data were collected by the principal investigator (PI) to ensure interview consistency. Field notes were also written throughout the study, and during the FGDs a research assistant took notes whilst the PI moderated. Data collection was continued until data saturation was achieved.[31]

Data analysis: The qualitative content analysis method of Graneheim & Lundman was performed on the transcribed data from both the IDIs and FGDs.[32] The PI read the field notes and repeatedly listened to the audio-recordings, then made verbatim transcripts in Mongolian. Then all transcripts were read repeatedly until familiarity with the data, and transcriptions were then translated into English by the PI, since as a student she was writing her study in English for her PhD. Both the Mongolian and English versions of transcribed data were verified by a bilingual Mongolian expert for accuracy and equivalence of the translations, with confidentiality kept in mind.

Qualitative content analysis was considered for this study the best method for describing a phenomenon in a particular different group of participants.[33] The PI first analyzed and selected all meaning units of nurse and patient data separately, then condensed the data by reading and coding in a more abstract way on the remaining two transcripts independently. After that, the condensed meaning units and assigned codes were discussed and compared by the research team until a consensus was reached. Finally, similar codes were identified and subsumed into more comprehensive categories.

Trustworthiness: This was assured by credibility and confirmability in this study.[34,31] Credibility was ensured through peer debriefing, member checking and triangulation. Triangulation was established by gathering information from the diverse backgrounds of both nurses and patients, and field notes were also used to enhance validity. The process of member checking was established by giving the transcribed data to the participants who checked for accuracy of the data. Nine out of 21 nurses had the opportunity to check the transcribed data verbatim and agreed with interview summaries. In peer debriefing, the PI was in contact with research advisory team members who had expertise in the relevant issue in order to facilitate the PI's consideration of methodological activities and to provide feedback concerning the accuracy and completeness of the data collection, data analysis, and interpretations procedures continuously throughout the research process. Confirmability was ensured by using an audit trail technique with a rechecking of the raw data in this study. This is the degree to which the findings can confirm the data of a study shaped by the participants.[34]

Ethical considerations: This study was approved by the Research Ethics Committee of the Faculty of Nursing, Chiang Mai University (Approval-020/2019), the Bio-Medical Research Ethics Committee of Mongolian National University of Medical Sciences, and participating hospitals in Mongolia. All necessary measures were taken to ensure confidentiality of information provided by the participants, and to protect their rights throughout the study. Written informed consent was received from all nurses and patients before data collection and after they received written and verbal explanations about the study, and it was emphasized that they could withdraw from the study at any time without penalty.

Findings

Twenty-one nurses participated in the IDIs. Their ages ranged from 30-57 years, with a mean of 44.76 years, and all were female with nursing experience ranging from 9-34 years, and a mean working experience of 21 years. The 18 patients in FGDs ranged in age from 24-68 years, with a mean of 42.94 years. More than half of the patients were female (61.10%), with a length of stay (LOS) of 5-17 days, and a mean LOS of 7.33 days. (See **Table 1**).

Table 1 Frequency and Percentage of Demographic Characteristics of the Participants

Demographic Characteristics	Frequency	Percentage
Nurses (n=21)		
Age (years); (Mean = 44.76)		
30-39	5	23.80
40-49	13	61.90
50-59	3	14.30
Gender		
Female	21	100

Table 1 Frequency and Percentage of Demographic Characteristics of the Participants (Cont.)

Demographic Characteristics	Frequency	Percentage
Work experience (Mean = 21.00)		
8-10	3	14,30
11-20	7	33,30
More than 20	11	52,40
Patients (n=18)		
Age (years); (Mean = 42.94)		
Young adults (18-35)	6	33,30
Middle adults (36-55)	8	44,50
Older adults (more than 55)	4	22,20
Gender		
Female	11	61,10
Male	7	38,90
LOS (Mean = 7.33)		
5-10	17	94,40
11-15	-	
More than 15	1	5,60

Table 2. Nurse and Patient Perceptions of Quality Nursing Care in Mongolia

Condensed meaning units and codes	Sub-categories	Categories
Assess from head to toe	Recognition	Symptom management
Check untoward physical changes		
Reduce or relieve physical suffering	Adequate care	
Observed my uneasiness		
Relieved my body pain		
Pillows are adjusted to provide a comfortable position, change a position (maintaining physical distress)	Considerate basic nursing care e.g., feeding, bathing, toileting, transferring and dressing up.	Activities of daily living
Bathing, oral hygiene, change the clothes (Hygiene care)		
letting them lie comfortably, put padding under the elbows, bandage it, and change position (providing comfort)		
Feeding me		
Moistening my lips with a wet cloth		
Toileted me		
Sincerely talk, inspire patients, foster personal willpower, enhance self-confidence	Verbal support	
Distinct and specific individual guidance, advice, scientific knowlege, explanation and instructions	Information provision	Encouragement
Give particular time, direct them to a quiet place or an individual room, etc. and make efforts to allow patients to do things that get them to calm down	Indulgence care	Emotional support
Hug patients, embrace them, hold hand or shoulders	Gently physical touch	
Be available, present, active and listen carefully, be patient, and tolerant, gain patient attention and understand them	Empathy	

Table 2. Nurse and Patient Perceptions of Quality Nursing Care in Mongolia (Cont.)

Condensed meaning units and codes	Sub-categories	Categories
Contributions of the family members and friends, feel respect from healthcare workers	Helps the patient ability to connect with others	Nurturing relationship
Concerned with patients' opinions, ideas, choices	Involvement in care	
Volunteer to help when patients and their families desire to perform religious activities in the unit	Provide opportunity to perform religious activities in the unit	Respect for religious beliefs
Being respectful of patients' expression of traditional beliefs such as animal origin or herb, natural spring water	Consider health seeking behaviours	
Allow the patient and their families to see monk when desired		
Awareness of any dietary restrictions	Concerning living habits differences	Concerning culture differences
Gender preferences in particular situations such as inserting a catheter, enema, etc.		
Personal preferences in terms of personal hygiene habits and routines	Concerning value differences	

Seven categories of QNC emerged from the content analysis and are discussed below. Quotes are followed by the participant's number and type of interview.

Category 1: Symptom management

This involved nurse assessment of the patient, and providing care to relieve or reduce physical signs and symptoms, and thus considered as critical nursing care quality.

> *The nurse assesses patients comprehensively from head to toe after admission to the unit.* (IDI, N4)

> *Reduction or relief of the physical suffering such as pain, nausea, edema, or shortness of breathing is much appreciated.* (IDI, N12)

The patients reported gratitude because many of their physical problems disappeared after receiving treatments and good nursing care, for example:

> *The nurse took care of me and asked if I had any pain or uneasiness.* (FGD, P11)

> *Treatment and nursing care are good because now I can eat meals; otherwise I throw up anything after a drink or eat due to acute gastric ulcer.* (FGD, P2)

Category 2: Activities of daily living

In this category, the nurses confirmed that QNC involves providing an opportunity for patients to complete their daily physical activities independently as if they were healthy, for example:

> *We do primary nursing care for the patients such as bathing, toileting, feeding, dressing, just the same like healthy people do every day without assistance.* (IDI, N6)

> *A nurse's entire day is involved in physical care, that is like feeding patients, changing patients' positions to prevent bed sores, and washing their hair and bodies etc.* (IDI, N10)

Patients affirmed that essential primary nursing care was accomplished along with treatments from the nurses:

> *When I got thirsty, the nurses helped me to drink and eat and even moisturized my lips with a wet cloth.* (FGD, P6)

> *Nurses even toileted me when I couldn't manage to get up.* (FGD, P11)

Category 3: Encouragement

In this category, nurses perceived that giving encouragement included inspiring patients to get well or administering self-care, and enhancing their self-confidence to assist in optimizing their health and managing their illness as an aspect of QNC:

> *Patients get happy when I say you look nice today or you are getting better. So, I say many inspiring words to my patients to support them psychologically.* (IDI, N15)

> *It is important that we spend time with them and pose questions until their fear, anxieties and nervousness reduces.* (IDI, N9)

The patient participants expected nurses to exhibit sincerity and engage them in discussions with a view to inspiring them to have willpower to overcome illness:

> *Sometimes, nurses have to talk sincerely and reassure patients in building more willpower to assist them in overcoming illnesses.* (FGD, P16)

> *To one young woman she said 'You're looking so much better; your treatment is working well', and she started to smile. Nurses sincerely say these things to patients and this will be appreciated.* (FGD, P13)

Category 4: Emotional support

In this category, participants confirmed that relieving a patient's negative moods could be assisted by a nurse showing empathy, giving indulgent care such as gently touching the patient, and giving particular time to patients to express their emotions while providing nursing care, for example:

> *I always remain patient, tolerant and actively listen when patients are upset, then patients will calm down and things can improve shortly.* (IDI, N17)

> *We take them to a quiet place or an individual room and give them time for their emotional expressions.* (IDI, N20)

> *Although nurses seemed to be overwhelmed most of the time, I see a nurse keep a constant kind and cheerful disposition.* (FGD, P18)

Category 5: Nurturing relationship

In this category, participants confirmed that the nurse helps the patient's ability to connect with family, friends and healthcare providers which is vital for delivering and receiving QNC:

> *The contribution of the family is significant in contributing toward the patient's sense of well-being and is effective for enhancing care quality.* (IDI, N12)

> *Sometimes we need particular nurse assistance to arrange consultation with the doctor or the social worker about some medical issues or on going care after hospital discharge which are vital for providing quality care.* (FGD, P8)

Category 6: Respect for religious beliefs

In this category, participants perceived that nurses provide the patients and their families with opportunities to perform religious activities in the unit, and that respecting the patient's traditional and cultural beliefs is vital for providing QNC, for example:

> *In many cases patients and their family asked us to bring a monk to the hospital to call the patients' spirit back, or use spring water from a monk, and we allow it.* (IDI, N3)

> *Nurses assist if patients and their family desire to perform religious activities in the ward; they even provide a suitable room.* (FGD, P4)

Category 7: Concern for cultural differences

Participants believed that when nurses develop a nursing care plan, they should consider the patients' different health-related attributes, cultural needs and the need to discuss any restrictions with them related to their culture, religious and traditional beliefs, or dietary, hygiene or gender preferences.

I'm neutral in regard to patients' practicing traditional beliefs such as the use of a wolf tongue or of wolf ankles etc. (IDI, N15).

(Note: dried wolf tongues or wolf ankle bones are used as part of shamanic practice in Mongolia to aid in healing)

Some patients from the countryside tend to not take a bath because they believe they must keep warm during the treatment, otherwise it would clear out the treatment benefits. (IDI, N19)

Discussion

The findings of this study have shed light on the essential components of QNC from both nurses' and patients' perceptions in Mongolia. By comparing the emerging categories with the most repeatedly referenced theoretical definitions of QNC,[8,9,12,14] it was found that symptom management and activities of daily living categories were concerned with physical care; encouragement, emotional support, and nurturing a relationship involved psychosocial care and categories of respect for religious beliefs and concerning cultural differences were considered specificities of spiritual care.

In the first important category of QNC, *Symptom management*, participants confirmed that recognition and adequate care of clinical symptoms were a priority in the nursing care quality administered by nurses and experienced by patients in Mongolia. Supporting themes of QNC found in the literature for this category were "individualized care"[35,10,11] and "providing for my needs"[9]. The main purpose for hospitalization in Mongolia is for physical symptoms related to respiratory, cardiovascular and digestive diseases, thus treatments for symptoms of these diseases has become a high priority in recent years.[36] Signs and symptoms are essential aspects of illness that can disrupt normal living; therefore, the nurses' crucial goal is to eliminate or minimize these symptoms.[37] In the next category, *Activities of daily living* (ADLs), nurses and patients perceived basic nursing care such as feeding, toileting, bathing, transferring and dressing as important for receiving and providing good nursing care. This category can be compared with the QNC theme "caring" which is found in previous studies.[11,14,38] ADLs are basic patient physical needs that nurses meet to enhance independence as part of self-care activities for patients.[39] A present goal in Mongolia is improvement in ADLs for patients[40] and some of these have challenges.

Surrounding the next category, *Encouragement*, Mongolian nurses in this study were aware of the encouragement derived from verbal affirmation which increases patient growth in self-confidence and assists them in maintaining their health and management of illness. Although nurses attempt to verbally inspire and encourage them, it may appear as 'official' behaviour and somewhat superficial for patients. Instead they expect sincere displays of verbal inspiration in establishing more willpower to assist in overcoming illnesses. The most essential attributes of QNC perceived by patients and nurses were those of "being supportive"[6] and "care about me" (talking with the patient; being supportive)"[9] and "patient teaching"[3] that is, empowering patients by offering them adequate information about their care. In addition, patients and their families expected a high level of QNC from nurses through keeping them fully informed about their health condition that is, helping to reduce their anxiety.[41] Moreover, advice given by the nurse, also encourages the patients during their hospitalization or while they are sick.[38] However, due to high workload, nurses prioritize physical care and often disregard mental and emotional needs of patients.[42] In the category *Emotional support*, the nurses needed to be present to listen their patients, be available to pay attention to them, and help relieve a patient's negative moods by gentle contact with the body such as hugging, softly touching shoulders or hands, and offering indulgence care which includes giving time to patients, taking them to a quiet place and making efforts to calm them down and doing things to occupy them. This category is in accord with previous QNC

studies' themes such as "treat me pleasantly"[9]; "demeanor"[38] and "empathy".[14,43] Elayan & Ahmad found that a lack of concern from nurses affected QNC negatively, for example, as in a delay in response to a patient's call, or in discomfort in verbalizing unpleasant experiences.[7] Patient satisfaction was significantly influenced by empathic behaviours like helpfulness and attentiveness of nurses in Mongolian district hospitals.[24]

Regarding the category *Nurturing relationship*, nurses are perceived as helpful when they enable the patient to connect with their family, friends and others. Patients expect nurses to assist them in arranging connections with other healthcare professionals. A caring relationship with rapport is considered a significant aspect of QNC.[44,7] However, nurses find they are often overburdened by work and cannot always help patients with this, and this has been reflected in nurse perceptions of QNC in Mongolia.[25]

Another category in this study, *Respect for religious beliefs*, appeared to be a significant aspect of QNC to the participants. Nurses allow or volunteer to help patients and their families when they desire to perform religious or traditional activities in the hospital unit, for example by providing a suitable room or contacting a monk to visit them. This category is equivalent with previous QNC study themes such as "be aware of patient religious and spiritual needs"; "being respected"[6] and "respect".[11,14] Meeting spiritual and religious needs can be identified as a fundamental principle when interpreting the concept of QNC so that patients beliefs and needs are treated with respect and patient choice and desire needs are met.[6,14] A demonstrated lack of respect diminishes QNC in hospitals.[7] The Mongolian population has always had a strong religious influence and traditional healing practices including the use of herbs and products with an animal origin.[45] This includes sharmanic practices, as demonstrated in this study where a nurse described some patients using wolf tongues or wolf bones as they believed them to have healing properties.[46] Religious beliefs exert influence on Mongolian people's health outcomes and well-being.

The last category in this study was *Concern for cultural differences*. Twenty different ethnic peoples inhabit the Mongolian countryside and at times many are referred to the capital city for treatment. Their unique health and cultural concerns should be attended to, including dietary, hygiene or gender preferences. Also, nurses need to choose appropriate content and ways to perform health education for patients based on their cultural background and needs.

Conclusion

This study reported on nurse perceptions of nursing care provided and patient experiences or expectations regarding QNC in Mongolian public hospitals. The findings of this study emphasized that essential components of QNC belong to the nature of nursing care described in seven categories of *Symptom management, Activities of daily living, Encouragement, Emotional support, Nurturing relationship, Respect for religious beliefs and Concern for cultural differences*. Participants emphasized that these needed to be provided in a spirit of excellence without neglect and these in turn meet the patient's physical, psychosocial and spiritual needs. Finally, this qualitative study involved both nurses and patients and enlarges our understanding of QNC in Mongolia. It has been suggested that the same study be conducted with other populations and cultural groups since the findings described above might be quite different for them.

Limitation

A purposive sampling method was used for the identification and selection of participants with a variety of socio-demographic and clinical variables, with a reasonable number of participants. Because, cross-language research has the potential for altering the meaning, the data translated into English must be noted as a limitation in this study.

Implications for Nursing Practice and Research: Findings from this study can help in the accumulation of evidence toward a deeper and more holistic understanding of QNC in a nursing care context, not only in Mongolia but elsewhere. The potential to enhance the nursing discipline, facilitate practice changes and to drive improvement of nursing care and patient outcome in Mongolia can be informed by our findings. The findings can be treated as the foundation for developing a valid and reliable instrument for measuring the phenomenon of QNC.

Since QNC has not be extensively researched in Mongolia, it is important that further research is conducted on different aspects of the topic, including in-depth examination about how nurses might not deliver quality of nursing care in different settings, from both the perspective of patients and nurses. Wider findings across the country can contribute to improvement in the health care of Mongolian people, and improve practice, especially given that there are critical shortages of nurses, and the numbers of nurses per head of publication is very low compared to other countries.

Acknowledgements

We are grateful to the State Training Foundation, Ministry of Education and Science of Mongolia provided funding for the first author to complete this study at Faculty of Nursing, Chiang Mai University, Thailand. The authors are sincerely thankful to all of the participants of the study and everyone who helped support this study.

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การรับรู้ของพยาบาลและผู้ป่วยต่อคุณภาพการพยาบาลในโรงพยาบาลของรัฐประเทศมองโกเลีย

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บทคัดย่อ: คุณภาพการพยาบาลเป็นแนวคิดหลายมิติที่พยาบาลวิชาชีพและองค์กรด้านการดูแลสุขภาพทั่วโลกสนใจ เพราะเป็นองค์ประกอบสำคัญของคุณภาพการดูแลสุขภาพโดยรวม วัตถุประสงค์ของการศึกษาครั้งนี้เป็นการสำรวจการรับรู้ของพยาบาลและผู้ป่วยต่อคุณภาพการพยาบาลในโรงพยาบาลของรัฐระดับทุติยภูมิและตติยภูมิในประเทศมองโกเลีย โดยใช้การวิจัยเชิงคุณภาพแบบพรรณนา รวบรวมข้อมูลจากพยาบาลจำนวน 21 คน โดยการสัมภาษณ์เชิงลึก และจากผู้ป่วยจำนวน 18 คน โดยการสนทนากลุ่ม วิเคราะห์ข้อมูลโดยใช้การวิเคราะห์ข้อมูลเชิงเนื้อหา

ผลการวิจัยพบ 7 ประเด็นหลัก และองค์ประกอบสำคัญของคุณภาพการพยาบาล ได้แก่ การจัดการอาการ กิจกรรมในชีวิตประจำวัน การให้กำลังใจ การสนับสนุนทางอารมณ์ การประคองความสัมพันธ์ การเคารพความเชื่อทางศาสนา และการยอมรับความแตกต่างทางวัฒนธรรม การค้นพบนี้ทำให้มีความเข้าใจเชิงลึกและแบบองค์รวมของการรับรู้ในพยาบาลต่อผลการปฏิบัติงานคุณภาพการพยาบาลและการรับรู้ของผู้ป่วยตามประสบประการณ์ และความคาดหวังเกี่ยวกับการดูแล ผลการวิจัยสามารถนำไปใช้เป็นพื้นฐานสำหรับการพัฒนาเครื่องมือในการวิจัยที่มีความตรงและความเที่ยงในการวัดคุณภาพการพยาบาล รวมไปถึงความสามารถในการช่วยอำนวยความสะดวกในการการเปลี่ยนแปลงการปฏิบัติและขับเคลื่อนการปรับปรุงผลลัพธ์ของผู้ป่วย

Pacific Rim Int J Nurs Res 2020; 24(4) 514-526

คำสำคัญ: คุณภาพการพยาบาล การรับรู้ของพยาบาล การรับรู้ของผู้ป่วย การศึกษาเชิงคุณภาพแบบพรรณนา ประเทศมองโกเลีย

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