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## Study performance quality of nurses, views head nurses in special and general wards in educational hospitals of Zahedan city 2011

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### ABSTRACT

Since prevention is one of the important goals of nursing care for people with physical, psychosocial and emotional aspects are and associated with each of the dimensions have special needs. This study aims to investigate the views of head nurses and their strengths and weaknesses of these sectors are planning to be done in the field. The aim of this study was to assess the performance quality of nurses, views head nurses in special and general wards in educational hospitals Zahedan city 2011. This study is a cross sectional analytic study. In the study of 252 graduated nurses were working in research the special and general wards in Zahedan. Sampling as part of the special wards was census (person 102) and in the general wards randomly selected (person 150). (The questionnaire was a checklist that departments here all been head nurse for evaluation. Using statistical tests statistical analysis was performed. Based on study results, scores of the performance quality of nursing in special and general wards respectively 103/1, 109/2. Significant difference between the performance quality of nursing score was in special and general wards ( $p < 0/001$ ). Between experience and the performance quality of nurses was a significant relationship ( $p = 0/03$ ,  $\ell = \ell 0/17$ ) that for each year of work experience. Performance grade has increased. Results showed that the score of performance nurses in special wards is lower than general wards and since nursing care is more specialized in special wards and patients to nurses is dependent on the strengths and weaknesses of the removal proper planning is done.

**Key words:** Quality-Performance-Nurses

### INTRODUCTION

Commissions in health organizations have defined *Quality* as following: An acceptable level of health services provided to individuals and communities that increase the likelihood of optimal health outcomes and is in line with the updated professional knowledge. On the other hand, evaluation of nursing activities is the most important factor in the quality of care. Patient satisfaction of care is one of the most important indicators[1]. Nursing care is more important than all types of health care provided in medical environments such as hospitals[2]. Nurses play a different role in nursing care. Since one of the most important objectives of nursing is prevention [3], nurses provide psychological, social, physical, and emotional care and require certain needs for each[4]. Nurses are responsible for the protection of patients' rights. Concerning training, nurses are able to help patients make informed decisions in treatment and care. If the services are well provided concerning different roles, patient satisfaction is certainly achieved. Performance evaluation is one of the most important responsibilities of every health organization in order to ensure the performance and service quality. The results of a study in the West Bank concerning the effect of job satisfaction on nursing training showed that nurse job satisfaction is correlated with age, gender, job status, the

nature of work, faculty ranking, work experience, special care, and the ward. In general, job satisfaction has a positive, significant relationship with service[5]. The results of another study in Delhi showed that no difference was found among job satisfaction, knowledge, and service provision in ICU, CCU, and Dialysis wards and other wards[6]. Studies concerning the quality of nursing performance showed that the quality of care includes the interest in the patient, friendly behavior, availability, sense of responsibility, willingness to work, determination of patient's need, support, and allocation of time for patients[7]. All patients introduced the following features as the most important indicators of nursing service quality: courtesy, kindness, empathy, and compassion. On the other hand, knowledge and awareness of care receivers are of great importance in evaluating the nursing service quality. Socio-economic and cultural status- which includes beliefs, habits, interests, and customs- is very effective in this regard[8].

Another study showed that communicative skill training for nurses is effective in patient satisfaction. Therefore, communication is believed to be a part of nursing duties and needs to be mentioned in nursing report [9]. Nurse supervisors are in close contact with the nursing staff and play a key role in monthly and annual evaluations. Other studies only focus on patients' opinions. Therefore, our study takes another direction into account. Nurses working in ICU, CCU, and Dialysis are guessed to have better skills and performance quality than those working in others. This article aimed to study the opinions of nurse supervisors in order to determine the strengths and weaknesses. The results are then used to promote the strengths and eliminate the weaknesses.

### MATERIALS AND METHODS

This is a cross-sectional study. Census sampling method was employed in ICU, CCU, and Dialysis. All nurses working in teaching hospitals in Zahedan, Iran were enrolled: 50 nurses in Khatam Hospital (10 nurses in Dialysis, 30 nurses in ICU, and 10 nurses in CCU) and 52 nurses in Imam Ali Hospital (12 nurses in Dialysis, 26 nurses in ICU, and 14 nurses in CCU). Total number of nurses was 213 and 134 in Imam Ali Hospital and Khatam Hospital in "other wards", respectively. The inclusion criteria are as following:

- All nurses working in both types of wards have bachelor degree in nursing
- Minimum 6 months of working experience in both types of wards monitored by the same nurse supervisors.

Data were collected using two questionnaires: Demographic Questionnaire (age and working experience) and the Checklist provided by the Ministry of Health for nurse supervisors in order to evaluate the nursing performance quality. Two items in demographic questionnaire and 18 items in nursing performance were taken into account. Items were scored on a 0 to 3 scale (2=Always, 1=Sometimes=1, and 0=Never). Therefore, zero was the minimum and 118 was the maximum. The questionnaires were forwarded to nurse supervisors twice in order to determine the reliability. Cronbach's alpha was 0.85. After approving the research project and being referred to the mentioned hospitals in Zahedan, the checklist was forwarded to the nurse supervisors. The data were analyzed using SPSS in two sections (descriptive and analytical). T-test and Pearson correlation were employed for the hypothesis testing.

### RESULTS

A total of 150 nurses were randomly enrolled as the sample (58 in Kahtam Hospital and 92 in Imam Ali Hospital) evaluated by nurse supervisors. The demographic data of 150 participants showed that the mean age was  $28.21 \pm 6.21$  (range: 15 to 56 years) demographic Characterizes explained in Table 1.

Table 1: demographic Characterizes of Nurses		
Variables		Frequency
Gender	Female	80
	Male	70
Marital status	Single	69
	Married	81
Years of experience	Lower 3 years	84
	More 3 years	66

Table 2: Mean Scores for Nurse Performance Quality in ICU, CCU, and Dialysis and Other Wards

Ward Score	Number	Mean	Standard Deviation	p-value
ICU, CCU, and Dialysis	102	103.1	12.7	0.001
Other Wards	150	109.2	9.6	

According to the T-test, no statistically significant difference was found concerning the nursing performance in both types of mentioned wards ( $P < 0.001$ ). Gender had no statistically significant relationship with the score of nursing

performance in ICU, CCU, and Dialysis ( $P=0.06$ ). According to the T-test, gender had no statistically significant relationship with score of nursing performance in "other wards" ( $P=0.4$ ). According to the Pearson correlation test, a significant relationship was found between work experience and score of nurse performance quality in ICU, CCU, and Dialysis ( $P=0.03$  and  $t=0.17$ ).

### DISCUSSION

Today, it is essential to promote the quality, accountability, and optimal care due to the great emphasis on resource management, cost control, and the effectiveness of patient care. Findings of our study showed that the quality of nursing performance is different in ICU, CCU, and Dialysis and other wards. Out of 118, it was 103 for ICU, CCU, and Dialysis wards and 109 for other wards, showing the optimal quality of nursing care from the perspective of nurse supervisors. The study by Ghamari, however, showed that the quality of nursing performance is 28% weak, 64% medium, and 8% good(10). The results of the study concerning the nurse performance from the intubated patient connected to the ventilator or without ventilator showed that the quality of nursing care was partially good and needs more attention in most cases. A statistically significant difference was found between the quality of nursing performance and type of ward. Nurses working in ICU displayed a higher quality of care than those working in other wards(11). Findings of this study are inconsistent with those of our study. The results of the study by Safari showed that nursing performance was only 20% optimal in CCU [15]. The study by Rigel et al. (2000) in the USA determined the quality of care in myocardial infarction patients. The results showed that the quality of care provided by nurses was not optimal(12). In our study, the mean score of nursing performance quality was high, meaning that nursing experienced theoretically dramatic progress. This is an important matter in nursing promotion in Iran. On the other hand, nursing has a strong relationship with spirituality which is effective in nurse professional performance as Taylor et al. emphasized this finding. The results of their study showed that nurse's religious beliefs are effective in job motivation, the way they look at the patient, and nursing services as nurses with weak religious beliefs are expected to display immoral actions(13). George et al. pointed out to the role of spiritual beliefs in nursing as an ethical development factor(14). In their study, Habib Zadeh et al. realized that most nurses are faced with ethical issues on a daily basis. Ethical decisions have become a routine in nursing clinical activity. In order to have an optimal nursing performance, nurses are first required to know the problems of patients and then implement optimal nursing performance concerning the patient-nurse communication and intervention(15). The 4<sup>th</sup> and 5<sup>th</sup> hypotheses studied the relationship between means core of nursing performance quality and gender in both mentioned wards. The results showed that no statistically significant relationship was found. The results showed that nurse performance had no relationship with gender concerning triage and CPR ( $P=0.628$ ). The mean score of male nurses (28.13) was greater than that of female (26.37)(16). Chi Min Chai studied the effect of CPR nurse's physical structure on cardiopulmonary massage in Taiwan. A total of 19 male technicians and 21 female nurses were enrolled as the sample. The results showed that taller nurses/technicians displayed better performance in cardiopulmonary massage(17). According to the observations of Chinese researchers, it seems that males have better skills than females in ICU which is inconsistent with the results of the study from the perspective of nurse supervisors.

In the 6<sup>th</sup> and 7<sup>th</sup> hypotheses, we studied the relationship between the quality of nurse performance and work experience in both mentioned wards. The results showed that this relationship was significant in "other wards" as performance score increased by 0.17 per each year of work experience. The results of another study showed that there was no relationship between the work experience and performance quality (17). Researchers, however, believe that experienced nurses, according to the observations, display a more optimal performance than others which is likely to be associated with job satisfaction, motivation, and interest in nursing. parsi et al., quoting from Sokhanvar, stated that increasing work experience and dealing with certain matters such as lack of support, work pressure, discrimination, and lack of codified law cause nurses to have cautious performance practically applied as experience rises(18).

### CONCLUSION

According to findings, the quality of nurse performance needs to be taken into account in communication, training, and care as three important principles of patient care.

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