

Knowledge practice and outcome of quality nursing care

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1. Introduction

Nursing is a career that involves delivering comprehensive and high-quality care at all stages of service delivery. Nurses have the primary problem of ensuring the delivery of high-quality nursing care to every patient. Nursing intervention is to provide high-quality care to ensure that each patient receives the appropriate degree of care. Cronenwett et al. (2007) assert that nurses have a crucial role in shaping the practice environment as the primary architects of patient care. Health practitioners look for companies that value quality and acknowledge good work. Providing high-quality nursing care is difficult due to constraints like as limited financial resources, insufficient nursing staff, and a rapidly expanding population, together with rising hospital admissions, particularly in Calabar's teaching hospital. Insufficient medicine supply, ineffective leadership and supervision of nurses, lack of necessary equipment and materials, and unhygienic atmosphere contribute to poor quality nursing care. The importance of great nursing care knowledge and practice is paramount. Patients of health services have the right to expect high-quality nursing care and knowledge from nurses. The Institute of Medicine defined quality as the extent to which health services improve the probability of achieving targeted health outcomes for people and populations while aligning with current professional knowledge (Lohr & Schroeder, 1990).

Nursing care is crucial as even minor errors by nurses during treatment can lead to patient fatalities. Nevertheless, despite this, observations indicate that nurses are required to deliver preventive, promotive, curative, and rehabilitative care to individuals, families, or groups in the community to improve the quality of nursing care, a standard not consistently met by many hospital nurses. The problem's severity and scope indicate that unqualified nurses may dominate the profession because nurses are unaware of their role as the creators of clinical environments. Any dissatisfaction report above 5% should be addressed promptly to enhance nurses' understanding of patient needs and prevent bad patient experiences.

Nurses must be aware that understanding the relationship between knowledge application and results is crucial when caring for their patients. In today's competitive environment with high production and service standards, patients expect nurses to perform satisfactorily as a group of individuals who possess the knowledge and skills to practice effectively, resulting in positive outcomes that enhance the quality of nursing care. Nurses should be motivated to engage in self-development to effectively serve as advocates for their clients. The researchers are interested in investigating the knowledge practice and outcomes of quality nursing care among nurses in hospitals.

2. Nurses' Knowledge of Quality Nursing Care

Nursing practice is collaborative, requiring nursing students and staff nurses to possess expertise for effectively caring for their customers. The nurse is expected to apply this knowledge in caregiving by comprehending rational care and providing timely nursing interventions. The client's clinical setting may evolve, necessitating the nurse to forego regular nursing care and instead utilize critical thinking to develop a new intervention strategy based on a different theory. Education in applying theoretical knowledge is recommended according to Ihekwa (2009).

A nurse in the clinical setting must possess high intelligence and the ability to make rapid decisions based on observations. These decisions frequently result in saving lives. She offers guidance to fellow team members based on the client's condition and critical thinking abilities. This entails posing logical questions to get fresh information to supplant outdated data. This technique is known as Socratic inquiry, aiding the clinical nurse in reasoning beyond the physical aspects, particularly in cases of patient inconsistency. This should be implemented when receiving reports regarding the client. Every clinical nurse should be vigilant and efficient. The nurse clinician should be capable of drawing conclusions from data to facilitate adjustments in her implementation and reassessment (Brunner & Suddarth, 2008).

The clinical nurse use a conceptual framework to interpret the client's condition and implement modifications to maintain professional standards and ethics. Students must acquire not just the abilities but also professional values in order to accomplish this. Students should be assessed based on their ability to handle the clinical responsibilities of a nurse, considering the impact of technology advancements like computerized monitoring and documentation, which have empowered clients with greater information about their rights (Brunner & Suddarth, 2008).

Brunner & Suddarth (2008) acknowledge that nurses have a wide-ranging function in identifying and treating human responses to stimuli in both health and illness. According to Hamric (2000), the nurse's job is determined by the client's needs and their environment. Watson & Ray (2005) noted that the expanding responsibilities of nurses require them to utilize both nursing and medical abilities to gather essential baseline data for diagnosing and treating clients. The interaction between nurses and patients is governed by the professional code of conduct. Various activities are carried out with the aim of assisting consumers in achieving wellbeing. This developed during the Florence Nightingale era, and her efforts were credited with enhancing treatment in the hospital setting. Clinical nurses provide direct client care tailored to the client's specific needs. The nurse is expected to embody

dynamism in their interactions with the client. Basic functions that are anticipated of a clinical nurse include;

- Direct care of the client
- Education of other caregivers
- Consultancy
- Researching
- Care management

The functions can differ according on the environment, culture, and geography.

Client care directly: Nurses' role has evolved from providing basic comfort and reassurance with limited understanding of the rationale behind nursing procedures, to a modern approach that is scientifically based and requires the application of comprehensive scientific knowledge acquired during nursing training. It requires a comprehensive implementation of information rooted in nursing theories and skill. It is currently recommended that every nursing method or technique be founded on a theoretical foundation. The ever-changing nature of nursing requires clinical practices to be grounded not just in scientific ideas but also in a holistic standard derived from the physical, psychosocial, developmental, cultural, and spiritual aspects of the patient.

The nursing process is a proven and accepted method for achieving the standard of care, and it has been taught and utilized in clinical practice. This component of nursing practice emphasizes the necessity for nurses to make quick decisions in crisis situations, relying not only on their classroom knowledge and routine care but also on their virtue. Quick assessments and the application of prior knowledge are frequently conducted in life-threatening situations.

Student nurses are encouraged to practice and enhance their critical thinking skills. Clinical nurses act as educators for patients who have recently been diagnosed with a medical illness, guiding them from a state of inexperience to a level of expertise in managing their own health. In this scenario, the clinical nurse is responsible for informing and including the client in their treatment, ensuring they understand their condition. Both of them focus on rehabilitating and managing the client at home upon discharge. The nurse evaluates the client's educational level and learning capacity while implementing the nursing process and creating a care plan. The client's family members and other important individuals are included in the care program.

The care plan's goal is determined collaboratively by the client and the nurse, after which interventions and other components of the care plan are implemented accordingly. The emerging trend in caregiving is holistic, evidence-based, practical, and outcome-focused. The nurse employs proficient communication abilities to organize care. Student nurses are prepared to meet the current level of care.

This job is more relevant to nurses in Western countries. Nurses' responsibilities differ according on the setting they work in. In our indigenous context, the nurse's consultancy position is still in its early stages of development. She consults with her subordinates by taking on a leading and directing role. Student nurses and junior nurses seek instruction and guidance from the senior nurse, while in the USA, the Nurse Clinician consults with other caregivers in the clinic.

Nursing research is strongly recommended to uphold standards and professionalism. Each nurse is encouraged to initiate research within their assigned unit. Nurses should thoroughly investigate their everyday practices for new findings and updates, and these research efforts should be publicized and utilized to enhance the quality of treatment. Professionalism requires it as a prerequisite (Sherwood & Barnsteiner, 2012). Akpabio (2008) proposed that research enhances the quality of treatment and urged physicians to collaborate with nurse educators in research. Brunner & Suddarth (2008) noted that nurse clinicians utilize research findings to enhance the quality of care, acting as research consumers. Nurse-clinicians should be knowledgeable about research and its procedures to advocate for clients' human rights during study. Clinicians can identify researchable issues in their surroundings.

This appears to be one of the established roles of a clinical nurse. They fulfill managerial responsibilities in caregiving. The nurse serves as the primary caregiver for the client and is responsible for providing comprehensive care. She is constantly in attendance with the client. This position involves overseeing the caregiving staff through communication, providing advice, supervising subordinates, and advocating for the client. The manager possesses administrative training and delegates tasks to other nurses and caregivers under her supervision, while also overseeing the daily operations of the clinical area. The student nurse views the care manager as her professional role model and strives to attain similar levels of professional expertise.

(Ihekweba, 2009).

3. Nurses' Practice of Quality Nursing Care

The nurse is expected to fulfill her professional obligations and duties with the utmost attention to detail, with a liberal measure of performance, and with unwavering loyalty to the people she serves. All of the actions that the nurse does should be characterized by attributes such as honesty, understanding, tenderness, and patience. Having a deep understanding of how things fit together is of utmost significance (ANA, 1940; page 978).

A genuine concern for individuals as human beings, trust in the fundamental power of personality for good, respect for the religious beliefs of others, and a philosophy that will maintain and inspire others as well as herself are all characteristics that the nurse has (ANA, 1940; page 980). When providing services, the nurse does so without regard to factors such as nationality, race, creed, color, or status (ANA, 1968). He or she does so with respect for the dignity of the human being. In addition to recognizing the fact that each individual who receives nursing care (who was referred to as "the client" at the time) is an individual with their own distinct characteristics, the code of 1976 acknowledged that nationality, ethnicity, creed, color, and status are not the only factors that might lead to unacceptable inequalities in treatment. On the other hand, this clause was not altered in the Code of 1985. During the amendment that took place in 2001, the scope was expanded to include "inherent dignity (a crucial modifier), worth, and uniqueness." Including the term "practices with compassion and respect" was a key addition to the document. There is a connection between the inclusion of the virtue compassion and the significant work that is now being done by nurse ethicists in the areas of care ethics and responsibility theory. In all professional engagements, the nurse should practice with compassion and respect for the inherent dignity, value, and uniqueness of every individual. This should be done without regard to concerns of social or economic standing, personal characteristics, or the type of health issues (ANA, 2001).

Every time we interact with another person, we send one of these three messages: (1) Go away, since my world would be a better place without you; (2) You are an item, a chore to be done, and you matter nothing to me; or (3) You are a person of value, and I care about you. We have the potential to become the world of meaning for individuals to the extent that they are more susceptible. As a result of the fact that sickness, injury, and disease may cause people to be separated from confirming experiences that boost their feeling of worth (such as family relationships, job, and other accomplishments), the manner in which we portray ourselves as health professionals to persons who are in need is of profound importance. You will be able to identify people in your own life who you consider to be either a therapeutic or poisonous presence if you take a time to dwell on the situation. Affirmation, tranquility, joy, warmth, support, and the sensation of being cared about as well as cared for are some of the things that you leave behind when you part ways. Within the context of healthcare, it is of the utmost importance for nurses to provide a healing presence to their patients.

4. Outcome of Quality Nursing Care

Nursing activities are designed to have favorable consequences in connection to the reactions that have been observed at the time of nursing. It is the findings of the assessment of the outcomes of nursing activities that provide insight into whether or not those efforts have been successful in resolving or enhancing the problems that they were designed to address. When compared to periodic evaluations or testimonies about the efficiency of nursing actions, the findings of research studies that investigate the relationship between specific actions and specific phenomena and are conducted under controlled settings give more robust scientific proof of the positive impacts of nursing activities.

The nursing profession places a high importance on a method of practice that emphasizes the connectedness of research and action. In addition to being represented in the use of the nursing process, which functions as an organizational framework for practice, this approach is also evident in the four characteristics of nursing that have been articulated.

When providing care for patients, the nursing process covers all of the key stages that are completed, paying attention to the logic behind each step, the order in which they are performed, and the relative relevance of each step in assisting the patient in achieving specific and achievable health objectives. The nursing process necessitates a methodical approach to the evaluation of the patient's condition, which includes the reconciliation of the patient's and family's perceptions of the situation; the formulation of a plan for nursing actions, which includes the participation of the patient and family in the process of goal setting; the implementation of the plan in a collaborative manner; and evaluation, which also includes the participation of the patient and family. During the process, the phases are not necessarily carried out in a precise order, commencing with the assessment and concluding with the evaluation respectively. It is possible to carry out the stages simultaneously, and it is recommended that they be carried out on a regular basis, such as when evaluating the assessment or the plan of action.

The American Nurses Association (ANA) Standards of Nursing Practice, which are applicable to all nursing practice, include a component that acknowledges the nursing process. These criteria, which were established by the professional association in 1973, provide a comprehensive foundation for evaluating nursing practice and

demonstrate an acknowledgment of the rights of the individual who is receiving nursing care or assistance. Through the use of the nursing process, the standards elaborate on the concept of a "therapeutic alliance" between the nurse and the individual for whom the nurse is providing care. In the standards that involve data collection, diagnosis, and planning, the characteristics of phenomena and theory application are implicit. The standards that involve action are referenced in the standards that involve planning and treatment, and the standards that involve evaluation and revision are related to the characteristics of effects (Davis, 2003).

Anecdotal data suggests that the moral discomfort experienced by nurses has an impact on the quality of care provided to patients and the ensuing health outcomes. According to Sherwood and Barnsteiner (2012), nurses who regularly suffer moral distress are at risk of experiencing lower productivity, which may eventually lead to a loss of the capacity to provide quality patient care. This can also lead to a decline in self-esteem and a sense of completeness. According to Reina and Barden (2007), nurses have experienced situations in which they avoid patients who were too solicitous about them because they felt bad about what was happening to them. According to Sherwood and Barnsteiner (2012), other consequences on patients included an increase in discomfort, a longer hospital stay, and receiving treatment that was insufficient or unsuitable. According to Reina and Barden (2007), some nurses have been known to use negative coping techniques in order to handle ethical distress. These methods include isolating themselves from patients and avoiding escape.

Additionally, moral distress has been linked to a loss of moral integrity in nurses (Williams, 2004). Furthermore, Hamric (2000) acknowledges that moral anguish is a significant barrier to ethical conduct in the nursing profession. The concepts of soundness, dependability, completeness, and the integration of moral character across time are what are meant by the word "moral integrity." Therefore, this denotes a commitment to moral principles that are consistent and integrated, as well as an active dependence on those principles when they are endangered. According to Beauchamp and Childless (2001), a person who has moral integrity is not confused or bewildered by moral conflict, and they are true to the norms of the common moral as well as to their own unique moral ideals. Deficits in moral integrity are characterized by a disruption in the relationship that exists between moral beliefs and ethical behavior. It is possible that nurses will experience moral discomfort as a direct consequence of what they consider to be their involvement in moral wrongdoing.

Conclusion

It was concluded, on the basis of the findings and the results of the study, that nurses working in hospitals have knowledge that is associated with the quality of nursing care that is provided to patients at the hospital, that they practiced quality nursing care, that they provided quality nursing care, which was reflected in the positive responses that patients in the hospital provided, and that there was a significant influence of knowledge on the practice of quality nursing care among nurses working in hospitals.

Recommendations

After reviewing the results of the investigation, the following suggestions were formulated as recommendations.

- The government need to hire more nurses in order to improve the quality of nursing care that is provided to patients
- The administration of the hospital should constantly remind nurses of their responsibilities to patients via ongoing education. Being reminded of these commitments will assist nurses in providing higher-quality nursing care to patients.
- As a result of the treatment that patients got, it will encourage other patients to visit the hospital.

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