

Taru Ruotsalainen

## **THE QUALITY OF CARE OF INTERNAL MEDICINE PATIENTS. Patient as an evaluator of quality.**

Department of Nursing Science, University of Turku. Annales Universitatis Turkuensis C 246.

Helsinki: Yliopistopaino 2006.

### **ABSTRACT**

The purpose of this two-phased research was to evaluate the quality of nursing care of internal medicine patients and describe the patient's participation in the evaluation of the quality of care. Furthermore, the purpose was, with the aid of the results, to modify the GOOD NURSING CARE-scale developed and tested in Finland, rendering it suitable for the evaluation of the quality of care delivered to cardiac infarct patients. The term internal medical patient in the first phase of the research refers to patients who were staying at internal medical inpatient wards, while in the second phase, the research focused specifically on patients suffering from acute myocardial infarction.

The participants in the research consisted of patients residing at internal medical inpatient wards (n = 100) and of patients who had suffered from a cardiac infarct for the first time (n = 97). The data was collected using the GOOD NURSING CARE/med1 and GOOD NURSING CARE/med2 -scales, as well as a half-structured interview. The data was analyzed using descriptive statistics, Spradley's semantic relations, the Personal Experience method and context analysis. The reliability of the scale was estimated by applying the Cronbach alfa-coefficient. The structure of the GOOD NURSING CARE/med 2-scale was tested by explorative factor analysis.

The results revealed that the quality of care, from the perspective of the patients, varied from one quality category to another. The quality categories which were found to be excellently implemented were the staff characteristics, the preconditions for care and the environment. On the other hand, the nursing process, care-related activities and cooperation with relatives were found to be implemented relatively well. The critical points in the nursing process of infarct patients were the time spent at home before seeking admission to hospital care and the time spent at home after hospitalization. Patient participation in decision-making and the activities they partook in related to care varied during different stages of their treatment. Participation in decision-making ensured to be wonderment, inquiring, sharing information and refraining from telling things. Self care included implementation of drug therapy, seeking information, observation of the condition and catering to living habits and agreed follow-up appointments. Participation in decision-making and personal initiative were promoted or prevented by the information received during the various stages of the nursing process, the patient's control over their lives and communication with the health care personnel. Furthermore, the social network worked as a promoting factor. Patient participation in the evaluation of the quality of care varied from participation to non-participation.

The conducted research revealed the need to intensify and systematize patient education during the entire period of undergoing treatment. A working and permanent contact to the health care staff also helps support patients during various phases of their treatment. The habits and desire of patients to participate in their self care need to be recognized, and these should be supported by offering participation opportunities as well as specific information about the illness and its treatment. The focus of patient education should be shifted towards the time the patient spends at home. Furthermore, patients should be increasingly included in quality evaluation and patients should also be aware of their participation in quality evaluation. The measurement scale modified in the research needs further development.

**Key words:** quality of nursing care, internal medical patient, acute myocardial infarction, nursing process, decision-making, self-care, GOOD NURSING CARE-scale.