

## Measurement of nurses knowledge on quality assurance The Greek experience

ARETI STAVROPOULOU<sup>1</sup>, THEODORA G. STROUBOUKI<sup>2</sup>

**Objective:** To obtain information on nurses' views, experiences and knowledge about quality assurance issues in order to use this information for enhancing the quality of care provided.

**Research methods:** A structured questionnaire, the Quality Assurance Baseline Questionnaire (QABQ), was used. A descriptive statistical analysis was performed, using Pearsons chi squared statistical test in order to compare data from the nurses.

**Results:** The findings of this study indicated that information regarding quality assurance is limited for nurses in Greece and especially for those who work in rural areas. It was found a relationship between working experience and knowledge about quality assurance, as although nurses who had received no formal education concerning quality assurance expressed confidence in their knowledge of key topics, which can only have developed through informal learning and experience. Responses to the questionnaire showed a high level of agreement that medical staff, nursing staff, administrative staff, paramedical and assisting staff, technicians, patients and individuals from other health or social organisations should participate in quality assurance programmes. The majority of the respondents stated that they received little information about quality of care and appeared to be inadequately educated in quality assurance issues.

**Conclusions:** The results, which are obtained from such research considered essential for enhancing the quality of care provided increasing demand in regard to the education of health care professionals on quality of care issues at an undergraduate, postgraduate and post-registration level. Also, these results should be used for the development of educational programmes on quality assurance issues, as identified by the health care professionals themselves.

**Keywords:** Quality assurance, Greece, Quality of care, Quality improvement, Quality management, education

### Introduction

The importance of implementing quality assurance initiatives and maintaining and improving quality is well understood in most health care organisations. This work becomes more challenging as internal and external conditions rapidly change.

A quality improvement framework has started to be developed in order to help clinicians and administrators to organise integrated, multifaceted quality programmes that have the flexibility necessary for success in today's fast-paced health care environment<sup>1</sup>.

Nurses are playing a vital role in the implementation, maintenance and improvement of quality assurance initiatives in health care organisations. They are facing the challenge to better understand and articulate the specific contribution of the discipline, particularly in relation to positive patient outcomes, but also to current, narrow focused interpretation of quality assurance. Furthermore, nurses who are acting as patients' advocates appeared to have a significant

input regarding the calls for definitions of quality and to reflect an appreciation of the particular involvement and role of the patient in determining policy affecting care provision<sup>2</sup>.

The problem of nurses' inability to consistently provide quality-nursing care to all patients was identified. Insufficient time (caused by a lack of physical and human resources) was perceived as the main reason for this. Dissatisfaction and stress in nurses were related to this problem. To deal with this, nurses used a process named "selective focusing". Work was planned to most effectively utilise the time available, within the parameters of safety<sup>3</sup>.

The application of quality assurance methodologies, of monitoring and evaluation tools, of standards and criteria, of outcome measurement, of research studies related to quality of care, of accreditation initiatives as well as of total quality management philosophy within the health care sector, would enhance the development of nursing power, leadership and knowledge.

<sup>1</sup>Assistant Professor of the Technological Educational Institution of Crete, Department of Nursing, Greece

<sup>2</sup>Lecturer of the Technological Educational Institution, Department of Nursing, Athens, Greece

Modifications in the management techniques style such as striving towards a participative management and focusing on continuous quality improvement by every member of staff can bring potential benefits for nurses and the required change in the professional culture as well as in everyday practice<sup>4</sup>.

Professional and personal development is the key to improvement in practice. Quality of nursing cannot be assessed in terms of performance-referenced criteria but only in terms of the personal qualities displayed in the performance<sup>5</sup>. This professional and personal development can be achieved through systematic and organised education at a post registration, academic level<sup>6</sup>.

In this respect, the provision of quality care and the implementation of quality assurance programmes in health care organisations are closely related to education that nurses receive in regard to quality aspects. Ruiz<sup>7</sup> stated that the first phase of total quality programmes involve information sources and training. The World Health Organisation<sup>8</sup> supports that everybody in the health care system needs education to accept the idea of continuous improvement, to use the results and to participate in the activities involved. Within this frame, special courses and other activities should be maintained to disseminate the concepts of quality and encourage the staff to apply them. Finally, the World Health Organisation<sup>8</sup> underscores that consideration should be given to the introduction of the concept of quality improvement to all curricula for health care professionals, and regional and local health authorities should give special consideration to educational activities.

Therefore, taking into account that this organisational and professional change focuses on the knowledge, skills and attitudes of the health care professionals, who are considered as the main supporters of quality assurance activities on organisational level<sup>9</sup>, this research developed from the authors need to examine the views, experiences and knowledge on quality assurance of a sample of Greek nurses in order to provide information for the development of educational programmes on quality assurance.

### Methodology

The purposes of this research were: a) to obtain information on nurses' views, experiences and knowledge about quality assurance issues, b) to use this information for enhancing the quality of care provided, and c) to make recommendations on education and quality assurance.

For this purpose, a structured questionnaire, the Quality Assurance Baseline Questionnaire (QABQ), was used (Annex 1). This consisted of questions on the areas of:

- provision of information on quality assurance issues
- implementation of quality assurance programmes
- nurses' educational preparation and perceived knowledge on quality issues

The QABQ was developed after careful examination of the literature on quality assurance in health care.

Areas of major interest on quality of care literature were identified to form the universe of content of the questionnaire. Following this process, a twelfth - item questionnaire was constructed covering the areas of availability of information, nurses' theoretical background and nurses' familiarity with basic elements of quality of care. The QABQ was pilot tested on ten (10) registered nurses who were working in a tertiary hospital. They were graduates from the Technological Educational Institution of Athens (TEI). Their age ranged from 26 to 30 years old. Two of them were male and eight of them were female. The results of the pilot indicated that the instrument was acceptable, feasible and yielded data of the required quality. No modifications to the order, the wording, the content, and the type of the question were necessary.

The first question concerned the amount of information that nurses receive regarding quality assurance issues. In addition, nurses were asked to state their opinion about different areas that quality assurance systems should investigate, such as medical and nursing interventions, patient and job satisfaction, morbidity and mortality, administrative problems, resource management, efficiency and productivity of employees, and appropriateness of building facilities. Nurses were also asked to state, which health care professionals' groups should participate in quality assurance programmes. Finally, another group of questions concerned nurses' theoretical background and experience of quality assurance issues and mechanisms. Demographic questions gathered data on the characteristics of the respondents such as gender, age, educational background, years of employment and speciality (Annex 1).

A purposive sample of Greek nurses was selected, consisting of registered nurses in two Greek cities (City A and City B) and senior nurse students at TEI. The aim of the study was clearly explained to all potential participants. It was made clear that participation in the study was voluntary and anonymous and refusal to participate would not affect participants' progress. One hundred questionnaires were distributed in each site. The average response rate for the three sites was 71% (range 54%-91%). The questionnaires were distributed to:

- a) five randomly selected departments of the hospital in City A
- b) five randomly selected departments of the hospital in City B and
- c) ten randomly selected groups of senior students during clinical placements in TEI.

The questionnaires were handed out to the nurse managers of the selected departments by the authors and the nurse managers undertook the responsibility of distributing them to their staff nurses and collecting them back. The authors personally distributed the questionnaires to the senior nurse students at the beginning of their clinical placement. The time needed for questionnaire return was one week for the hospital in City A, two weeks for the hospital in City B and one month for the students in TEI. During this

time the authors were available for explanations and clarifications whenever necessary.

The tertiary hospital in City A is located in a large conurbation and serves a predominantly urban population. It had, at that time, a complement of two hundred and seventy three (273) registered nurses. At the time of the study, a quality assurance programme had been newly introduced into the hospital. So, was expected that nurses there would have some familiarity with quality assurance issues. Fifty-four (54) questionnaires out of one hundred (100) were returned.

At the same time, one hundred (100) questionnaires were distributed to registered nurses and nurse managers who were working in different clinical departments in a tertiary general hospital in City B. Out of one hundred (100) questionnaires, ninety-one (91) were completed and returned. In total, two hundred and twenty one (221) registered nurses were working in this hospital. This hospital provides tertiary care to citizens in a rural area of the country. Quality assurance initiatives were absent in this hospital and thus, registered nurses were less likely to have experience in quality assurance issues.

The QABQ was additionally distributed to senior nurse students of the Technological Educational Institution (TEI) of Athens. Out of one hundred (100) questionnaires, sixty-eight (68) were returned completed.

Following the data collection, a descriptive statistical analysis was performed. Pearson's chi squared statistical test was used to compare data obtained from the nurses in the three sites. Findings concerned the amount of information that the three groups of participants received, their knowledge and views on quality programmes implementation, on health professionals' participation and their theoretical background on quality assurance.

### Results and discussion

In the group of respondents from City A, 14.8% of the respondents were male and 85.2% were female. The respondents' average age was 29.7 years with a standard deviation of 6.9. Eighty seven point five percent (87.5%) of the respondents were graduates of Technological Educational Institution of Athens, who had successfully completed a nursing programme of tertiary education. The rest of the respondents were graduates from a 2-year nursing programme held in secondary technical schools. The respondents' average years of employment was 5.54 years with a standard deviation of 6.23. Forty five (45) of the respondents were staff nurses and five (5) of them were nurse managers. Four (4) participants did not provide information on their post.

In the group of respondents from City B, 9.9% of the respondents were male and 90.1% were female. Their average age was 30.5 years with a standard deviation of 6.22. Eighty point three percent (80.3%) were graduates of the Technical Educational Institution of Athens and the 19.7% were graduates from a 2-year nursing programme held in secondary technical schools. The respondents' average years of employ-

ment was 9.8 years with a standard deviation of 17.5. All the respondents were staff nurses, working in different departments of the hospital.

Senior nurse students from the TEI were studying in the seventh semester of a 4-year baccalaureate nursing programme. This programme includes eight semesters in total. The seventh semester equally combines theoretical preparation and practical experience. Twenty two point seven percent (22.7%) of the respondents were male and 77.3% were female. Their average age was 27.4 years with a standard deviation of 7.0.

Significant characteristics of the respondents are:

a) the majority of the participants were female, b) the majority of the participants were graduates from the Technological Educational Institution, Faculty of Health and Social Professions, Department of Nursing, c) the participant's young age, d) the short time of employment, and e) the lack of participation of nurse managers in City B.

It is important that these characteristics of the respondent group are born in mind when interpreting other data arising from the QABQ. Koller et al.<sup>10</sup> and Znajda et al.<sup>11</sup> suggest that the results of surveys on nurses' opinions and attitudes about nursing care, are influenced by the educational background of the respondents as well as by their professional speciality and gender. Sidani and Braden<sup>12</sup> stated that participants' characteristics affect the design and the selection of an intervention as well as participants' responses to it. According to the same authors, personal characteristics include variables related to demographics, to personality traits, to emotional status, to cognitive processes, and to personal and health beliefs and values. Age, gender, education, ethnicity, learning style preference, are examples of personal characteristics. Consideration of such demographic variables thus, is important in interpreting the findings.

### Information and quality assurance

The information flow and the learning opportunities regarding quality assurance were reflected through the nurses' perceptions on the amount of information that they get on quality of care issues. The findings indicate that many nurses were not satisfied with the information that they receive about quality assurance issues (Table 1- Nurses' perceptions on the amount of information received on quality assurance).

Nurses in City A appeared to be more satisfied regarding the information that they get on quality assurance issues than nurses in City B. Pearson's chi squared statistic comparing nurses in City A and City B was 19.43 ( $p = 0.00064$ ) so, there was a significant relationship between location and the nurses' perceptions about the amount of information that they get on quality assurance. The same conclusion applies to the senior students in TEI when compared to the nurses in City B ( $X^2 27.90$ ,  $p = 0.00004$ ).

Similar findings were reported in the studies of Bushy<sup>13</sup>, McMurray<sup>14</sup> and McCarthy and Hegney<sup>15</sup>. These studies focus on the information flow between

**TABLE 1**  
Nurses' perceptions on the amount of information received on quality assurance

Amount of information about quality assurance	Excellent %	Enough %	Little %	Few %	None %
Registered nurses in City A n of participants = 53 (response rate 98.15%)	1.9	39.6	43.4	11.3	3.8
Registered nurses in City B n of participants = 91 (response rate 100%)	2.2	23.1	24.2	24.2	26.4
Student nurses in TEI n of participants = 66 (response rate 97%)	0	28.8	53	16.7	1.5

**TABLE 2**  
Nurses' perceptions on their educational preparation on quality assurance issues

Nurses' educational preparation on quality assurance	Adequately educated %	Not adequately educated %
Registered nurses in City A n of respondents = 54 (response rate 100%)	31.5	68.5
Registered nurses in City B n of respondents = 91 (response rate 100%)	32.1	65.9
Student nurses in TEI n of respondents = 68 (response rate 100%)	41.2	58.8

different settings and contexts and particularly among urban and rural settings. They specifically demonstrate that nurses who work in urban areas receive more information on quality assurance in contrast to nurses who work in rural areas. The authors highlight the necessity to increase the information about quality of care in rural areas.

Bushy<sup>13</sup> for example, emphasises the necessity of providing increased and quality-specific information to health care professionals who work in rural areas, and relates the provision of information to improved practice. Bigbee<sup>16</sup> and associates increased information on quality with highly competent and well-prepared nurses in rural areas, while McCarthy and Hegney<sup>15</sup> demonstrate the necessity to develop nurses' awareness of evidence-based practice in rural health services, by providing appropriate information. Finally, McMurray<sup>14</sup>, discusses the importance of disseminating research findings to nurses who are employed to rural areas and underlines that employers in rural health care sectors should focus both on infrastructure and educational preparation of nurses in order to achieve high quality

of care. These papers appear to relate the amount of quality-specific information given to health professionals to the provision of high quality of care.

**Nurses' views on the subjects for quality assurance investigation**

Medical and nursing interventions, patient satisfaction, job satisfaction, morbidity and mortality, administrative problems in health organisations, adequate function of equipment, resource management of service, efficiency of employees, productivity of employees, appropriateness of building were perceived by the nurses in all three sites as issues that quality assurance programmes should investigate. There were some differences in extent to which the three groups expressed confidence in their opinions.

Student nurses appeared to be less uncertain than nurses in City B whether or not quality assurance programmes should investigate issues of job satisfaction ( $X^2$  9.17,  $p = 0.027$ ), morbidity and mortality ( $X^2$  8.52,  $p = 0.036$ ), and administrative problems ( $X^2$  11.37,  $p = 0.0098$ ).

In addition, student nurses appeared more uncertain than registered nurses in City A whether or not quality assurance programmes should investigate issues of productivity of employees ( $X^2 6.56$ ,  $p = 0.037$ ), resource management ( $X^2 7.59$ ,  $p = 0.022$ ), and morbidity and mortality ( $X^2 7.96$ ,  $p = 0.018$ ).

These findings suggest a relationship between working experience and knowledge about quality assurance. Experience is valued by different authors as a means of affecting peoples' perceptions, attitudes and interactions<sup>17,18,19</sup>. Juran<sup>17</sup> contends that working experience has a primary role in acquiring knowledge on quality assurance. He values the variety of experiences and the self-directed learning through professional life as important for developing an initial quality culture and philosophy. Other authors agree with this "guru" of quality management by saying that experience is the primary knowledge base for quality and knowledge gained from experience positively influence quality of care in nursing<sup>18,20</sup>. However, this kind of knowledge has been criticised by Kroeber et al.<sup>19</sup> as subjective and unreliable. The same author stated that the ideal of "evidence-based practice" can only result from formal education and reported the lack of appropriate education on quality of care. This view is also supported by Young et al.<sup>21</sup>, who emphasise the influence of formal education on the advancement of knowledge and the re-formation of professional cultures and attitudes.

#### **Nurses' views on involvement in quality assurance programmes**

Responses to QABQ items showed a high level of agreement that medical staff, nursing staff, administrative staff, paramedical and assisting staff, technicians, patients and individuals from other health or social organisations should participate in quality assurance programmes.

Nurses in City A showed less support for the administrative staff ( $X^2 11.42$ ,  $p = 0.0033$ ) and persons from other health or social organisations ( $X^2 11.96$ ,  $p = 0.0025$ ) in quality assurance programmes in comparison with those in City B. They also showed a higher proportion of negative and "Don't Know" responses than did nursing students to questions about the involvement of administrative staff in quality programmes ( $X^2 7.44$ ,  $p = 0.024$ ). Student nurses however, appeared to be more uncertain regarding the participation of patients in quality assurance programmes, than nurses in City B ( $X^2 12.18$ ,  $p = 0.0067$ ).

One may ask if the greater opposition to or uncertainty about the involvement of administrative staff and patients in quality assurance programmes shown by some groups demonstrates a difference in attitude between the three settings. Our personal experiences as Greek nurses suggest that these findings reflect some underlying cultural attitudes. Melzer et al.<sup>22</sup> point out that nurses who live and work in different environments and diverse social contexts possess different cultural attitudes. These attitudes appear to influence professional interactions and collaboration

patterns. Culturally diverse attitudes are also seen to influence health professionals' views on roles, task assignment and communication patterns. This view is supported by McWilliam<sup>23</sup>, writing about the implementation of quality assurance initiatives in rural and urban settings.

#### **Nurses' educational preparation in quality assurance**

The final part of the QABQ concerned nurses' perceptions of their theoretical and educational background in quality assurance. The majority of registered nurses in City A and City B and nurse students reported that their educational preparation in this subject was less than adequate (Table 2 - Nurses' perceptions on their educational preparation on quality assurance issues).

More specifically, nurses in City A considered themselves to be better prepared than nurses in City B regarding the concepts of effectiveness ( $X^2 35.48$ ,  $p = 0.00000$ ), efficiency ( $X^2 33.84$ ,  $p = 0.00000$ ), acceptability ( $X^2 27.34$ ,  $p = 0.00000$ ), accessibility ( $X^2 32.85$ ,  $p = 0.00000$ ), standards ( $X^2 59.40$ ,  $p = 0.00000$ ), criteria ( $X^2 56.81$ ,  $p = 0.00000$ ), structure ( $X^2 8.30$ ,  $p = 0.015$ ), process ( $X^2 12.36$ ,  $p = 0.002$ ), and outcome ( $X^2 20.33$ ,  $p = 0.0004$ ).

Similarly nurses in City A considered themselves more knowledgeable than student nurses regarding the concepts of effectiveness ( $X^2 18.92$ ,  $p = 0.00008$ ), efficiency ( $X^2 23.91$ ,  $p = 0.00001$ ), acceptability ( $X^2 17.68$ ,  $p = 0.00014$ ), standard ( $X^2 24.65$ ,  $p = 0.00000$ ), criteria ( $X^2 11.45$ ,  $p = 0.0032$ ), process ( $X^2 8.07$ ,  $p = 0.017$ ), and outcome ( $X^2 8.20$ ,  $p = 0.016$ ).

In addition, nurses in City A appeared more confident to use tools of monitoring and evaluation, than nurses in City B ( $X^2 7.12$ ,  $p = 0.0075$ ).

These findings reflect some of the deficits in the availability of education on quality assurance issues. Although, the registered nurses in City A express greater confidence in the adequacy of their educational preparation than respondents from the other sites, there are several areas (e.g. accessibility, process and outcome) where the majority consider their preparation to be inadequate and one area (structure) where nearly 40% state that they have no preparation at all. These registered nurses were working in a specialised hospital in which quality assurance programme had been initiated. So, it might be expected that this group of nurses would be more familiar with quality assurance issues than the other groups. This finding supports previous statements about the increased information and educational opportunities that nurses in urban areas receive, but indicates that there is much scope for improvement even here.

Some authors perceive education as the most important element in creating motivation and developing knowledge. For example, Nilsson-Kajermo et al.<sup>24</sup> and Kajermo et al.<sup>25</sup> studied nurses' perceptions about education in research methods. Their results show that nurses' knowledge, attitudes and motivation alter through education. Nurses themselves suggested

that education on research methods and in evaluating research findings helped them to alter their views and perceptions regarding practice. They also perceived education as an essential factor for developing knowledge and changing attitudes toward the utilisation of research findings in practice. In addition, nurses considered organisational support to be necessary for applying research findings in practice and maintain positive changes. In this respect, the importance of education to the development of knowledge is closely linked to the supporting organisational environment. Thus, in addition to the provision of educational opportunities, the findings raise the wider question of the workplace as a learning environment. The importance of an intellectually stimulating working environment is reflected in various studies. Steeves et al.<sup>26</sup> for example, did a series of surveys in specialised health care organisations on nurses' understanding of patients' experiences. The results of these surveys showed nurses' high self-confidence in terms of level of knowledge and comprehension of patients' experiences. Furthermore, Pillari<sup>27</sup> who discussed the contribution of work environment to adult development stresses the significance that an intellectually challenging work environment has for developing people's knowledge and for keeping people motivated. Intellectually challenging work with a range of educational opportunities is associated with greater flexibility, the ability to handle intellectual problems adeptly and keeping an open mind in all issues. The questionnaire results do not provide direct evidence of the intellectual challenges faced by the respondents in their working environment, but they do raise the question as to what effect this will have on the adoption of new ways of thinking, such as quality assurance principles.

### Conclusions

The findings about the information and the learning opportunities regarding quality assurance indicated that quality-specific information is limited for nurses in Greece and especially for those who work in rural areas. The provision of care may also be affected, but no evidence exists to support or refute this point. However, it is reasonable to consider that increasing the amount of information that nurses receive about quality of care will be beneficial and that differences between settings should be addressed.

Although the benefits of formal education are reported in the literature, it is important to consider that this is not the only way of learning. During their lifetime a person may encounter different processes of learning and experience is one of these. Nurses in City B and students in TEI who took part in this study have received no formal education concerning quality assurance, but some of them express confidence in their knowledge of key topics, which can only have developed through informal learning and experience. The nursing students lack the experience of the registered nurses and their uncertainty about the application of quality assurance in practice may reflect this.

Medical and nursing interventions, patient satisfac-

tion, job satisfaction, morbidity and mortality, administrative problems in health organisations, adequate function of equipment, resource management of service, efficiency of employees, productivity of employees, appropriateness of building were perceived by the nurses in all three sites as issues that quality assurance programmes should investigate. Implementation of quality programmes and interactions among the health professionals' groups were influenced in both settings by cultural differences and diverse attitudes. Although there is no evidence to illuminate this point, one might hypothesise that in the more technologically advanced hospital in City A, there is a more clear cut demarcation between the health professionals and administrative staff and patients. This issue is clearly of importance to the evaluation as a whole and warrants further investigation.

The findings from nurses' educational preparation in quality assurance support the necessity of providing formal education about quality assurance issues to Greek nurses. Some respondents stated that they received little information about quality of care and appeared to be inadequately educated in quality assurance issues. The extent of their self reported educational preparedness varied across sites and across subjects, with some subject areas clearly demanding attention. Differences in culture, experience and work environment were also suggested as likely influences on the way that they engaged with quality issues.

In the field of quality assurance, education and application of quality initiatives in the clinical practice, are strongly interrelated. The successful implementation of quality methodologies in the clinical settings heavily depends on the education provided to the professionals involved. To improve quality of nursing care, it is necessary that the people become knowledgeable and assert their rights to quality care. This can be achieved through continuous educational program. Therefore, it is necessary to enhance nurses knowledge on quality assurance by providing structured information on quality assurance and nursing care, to develop educational programmes on quality assurance at a systematic basis at undergraduate and postgraduate level, to provide in-service continuing educational programmes on quality assurance, to measure systematically the nurses' educational needs on quality assurance and improve, modify or redevelop educational programmes on quality assurance.

On the conclusion, results, which are obtained from such research, should be used for the development of educational programmes on quality assurance issues as identified by the health care professionals themselves. Health professionals should not only be aware of the principles and methodologies of quality assurance but should be also technically supported in regard to the implementation of quality assurance programmes in their organisation. The data associated with the educational process and the data associated with the implementation of quality assurance programmes in health care are continuously emerging in the everyday practice.

## ANNEX 1

### QUALITY KNOWLEDGE MEASUREMENT TOOL

#### 1. The amount of information that I get regarding Quality Assurance is:

- excellent   
 enough   
 little   
 very few   
 none

#### 2. A Quality Assurance Programme should investigate:

	YES	NO	I DON'T KNOW
- Medical and nursing interventions			
- Patient satisfaction			
- Job satisfaction			
- Morbidity and mortality			
- Administrative problems of health organisation			
- Adequate function of equipment			
- Resource management of services			
- Efficiency of employees			
- Productivity of employees			
- Appropriateness of building			

Other (please specify) .....

# Medical Annals

#### 3. The health professionals and/or other individuals who should participate to Quality Assurance Programmes are:

	YES	NO	I DON'T KNOW
- Medical staff			
- Nursing staff			
- Administrative staff			
- Paramedical staff			
- Technicians			
- Assisting staff			
- Patients			
- Persons from other health or social organisations			

#### 4. For which reasons, according to your personal opinion, Quality Assurance Programmes should be implemented to Health Organisations;

	YES	NO	I DON'T KNOW
Improvement of medical effectiveness			
Improvement of nursing care			
Reduction of services' cost			
Increasing patient satisfaction			
Increasing job satisfaction			
Improvement of services' co-ordination			
Alleviating the administrative problems			
Active participation of the personnel within the health organisation			

- Other (please specify) .....

**5. My theoretical background provided me with adequate knowledge related to terms such as:**

	VERY MUCH	FEW	NONE
- Effectiveness			
- Efficiency			
- Acceptability			
- Accessibility			
- Standard			
- Criteria			

**6. My theoretical background provided me with adequate knowledge related to methodological approaches such as:**

	VERY MUCH	FEW	NONE
- Structure			
- Process			
- Outcome			

**7. I am adequately informed regarding Quality Assurance Programmes implemented in Health Organisations abroad.**

YES  NO

**8. I know how to use tools of monitoring and evaluation of the nursing care.**

YES  NO

**9. I am adequately educated regarding Quality Assurance issues in Health Organisations**

YES  NO

**10. I know the history of the Quality Assurance Programmes' development in Health Organisations abroad.**

YES  NO

**11. The provided nursing care is the best possible.**

YES  NO  I DON'T KNOW

**12. The nursing care could be improved significantly.**

YES  NO  I DON'T KNOW

**13. Do you believe that a detailed monitoring and analysis of the nursing procedures could be helpful to the identification and solution of the nursing problems?**

YES  NO  I DON'T KNOW

**14. Do you believe that all nurses should be educated on issues regarding the analysis and evaluation of the nursing procedures?**

YES  NO  I DON'T KNOW

**DEMOGRAPHIC DATA**

15. Male  Female  16. Age .....years old

17. Education: ..... 18. Years of employment: .....

19. Speciality: .....



## ΠΕΡΙΛΗΨΗ

**Εισαγωγή:** Οι Νοσηλευτές διαδραματίζουν σημαντικό ρόλο στην υλοποίηση, τη διατήρηση και τη βελτίωση της παρεχόμενης ποιότητας φροντίδας στον τομέα της υγείας. Αλλά η αδυναμία των Νοσηλευτών να παρέχουν συνεχώς ποιότητα νοσηλευτικής φροντίδας σε όλους τους ασθενείς εξαρτάται από πολλούς παράγοντες οι οποίοι αναφέρονται εκτενώς στη βιβλιογραφία. Ως εκ τούτου, η παροχή ποιοτικής φροντίδας και η εφαρμογή των προγραμμάτων διασφάλισης ποιότητας στον τομέα της υγείας συνδέεται στενά με την εκπαίδευση που λαμβάνουν οι Νοσηλευτές σε σχέση με θέματα ποιότητας.

**Στόχος:** Στόχος της μελέτης αυτής ήταν η συγκέντρωση πληροφοριών σχετικά με τις απόψεις, τις εμπειρίες και τις γνώσεις των Νοσηλευτών πάνω σε θέματα διασφάλισης ποιότητας στην Ελλάδα, η χρησιμοποίηση των πληροφοριών αυτών για την ενίσχυση της ποιότητας της φροντίδας που παρέχεται, και η παροχή συστάσεων και απόψεων σχετικά με την εκπαίδευση και τη διασφάλιση ποιότητας.

**Μέθοδοι:** Για το σκοπό αυτό, χρησιμοποιήθηκε ένα δομημένο ερωτηματολόγιο, το Quality Assurance Baseline Questionnaire (QABQ). Αυτό αποτελείται από ερωτήσεις σχετικά με τους τομείς της: παροχής πληροφοριών σχετικά με θέματα διασφάλισης ποιότητας, της εφαρμογής των προγραμμάτων διασφάλισης ποιότητας και της εκπαιδευτικής προετοιμασίας των Νοσηλευτών σχετικά με τη γνώση και αντίληψη για την ποιότητα. Όλα τα δεδομένα αναλύθηκαν στατιστικά, χρησιμοποιώντας περιγραφική στατιστική ανάλυση. Για τη σύγκριση των δεδομένων έγινε χρήση της στατιστικής δοκιμής Pearsons chi squared.

**Αποτελέσματα:** Τα αποτελέσματα της μελέτης αυτής υποδεικνύουν ότι οι πληροφορίες σχετικά με τη διασφάλιση της ποιότητας είναι περιορισμένες στους Νοσηλευτές στην Ελλάδα καθώς φαίνεται να είναι ανεπαρκώς εκπαιδευμένοι σε θέματα διασφάλισης ποιότητας.

**Συμπεράσματα:** Όπως προσδιορίζεται από τους επαγγελματίες υγείας, τα αποτελέσματα αυτά μπορούν να χρησιμοποιηθούν για την ανάπτυξη εκπαιδευτικών προγραμμάτων σε θέματα διασφάλισης ποιότητας,

## REFERENCES

- Willoughby C, Budreau G, Livingston D (1997) A framework for integrated quality improvement. *J. Nurs. Care Qual.* 11:3, 44-53
- Timpson J (1996) Quality and quality assurance in the health care setting: an equitable life? *Journal of Nursing Management.* 4:1, 19-25
- Williams AM (1998) The delivery of quality nursing care: a grounded theory study of the nurse's perspective. *Journal of Advanced Nursing.* 27(4): 808-816
- Morey W (1996) Total quality management and nursing: a shared vision. *Contemporary Nurse.* 5:3, 112-6
- Glen S (1998) The key to quality nursing care: towards a model of personal and professional development. *Nursing Ethics.* 5(2): 95-102
- Stavropoulou A, Biley FC (1997) The influence of postgraduate studies on nurses' professional and personal development. *European Nurse.* 2(1): 7-15
- Ruiz U, Acedo K, Buenaventura R, Coll J, Coronado S, Rivero A, Rocillo S (1992) Implementing total quality management in the Spanish health care system. *Quality Assurance in Health Care.* Mar; 4(1):43-59.
- World Health Organisation. *Continuous quality development: a proposed national policy.* Regional Office for Europe, Copenhagen; 1993.
- Hutchinson A (1998) The philosophy of clinical practice guidelines: purposes, problems, practicality and implementation. *Journal of Quality Clinical Practice.* 18(1): 63-73
- Koller M, Heitmann K, Kussmann J, Lorenz W (1999) Symptom reporting in cancer patients II: Relations to social desirability, negative affect, and self-reported health behaviors. *Cancer.* 86(8): 1609-1620
- Znajda TL, Wunder JS, Bell RS, Davis AM (1999) Gender issue in patients with extremity soft-tissue sarcoma: a pilot study. *Cancer Nursing.* 22(2): 111-118
- Sidani S and Braden CJ. *Evaluating Nursing Interventions. A theory driven approach.* Sage Publications; 1998.
- Bushy A (1998) Health issues of women in rural environments: an overview. *Journal of American Medical Women Association.* 53(2):53-56
- McMurray A (1998) Undertaking research for the benefit of the rural community. *Australian Journal of Rural Health.* 6(2): 89-95
- McCarthy A, Hegney D (1998) Evidence-based practice and rural nursing: a literature review. *Australian Journal of Rural Health.* 6(2): 96-99
- Bigbee JL (1993) The uniqueness of rural nursing. *Nurs Clin North Am.* 28(1): 131-144
- Loran J. *Quality control handbook.* New York, McGraw-Hill; 1998.
- Orsini-Negrón J, Guzmán-Stra C, Long RM, Natividad GG, Noak Y, Obnial T, Riquelme S (1990) Nursing management of the pregnant hemodialysis patient. *ANNA J.* 17(6):451-455
- Kroeber MJ, Boldy DP, Bartlett HP, Denton L (1993) The contribution of quality assurance to the achievement of quality nursing care. *Australian Clinical Review.* 13(4): 175-184
- Bisnaire D (1998) Nursing research in stroke. A review. *Axone.* 20(1): 10-13
- Young WB, Lehrer EL, White WD (1991) The effect of education on the practice of nursing. *Image J Nurs Sch.* 23(2): 105-108
- Melzer SM, Grossman DC, Hart LG, Rosenblatt RA (1997) Hospital services for rural children in Washington State. *Pediatrics.* 99(2): 196-203
- McWilliam CL, Sangster JF (1994) Managing patient discharge to home: the challenges of achieving quality of care. *International Journal for Quality in Health Care.* 6(2): 147-161
- Nilsson-Kajermo K, Nordstrom G, Krusebrant A, Bjorvell H (1998) Barriers to and facilitators of research utilization, as perceived by a group of registered nurses in Sweden. *Journal of Advanced Nursing.* 27(4): 798-807
- Kajermo KN, Nordstrom G, Krusebrant A, Bjorvell H (2000) Perceptions of research utilization: comparisons between health care professionals, nursing students and a reference group of nurse clinicians. *Journal of Advanced Nursing.* 31(1):99-109
- Steeves R, Cohen MZ, Wise CT (1994) An analysis of critical incidents describing the essence of oncology nursing. *Oncology Nursing Forum.* 21(8 Suppl): 19-25
- Pillari V. *Human Behavior in the Social Environment. The developing person in a holistic context.* 2<sup>nd</sup> Edition. Brooks/Cole Publishing Company; 1998.

