A study to assess the knowledge and attitude of staff nurses regarding quality assurance of national accreditation board for hospitals and healthcare providers (NABH) at the selected hospital of Mysuru city

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ABSTRACT

India is growing in the medical world and patients from different parts of the world are coming to India for treatment. This is possible only when the hospitals are maintaining the standards. In the past few years, there has been great pressure to improve the quality of nursing care in India. Because nurses are an integral part of the hospital and play a great role in patient care, a need is always felt to make improvement in nursing practice. To provide safe, competent care nurse needs to have clinical judgment, the right attitude, good communication skills, and knowledge regarding care. Through following the standards of accreditation, a nurse can ensure cost-effective care to clients as well as hospital value in the market also will be enhanced. METHODOLOGY A descriptive study to assess the knowledge and attitude of staff nurses regarding Quality Assurance of NABH was conducted 300 staff nurses were selected trough non-probability convenience sampling method to participate in this study. The tools used for data collection were proforma for personal variables to assess the sample characteristics, structured knowledge questionnaire to assess the level of knowledge and attitude scale to assess the level of attitude. All tools were validated by experts and reliability was established using split-half method for structured knowledge questionnaire and test-retest method for attitude scale and the tool was reliable. The pilot study was conducted and study is found to be feasible. RESULTS The analysis of the data was based on the objectives and hypothesis. Both descriptive and inferential statistics were used for data analysis. Findings of the personal variables showed that majority 198 (66%) staff nurses were in the age group of 22-30years, majority 225 (75%) staff nurses were females, majority 261 (87%) staff nurses have their qualification as GNM, majority 124 (43%) staff nurses were working in wards, majority 140 (47%) staff nurses have 1-5 years of working experience, majority 146 (47%) staff nurses were working as junior staff nurse, majority 169 (56%) staff nurses not attended workshop or conference regarding NABH. The study result shows that majority of the subjects 214(71%) have an average knowledge and majority of the subjects 175(58%) have the positive attitude regarding Quality Assurance of NABH. The study revealed that significant correlation between knowledge and attitude scores [r= 0.130, r (298) = 0.095 p>0.05]. Chi-square was computed and there is an association between the level of knowledge (χ2 (2) = 5.59, p>0.05) and attitude (χ2 (1) = 3.84, p>0.05*) with their selected personal variables like educational qualification. DISCUSSION Sound knowledge and a positive attitude regarding Quality Assurance of NABH among the staff nurses is very important for improvement of quality patient care.*

Keywords: *Attitude, Knowledge, NABH, Quality Assurance.*

1. INTRODUCTION

Health care institutions are focusing on quality of care by doing the right things, to the right people, at the right time and doing things right the first time. The health care quality improvement movement began in the early 1900s with assessments of hospital conditions and the establishment of standards of service.[1]

Today, accreditation has gained worldwide attention as an effective tool to improve quality of hospital services and facilities. It enhances healthcare system to promote continuous quality improvement. National Accreditation Board for Hospitals and Healthcare Providers (NABH) is a constituent board of Quality Council of India, set up by Ministry of Health to establish accreditation programs for healthcare organizations in India. It is based on optimum standards and professional accountability. In an NABH accredited hospitals, there is a strong focus on patient rights and benefits, patient safety, control and prevention of infections, medication errors,

better and controlled clinical outcome and so on. In fact, it helps in preventing and controlling infection related to morbidity and mortality. It is a wonderful tool required to ensure patient safety and quality care.[2]

According to fourth edition NABH guidelines, NABH Standards has ten Chapters, 105 Standards, and 683 Objectives. The ten chapters of NABH are classified under patient and organization centered standards. Continuous quality improvement is one of the organization centered standards which enhances the quality assurance.[3]

Quality improvement is the sixth chapter of an organization centered continuous quality improvement and is not a new concept for hospitals.[4] Quality Improvement is a systematic approach to making changes that lead to better patient outcomes, stronger system performance and enhanced professional development. It helps to improve efforts of all stakeholders, health care professionals, patients and their families, researchers, planners, and educators to make better and sustained improvements.[5]

2. NEED FOR STUDY

As the world is moving towards globalization, the life expectancy is increasing. On average, every person visits a hospital in every 17 years. According to the Journal of the American Medical Association, nearly 1,00,000 people die annually in hospitals due to medical negligence. Among them, 80,000 die from hospital-acquired infections that could have been prevented. So, the quality of services being rendered to patients is important[6].

India is growing in the medical world and patients from different parts of the world are coming to India for treatment. This is possible only when the hospitals are maintaining the standards. In the past few years, there has been great pressure to improve the quality of nursing care in India. Because nurses are an integral part of the hospital and play a great role in patient care, a need is always felt to make improvement in nursing practices.[7]

To improve the quality of health care in health care industry in America Magnet status hospitals are considered as the standard hospitals with best nursing care. In India, too inspiration was taken from Magnet status hospitals and need was always felt to improve standards of nursing care. Therefore, in 2011 a report was published on "Reshaping nursing profession in Indian Hospitals" which stressed on the need to equip nurses with advanced knowledge and competence in a manner that they can prove their potentials.[7]

Currently, 29 hospitals are accredited in Karnataka and three hospitals are accredited in Mysuru district named as BGS Apollo hospital, Vikram hospital and Columbia Asia hospital.[8]

3. OBJECTIVES

- To assess the knowledge of staff nurses regarding Quality Assurance of NABH.
- To assess the attitude of staff nurses regarding Quality Assurance of NABH.
- To determine the relationship between knowledge and attitude scores of staff nurses regarding Quality Assurance of NABH.
- To find the association between level of knowledge and attitude of staff nurses regarding Quality Assurance of NABH and their selected personal variables.

4. HYPOTHESIS

H_1- There will be a significant relationship between knowledge and attitude scores of staff nurses regarding Quality Assurance of NABH

H_2- There will be a significant association between the level of knowledge and attitude of staff nurses regarding Quality Assurance of NABH and their selected personal variables.

5. METHODOLOGY

Research Approach

The research design selected for this study was Descriptive survey approach

Variables

The variables of the study were:

- Knowledge regarding Quality Assurance of National Accreditation Board for Hospitals and Health Care Providers (NABH)
- Attitude regarding Quality Assurance of National Accreditation Board for Hospitals and Health Care Providers (NABH)
- Personal variables include the staff nurse's age, gender, educational qualification, working areas, working experience, designation, attended workshops regarding Quality Assurance.

SETTINGS OF THE STUDY

The study conducted in JSS hospital Mysuru.

POPULATION

Staff nurses working in JSS hospital.

SAMPLE AND SAMPLING

The sample is a subset of the population. The sample of the present study comprises of staff nurses who are working in JSS hospital. In the present study sample size is 300 staff nurses.

SAMPLING TECHNIQUE

Sampling is the process of selecting a portion of the population to represent the entire population. Non-Probability convenience sampling was used for selecting 300 staff nurses for the present study.

SAMPLING CRITERIA

The study samples were selected keeping in view the following predetermined criteria.

Inclusion criteria

- Staff nurses working in JSS hospital for more than one year.
- Available during the period of data collection.
- Willing to participate in the study.

Exclusion criteria

- Nurses who are in the administrative level.
- Staff nurses who are sick at the time of data collection

6. RESULTS

PART-A

DESCRIPTION OF SELECTED PERSONAL VARIABLES OF STAFF NURSES.

Table1: Frequency and percentage distribution of staff nurses according to their selected personal Variables   **n=300**

s.no	Personal variables	frequency	percentage
1.	**Age in years**		
	1.1 22-30	198	66
	1.2 31-40	65	22
	1.3 41 above	37	12
2.	**Gender**		
	2.1 Male	75	25
	2.2 Female	225	75
3.	**Educational qualification**		
	3.1 GNM	261	87
	3.2 BSc. Nursing	13	4
	3.3 PBBSc. Nursing	26	9
	3.4 M.Sc. Nursing	-	-
4.	**Area of working**		
	4.1 Critical care units	92	31
	4.2 Wards	124	43
	4.3 OPDS	35	12
	4.4 Special wards (infection control, labs)	39	13
5.	**Working experience**		
	5.1 1year – 5 years	140	47
	5.2 6 years -10 years	72	24
	5.3 11 years – 15 years	46	15
	5.4 15 years and above	42	14

6.	Currently working as		
	6.1 Junior staff nurse	146	47
	6.2 Senior staff nurse	109	36
	6.3 Ward in-charge	36	12
	6.4 Floor supervisor	9	3
7.	Have you attended any workshop/ conference/seminar related to Quality Assurance/ NABH?		
	7.1 Yes	131	44
	7.2 No	169	56

PART- B

KNOWLEDGE AND ATTITUDE SCORES OF STAFF NURSES REGARDING QUALITY ASSURANCE OF NABH.

Table 2: Frequency and percentage distribution of knowledge scores of staff nurses regarding Quality Assurance of NABH   n = 300

Knowledge scores	Frequency(f)	Percentage (%)
Poor knowledge	41	14
Average knowledge	214	71
Good knowledge	45	15

It is evident in Table 2 and figure 6 that, majority 241 (71%) staff nurses have the average knowledge, 45 (15%) have good knowledge and 41(14%)have poor knowledge regarding Quality assurance of NABH.

Table 3: Mean, Median, Standard deviation and Range of knowledge scores of staff nurses regarding Quality Assurance of NABH   n=300

Variables	Mean	Median	Range	SD
Knowledge scores	22.38	23	10-32	±4.40

The data presented in Table 3 shows that the knowledge score of staff nurses regarding Quality Assurance of NABH ranged from 10-32, with the mean knowledge score of 22.38 and median 23 with the standard deviation of ±4.40.

Table 4: Frequency and percentage distribution of attitude scores of staff nurses regarding Quality Assurance of NABH   n = 300

Attitude scores	Frequency	Percentage (%)
Positive attitude	175	58
Negative attitude	125	42

It is evident from Table 4 and figure 7 that, majority 175 (58%) of staff nurses have a positive attitude and 125 (42%) have a negative attitude regarding Quality Assurance of NABH.

Table 5: Mean, Median, Standard deviation and Range of attitude scores of staff nurses   n =300

Variables	Mean	Median	Range	SD
Attitude scores	116.5	117.5	61-145	±13.15

The data presented in Table 5 shows that the attitude scores of staff nurses regarding Quality Assurance of NABH ranged from 61-145, with the mean attitude score of 116.5, median 117.5 and standard deviation of ±13.15.

PART- C

RELATIONSHIP BETWEEN KNOWLEDGE AND ATTITUDE SCORES OF STAFF NURSES REGARDING QUALITY ASSURANCE OF NABH.

Table 6: Correlation coefficient between knowledge and attitude scores of staff nurses regarding Quality Assurance of NABH   n = 300

Variables	Mean score	Correlation coefficient(r)
Knowledge	22.38	0.130*
Attitude	116.5	

The data presented in table-6 shows that there is a significant and positive correlation between knowledge and attitude scores of staff nurses regarding Quality Assurance of NABH. Thus, the null hypothesis H_{01} is not accepted inferring that there is a significant relationship between knowledge and attitude scores of staff nurses regarding Quality Assurance of NABH. As the knowledge, increased attitude also became more positive and vice versa.

PART -D

ASSOCIATION BETWEEN THE LEVEL KNOWLEDGE AND ATTITUDE OF STAFF NURSES REGARDING QUALITY ASSURANCE OF NABH AND THEIR SELECTED PERSONAL VARIABLES.

Table 7: Chi-square values between the level of knowledge of staff nurses and their selected personal variables n=300

Sl. No	Sample characteristics	Poor knowledge	Average knowledge	Good knowledge	Chi square
1	**Age in years**				
	1.1) 22 years – 30 years	28	141	29	
	1.2) 31years -40 years	12	45	8	1.14
	1.3) 41 years and above	7	25	5	
2	**Gender**				
	2.1) Male	9	51	15	3.50
	2.2) Female	38	160	27	
3	**Educational qualification**				
	3.1 GNM	36	185	40	
	3.2 B.Sc. Nursing	4	8	1	7.11*#
	3.3 PBB.Sc Nursing	7	18	1	
4	**Area of working**				
	4.1 Critical care	14	66	12	
	4.2 Wards	20	88	16	1.13
	4.3 OPD	5	25	5	
	4.4 Special wards (Infection control, labs)	8	32	9	
5	**Working experience**				
	5.1 1 year – 5 years	17	100	23	
	5.2 6 years – 10 years	12	50	10	3.97#
	5.3 11years – 15years	12	30	4	
	5.4 15years and above.	6	31	5	
6	**Currently working as**				
	6.1 Junior staff nurse	17	106	23	
	6.2 Senior staff nurse	22	76	11	5.35
	6.3 Ward in-charge	8	29	8	

7.	Have you attended any workshop/conference/seminar related to Quality Assurance/ NABH?				
	7.1 Yes	14	97	20	4.40
	7.2 No	33	114	22	

$\chi2_{(2)} = 5.59$, $\chi2_{(4)} = 9.49$, $\chi2_{(6)} = 12.59$ p>0.05, p<0.05 *significant # Yates correction

The data presented in Table 7 shows that there is an association between the level of knowledge and their selected personal variables like educational qualification. Hence, the null hypothesis is partially accepted and hence, it is inferred that the knowledge of staff nurses was independent of all selected personal variables except educational qualification.

Table 8: Chi-square values between the level of the attitude of staff nurses with their selected personal variables

n=300

Sl. No	Sample characteristics	Positive Attitude	Negative attitude	Chi square
1	**Age in years**			
	1.1) 22 years – 30 years	151	84	
	1.2) 31years -40 years	38	26	0.072
	1.3) 41 years and above	22	15	
2	**Gender**			
	2.1) Male	39	36	
	2.2) Female	136	89	1.650
3	**Educational qualification**			
	3.1 GNM	145	116	
	3.2 B.Sc. Nursing	11	2	6.37*#
	3.3 PBB.Sc Nursing	19	7	
4	**Area of working**			
	4.1 Critical care	54	38	
	4.2 Wards	72	52	0.0436
	4.3 OPD	20	15	
	4.4 Special wards (infection control, labs)	29	20	
5	**Working experience**			
	5.1 1 year – 5 years	78	62	
	5.2 6 years – 10 years	46	26	1.336
	5.3 11years – 15years	27	19	
	5.4 15years and above.	24	18	

6	**Currently working as**			
	6.1 Junior staff nurse	82	64	
	6.2 Senior staff nurse	65	44	0.638
	6.3 Ward incharge	28	17	
7	**Have you attended any workshop/conference/seminar related to Quality Assurance/ NABH?**			
	7.1 Yes	80	51	0.715
	7.2 No	95	74	

χ2 (1) = 3.84; χ2 (2) = 5.59; χ2 (3) = 7.82; χ2 (4) = 9.59; p>0.05, p<0.05 *significant # Yates correction

The data presented in Table 8 shows that there is significant association found between the level of attitude and their selected personal variables like educational qualification. Hence, the null hypothesis is partially accepted and hence, it is inferred that the attitude of staff nurses was independent of all selected personal variables except educational qualification.

7. LIMITATIONS

- The Non-probability convenience sampling technique adopted, limits the generalization of the findings.
- The study is limited to staff nurses of JSS Hospital alone.

8. RECOMMENDATIONS

The following recommendations were made based on the results of the study:

- A Comparative study can be conducted to evaluate and compare nurses and other health care professional's knowledge and attitude regarding Quality Assurance of NABH.
- An Explorative study can be conducted to assess the barriers to accepting Quality Assurance of NABH
- A similar study can be conducted with experimental and control group and on larger samples for wider generalization.
- A similar study can be conducted with structure teaching programme for Quality Assurance of NABH.

9. CONCLUSION

Analysis of the findings revealed that majority 214(71%) of staff nurses have average knowledge regarding Quality Assurance of NABH and there is significant association found between the level of knowledge of staff nurses and their selected personal variables like educational qualification. The findings revealed that majority 175(58%) of staff nurses have positive attitude regarding Quality Assurance of NABH and there is significant association found between the level of attitude of staff nurses and their selected personal variables like educational qualification and there is a positive significant correlation(r=0.130) between knowledge and attitude scores of staff nurses regarding Quality Assurance of NABH. Thus, it was concluded that majority of staff nurses are having the average knowledge and positive attitude regarding Quality Assurance of NABH.

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