Quality Nursing Care: a Selective Review of the Literature of Patients' and Nurses' Interpretations

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SUMMARY

What is already known about the topic?

- Quality nursing care is a concept that attracted the interest of nurse professionals around the world.
- Quality of nursing care is a multidimensional concept which is difficult to define or measure.
- Patients and nurses hold different meanings in relation to quality nursing care.

What this paper adds?

- Despite the different understandings between nurses and patients two aspects of the care were found common, that is being cared for by competent nurses and addressing the patient's needs.
- Contributes to the debate surrounding quality nursing care and fuels the concern for clarity, and accuracy in relation to the conceptualisation of the term.
- Quality nursing care is a context specific term, meaning that many variables deriving from contextual factors influence the way that patients and nurses view quality.

Introduction

Quality nursing care is desired by patients and promised by nurses. However, the complexity and ambiguity of the term which has been highlighted in the literature obstructs nurses moving beyond asserting to assuring that the care they provide is excellent. A main reason for this complexity derives from the many conceptualisation attempts and the lack of a consensus term. The literature review showed that many alternative concepts are used interchangeably with 'quality nursing care'. Another reason for the difficulty of defining quality nursing care is the differences between patients' and nurses' perceptions of what is important for interpreting and providing of quality nursing care. Researchers have explored the issue of quality mainly from the nurses' perspectives whilst after the 80s there was an emerging body of literature that explored the issue from the patient's perspective. The clinical question which this review attempted to address was whether a consensus understanding in relation to quality nursing care exists between patients and nurses.

Method for reviewing the studies

The method used to review the nursing literature was based on two electronic computer databases (PubMed and Cinahl). The database was searched for articles published from 1993 to 2007 that used the terms quality of nursing care, quality care, quality health care or quality in the title or abstract. Other terms used in the search strategies were "quality definition", "quality indicators", and "perceptions of quality". The electronic search yielded a total of 3417 citations. Coming from a Greek background and considering the reforms that are taking place at the health care systems in Greece and Cyprus I wanted to include any research or literature review articles from Greece and Cyprus. Therefore, the review strategy included 4 additional citations from two nursing journals, Nosileftiki and the Cyprus Nursing Chronicles, increasing therefore the number of citations to 3421. This set of citations was then limited to articles appearing in nursing journals published in the U.S, U.K, and the Scandinavian countries. The search was limited to studies coming from these countries in order to maintain a specific regional (Europe – USA) focus of the review instead of using data coming from various regions. The resulting set of 97 citations and their abstracts was then reviewed manually to exclude any articles without a clear nursing focus. Furthermore, articles were included in the review based on certain inclusion criteria which included (a) a clear focus on nursing, (b) a description of the concept of quality (c) a clarification of the elements used by nurses and patients to interpret quality and finally (d) inpatient nursing care for adults (19-65+). Furthermore, the methodological quality of the studies was assessed on the basis that the researchers attained validity and reliability with Oxman & Guyatt's index, a validated tool that scores reviews on a seven point scale (Oxman & Guyatt 1991). Reports were regarded as having serious or extensive flaws if they received a score of 1 to 3, and as having minimal or minor flaws if they received scores from 4 to 7. In terms of the qualitative studies that were included in the review their truth and accuracy were taken into consideration, that is if they established the truth of accounts (in that they represent some reality outside the research itself) and adding to theory (in that the findings are applicable to a population or setting wider than that of the study). Based on these exclusion and inclusion criteria a total of 80 articles were manually eliminated, leaving 17 articles identified from the electronic search.

A noticeable heterogeneity was observed between the studies. Although differences between studies in terms of setting, country, level of nurse training, and the period of time studied were anticipated, much heterogeneity remained after allowing for these factors. This heterogeneity is probably reflected on the diverse ways in which nurses and patients understand the concept of 'quality'. Therefore, comparisons, safe conclusions and generalisations should be made having in mind this limitation.

The abstracts were carefully reviewed and categorised according to major focus, and research or theoretical focus using an inductive qualitative method for categorisation. Articles were separated into 2 categories, with each category including articles with a theoretical focus and a research focus respectively. The research-based articles were sub-divided into 3 categories according to their major focus. The 3 sub-categories consisted of articles exploring the issue of quality from a nursing perspective, from a patient perspective and finally from a combined perspective (nurse-patient).

Articles with a theoretical focus

According to Raya (1994) quality nursing care should be based on the views of the patients, who are the immediate evaluator of the provided care. Patients are those who define and assess quality (p. 1). Here lays perhaps the reason why their opinions on what constitutes high quality care or what makes their care inadequate should be taken into consideration (Leino-Kilpi & Vuorenheimo 1993). However, this according to Gunther & Alligood (2002) impeded the nursing profession to articulate clearly what comprises high quality nursing care because we have been defining it as a product viewed from the patient's perspective rather than a service offered by the profession. Raya (1994) asserts that

quality "is the relative effectiveness of the nursing care, which is considered an aggregation of values and indicators of the health status, within the bounds of preserving or improving the health of the patients" (p. 2). Defining and assessing the quality nursing care appears to be a complex and difficult process, due to the difficulty of defining and measuring nursing itself. It takes knowledge on the nursing process, designation of the nurses' professional competency as well as the nursing adroitness: interpersonal, mental, technical, social, managerial, leadership, collaboration, research, teaching, organisational and self-evaluation. Raya (1994) asserts that the outcomes of the nursing care reflect a key view of the quality of nursing care. Finally, she comments that defining quality nursing care is only the beginning of our efforts to achieve quality.

Raftopoulos & Theodosopoulou (2001) performed a historic review on quality in the health sector. They assert that even if quality has different meanings to different people, there are some common elements in the various definitions which allow its evaluation and assessment. They emphasise that quality is the result of two depended variables: the relationship between patient and nurse. Hence, the patient and the nurse view quality from different perspectives. Quality of care is "the degree to which the health care services provided to the people and populations increase the likelihood of achieving the desired outcomes, based on the current knowledge" (Raftopoulos & Theodosopoulou 2001, p. 21). They assert that the dimensions of quality include: the safety of the environment, accessibility to services, appropriate care, and continuation of care, efficiency, effectiveness and on time care.

Gunther & Alligood (2002) established a framework for defining quality of care based in nursing's unique body of knowledge through identification of nursing actions associated with high quality care. The authors assert that the meaning of quality as it pertains to nursing remains elusive because the frameworks used to define the concept and develop theories emerge from the perspective of people other than those in the nursing profession. The provision of high quality nursing care requires mastering the knowledge of basic life sciences (Gunther & Alligood 2002). Building on this foundation, the nurse adds specialised knowledge from other health care disciplines pertinent to the patient population. In addition, 'high quality nursing care' involves an understanding and utilisation of principles from the social sciences. However, the simple possession of knowledge is not enough to provide quality care. The nurse needs to apply that knowledge in relation to the patient's life (Astedt-Kurki & Haggman-Laitila 1992, Allan 2001). Being provided for by nurses who are up-to-date, well informed and willing to communicate information about both the health problem and the necessary care forms the core of patients' definition (Fitzpatrich et al. 1992, Meister & Boyle, 1996, Ming Ho Lau & Mackenzie 1996). Patients require from nurses to hold certain dispositions in order to provide quality care such as empathy, reliability, responsiveness and caring. Moreover, nurses need to be friendly, kind, objective and possessing a sense of humour. Reflecting their patients' values, nurses cite the ability to act in the best interest of the patient as the prime indicator of quality. Nurses acknowledge as necessary attributes for the provision of quality nursing care: empathy, dedication, cheerfulness, tact, commitment, confidence, sincerity, humility, subtlety and compassion (Gunther & Alligood 2002).

Contrary to the researchers' opinions expressed above that quality is dependent on the patient and the nurse Normand et al. (2000) concluded that the current debate around the definitions of quality in nursing care is rooted in a wider debate about how health services ought to be organised, in arguments about efficiency and professional skill-mix, and the reorientation of health and social care boundaries. Therefore, the process of defining and measuring the quality of the nursing care is not only about individual practitioners but also about how nursing is organised within health care institutions. Adding to this is the fact that nurses are 'lacking of a well-accepted body of research evidence on which to base their standards of best practice, and it is not clear that approaches to quality prevailing in medical practice are suitable for nursing' (p. 407). The concept of quality has different meanings in the private and the public sector. They considered that the concept of quality in the private sector could be restated as 'customer satisfaction', which is 'the valuation of the extent to which a product or a service conforms to an agreed set of standards and characteristics that should be incorporated into a product or service'. Quality becomes then associated with the success a service has in adjusting to the dynamic needs of customers, who play an important role in helping the service set certain service specifications. Therefore, quality is the result of both conforming to a common standard that can be objectively measure, and it can be defined as the extent to which an organisation can adapt to individual customer preferences. This view expressed conforms to the view expressed earlier by Donabedian (1980) who gave the definition of quality a wider perspective through his classic formulation of system quality around the structure, process and outcome of a service. The conceptualisation of quality in the public sector is focussed on six fundamental elements according to Maxwell's (1984) definition: equity, effectiveness, acceptability, efficiency, access and relevance. This definition of quality incorporates notions of societal benefit and fairness rather than simply 'customer satisfaction', by focusing on access and equity. It was made explicit that a public service has to contribute to social as well as individual goals. Finally, health services should be based on good evidence of clinical effectiveness rather than simply be a desired service.

Currie et al. (2005) performed a literature review exploring the relationship between quality of care and selected organisational variables through a consideration of what is meant by perceptions of quality, whose perceptions are accorded dominance and whether changes in staffing, skill mix and autonomy affect perceptions of quality. In terms of perceptions of quality, researchers have endeavoured to elicit both patient and staff perception of quality through the

use of qualitative approaches (Fosbinder 1994). According to their literature review there appear to be contradicting views on the perceptions of quality expressed by nurses and patients. Some studies (Al-Kantari & Ogundeyin 1998, Clemes et al. 2001) appear to support the estimation that nurses and patients express similar perceptions in relation to quality of care while other studies seem to support otherwise (Ervin et al. 1992, Bassett 2002). Research exploring nurses' perceptions of quality care suggest that there are differences between what patients and nurses perceive to be good care. Nurses appeared to value the interpersonal elements, while patients seemed to value competence, knowledge and technical skills Currie et al. (2005). Research by Ervin et al. (1992) found that patients and staff commonly disagreed on the nature of the health problems, treatments and outcomes. Other studies (Irurita 1999; Attree 2001) reported that patients identified different levels of quality depended on contextual and intervening conditions linked to the environment, organisation, and the personal characteristics of both staff and patients.

Redfern & Norman (1990) in their review of the methods used to measure the quality of the nursing care they also explored the way nurses view quality. Based on their findings Redfern & Norman (1990) provided a terminology in relation to the concept of quality in health care. They assert that the quality in the context of health care is more than patient satisfaction since the expectations of patients may be low and their knowledge limited. Social and cultural values influence the concept of quality of nursing care and these aspects should be incorporated in any definition. Therefore, quality of nursing care must also incorporate considerations of equity, accessibility, acceptability, efficiency, effectiveness and, perhaps most important, appropriateness.

Research articles

• **Nurses' Perspectives**

Williams (1998) carried out a grounded theory study of the nurses' perceptions in relation to the delivery of quality nursing care. Ten registered nurses purposively selected from four surgical speciality wards of an acute-care public hospital located in Perth, West Australia were interviewed. Additionally, transcripts of 12 additional interviews were made available for comparison and clarification of categories towards the end of the analysis. Data were analysed with the use of constant comparative method of analysis, whereby collection, coding and analysis occurred simultaneously (Glaser & Strauss 1967). The presence or absence of needs holds a central role in determining the quality of nursing care. Nurses described and assessed the concept in terms of the degree to which the patients' needs were met. Quality nursing care was described as 'meeting all the needs of the patients or clients you are looking after' whilst low quality nursing care was related to the omission of nursing care required to meet patients' needs' (Williams 1998, p. 811). According to the nurses, patients' needs were identified as physical or psychosocial. The physical needs were related to a lack of personal independence in the physical daily functional activities of the person. Psychosocial needs required the nurses to assume a supportive role for the patient. This care involved specific ways of communicating, providing information, caring and advocating for the patient whilst the patient's family and aspects of their social life were also included in this care. The nurses placed great emphasis on meeting patients' psychosocial needs and described the care of these needs in greater detail than care for physical needs (Williams 1998). However, the excessive workload limited the nurses available time for patient care, forcing them to prioritise care providing more emphasis on the physical needs rather than on psychosocial or extra care needs of the patients.

Hogston (1995) explored practicing nurses' perceptions of quality nursing care and from these to establish a definition. The opportunistically selected sample was consisted of eighteen nurses from a large hospital in the south of England. Data were collected with unstructured interviews and analysed with a modified grounded theory method. Even though the nature of quality in nursing is intricate, nurses have readily identified the infrastructure. The data analysis revealed three categories described as 'structure', 'process' and 'outcome'. This supports previous work on evaluating quality care but postulates that structure, process and outcome could also be used as a framework for defining quality. The category of 'structure' emerged from substantive codes such as skill mix, time, workload (human resources). For nurses the human recourses and quality seem to be complimentary. 'Quality of care is depended on having enough staff of the right skill mix, which in turn allows time to be spent with patients' (Hogston 1995, p. 119). The category of 'process' revealed the complexity of nurses' perceptions of quality. Nurses cited teamwork, multi-disciplinary process, and 'being competent' as the most important elements of this category. These findings demonstrate a conviction towards patient-centre, holistic care which is provided by competent nurses. The third category to describe nurses' perceptions of quality is 'outcome'. Here nurses defined quality in terms of patient satisfaction, meeting patient needs and giving information.

McKenna et al. (2006) performed a study which aimed at developing a tool to measure the perceptions of professional hospital staff in the UK regarding the quality of care provided to patients. Cronenwett & Slattery (1999) already developed an instrument in the US and this study aimed at exploring whether the validity of the tool could be transferred to the UK. Five hospitals were randomly selected in Northern Ireland and 4 hospitals in Oxford, England. The participants were consisted of nurses, medical consultant, speech therapist, physiotherapists and social workers. The

results indicate that for professionals in clinical areas both in the UK and in the US, issues related to competency, communication, confidentiality and dignity of patients, cleanliness, and hygiene, expertise and judgement, safety, discharge procedures, information and education, staff morale and continuity of care are important when it comes to determine their perceptions of the quality of care. In the UK, issues such as waiting lists, resources, leadership, and infections rates were also important for the staff whilst for the staff in the US, general attitude and accessibility of staff and collaboration appeared to be important.

• **Patients Perspectives**

Oermann (1999) asserts that despite the extensive research on defining and measuring health care quality, less attention has been given to consumers' perspectives. Furthermore, she asserts that consumers and providers often hold different perspectives when it comes to define "quality nursing care" (Larrabee 1995, Lynn & Moore 1997, Lynn & McMillen 1999). A convenience sample of 239 consumers was interviewed on their perspectives of quality health care and quality nursing care and data analysed through content analysis. Consumers were recruited from the waiting rooms of clinics and in neighbourhoods of a large metropolitan area in the Midwest. Consumers defined quality nursing care as having nurses who were concerned about them and demonstrated caring behaviours, were competent and skilled, communicated effectively with them and taught them about their care. Consumers defined the quality of health care in terms of access to care, having competent and skilled providers, receiving proper treatment, having freedom to choose their physicians and hospitals, having providers who communicate effectively with them, who teach them about their conditions and treatments and who demonstrate caring behaviours and concern for them as individuals (Oermann 1999).

Oermann et al. (2000) acknowledged the fact that the perceptions of quality nursing care also differ among patients. In-patients have different views of quality care than do consumers in ambulatory facilities. Whilst hospitalised patients describe quality care as hospital staff respecting patients' values and needs, coordination of care, communication and education, physical comfort, emotional support, family involvement and continuity in the transition to home (Edgman-Levitan & Cleary 1996, Ketefian et al., 1997), ambulatory patients are also concerned with issues such as access to care, waiting times, assistance from office staff, and follow-up care and information (Chung et al., 1999, Healy et al., 1995).

Thorsteinsson (2002) performed a phenomenological study in order to investigate how individuals with chronic illnesses perceive the quality of nursing care. Eleven Icelandic participants aged 38-80 years with various chronic illnesses were interviewed and data analysed through the coding and categorisation method. The analysis revealed that there is not a simple definition of the phenomenon "quality of nursing care". The findings emphasise that the quality of nursing care can not be separated from the nurses who provide the care. When asked to describe their experiences, participants mostly described nurses who had given that care, indicating that participants did not separate the two components. The character of the nurses seemed to play a major role in providing high quality nursing care, as attitude and manner infiltrated all discussion of quality34. This is consistent with findings from various studies (Williams, 1998; O'Connell et al., 1999; Redfern and Norman, 1999) along with clinical competence (Irurita, 1999; Radwin, 2000). The findings also indicate connections between quality and caring. The importance of caring has been highlighted in the nursing literature (Watson, 1988; Benner and Wrubel, 1989). Ludwig-Beymer et al. (1993) state that professional caring in nursing and quality of nursing care are undoubtedly linked, as one essential component of quality seems to be caring.

A grounded theory study by Radwin (2000) aimed at analysing theoretically oncology patients' perceptions of the attributes and outcomes of quality nursing care. The purposive sample comprised 22 oncology patients being treated at an urban medical centre; they were interviewed using semi-structured schedule. Eight attributes of quality nursing care emerged from the data: excellent care was characterised by professional knowledge, continuity, attentiveness, coordination, partnership, individualisation, rapport, and caring. In addition, two outcomes of quality care included increased fortitude and a sense of well-being with its constituents of trust, optimism and authenticity.

Lymer and Richt (2006) chose a phenomenographic approach to describe patients' conceptions of quality care and barrier care. Fourteen adult orthopaedic patients were interviewed. The analysis of the patients' conceptions of quality care resulted in the following categories: nice manners; mutual achievement; being involved; being cured; being cared for; and having safe care. These findings confirmed to a large extent the findings from other studies of quality care (Radwin and Alster, 2002; Attree, 2001; Williams, 1998; Wilde et al., 1993).

Wilde et al.. (1993) performed a grounded theory study to develop a theoretical understanding of quality of care from a patient perspective. Thirty-five interviews were conducted with a sample of 20 adult hospitalised patients in a clinic for infectious diseases. Data were analysed according to constant comparative method. The data analysis suggests that patients' perceptions are formed by their encounter with an existing care structure and by their system of norms, expectations and experiences. For patients quality of care 'can be regarded as a number of interrelated dimensions which taken together form a whole'. These dimensions include the 'medical-technical', the 'physical-technical conditions', the 'identity-oriented approach' and the 'socio-cultural atmosphere'. Wilde et al.. (1993) assert that

'The content of this whole can be understood in the light of two conditions (core variables) which are labelled as the 'resource structure of the care organisation' and the 'patient's preferences'. The resource structure is of two kinds: person-related and physical- and administrative amenities.

Introduction

Person related qualities refer to the caregivers' (p. 115).

The authors comment that with the exception of the 'social-cultural atmosphere' dimension, all the other dimensions have been previously mentioned in the literature (Ware & Snyder 1975, Risser 1975, Hinshaw & Atwood 1981, Brody et al. 1989). This 'social-cultural atmosphere' dimension has not been emphasised by the literature whilst some researchers in their writings seem to cover some socio-cultural aspects of quality Philips et al. 1990; Donabedian 1980).

- **Nurses' and Patients' Perspectives**

Charalambous et al. (2008) performed a hermeneutic phenomenological study of quality nursing care as this is perceived by patients, their advocates and their nurses. Data were collected through narratives and focus groups. Data analysis was done by implementing the principles of Ricoeur's interpretation theory and the principles of the hermeneutic circle. The results showed that there are seven common attributes used to interpret quality nursing care:

- Receiving care in easily accessible cancer care services.
- Being cared for by nurses who effectively communicate with them and their families and provide emotional support.
- Being empowered by nurses through information giving.
- Being cared for by clinically competent nurses.
- Nurses addressing their religious and spiritual needs.
- Being cared for in a nursing environment which promotes shared decision-making.
- Patients being with and involving the family in the care.

Kunaviktikul et al. (2001) performed a descriptive study in Thailand in order to develop a definition of quality of nursing care and to determine how it is measured. The first phase used individual interviews and focus groups discussion and the second phase included consultations with quality of nursing care experts. An interview guide was used to structure the interviews and the draft definitions of quality and suggested indicators were used when consulting with the experts in the second phase of the study. Ninety-six nurses were recruited from a university and central hospital. Patients were conveniently recruited from the provincial and central hospitals. The second phase included 31 participants. The data were analysed through coding and categorisation. The main themes were: meeting the physical needs of the patients; providing psychological support; ensuring spiritual needs are addressed; patients are satisfied with the care; nursing care is responsive to the needs as defined by the patient; and ensuring holistic care is given. The definition of quality of nursing care identified by nurse administrators and staff nurses was similar: 'Is the conduct of nurses based on nursing standards to create safety and satisfaction for the patients'. The hospital directors' definition was: 'Quality of nursing care is based on standards of fast and efficient service and the satisfaction of the patient with that service'. Patients provided different perceptions when asked about the quality of the nursing care: 'Is the conduct of qualified nursing personnel with good service behaviours such as caring behaviour and responsiveness to what the patients wanted' (Kunaviktikul et al. 2001, p. 782). These were analysed and summarised into one definition as follows: 'Quality of nursing care is nursing's response to the physical, psychological, emotional, social and spiritual needs of patients provided in a caring manner, so that the patients are cured, healthy, to live normal lives and both the nurses and the patients are satisfied'. These findings support Donabedian's model which views quality within structure, process and outcome frameworks. These elements provide a basis to evaluate and compare health care quality (Mitchell et al. 1998).

Al-Kantari & Ogundeyin (1998) used an exploratory research method and a purposive sample of 109 nurses and 148 patients to test certain hypotheses in relation to quality of care in the 5 main general hospitals in Kuwait. Data were collected using an instrument consisting of the elements of the nursing process. The researchers concluded that 'Quality nursing care is care rendered to patients in a hospital unit based on the appropriate use of the nursing process' (p. 918). Furthermore, they found that regardless of the units where patients were admitted quality of care by nurses was similarly evaluated by the patients. The results showed that there was no statistically significant difference in the perception of the quality of nursing care between the patients in the medical and surgical units of the five study hospitals. Finally it was shown by the analysis that there was no significant difference in the perceptions of quality care by nurses according to work experience and by patients in all hospitals regardless of the patients' age and gender.

Redfern & Norman (1999) performed a qualitative study in order to identify indicators of quality of nursing care from the perceptions of patients and their nurses. Three hospitals participated in the study and 96 patients were interviewed from elderly, medical and surgical wards and 80 nurses. The analysis procedure was based on Flanagan's critical incidence technique. The good nurse respects patients and treats them as individuals in a therapeutic ward atmosphere, attends to their emotional needs and need for information, and takes the initiative in providing thorough care. Other qualities singled out by patients are nurses who raise patients' morale by responding promptly to their needs and promoting their autonomy, and who are successful in building a therapeutic environment. Important to nurses is to have colleagues who always strive to do their best and where leadership is effective, nurses are clinically knowledgeable and are committed to clinical teaching and supervision (p. 421).

Charalambous & Papastavrou (2006) performed a quantitative study in relation to the use of satisfaction of nurses and patients as indicators of quality of nursing care in oncology departments. The study included 194 patients and 48 nurses. Patients and their nurses were asked to articulate their perceptions on quality nursing care and analysis showed that they hold similar perceptions on this topic. According to the data analysis for patients quality nursing

care is 'the appropriate application of the nursing procedures by experienced staff with dignity and respect, which aims at the holistic care of the patient under circumstances of equity'. Nurses on the other hand believe that quality nursing care is 'the provision of holistic care to the patient with the appropriate means from skilful and experienced nurses in a way that the patient feels secure and his dignity is protected' (p. 27).

Discussion

The review showed that researchers quite often have come up with definitions of what constitutes quality nursing care whilst taking for granted several assumptions about this issue. They often assume that patients and nurses hold similar perspectives on this issue. Moreover the vast majority of the available definitions were developed merely by seeking either the perspectives of the patients or the nurses.

The review has emphasised that 'quality nursing care' is a multidimensional and ambiguous term with much debate about its meaning and the factors that influence it. The different settings, different nursing roles, the diversity between in-patients and out-patients perceptions add to the difficulty in defining quality. Although specific definitions for quality nursing care are available, the content of these varies. As a result it is likely that a consensus term might not be attainable simply because patients and nurses have a different view and experience care differently and despite the common elements found in patients' and nurses' perceptions. Because establishing a definition based on these commonalities would simply be incomplete and not taking "quality" holistically.

Perhaps the variety and ambiguity of perceptions is the main reason why there so many different definitions of 'quality nursing care', a situation which often causes confusion. In the literature, the following concepts have been used by the researchers to describe the phenomenon: quality of care, quality nursing care, quality health care, quality of patient care. These definitions are often used interchangeably causing greater confusion in relation to the intentions of the researchers. Rarely the researchers explicitly identify what exactly they aim to find through their research, and as a result the definitions they provide are left open to the reader's interpretation.

A question that was raised by this review is whether it would be appropriate and more effective if different definitions of quality of nursing care should be used for patients and for nurses. What about the fact that patients might have different perceptions of quality depending on the clinical setting. Should different definitions be used in these circumstances? With the many different perceptions in the health care it would probably be necessary to have more than 30 definitions just for one hospital. Would not this create confusion among the nurses and the profession and most importantly would it be possible to provide and evaluate quality nursing care then?

Conclusion

Many reviews published in peer reviewed journals have serious methodological flaws that limit their value to guide decisions in relation to quality nursing care.

Despite the complexity of the concept of 'quality nursing care' and the difficulty to identify common attributes when interpreting this concept, patients and nurses tend to use some common attributes in their interpretations. The satisfaction of needs can be identified as a fundamental principle when interpreting the concept. The concept of "needs" however, is an ambiguous term and seems to have different meaning in relation to quality. Therefore, some patients and nurses prioritise the physical needs as more important and other think that the spiritual and religious needs have a priority when caring for the patient or when receiving the care. Another common principle that can be identified is the expression of a "caring behaviour" when delivering and receiving the care. Both patients and nurses believe that it is important that the nurse is "caring" when delivering the care. This caring behaviour can be expressed with many ways such as building trusting patient-nurse relationships and moving from "caring for" to "caring about" the patient.

References

Allan H. 2001. A 'good enough' nurse: supporting patients in a fertility clinic. Nursing Enquiry 8, 52-60.

Al-Kantari F. & Ogundeyin W. 1998 Patients' and nurses' perceptions of the quality nursing care in Kuwait. Journal of Advanced Nursing 27, 914-921.

Astedt-Kurki P. & Haggman-Laitila A. 1992. Good nursing practice as perceived by clients: a starting point for the development of professional nursing. Journal of Advanced Nursing 17, 1195-1199.

Attree M. 2001. Patients' and relatives' experiences and perspectives of 'good' and 'not so good' quality care. Journal of Advanced Nursing 33(4), 456-466.

Bassett C. 2002. Nurses' perceptions of care and caring. International Journal of Nursing Practice 8, 8-15.

Benner, P., & Wrubel, J. 1989. The Primacy of Caring: Stress and Coping in Health and Illness. Addison-Wesley, Menlo Park, California.

Brody D., Miller S., Lerman C., Smith D.G., Lazaro C.G. & Blum M. 1989. The relationship between patients" satisfaction with their physicians and perceptions about interventions they desired and receive. Medical Care 27, 1027-1-35.

Charalambous A. & Papastavrou E. 2006. Nurses' and Patients' satisfaction as quality indicators in Oncology Departments. Cyprus Nursing Chronicles 7(2), 14-34.

Charalambous, A., Papadopoulos, R., Beadsmoore, A. 2008. Listening to the voices of patients with cancer their advocates and their nurses: A hermeneutic-phenomenological study of quality nursing care, European Journal of Oncology Nursing, doi:10.1016/j.ejon.2008.05.008.

Chung K.C., Hamill J.B., Kim H.M., Walters M.R. & Wilkins E.G. 1999. Predictors of patient satisfaction in an outpatient plastic surgery clinic. Annals of Plastic Surgery 42(1), 56-60.

Clemes, M.D., Ozanne, I.K., Laurenson, W.L. 2001. Patients' perceptions of service quality dimensions: an empirical examination of health care in New Zealand. Health Mark Q 19(1), 3-22.

Cronenwett, l., Slattery, M.A. 1999. Measure of perceptions of Unit Quality. University of North Carolina: Chapel Hill and Dartmount-Hitchcock.

Currie V., Harvey G., West E., McKenna H. & Keeney S. 2005. Relationship between quality of care, staffing levels, skill mix and nurse autonomy: literature review. Journal of Advanced Nursing 51(1), 73-82.

Donabedian A. 1980. Definition of quality and approaches to its assessment and monitoring, vol I. Health Administration Press, Michigan.

Edgman-Levitan S. & Cleary P.D. 1996. What information do consumers want and need? Health Affairs 15(4), p 42-56.

Ervin N.E., Walcott-McQuigg M.S., Chen Shu Pi C. & Upshaw H.S. 1992. Measuring patients' perceptions of care quality. Journal of Nursing Care Quality 6(4), 25-32.

Fitzpatrick J.M., While A.E. & Roberts J.D. 1992. The role of the nurse in high-quality patient care: a review of the literature. Journal of Advanced Nursing 12, 1210-1219.

Fosbinder D. 1994. Patient perception of nursing care: an emerging theory of interpersonal competence. Journal of Advanced Nursing 20, 1085-1093.

Glaser B. & Strauss A. 1967. The discovery of grounded theory: strategies for qualitative research. Weidenfeld and Nicolson: London.

Gunther M & Alligood M.R. 2002. A discipline-specific determination of high quality nursing care. Journal of Advanced Nursing 38(4), 353–359.

Healy J.M., Govoni L.A & Smolker E.D. 1995. Patient reports about ambulatory care. Quality Management in Health Care 4(1), 71-81.

Hinshaw A. & Atwood J. 1981. A patient satisfaction instrument: precision by replication. Nursing Research 31, 170-175.

Hogston R. 1995. Quality nursing care: a qualitative enquiry. Journal of Advanced Nursing 21, 116-124.

Irurita V. 1999. Factors affecting the quality of nursing care: the patients' perspective. International Journal of Nursing Practice 5, 86-95.

Ketefian S., Redman R., Nash M.G. & Bogue E. 1997. Inpatient and ambulatory patient satisfaction with nursing care. Quality Management in Health Care 5(4), 66-75.

Kunaviktikul W., Anders R.L., Srisuphan W., Chontawan R., Nuntasupawat R. & Pumarporn O. 2001. Development of quality of nursing care in Thailand. Journal of Advanced Nursing 36(6), 776-784.

Larrabee J.H. 1995. The changing role of the consumer in health care quality. Journal of Nursing Care Quality 9, 8-15.

Leino-Kilpi H. & Vuorenheimo J. 1993. Perioperative nursing care quality – Patients'opinions. AORN 57(5), 1061-0171.

Ludwig-Beymer, P., Ryan, C.J., Johnson, N.J., Henness, K.A., Gattuso, M.C., Epsom, R., Czurylo, K.T. 1993. Using patient perceptions to improve quality care. Journal of Nursing Care Quality, 7(2), p 42–51.

Lynn M.R. & Moore K. 1997. Relationship between traditional quality indicators and perceptions of care. Seminars for Nurse Managers 5, 187-193.

Lynn M.R. & McMillen B.J. 1999. Do nurses know what patients think is important in nursing care? Journal of Nursing Care Quality 13(5), 65-74.

41. Lymer, UB & Richt, B. 2006. Patients' conceptions of quality care and barrier care. J Eval Clin Pract. 2006 Dec;12(6):682-91

Maxwell R. 1984. Quality assessment in health. British Medical Journal 288, 1470-1472.

McKenna H.P., Keeney S., Currie L., Harvey G., West E. & Richey R.H. 2006. Quality of Care: a comparison of perceptions of health professionals in clinical areas in the United Kingdom and the United States. Journal of Nursing Care Quality 21(4), 344-351.

Meister C. & Boyle C. 1996. Perceptions of quality long-term care: a satisfaction survey. Journal of Nursing Care Quality 10, 40-47.

Ming Ho Lau V. & Mackenzie A. 1996. Attributes of nurses that determine quality of care for mentally handicapped people in an institution. Journal of Advanced Nursing 24, 1109-1115.

Mitchell P.H., Fesketich S., Jennings B.M. 1998. American Academy Nursing Expert Panel on Quality Health Care: quality health outcomes model. Journal of Nursing Scholarship 30, 43-46.

Normand C., Douglas H.R. & Castelnuovo E. 2002. Quality in nursing care: context, complexity and the role of professions. NT Research 5(6), 407-415.

O'Connell, B., Young, J., Twigg, D. 1999. Patient satisfaction with nursing care: a measurement conundrum. International Journal of Nursing Practice, 5, p 72–77.

Oermann M.H. 1999. Consumers' descriptions of quality health care. Journal of Nursing Care Quality 14, 47-55.

Oermann M.H., Lambert J. & Templin T. 2000. Patients' perceptions of quality health care. MCN 25, 242-247.

Oxford University Press. 2002. The Concise Oxford Dictionary of Current English. OUP: Oxford.

Oxman AD, Guyatt GH. (1991) Validation of an index of the quality of review articles. J Clin Epidemiol; 44, 1271-1278

Phillips L.R., Morrisson E.F. & Young M.C. 1990. The Qualcare Scale: testing of a measurement instrument for clinical practice. International Journal Nursing Studies 27, 77-91.

Radwin L. 2000. Oncology patients' perceptions of quality nursing care. Research in Nursing and Health 23, 179-190.

Radwin, L.E. & Alster, K. 2002. Individualized nursing care: an empirically generated definition. International Nursing Review: Official Journal of the International Council of Nurses 49, p 54–63.

Raftopoulos B. & Theodosopoulou H. 2001. The quality in health care sector. Nosileftiki 1, 8-23.

Raya A. 1994. Quality in Nursing. Nosileftiki, 5(30), 317-320.

Redfern S.J. & Norman I. 1990. Measuring the quality of nursing care: a consideration of different approaches. Journal of Advanced Nursing 15, 1260-1271.

Redfern S.J. & Norman I. 1999. Quality of nursing care perceived by patients and their nurses: an application of the critical incidence technique (Part I). Journal of Clinical Nursing 8(4), 407-413.

Risser N. 1975. Development of an instrument to measure patient satisfaction with nurses and nursing care settings. Nursing Research 24, 45-52.

Thorsteinsson, L. 2002. The quality of nursing care as perceived by individuals with chronic illnesses: the magical touch of nursing. Journal of Clinical Nursing, 11(1), p32-40.

Ware J.E. & Snyder M.K. 1975. Dimensions of patient attitudes regarding doctors and medical care services. Medical Care 13, 669-682.

Watson, J. 1988. Nursing: Human Science and Human Care. A Theory of Nursing. New York: National League for Nursing.

Wilde B., Starrin B., Larsson G. & Larsson M. 1993. Quality of care from a patient perspective: a grounded theory study. Scandinavian Journal of Caring Sciences 7, 113-120.

Williams A.M. 1998. The delivery of quality nursing care: a grounded theory study of the nurse's perspectives. Journal of Advanced Nursing 27, 808-816.