Explanatory approach to the grounding of the professional nursing practice

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Summary

INTRODUCTION. In the current health care environment, the needs of the population provided the perfect opportunity for nurses to (re)define their practice and professional career. Within this framework, this study aimed thus at identifying the bases that are underlying the practice, as well as the factors that stimulate or jeopardise the quality of care and a practice that is consistent with the desired grounding.

METHOD. Qualitative study with a phenomenological nature carried out in 19 public hospitals in mainland Portugal with the participation of 56 nurses. The tool used for collecting data was a semi-structured interview.

RESULTS. Regarding the factors that stimulate or jeopardise the quality of care a practice that is consistent with the desired grounding, we could highlight features that were perfectly integrated in the triad structure, process and result. In relation to "structure", we could point out the following: organizational resources, human and material resources, service organization, nursing sustainment practices and organization of nursing care. Concerning "process", we could analyse: decision-making process, guiding principles for the professional practice, scientific methodology of health care service, health care documentation process, communication process, collaborative practice and management practice. In what concerns "result", the features were less evident in the participants' speech, and more stressed among clients and nurses.

CONCLUSION. The explanatory approach to the grounding of the professional nursing practice, outlined in a three-dimensional perspective, makes clear the theoretical framework that grounds the practice, as well as the factors in hospital environment, that stimulate or jeopardise the quality of the nursing care.

KEYWORDS: NURSING; PROFESSIONAL PRACTICE; QUALITY ASSURANCE; HEALTH CARE; HOSPITALS.

Introduction

The context of health care service in hospitals has been significantly changing in the recent years. Population ageing and its resulting issues involved, in particular chronic diseases and physical disabilities, have gradually encouraged the need for health care, whose satisfaction is not related to the previously diagnosed illness, nor to the medical treatment already prescribed[1-2], but to the nursing care provided during the transition processes experienced by individuals[3]. In this perspective, we share the idea that despite the need of nurses' maximum skills in the exercise of their collaborative role with the practice of medicine during the diagnosis and treatment of the disease, in fact, the people's care needs claim more and more to the nursing practice displayed by the theoretical models[2].

Consequently, in the current health care environment, the needs of the population have built an ideal opportunity for nurses to (re)define the course of their profession and anticipate a new path for nursing.

Furthermore, as the emergence of themes such as health quality is a reality, in the professional practice contexts, the excellence is encouraged in the professional practice of nurses, which necessarily includes a nursing care service based on the subject's theoretical framework and consistent with the professional practice regulations[4-7].

However, in an institution whose main goal is still the treatment of the illness, we can confirm the great variability of nurses' practices, often based on habits or strongly embedded routines, rather than based on nursing convictions. Was an important stimulus for the development of this study. Its aim was to contribute to the quality of nursing care through the identification of the bases that ground the nursing practice, as well as the factors that stimulate or jeopardise a practice that is consistent with the desired grounding.

Arising from literature review,

and in the scope of the grounding of the nursing practice in the hospital context, we could observe that although it is comprehensive, it has not comprised the study of the discipline's theoretical framework contribution and, simultaneously, professional practice regulation instruments, for quality assurance of nursing care. From the research performed on the contribution of the discipline's theoretical framework, we verified that it mainly focusses on its applicability in specific contexts and oriented to a specific customer profile. Regarding the professional practice, the nurses' perception about the contribution of regulations to ensure quality has not been identified. In fact, the way nurses ground their practice in the hospital setting in order to ensure the quality of nursing care, as well as factors that stimulate or jeopardise such endeavour, are not clearly defined in the existing studies, in particular in Portugal.

In this context, the need to understand the nurses' perception of on how they ground their practice, as well as the factors that stimulate or jeopardise a practice that is consistent with the desired grounding, impelled us to carry out the present study with the following starting question: How do nurses express their professional practice in a hospital environment?

The following goals have been defined: to understand the nurses' perception regarding their professional practice in a hospital environment; to understand the nurses' perception about the contribution of professional practice to the quality of nursing care; and understand the features that stimulate and jeopardise the quality assurance of nursing care.

Methods

Assuming that the understanding of the nurses' professional practice in the hospital context and the nursing quality care is a complex task, it is important to mention that, in this study, we were interested in perceiving the phaenomena reality, such as it is perceived and experienced by nurses and that justifies the fact that phenomenology has been the adopted framework[8]. Thus, following the adoption of the qualitative paradigm, we sought to achieve reality, unveiling, interpreting and understanding the meanings by those who experience them, in other words, the participants.

As we decided to focus our attention on the national hospital practice, we expected to carry out the study in all health care centres. At the time of the research, there were in the Portuguese mainland 21 Hospital Centres, all of them integrated in the Corporate Public Entity management model. Given that two of these hospitals did not accept to take part in the study, it was conducted in 19 Hospital Centres.

For the identification of the participants, the sampling technique used was intentional. In order to ensure a deeper understanding of the phaenomena under study, we integrated representatives of nurse managers, specialist nurses and nurses in the group of participants. Data collection was performed through semi-structured interview. The meetings with the participants was previously scheduled by telephone contact, according to their availability. Interviews took place between August 2015 and February 2016 with an average duration of 60 minutes each. All participants were asked to sign an informed consent, declaring their compliance with the study and a permission to record the interview.

In each of the institutions that accepted to participate in the research, a nurse manager, a nurse specialist and a nurse were informants in the study. Since one nurse manager declined to participate in the research, a total of 56 nurses took part as study informants.

To ensure anonymity, all interviews were coded, using the first letter of the word "interviewed" ("entrevistado" in Portuguese language), followed by a number. From E1 to E19 correspond to interviews with nurses, from E20 to E38 with specialist nurses and from E39 to E56 with nurse managers.

After the full transcription of the interviews and the content validated by the participants following the guidelines of Bardin[9] and using Atlas.ti® software, version 7.5.10, we began a detailed analysis of the documents.

Results

Regarding the participants' features, the majority of them are female (73.2%), aged between 25 and 60 years old with an average age of 42.5 years old. They are mostly Married/ Unmarried partner. In terms of their professional position, since the sample was intentional, the distribution is almost uniform, as there are 19 nurses (33.9%), 19 specialist nurses (33.9%) and 18 nurse managers (32.1%). Concerning the length of professional practice of nurses and specialist nurses, the prevalence is low or intermediate. Among nurse managers, the prevalence is intermediate and high. Regarding their qualifications, the majority hold a Degree.

As a result of the data analysis, in addition to the categorization related to the way how nurses ground their professional practice in a hospital context, the participants stated factors that improve or jeopardise the quality of health care and a professional practice consistent with the desired grounding, which provided us a concomitant identification of those categories.

Given that, throughout the speech analysis, we pinpointed an approach close to the structure, process and result model proposed by Donabedian[10], we settled data presentation and analysis, integrated in the logic of the components of the mentioned model. Thus, within the scope of the "structure", "process" and "result" components, categories shown in figure 1 emerged.

Figure 1. Categories of the "structure", "process" and "result" components

"Structure" component

Integrated in this component, and regarding the *organizational resources*, the participants recognise the importance of a practice that is consistent with vision, mission, values, objectives and procedures of the institution. However, they evidence difficulties when it comes to ground their practice in these components, mainly for two reasons. On the one hand, the constraints related to the conditions and human and material resources necessary for the convergence of interests, on the other hand, the weak control of such intentions, influenced by the absence of proximity to the top management bodies. In reality, and based on intentional research we are in position to state that there are few nurses who are able to integrate the complexity of contents inherent to the strategic planning of the institution where they play a part, and it is obviously difficult to make efforts to put them into practice. Regarding institution's policies, although the contribution of a training and research policy towards the development of human capital and the quality of care provided is widely acknowledged, nurses report that there is no "support or any kind of backing from the institutions" (E9), which has been jeopardising the involvement of the professionals, as well as their concern to act in line with the organization.

In relation to *human resources*, it is currently agreed that nurses' allocation and qualification are two structural components with potential to influence the quality of nursing care. The lack of nurses, the inadequate ratios, the need to displace nurses among services are the main constraints. It is for sure unanimous the opinion that "it will not be possible to provide quality care if there are no secure allocations" (E46), which jeopardises the client safety and also makes the theoretical grounding of practices less evident.

Besides human resources, *material resources* might also have an influence on the quality of the nursing care. In the scope of the basic equipment, which is essential to the provision of health care, quality, workability, availability and distribution, which as a result of costs control policies, have not always been ideal, compel in some situations to improvise equipment. Together with the basic equipment and the consumption material, the participants value the peculiarities of facilities, specifically with regard to the maintenance of the infrastructures and also the room/function relation: "the space is

minimal when we need to raise up all patients" (E35); "there is almost no room for the armchairs" (E4).

Regarding *service organization*, the existing procedures are not only crucial for standardisation of care, but also, when they are well performed, contribute to ground the practice. Regarding the organisation of the nursing team, the participants highlighted that the involvement of the different team members will contribute, not only to the appreciation of the contribution of the group, but also to build a team spirit, often vital to a culture of quality in the service. The presence or absence of a training and quality policy in the service is determined by the intermediate management. The topics of improvement projects and in-service training take into consideration the needs of the different contexts, as well as the nurses. However, it is urgent to resort to a more dynamic methodology, based on indicators. The problem is that in Portugal, besides the implementation of indicators which is not even in the different health care institutions, the need to plan and organise improvement projects and training in other perspective rather than the traditional one is still not implemented. In fact, one of the

aspects that has contributed to the difficulty in integrating specific and theoretical nursing contents in the hospital practice environment, is related to the selection of the themes. "The outlined contents should be focused on the less developed issues, which are always the autonomous nursing subjects, because in the other areas […] the scientific knowledge is more accessible to nurses" (E14), which rarely happens.

Regarding *the grounding of nursing practice*, in the perspective of the participants, the existence of a conceptual guidance for practice, integrated in the theoretical framework for the professional nursing practice, is essential. The approach to the theoretical framework represents, in the perspective of some nurses, the possibility of (re)guiding the conception and provision of care and it should be defined in the scope of the senior management, according to "someone on top has to assume and say: it is excellent, it is for everyone" (E14). At the moment, in some institutions, the opposite is happening: the approach to the theoretical framework has been arising in the contexts, making it more difficult to extend it to the whole institution.

In addition to the theoretical frameworks, the regulating instruments of professional nursing practice have been mentioned, which, due to the lack of acknowledgement, require a greater integration effort. Still in the scope of what is considered to be important to the practice grounding, principles and values involved in the professional practice have aroused, among which stand out the following: principles and values towards the others and principles and values for the profession.

Once the structural basis for the nursing practice is ensured, organisation of care to clients demands the adoption of methods that organise the care provision processes and that are consistent with the mission of the organisation and the adopted nursing orientation. In what concerns *the nursing care organization*, it was evident that the individual method and the reference nurse method are theoretically the most used ones in the different hospital contexts. Despite the recognition that those methods enhance the quality of nursing care, when they are implemented, there are weaknesses. Although in some situations the distribution of patients follows the logic of the individual method, in practice, it is not what it is observed: "it is not the individual method, or the task… we work well as a team […] It is a mix…" (E38). Although theoretically the functional method is not the adopted methodology, in practice the propensity towards organising care according to tasks seems to prevail, such as in the case of "start positioning in one end and finish at the other" (E10).

"Process" component
In the scope of the *decision-making process*, when nurses use the nursing theoretical framework and the regulating instruments of the job as basis, the *professional practice guiding models emerge*, even with some weaknesses, oriented to human responses, such as a practice focused on promoting health, promoting self-care, rebuilding autonomy, empowering clients, patients or caregivers, and preparing the return home to make easier transitions experienced by clients.

On the other hand, in contexts in which the proximity to the biomedical model is obvious, the practices focused on the management of signs and symptoms arise, with emphasis on the prevention of complications and the early detection of signs and symptoms of clinical worsening. Some factors emerged to determine a practice focused on management of signs and symptoms: routine practice environments, complex practice environment, exacerbated by the complexity of the patients' clinical situation, as well as promotion and prioritization of interdependent interventions, associated, on one hand, with

the obligation to render accounts and, on the other hand, the nurses' perception that, by performing these interdependent interventions, the work is accomplished.

To determine a guideline for practice focused on human responses, some factors were also identified: promotion of autonomous interventions and knowledge about the discipline, awareness of the contribution of the nursing theoretical frameworks for a systematic and intentional practice, as well as the existence of theoretical frameworks as guidelines for practice. Among the participants' speeches, the influence of the school of needs was obvious, in particular from Virginia Henderson's perspective. However, the effort should be noted to integrate assumptions from the theoretical frameworks of Afaf Meleis and Dorothea Orem.

Although the integration of theoretical frameworks varies among nurses, the fact that they are stimulated or not to invest in the theoretical grounding of their practices might make the difference. Besides this fact, the participants' speeches make clear the contribution of training at nursing schools in the definition of the guiding models of the professional practice: "the model in which the practice is based has a lot to do with what they learnt at School" (E9).

Independently of the guiding models of professional practice, the response to the clients' care needs implies a systematic and intentional approach that is only possible being properly accomplished using a *scientific methodology of care provision*. However, despite the investment made over the last few years aiming at the implementation of the nursing process integrating it in practice, there seem to be some weaknesses, related to the nurses' difficulty to integrate the essence of the nursing process: "they resort to the nursing process, compulsorily, for compliance […] not in an integrated way […] in the working spirit of what is nursing" (E33).

Together with the care conception and provision, even in the scope of *nursing care documentation process*, it is often identified the guiding model of professional practice that is adopted by nurses. And although participants acknowledge the contribution of computerised information systems to the quality and visibility of nursing care to ensure continuity of care and integrate the nursing process, they point out the existence of some weaknesses. The lack of importance assigned to the nursing care documentation, which is shown by the fact that nurses document mainly the routine, more frequent actions, what refers to interdependent interventions and the lack of knowledge about the importance of nursing care documentation and the contribution of this documentation to the creation of indicators which are sensitive to nursing care, were the most often identified weaknesses.

Although the nursing care documentation is important, participants highlighted the *communication process*, due to its complexity and the amount of information that the nurse has to manage. Among the communication strategies among the professionals, shift change was frequently referred. Although since it has been implemented in the health care contexts, its objective is to ensure the continuity of care, the participants' reports highlight a significant improvement regarding the information that is passed. Following this improvement, the content that is being transmitted is specific to nursing and it is an important contribution to the grounding of the practices during the following shift. On the other hand, in other realities, the focus on biomedical aspects is still a reality, which by itself influences the orientation of the nurses and the grounding of their practice in the following shift. Regarding the purposes of communication, besides ensuring the continuity of care, standardization of practices and sharing of knowledge, the reflection on practice was stressed. In the perspective of the participants, the availability for reflection is not usual and simultaneously poorly encouraged: "we don't have that encouragement […] it is a less good aspect, because reflection is very important for us to improve our practices" (E10).

Throughout the analysis of the speeches, we pinpointed some findings related with the communication process that characterised the relations among the team members, mainly from a perspective of *collaborative practices*. Regardless the adopted care models, the first quality assumption is customer focus, which in fact demands a team approach. Regarding collaborative practices, the participants identified weaknesses regarding care planning, discussion about care as well as discharge planning: "they inform the patient and leave, they don't inform the nursing team" (E27); "there is no talking, no dialogue among the members of the team to prepare discharge" (E6).

Finally, in the hospital practice context, the nurse manager has a crucial role in creating an environment that promotes the quality of nursing. Regarding management and speech analysis, we identified some issues that could be framed in the *management process*. In what concerns planning, participants stress the need to define goals, as well as promoting the participation in the preparation and implementation of the action plan, which is still scarcely substantiated in the services. Regarding organization, they highlight the need to distribute work, identify the right nurses to accomplish the activities and assign responsibilities. In the scope of management, besides the definition of a common goal, it matters to develop leadership and personal development strategies, that promote the improvement of the quality of the care provided. In the field of leadership strategies, contrary to the expected, there was still a reference to the authoritarian and *laissez-faire* style. Within the strategies of professional development, despite the reference to the training promotion, there are some realities in which the intermediate management seems to resist to acknowledge training as well as the nurses' skills. Generally speaking, there is no opportunity to learn from mistakes, since nurses are afraid of being punished. The motivation, that could be boosted by reward, positive reinforcement, compliment and recognition, has also not been promoted by the nurse managers. Regarding control, the need to supervise nursing care was pinpointed, as well as performance assessment using accurate, fair and transparent strategies, as well as the definition of quality improvement strategies, such as quality assessment of nursing care, indicators and audits.

"Result" Component

Presently, the main challenges for health institution that seek quality care delivery, are focused on results. However, the difficulty still displayed by nurses when it comes to identify the results that are sensitive to the nursing care justifies the fact that, in our study, the findings related to this component were less usual.

Within the scope of *client results*, based on the certainty that their satisfaction is a valuable indicator of quality in health and particularly the quality of nursing care, the participants explored qualitative and quantitative assessment methods. In contrast, in compliance with the most relevant areas for health, defined by the National Strategy for Quality in Health 2015-2020[11], it is implicit that the contribution of nursing is essentially aimed at preventing complications. In this scope and the context of the present study, the topics referred were prevention of falls, pressure ulcers, aspiration episodes, maceration and infection. On the other hand, as health gains, knowledge acquired by the clients (whether patients or care providers), clients' training and their autonomy were the highlighted aspects.

On the part of the professionals, it is recognised that the great differential among institutions is related to people and the professional performance of the teams. In this perspective, the qualities of the structure
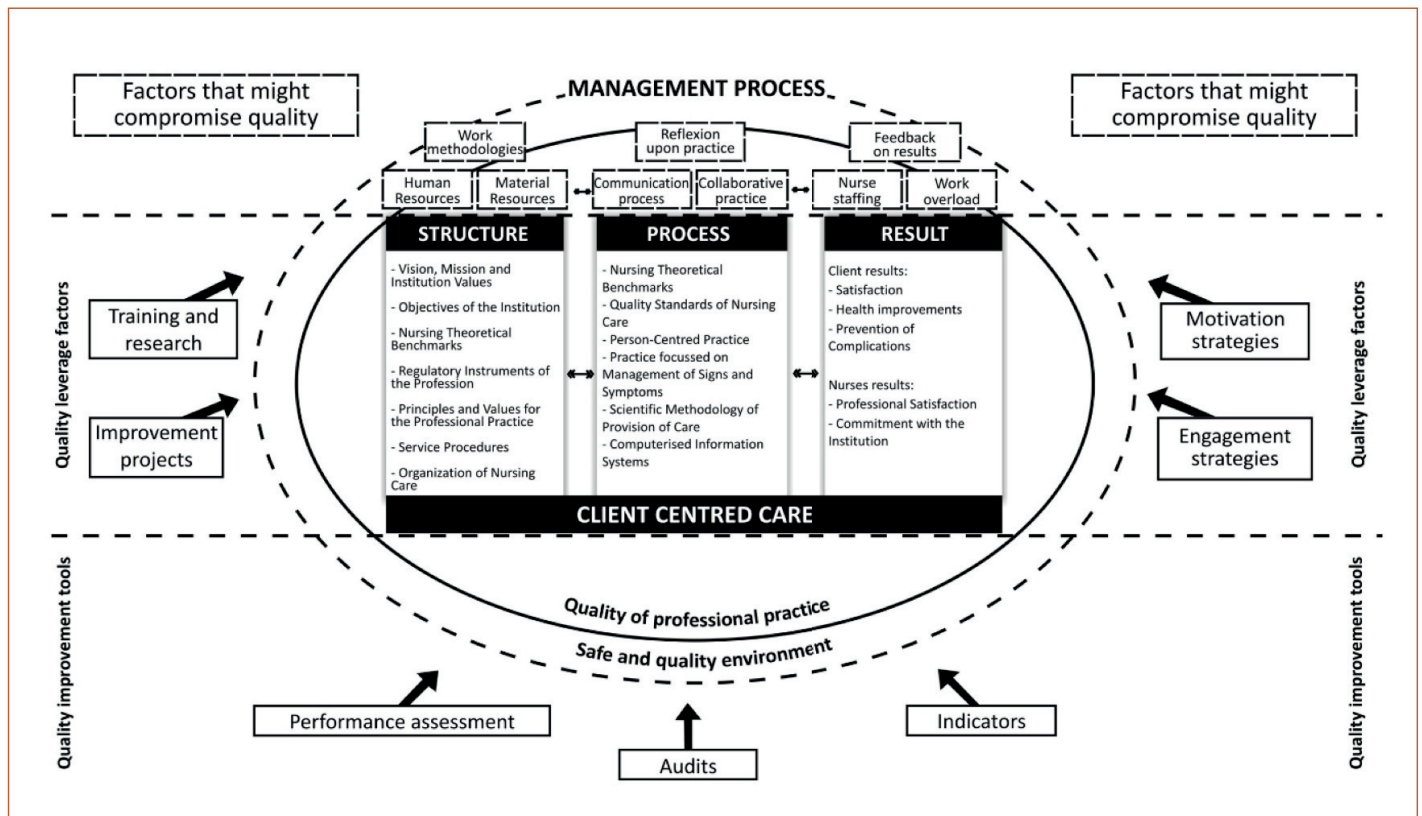
Figure 2. Explanatory model of nursing professional practice grounding

may have little meaning if people are not bond and committed to quality and results obtained in response to the clients' needs. Professional satisfaction is a crucial condition for the improvement of the organizations' performance. Nevertheless, in the scope of the *nurses' results*, it became clear that the sensibility of the institutions regarding assessment and/or promotion of their employees' satisfaction is not always evident. During the study, besides the reference to the quantitative assessment, there were situations of (dis)satisfaction expressed by the nurses. With repercussions to the commitment to the institution, the motivation at work and professional recognition emerged, especially the absence of each one, which, in the perspective of the participants, might in the future compromise the quality of care: "most nurses are discouraged nowadays" (E20); "then, there is no recognition by the administration" (E6).

Discussion

Changes in the health care system and the emergence of new models of care provision challenge professions to display the quality of their contribution to the people's health. In literature, quality indicators refer to a conceptual framework that included structure, process and results[12-13]. In this sense, and based on the model proposed by Donabedien[10] and on the results obtained in our study, we present in figure 2 the explanatory model of the nursing professional practice grounding that might, simultaneously, be a reference for the investment in the facts that promote or compromise the quality of the nursing care in the hospital context.

By means of a combined strategy, with resource to the three information categories (structure, process and result), it was possible to identify weaknesses concerning quality, as well as propose improvement strategies.

Nurses are the biggest professional group in health care institutions; howe-

ver, the findings suggest that they do not always feel as part of them. Given this observation and considering current developments, it is thus necessary to ensure a greater involvement and participation in the organization policies. In addition, considering the need to stimulate the nurses' professional development, improvement of conditions for the investment in training and research should be guaranteed by the institutions. Since the training policies of the institutions do not keep pace with the evolution of the nursing discipline, new training strategies are required. Training centred in situations that occur in the practice[14-15] focused on the grounding of the clinical decision in an advanced nursing perspective, in which the nurse's performance may be the starting point emerged as a possibility. The contributions of the indicators for the planning of long-term training and the establishment of continuous quality improvement programmes[16] at the institutions and/or services were also highlighted.

Another relevant aspect of the nurses' speech is the absence of enough human and material resources to meet the nursing care needs. Regarding human resources, it is crucial to ensure allocation in terms of quantity and also quality, so that nurses have the chance to ground their practice to provide safe and quality care[17-18].

Focusing on what is accomplished with the available resources, it is necessary to reflect on the nursing care organization. Although it is clear for nurses which methodologies are consistent with the quality of nursing care, we identify from the speeches weaknesses that would justify changes in some contexts. Although theoretically it is not the methodology in use, the findings stress practices that "come closer" to the functional method, which, in the perspective of the authors[19], integrates in the biomedical model vision and not in the conception of guiding practices for human response. In the scope of structure, the nurses, who consider relevant the existence of a conceptual orientation of practice, believe that it has to arise from the management bodies. In this perspective, the use of theories to guide practice is an emerging challenge, ensuring a more efficient nursing practice, but mainly more significant for people[5,7,20].

Regarding the guiding models of professional practice in the hospital context, it was verified that they are influenced by two perspectives: a theoretical and a practical one. In the scope of the former, the double influence derives mainly from the theoretical frameworks that have arisen throughout the conceptual development of nursing in an international context, as well as the guiding instruments that emerged during the development of the nursing profession in Portugal. Regarding the practical perspective, the influence results primarily from the professional development of nursing along with medicine, in a clear trend towards the biomedical model. Nurses' training, the places where they attended clinical teaching / internships and the previous and current contexts of their professional activity were the issues referred in the speeches as being decisive for the degree of influence of the theoretical and/or practical perspective in their professional practice.

Consequently, and having in mind that the quality of the nurses' professional practice arises from the disciplinary and professional contributions, it becomes clear the need to stimulate an approach of nurses to the frameworks that should ground their practice. In addition, considering the importance given by the participants to the indicators and audits to assess and improve the quality of nursing care, it is urgent to implement/optimise these tools within hospitals[21-22].

Conclusion

The constant attempt to improve the quality of the services provided has been a reality in health care institutions. Thus, in a hospital environment, strongly anchored in a biomedical model, the possibility to promote changes in the nursing practices arises, with an aim at enabling a performance that is consistent with the core of the discipline and the social demands of the profession. According to what has been envisaged, to ground the nursing practice in the discipline conceptions, principles and values of the profession, is currently one of the greatest challenges.

The factors that compromise the quality assurance of nursing care and a performance consistent with the desired grounding are from different spheres: institutional, management, human and material resources, as well as other related to the organization of the nursing care itself. However, we should add the lack of motivation of nurses, who are crucial in a hospital environment. They do not feel as a part of the organizations. The lack of involvement and recognition of nurses were strongly stressed in their speeches,

which states the need to promote the participation of these professionals, and consequently, it would have significant repercussions on the quality of care provided in the institutions. Regarding operational management, it is clear the need for nurse managers to develop a culture of appreciation of the nurses' work and promotion of their potential, boosting, supporting and valuing their effort to do better and better. On the other hand, and in environments where time is always scarce, besides the necessary human and material resources' management, it is vital to adopt strategies to make nurses aware of the spirit that will allow them to surpass their performance when it comes to quality patterns. Understanding quality as a continuous process, the creation of conditions for a professional practice based on the theoretical frameworks of the discipline and the guiding instruments of the profession requires a permanent investment, strongly boosted by nurse managers.

It is likely that the results obtained in this research might generate a new form of looking into nursing practices. However, the (re)creation and renovation of the models in use will depend on the contexts, but essentially on the nursing professionals who play a role in these contexts.

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