

Perceptions of student nurses regarding the delivery of quality nursing care in katutura health centre, Windhoek and khomas region

Hans JustusAmukugo ^{1*}, Aino Mathew ²

¹ University of Namibia, School of Nursing Department of Public Health

² BNS student, School of Nursing and Public Health, Faculty of Health Sciences, University of Namibia

*Corresponding author E-mail: hamukugo@unam.na

Abstract

The purpose of this study is to explore and describe the perceptions of nursing students regarding the delivery of quality nursing care in Katutura Health Centre, Windhoek, and Khomas Region.

A qualitative, exploratory, descriptive and contextual research designs were used in this study. An individual interview was conducted on ten (10) 4th year nursing students at UNAM main campus with regard to the delivery of quality nursing care. The data showed that most students expressed shortage of staff, high number of patient attendance, insufficient equipment and insufficient time as factors that affect the delivery of quality nursing care. Possible interventions regarding resource management should be put into consideration, where extra nursing staffs needed to be trained and distributed among hospitals and clinics in Namibia.

Keywords: Delivery; Quality Nursing Care; Nursing Students.

1. Introduction

Quality nursing care is the most optimal degree of health outcomes by delivery of effective, efficient and cost benefit professional health service to people (Alexander, Fawcett, & Runciman 2006).. Health care quality continues to be a subject of intense critic and debate. Hence, this study was designed to explore and describe the meaning of quality nursing care as well as factors described as inhibiting the delivery of quality nursing care in order to develop strategies to be used in central care system in Namibia. The World Health Organisation (WHO) (2000) asserts that insufficient health personnel, in terms of number and performance level, are regarded as a major constraint in achieving quality nursing care. The same author identified barriers to delivery of quality nursing care such as heavy workload, inadequate material supply, negative attitudes of staffs toward patients, low motivation of health workers and general feeling of despondency among health workers due to limited opportunities for career advancement and performance reward system resulting in poor nursing care.

The Ministry of Health and Social Services (MOHSS) in Namibia has the same concern as other African countries, which is to ensure that a well functional health system is available. Awases, Gbay, Nyoni & Chatora, (2004) identified aspects of organisational climate, and in particular nursing practice environment, as significant predictors of quality nursing care and patient outcomes. There is presently no appraisal system in place for health services staff in Namibia as the previous system was abandoned in 1998 (Morris 2006; Awases et al. 2004). Employers are supposed to ensure delivery of quality nursing care by their employees, or put measures in place to detect and rectify poor performances on first

line health care workers who are in contact with the patients, clients and the community.

The authority for the practice of nursing is based upon a social contract that delineates professional rights and responsibilities as well as mechanism for public accountability. In almost all countries, nursing practice is defined and governed by law, and entrance to the profession is regulated at national or state level (Ergenes 2009). The aim of the nursing community worldwide is for its professionals to ensure quality care for all, while maintaining their credential code of ethics, standards and competencies, as well as continuing their education. In recent review and ergonomic literature specific to nursing performance, nurses were found to work generally in poor environmental conditions. De Lucia, Otto and Palmier (2009) concluded that “the profession of nursing as a whole is overloaded because there is a nursing shortage”. Individual nurses are overloaded by patients they oversee, number of tasks they perform, perceptual overload due to medical devices that do not meet perceptual requirements (Nardi & Charlene 2013). Thus nursing work system often exceeds the limits and capabilities of human performances. The work environment in which nurses provide care to patients can determine the quality and safety of patient care.

As the largest health care workforce, nurses apply their knowledge, skills and experiences to care for the various and changing needs of patients. Nardi et al. (2013) stated that when care falls short of standards, whether because of resources allocation (e.g. workforce shortages and lack of needed medical equipments) or lack of appropriate policies and standards, nurses shoulder much of the responsibility. This reflects the continued misunderstanding of the greater effects of the numerous, complex health care systems and the work environment factors.

2. Problem statement

Quality nursing care is the vision of all health care services in Namibia and worldwide. The quality, efficiency and equity of services depend on the availability of skilled, competent health professionals when and where they are needed. Student nurses need appropriate training, knowledge and skills to deliver quality nursing care according to set standards as future nurses. Nursing care make a bigger portion of all health services in health organisations, therefore exploring the perceptions of nursing students regarding the delivery of quality nursing care is crucial. The public have showed dissatisfaction and raised their complaints regarding the care they receive that is not of quality in a sense that nurses' attitudes show rudeness and that the resources are inadequate to meet their needs. There was not a study done in Namibia regarding issues of quality nursing care. Findings from such studies would help nurses to understand that not only knowledge that would make patients be satisfied with nursing care given but also the way that nurses behave and interact with the patients will determine the quality of care given. It was also found that what is regarded as constitute quality nursing care is not what actually happens in real practice; thus, there are controversies about the meaning of quality nursing care and its measurement. This brings about close contacts to discover what UNAM nursing students regards as quality nursing care and to develop strategies to monitor and improve performances.

3. Purpose and objective of the study

The purpose and the objective of this study is the same and that is to explore and describe the perceptions of UNAM nursing students regarding the delivery of quality nursing care in Katutura Health Centre, Windhoek, and Khomas region.

4. Methodology

A qualitative, exploratory, descriptive and contextual approach was employed. A qualitative approach was used to explore and describe the perceptions of UNAM nursing students with regard to quality nursing care in order to identify problems and discover strategies to handle them (Burns & Groove (2007). Equally, the study was contextual as it explored the perceptions of the participants in the delivery of quality nursing care and this was done purposively on UNAM 4th year nursing students as they are more exposed to knowledge during their training, in order to ensure right and complete information is obtained.

The population for this study was all the 4th year nursing students. At the time of the study, there were one hundred and five 4th year nursing students (n=105).

The sample for this study was drawn from UNAM nursing students through a non-probability approach. The sample comprised of ten (10) participants, of which seven (Cormack (2004) were females and three (3) were males selected for an interview till data saturation was reached. A purposive sampling was used, whereby only 4th year nursing students were approached; they were viewed to be possessing knowledge of the phenomena under investigation (Brinks and Rensburg, 2012). The inclusion criteria according to the objectives were: 4th year nursing students at UNAM main campus, ability to speak English and participant should have agreed to participate on a voluntary basis.

The pilot study was conducted at UNAM amongst 4th year nursing students who were not part of the main study. This was done in order to determine whether the interview questions were clear, understandable and would lead to reliable and valid results (Polit & Beck, 2012)

Data were collected at UNAM main campus from 4th year nursing students using individual interviews whereby students were asked to provide information regarding their perceptions in the delivery of quality nursing care. A certain number of questions were pre-

pared and the same questions were asked for each participant [Brink, Van der Walt, & van Rensburg, (2012)] The interviews consisted of five open-ended questions and were recorded in a tape recorder as well as field notes (Burns & Groove). Ten individual interviews were conducted of which seven were females and three were males.

5. Data analysis

Data were analysed in a constant comparative form whereby newly collected data were constantly compared to existing data so that commonalities and variations can be determined, and then they were placed under themes and sub-themes (Brink et al 2012). Immediately after data were collected, the tape recorded interviews were transcribed first on a paper and then typed on the computer to avoid the risk of losing them.

6. Results

Data collected were transcribed manually from the audio tape recorder. The process of data analysis used in this study included coding for themes and sub-themes, making notes and recording of support data for themes, four (4) main themes and eight (8) sub-themes were identified and described.

Table 6.1: Themes and Sub-Themes of Data Analysis

Themes	Sub-themes
6.1 Perceptions on the meaning of quality nursing care.	6.1.1 Patient advocacy 6.1.2 Patient safety
6.2 Knowledge and skills to provide quality nursing care.	6.3.1 Insufficient time to provide quality nursing care to patients. 6.3.2 Shortage of health personnel to provide quality nursing care.
6.3 Factors inhibiting the delivery of quality nursing care to patients.	6.3.3 High numbers of patents attendance in the clinic hampering the delivery of quality nursing care. 6.3.4 Insufficient equipments in the clinic to deliver quality nursing care. 6.3.5 Poor relationship between health personnel as well as patients.
6.4 Recommendations to improve quality nursing care.	6.4.1 Resources

6.1. Perceptions on the meaning of quality nursing care

Quality nursing care is the most optimal degree of health outcomes by delivery of effective, efficient and cost-benefit professional health services to people (Alexander, Fawcett, & Runciman 2006). This study focused on the personal views of student nurses regarding the meaning of quality nursing care. Quality nursing care is the common goal of all health facility in Namibia in order to promote health and prevent illnesses. Two sub-themes will be discussed under this theme.

6.1.1. Patient advocacy

Advocacy is the act or practice of supporting the patients to make their voices heard (Alligood 2013). The participants outlined that this is the important role that nurses should play in order for them to provide quality care to patients and protect their autonomy. The following is the direct quote of the participant who described how she makes sure quality nursing care is given:

“Well, quality nursing care according to my own understanding, it is the individualized care that provides benefits to the patient and it must be a care with value. Which means, to be there for the patient, listen and respond to the patients' needs and to do what is right. This care should in the end satisfy your patient and promote recovery.”

6.1.2. Patient safety

According to Boysens (2008), safety is the feeling of being free from harm, which in this study referred to the ability of nurses to make sure they deliver safe nursing care to patients. The author also supported that nurses are an important component of care delivery and should prevent harm against patients. While describing how one ensures quality nursing care was given, one participant answered as follows:

“I will make sure I correctly diagnose my patients, give correct medication and necessary health education. This will create a feeling of safety if the client is satisfied with the care given. I will also create a safe environment for my patient by putting all sharps in the safety box, because quality nursing care includes causing no harm to the patient.”

6.2. Knowledge and skills needed to provide quality nursing care

In this theme, participants explained how they lacked knowledge and skills throughout their course of practices in delivering of quality nursing care because what one regard as quality nursing care is not what patients expect of us. Nurses maybe differentiated from other health care providers by their approach to patients care, training and scope of practice. Most participants stated that they are still struggling to connect their theories to practice in order to make sure they deliver the most needed care. They also pointed out that what they have learned is not what they see in clinical area. Following is an example of a student who strongly expressed how difficult it is for her to exercise her knowledge:

“As a 4th year nursing student, I think I have knowledge and skills to provide nursing care to my patients, but on one condition it is hard to exercise my knowledge because senior nurses ignore what we know and treat us as inferior. Although some younger nurses do have the necessary knowledge and skills to deliver quality nursing care, they are now influenced by other seniors and start doing things the other way around...”

However, all the participants agreed that since they are 4th year students, they believe that they have the knowledge and skills needed to deliver quality nursing care to patients which they acquired gradually throughout their nursing training. An example of a student who agreed that he has the knowledge and skills needed is quoted down:

“For sure, because I have had this exposure to clinical settings and I know what constitutes quality nursing care though there are some barriers to provide quality care. So this does not merely mean one does not have knowledge in providing quality care, but it is due to some contributing factors as I have stated them in the beginning.”

6.3. Factors affecting the delivery of quality nursing care to patients

Quality nursing care is described as the most optimal degree of health outcomes by delivery of effective, efficient and cost benefit health service to patients. There are different factors that inhibit the delivery of quality nursing care as described by WHO (2000), such as: shortage of staffs, negative attitudes towards patients, inadequate material supply and heavy workload.

In this study, the factors inhibiting the delivery of quality nursing care are: insufficient time to provide quality nursing care to patients, shortage of health personnel in the clinic to provide quality nursing care, high number of patients attendance in the clinic hampering the delivery of quality nursing care, insufficient equipments in the clinic to deliver quality nursing care and poor relationship between nurses as well as patients. The above mentioned factors are described below:

6.3.1. Insufficient time to provide quality nursing care to patients

Time is referred to the length of period during which something should be done or happen. Time availability has always been a problem in everyday lives of many people and it could be the reason, at times, why people are not able to complete their duties and responsibilities on time. In many cases, hospital personnel, particularly nurses, may also experience this issue of insufficient time to attend to all their patients.

This sub-theme, describes how time inhibit nurses to provide quality nursing care to their patients. Most of the participants stressed that due to insufficient time, they could not provide quality nursing care to patients because there are too many tasks and routines to accomplish within the time they are on duty. Participants expressed how insufficient time decreases the delivery of quality nursing care. Some of the participants expressed themselves during the course of the interview how difficult it was to complete procedures on time effectively, and how they ended up not giving all their attention to patients as expected since they have to rush from patient to another in attempt to meet all the tasks and duties they are assigned to. Here is a quote from one of the typical responses of the participants who described it better:

“We have a lot of tasks to complete like seriously.... if you can just imagine, in the morning we have to dust the clinic, prepare doctors rooms as well as give health education session before we start for a day. Coming to screening, you should record everything and do all the necessary examinations per patient and at the same time you have to record accurately, keeping in mind that health education should also be given to each patient regarding their conditions. Thus, sometimes you just rush and this can result in care that does not satisfy the patient in the end....”

6.3.2. Shortage of health personnel to provide quality nursing care

The shortage of health personnel is still an issue in the health care system of Namibia as health facilities experiences difficulties in dealing with patients. This aspect of health personnel shortage is expressed by most of the participants as they were asked about factors influencing the delivery of quality nursing care to patients. Participants pointed out that this will create burnouts since one have to run from one patient to another, which would result in inadequate provision of health care.

Below is an example of a student who expressed her perception regarding time availability in this issue?

“Sometimes nurses are really in shortage, for instance a nurse working in observation rooms is the same nurse working in blood table room. This nurse has to observe patients, do doctor’s prescriptions in observation rooms and at the same time draw blood in blood table room and attending to student nurses also....hence this could be a burden.”

The participants strongly agreed that this issue can go hand in hand with time availability because when there is a shortage, procedures are never been completed on time.

6.3.3. High numbers of patients attendance in the clinic hampering the delivery of quality nursing care

This study described hamper as the prevention of someone from doing something. This refers to how too many patients attending the clinic hinder or reduce the quality of nursing care delivered and the pace at which nursing care is provided. Participants expressed themselves during the interview, how difficult it was to complete procedures adequately and efficiently and how they ended up not providing necessary care as expected of patients since nurses have to run from one patient to another in order to finish all the patients.

Some participants described it better and also in connection with insufficient time, that time is not enough because patients are too many to attend to within a reasonable time. Participants pointed out how difficult it is to provide needed care to each patient, since

they are too many to handle. Following is a quote from one of the typical responses of the participants:

“Most of the time we find that the number of patients attending the clinic per day is quite a lot which will result in not giving all your attention to a particular patients in order to provide quality nursing care because time is running and you also have to attend to.”

The quoted statement among other similar statements by other participants clearly shows that the patients’ attention in terms of quality nursing care is reduced due to the fact that patients are too many in the clinic to attend to. Below is another participant who clearly confirmed that patients were too many to provide them with quality nursing care within a reasonable time.

“Time is not enough since the patients are too many... so one has to limit his/her time spend on one patient to another in order to finish all the patients, and this means quality nursing care is not maintained. Another thing is that patients are being sent from other clinic because of insufficient supplies, and this increases the number of patients and reduces the quality of care given.”

6.3.4. Insufficient equipment in the clinic to deliver quality nursing care

These are the instruments that health personnel use to provide quality care to patients such as gloves, blood pressure (BP) machines, syringes, test strips, linens etc. The quote below shows that the equipment in the clinic are not enough to provide quality nursing care to patients. Almost all the participants in this study stressed that availability of equipments was poor which can reduce the quality of care. “Material wise is a big problem here. Imagine a patient coming complaining of vomiting, headache, lower abdominal pain and backache and you want to do a pregnancy test, but sometimes the test strips are out of stock. It is really hard to manage such a patient because not all patients are able to buy pregnancy tests in order to test themselves; thus, they rely on us.

Another participant who pointed out the reality of the clinic regarding the availability of equipment quoted as follows:

“Sometimes equipment are not enough... There is only one BP machine in the whole clinic, now how does one use it in the observation room as well as at the vital signs checkup? Sometimes you want to weigh the patient, for example, Adult patient, but there is no adult weighing scale available in the clinic.”

6.3.5. Poor relationship between health personnel as well as patients

The nurse-patient relationship forms the basis of nursing and in this relationship; nurses are committed to caring for their patients. The attitudes people have towards their work are influenced by the quality of their relationship with their colleagues. Participants pointed out

that nurses have professional relationships with one another such as co-operation and support in order to deliver quality nursing care. Participants also said that if there is no co-operation between nurses, and no trust been nurses and patients, quality nursing care will not be provided. Following is a quote from one of the participant:

“Mmmhh... sometimes I wonder, nurses do not work together as a team in order to promote the wellbeing of the public. One nurse knows that what the other nurse is doing is wrong but she/he is just quiet about it instead of helping or correcting him/her. But sometimes nurses do not like corrections from others or from students. Another thing is that the attitudes of nurses towards patients are rude which lead to patients not to be open or trust nurses and this will lead to poor nursing care indeed.

Another participant talked about attitudes of patients and responded as follows: “Some patients are just hard to handle no matter how hard you have tried to be good. It is not always an intention to treat the patient the way they viewed as bad, but sometimes one can be drawn by anger and annoyance which will lead to patient dissatisfaction with the care given.”

6.4. Recommendations to improve quality nursing care

Recommendations are the suggestions or advices given in order to improve a certain situation (WHO 2000). In this study these are the suggestions given by students regarding the improvement of quality nursing care. Most of the participants focused on the provision of necessary resources in order to provide all the care needed. This question was almost answered by most of the participants and their typical response will be quoted down under this theme.

6.4.1. Resources

In this study resources are referred to either equipments or human resources such as nursing staff that are needed to provide quality nursing care. Most of the participants pointed out that the resources need to be well enough in order to provide quality nursing to patients. The following is the direct typical quote of one participant who made it better:

“Well, I think the government need to enrol and train more nurses in order to cover up the clinic and give adequate care to patients. The government should also intervene by providing all necessary equipments to the hospitals and also to build more clinics all over the country in order to avoid overcrowding of certain clinics; for sure this will bring a change”.

Some participants focused on the staffs regarding the use of equipments that they need to use them sparingly and correctly. One participant recommended as follows:

“I think the nurses need to use the equipments wisely in order to be able to provide quality nursing care with whatever is available without wastage. This means nurses must know how to use and store the equipments for them to last longer. If equipments are enough, nurses will not work under pressure and quality nursing care will be provided.”

Another participant raised her point regarding team work as follows:

“I think when health care professionals understand each other’s roles and are able to communicate and work together effectively; patients are more likely to receive safe and quality care. Team members learn through the process of continual movement between practice and reflection of practice, hence this promotes higher performance in the short-term while building and learning culture for long-term.”

7. Discussion

The aim of the study was to explore and describe the perceptions of UNAM nursing students regarding the delivery of quality nursing care in Katutura Health Centre, Windhoek, Khomas region. The results of this study are discussed in line with the study objectives. In-depth individual interviews were conducted amongst the 4th year nursing students in order to achieve the objectives. Themes and sub-themes were derived from the qualitative data, the discussion of which is presented in the next session. The main themes and sub-themes that emerged from the analysis of data from the interviews are summarized below.

Theme 1: Perceptions on the meaning of quality nursing care
Quality nursing care is the common goal of health facilities in Namibia in order to promote health and prevent illnesses. Under this, the two sub-themes were discussed, namely: patient advocacy and patient safety. Participants outlined that it is important for nurses to advocate for their patients in order to protect their autonomy especially for vulnerable patients such as children, unconscious patients, pregnant mothers as well as mentally disturbed patients. This is supported by Brunner & Suddarth (2012) when they defined nursing as the protection, promotion and optimization of health and abilities, prevention of illness and injury, alleviation of suffering through the diagnosis and treatment of human response and advocacy in the care of individuals, families and the communities. The level of quality nursing care was found to depend on certain contextual and intervening conditions pertaining to the broader environment, the organisational and personal fac-

tors of the nurse and patient (Irurita, 2004). The participants highlighted that it is the responsibility of nurses to ensure that safe care is being delivered and harm against patients is prevented.

In regards to quality nursing care, Brunner & Suddarth (2012) maintains that nursing care brought up about patient joy, smile and understanding as perceived to be quality nursing care. The authors also added that nurses need to pay attention to the needs of the patients and clients, as well as use the methods that have been tested to be safe, affordable and reducing death, illness and disability; and that health care workers are expected to practice according to set standards.

Theme 2: Knowledge and skills needed to provide quality nursing care

In this theme, participants explained how they lacked knowledge and skills of delivering quality nursing care because what one regards as quality nursing care is not what patients expect of them. Most participants stated that they are still struggling to connect their theories to practice in order to make sure that they deliver the most needed care. Some participants pointed out that what they have learned is not what they see in clinical areas. In a study conducted in Turkey on the patient satisfactions and expectations of nursing care, it was found that nurses are to be cheerful, concerned, understanding, and benevolent (Erith-Toth & Spencer 2004). These expectations of nursing care ranged between 30% and 90% and were not related to nurse's knowledge and competence.

Theme 3: Factors affecting the delivery of quality nursing care

There are different factors that affect the delivery of quality nursing care as described by WHO (2002), such as: shortage of staffs, negative attitudes towards patients, inadequate material supply and heavy workload. In this study, insufficient time, shortage of staffs and high number of patient attendance were identified as factors influencing the delivery of quality nursing care. Most of the participants stressed that due to insufficient time, they could not deliver quality health care needed, and that it is difficult to complete the procedures on time because they have to rush to the next patient in attempt to meet all the tasks and duties assigned to them.

On the other hand, this is in contradiction with the survey conducted in psychiatric facility where nurses indicated that the nursing care they deliver was the best possible under unfavourable conditions (Furchuk & Kirkpatrick 2007). There is evidence in the literature to suggest that although the nurses are capable of delivering quality nursing care; their performances in practice may be affected by factors such as decreased numbers and the resulting reduction in the availability of time, which can prevent the delivery of quality nursing care (Furchuk & Kirkpatrick 2007)

Theme 4: Recommendations to improve quality nursing care

In this study, these are the suggestions given by nursing students regarding the improvement of quality nursing care. Most participants focussed on the provision of necessary resources in order to provide all the care needed. The participants recommended that the government need to train more nurses to cover up and that necessary equipments should be provided including building of more clinics. In most cases, institutions or services set their own standards and developed criteria which make the development of norms difficult and may allow a service to be complacent about low levels of services (Morris 2006). These findings suggest that there is a need to set up system of evaluating quality nursing care and put standards in accordance of expected care.

8. Limitation

This study was conducted through individual interviews and some of the participants were not able to participate, which means in-depth information could not be obtained. The study recruited a very small sample of the students which makes it difficult to make final assumption since the results of this study cannot be generalized. The findings of the study are based on the nursing students studying at UNAM Main Campus, and it might have been possible

for the result to be different if the study was conducted in other nursing institutions.

9. Conclusion

The study revealed the perceptions of UNAM nursing students regarding the delivery of quality nursing care. The factors which are regarded to be inhibiting the delivery of quality nursing care were discovered, and recommendations were done in terms of improving quality nursing care. The findings outlined how students and nurses' work with difficulties to provide quality nursing care due to lack of equipment. And they suggested that resources need to be adequate.

10. Recommendations

The recommendations are made regarding the possible further research and possible interventions or improvements regarding resources and facility management.

- Research: More in-depth research should be conducted to explore the challenges that the clinic management encounters in budgeting and ordering the resources needed in the clinic in order to deliver quality nursing care to patients. Further researches should also include the knowledge and skills needed when it comes to training in order to improve quality care and to investigate strategies that will improve quality nursing care.
- Resource management: The clinic management should consider spending extra money on resources that are needed on a daily basis in the clinic. An in-service training should be provided to all health personnel on the use of resources. This implies that resources should only be used for their purposes and when necessary. The MOHSS should enrol and train more nurses of different ranks to address the issue of shortage of nurses in the health care system. Finally, the clinic management should consider employing more health assistance and train them on provision of basic care in order to help wherever they can.

Facility management: With the increased rate of diseases among the nation, the one possible solution to the problem of high capacity of patients in the clinic is the expansion of the health facilities by building more screening rooms, and provide that every room is covered by a health worker. The government can also build more clinics all over the country and provide with enough resources in order to avoid overcrowding of a certain clinic.

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