RESEARCH ARTICLE

A STUDY TO ASSESS THE EFFECTIVENESS OF PANEL DISCUSION ON QUALITY OF CARE AT HOSPITAL AMONG 1ST YEAR B.SC NURSING STUDENTS IN SELECTED NURSING COLLEGE, SVIMS, TIRUPATI, ANDHRA PRADESH, INDIA

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ABSTRACT

The aim of the study was to assess the effectiveness of panel discussion on quality of care at hospital among 1st year B.Sc.(N) students in, CON, SVIMS, Tirupati.
Objectives
• To assess the level of knowledge on quality of care at hospital among 1st year B.Sc.(N) students.
• To assess the effectiveness of panel discussion among 1st year B.Sc.(N) students.
• To find out the association between level of knowledge and selected demographic variables among 1st year B.Sc. (N) students.
Methodology: By using convenient sampling technique, a Pre-experimental research design was adopted, 100 B.Sc. (N) 1st year students were taken as samples. Data collection was done by using a self-structured questionnaire. **Results:** The study results revealed that out of 100 samples 92% (92) had inadequate knowledge, 8%(08) had moderate knowledge, and 0%(0) had adequate knowledge in their pre-test, whereas in post-test 8% (8) had inadequate, 53%(53) had moderate knowledge, and 39%(39) had adequate knowledge. **Conclusion:** As the technology has been increasing in has been nursing education; panel discussion is one of the best method of understanding the multi-dimensionality of a specific topic under discussion and the students be able to understand the scenario in a clear way which provides essential information, helps in developing critical thinking and also improves the presentation skills of the students. In the present study the result showed that, the panel discussion was effectively improved the knowledge of 1st year B.Sc. (N) students regarding quality of care.

INTRODUCTION

"Quality is never an accident, It is always the result of intelligent effort."

- John Ruskin

Quality in health care is doing the right things right the first time it is done, satisfying the needs and the expectations of customers[1].Quality of care as the degree to which health services for individuals and populations increase their likelihood of desired health outcomes and are consistent with current professional knowledge[2]. Quality is the proper performance (according to standards) of interventions known to be safe, affordable, and have the ability to produce an impact on mortality, morbidity, disability, and malnutrition[3].Improving the quality of medical care has become a major issue for all healthcare systems. This is in part a response to increasing evidence that the quality of care is suboptimal in terms of the standards attained, the degree of variability, and the level of accountability of health professionals[4]. It also reflects an increasingly systematic and structured approach to the reform and development of health systems[5]. Quality improvement is part of the daily routine for healthcare professionals and a statutory obligation in many countries[6].The extent to which health services provided to individuals and patient populations improve desired health outcomes . the care should be based on the strongest clinical evidence and provided in a technically and culturally competent manner with good communication and shared decision making[7] .Quality of care usually encompasses the adequacy of clinical interventions, including the recognition of patients' needs and their biological, social, and environmental determinants ;procedures involved in making a diagnosis; management strategies; and reassessment to judge outcomes .Timeliness,

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appropriateness, and inappropriateness are relevant considerations .From the vantage of policy and populations, a broader concept of quality is needed[8]. Effectiveness, efficiency, and equity of the services become paramount and always involve consideration of characteristics in addition to the clinical interventions themselves[6] The current paradigm of disease-focused quality assessment is more appropriate for specialty-oriented health care services than for primary care, in which people present with problems across the illness spectrum. Patients often have multiple problems and many of them result in no specific diagnosis[5]. For such challenges to quality of care, new approaches are needed[5]. Particularly relevant in this regard are assessments of the adequacy of outcomes that are generic; ie, they are considerations common to all health problems rather than specific to a disease [9].

The concept of quality in general practice has several components and those are:

Prevention of falls and sentinel events, hand hygiene, prevention of medication errors, prevention of needle stick injuries, prevention and care of pressure ulcers, prevention and care of ventilator associated pneumonia, prevention and care of catheter associated urinary tract infection and surgical site infection, prevention and care of centreline associated blood borne infection, and effective communication [10]

Nurses are responsible to provide their clients/patients with the high-quality care. They are undoubtedly confronted with various ethical challenges in their professional practice, so they should be familiar with ethical codes of conduct and the essentials of ethical decision making. The codes of ethics have been adopted for many professions in recent decades. In nursing, as one the most-trusted professions, the ethical codes have been also published by nearly every recognized professional group worldwide. The main concepts of the code will be also presented here. No doubt, development of the codes should be considered as an on-going process. This is an overall responsibility to keep the codes current, updated with the new progresses of science and emerging challenges, and pertinent to the nursing practice.[5]

NEED FOR THE STUDY

"Shorter hospital stays reflect nurse's ability to affect efficiency as well as quality."

Today, many authors in healthcare are interested in defining "Quality Improvement" (QI), they describe it as the combined and unceasing efforts of every health care professional, patient and their families, researcher, payer, planner and educator to make changes that will lead to better patient outcome (health), better system performance (care) and better professional development.

Hospitals are the centre of cure and also the important centres of infectious waste generation. Effective management of Biomedical Waste (BMW) is not only a legal necessity but also a social responsibility. The most common problems associated with health care waste are the absence of waste management, lack of awareness about their health hazards, insufficient financial and human resources for proper management and poor control of waste disposal to protect the environment and health of the community. Hospitals are the centre of cure and also the important centres of infectious waste

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centres of infectious waste generation. Effective management of Biomedical Waste (BMW) is not only a legal necessity but also a social responsibility. The most common problems associated with health care waste are the absence of waste management, lack of awareness about their health hazards, insufficient financial and human resources for proper management and poor control of waste disposal to protect the environment and health of the community. Hospitals are the centre of cure and also the important centres of infectious waste generation. Jyothi srivastava (2015),Nursing care is recognized as an area subjected to competition, where the patient is seen both as a client and consumer of health care. To improve quality of nursing care, nurses need to know what factors influence patient satisfaction. Nursing care plays the key role in providing satisfaction in this area. Quality of nursing care is vital to patient outcomes and safety. Patient satisfaction with nursing care is strongly associated with patients overall satisfaction with hospital experience. To ensure service improvement initiatives at appropriative levels in hospital is a prerequisite to understand factors which influence patient satisfaction with nursing care. The measurement of patient satisfaction with nursing care is important to determine and meet patient's need in terms of care and to evaluate quality of care provided.

Mir, Rafiq (2013), Prolonged hospital stay itself can cause health care associated infections, psychological stress and complication like bed sore, hydrostatic pneumonia etc. So nurse should focus giving in holistic care to the patient in order to prevent or limit the complication and for easy recovery. So assessing patient satisfaction can bring new changes in approach or modification in nursing care. Nursing care is recognized as an area subjected to competition, where the patient is seen both as a client and consumer of health care. To improve quality of nursing care, nurses need to know what factors influence patient satisfaction. Nursing care plays the key role in providing satisfaction in this area. As nursing students are the future nurses they should have adequate knowledge regarding quality of care in hospital settings.

MATERIALS AND METHODOLOGY

Research approach: Pre- experimental one group pre-testpost-test research design

Setting of the study: College of Nursing, SVIMS, Tirupati.

Study population: Students studying 1st year B.Sc. (N), Tirupati.

Study sample: Students studying 1st year B.Sc. (N), SVIMS, Tirupati.

Sample size: 100 students were taken.

Sampling technique: Non-probability convenient sampling technique was adopted for the present study.

CRITERIA FOR SAMPLE SELECTION

Inclusion criteria:

- Who are studying 1st year B.sc (N) in SVIMS, CON, Tirupathi.
- Who are willing to participate.

Exclusion criteria:

- Who are absent on the day
- Who are not willing to participate
- Those who are studying 2nd, 3rd and 4th year B.sc(N)

INSTRUMENT:

The tool was developed with the help of related literatures from various textbooks, journals, websites, discussion and guidance from experts.

Section-I

It consists of questions related to demographic data like name of the student, age, sex, religion, academic qualification, type of family, and type of living area.

Section –II

It consists of questions related to Quality of care in hospital.

Scoring key: Correct answer was given a score of 1 and wrong answer was given a score of 0.

CONTENT VALIDITY: The tool was given 10 experts constituting nursing professionals and taken their valuable suggestions.

RELIABILITY OF THE TOOL: Reliability of the tool is defined as the extent which the instrument yields the same results in repeated measures. The tool was administered to 10 1st year b.sc nursing students, who were not included in the main study. The reliability was established by cronbachs alpha methods for correlation coefficient formula. The obtained r score was = 0.92 which shows that instrument was reliable. Hence the tool was reliable for proceeding with the pilot study.

DATA COLLECTION PROCEDURE: Formal permission was obtained from authority to conduct study at College of nursing SVIMS, Tirupati. The investigator initially established rapport with the study subjects and explained the purpose of the study. Consent from the subjects were obtained, confidentiality was maintained throughout the study. The data was collected by pre- test among 1st year B.sc nursing students by structured teaching programme was given for 45minutes.

And after one week post test was conducted for same 1st year B.sc nursing students.

DATA ANALYSIS

Descriptive methods like percentage, Mean, and Standard deviation and inferential statistics t-test, Chi-square were used.

FINDINGS

Table 1. Frequency and Percentage Distribution of pre-test and post-test knowledge

(n=100)

Variable	Inadequate		Moderate		Adequate	
	F	%	F	%	F	%
Level of knowledge in the pre test	32	32.00	61	61.00	7.00	7.00
Level of knowledge in the post test	0	0.00	19	19.00	81	81.00

Table 1: The above table shows that in Pre-test out of 100 students 32% (32) had inadequate knowledge, 61%(61) had moderate knowledge, and 7%(7) had adequate knowledge whereas in post-test 0% (0) had inadequate, 19%(19) had moderate knowledge, and 81%(81) had adequate knowledge.

Table 2. Mean Standard deviation and t-value of pre-test and post-test knowledge

		Mean	N	Std. Deviation	t-value	p value
Knowledge	Pre test	11.72	100	2.771	15.352	0.000
	Post test	15.97	100	2.072		

The table shows the level of knowledge of students in the pre-test and post test results shows the mean of pre-test is 11.72 and mean of post-test is 15.97 shows a significant increase in the level of knowledge has increased.

Table 3. Association between the selected demographic variable and level of knowledge among 1st year B.Sc.(N) students

S.no	Demographic variable	Chi-square	P value	Chi-square	P value
		Pre test		Post test	
1.	Age	25.203**	0.000	4.804**	0.028
2.	Gender	5.961	0.051	10.147**	0.001
3.	Academic qualification	22.284 **	0.000	4.468*	0.035
4.	Religion	0.524	0.971	0.703	0.704
5.	Type of family.	6.870**	0.032	0.260	0.610
6.	Type of living area.	6.293	0.178	7.931**	0.019

*Significant at 0.01 level
**Significant at 0.05 level

Table-3: it reveals that there is significant association between level of knowledge and demographic variable were significant at p<0.05 level and religion, type of family, type of living area is significant at p<0.01 level in pretest. And age, academic qualification are significant at p<0.05 level, religion, type of family, type of living area is significant at p<0.01 level in post test.

DISCUSSION

This chapter deals with discussion part to the results, obtained from statistical analysis based on the study, the reviewed literature, hypothesis, which was selected for the study. The present study was conducted to assess the effectiveness of

panel discussion on quality of care in hospital among B.Sc nursing students. It was presented in the view of the objectives of the study.

Objectives of the study:

- To assess the level of knowledge on quality of care in hospital .
- To assess the effectiveness of panel discussion.
- To find the association between level of knowledge and selected demographic variables.

The major findings of the study population were:

 The finding of the study was the panel discussion had a great impact among the students which was clearly evident by the results it revealed that the majority of the students gained the knowledge on quality of care in hospital after the panel discussion. Among 100 students 81% had adequate knowledge in the post test results. The first objective of the study is to assess the level of knowledge on quality of care in hospital and found that out of 100 students 32% (32) had inadequate knowledge, 61%(61) had moderate knowledge, and 7%(7) had adequate knowledge. The second objective of the study to assess the effectiveness of panel discussion which was been clearly shown in the post test results it has shown that 0% (0) had inadequate, 19%(19) had moderate knowledge and 81%(81) had adequate knowledge. The third objective of the study to find the association between the level of knowledge and selected demographic variables shown for pre-test was significant p 0.01 and post-test was significant p0.05.

Conclusion

Panel discussion is one of the effective method to express yourself and speak your heart out on a given topic and you will get the other panelist to express their version relating to the topic, it makes you to learn new information. It helps the students to gain knowledge regarding a specific topic the present study has shown that the panel discussion has been shown to be effective in incorporating the knowledge among

the students regarding quality of care in hospital, this clearly evident that to improve the involvement of the students in learning and to improve their performance, the management should adopt any one of the innovative method of teaching is one of such innovation where the students interest can be maintained and education can be more interesting.

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