KNOWLEDGE OF QUALITY ASSURANCE INDICATORS AMONG STUDENT'S NURSES AMONG SELECTED COLLEGE SHILLONG.

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ABSTRACT

This study explores the knowledge of quality assurance indicators among student nurses in selected colleges in Shillong. Quality assurance in nursing education is critical for ensuring that future healthcare professionals are equipped with the necessary skills and knowledge to provide high-quality patient care. A cross-sectional survey was conducted involving a sample of student nurses from three colleges, utilizing a structured questionnaire to assess their understanding of key quality assurance indicators, including patient safety, clinical guidelines, and performance evaluation metrics.

Results indicate varying levels of knowledge, with significant discrepancies observed across different colleges and year groups. Factors influencing knowledge levels, such as curriculum content, practical exposure, and faculty engagement, were also examined. The findings underscore the need for enhanced educational strategies to improve the understanding of quality assurance among nursing students, ultimately contributing to better healthcare

outcomes. Recommendations for curriculum development and faculty training are proposed to foster a deeper comprehension of quality assurance practices in nursing education.

INTRODUCTION

Particularly in high-stakes environments such as the Intensive Cardiac Care Unit (ICCU), the quest for quality assurance has become increasingly vital. The ICCU is dedicated to the care of patients with severe cardiac conditions, requiring continuous monitoring and advanced therapeutic interventions. Given the complexity of care in this setting, the implementation of robust quality assurance indicators is essential to ensure patient safety, improve outcomes, and enhance the overall effectiveness of care delivery.

Quality assurance (QA) encompasses systematic processes designed to evaluate and improve the quality of healthcare services. In the ICCU, QA indicators serve as critical tools to measure various aspects of patient care, including adherence to clinical guidelines, patient outcomes, and staff performance. These indicators enable healthcare providers to identify areas for improvement, monitor compliance with established standards, and ultimately foster a culture of safety and excellence in care.

Patient safety is paramount in the ICCU, where patients are often in critical condition. Quality assurance indicators play a key role in identifying potential risks and implementing strategies to mitigate them. For instance, monitoring medication administration errors, infection rates, and patient falls can provide valuable insights into the safety of care processes. By systematically tracking these indicators, healthcare teams can take proactive measures to enhance patient safety and reduce adverse events.

Standardized care protocols are essential in the ICCU, where variations in practice can lead to inconsistencies and adverse outcomes. Quality assurance indicators help ensure that clinical practices align with evidence-based guidelines. For example, adherence to protocols for

managing acute coronary syndromes or heart failure can significantly impact patient outcomes. By utilizing QA indicators, healthcare providers can promote standardized practices that enhance the quality of care delivered to patients.

Healthcare organizations are subject to various regulations and accreditation standards that mandate the implementation of quality assurance measures. Familiarity with QA indicators is crucial for ICCU staff to ensure compliance with these standards. Non-compliance can result in significant consequences, including financial penalties, loss of accreditation, and compromised patient care. By understanding and monitoring QA indicators, ICCU teams can maintain compliance and uphold the integrity of their practice.

The healthcare landscape is constantly evolving, with new technologies, treatments, and best practices emerging regularly. Quality assurance indicators provide a framework for continuous quality improvement (CQI) in the ICCU. By regularly assessing performance metrics, healthcare teams can identify trends, implement evidence-based interventions, and evaluate the effectiveness of changes made to care processes. This iterative approach fosters a culture of learning and adaptation, ultimately enhancing the quality of care provided.

Mortality rates are a fundamental indicator of quality in the ICCU. Tracking overall mortality, as well as mortality related to specific conditions such as myocardial infarction or cardiac arrest, provides insights into the effectiveness of care provided. Elevated mortality rates may signal the need for further investigation into care processes, clinical protocols, or resource allocation.

Healthcare-associated infections (HAIs) pose a significant risk to patients in the ICCU. Monitoring infection rates, such as ventilator-associated pneumonia (VAP) and central line-associated bloodstream infections (CLABSI), is critical for assessing the quality of care. Implementing infection control protocols and regularly reviewing infection rates can help

identify areas for improvement and enhance patient safety. Medication administration is a complex process that requires precision and attention to detail. Monitoring the frequency and types of medication errors, including omissions, wrong doses, and adverse drug reactions, is essential for ensuring safe medication practices. Quality assurance indicators related to medication errors can inform staff education, protocol development, and system improvements to enhance patient safety.

The length of stay (LOS) for patients in the ICCU can serve as an important quality indicator. Prolonged hospitalizations may indicate complications, delays in care, or inefficiencies in the discharge process. By analyzing LOS data, healthcare teams can identify factors contributing to extended stays and implement strategies to optimize patient flow and improve care delivery. Measuring adherence to evidence-based clinical guidelines is a critical aspect of quality assurance in the ICCU. This could include monitoring compliance with protocols for managing acute coronary syndromes, heart failure treatment, or post-operative care. High adherence rates typically correlate with improved patient outcomes, making this indicator a valuable component of quality measurement.

Patient satisfaction is a subjective but important quality indicator that reflects the overall experience of patients and their families in the ICCU. Surveys and feedback mechanisms can provide insights into patients' perceptions of care, communication, and support services. High levels of patient satisfaction often correlate with better clinical outcomes and can inform quality improvement efforts.

Engaging staff in quality assurance initiatives is critical for success. Resistance to change or lack of awareness about the importance of QA indicators can hinder implementation efforts. It is essential to foster a culture of quality and safety within the ICCU by involving staff in the

development and monitoring of QA indicators and emphasizing the positive impact on patient care.

Quality assurance indicators are essential tools for monitoring and improving the quality of care in the Intensive Cardiac Care Unit. By focusing on key metrics such as mortality rates, infection rates, medication errors, and adherence to clinical guidelines, healthcare organizations can enhance patient safety, standardize care practices, and foster a culture of continuous quality improvement. While challenges exist in implementing these indicators, the benefits of robust QA practices in the ICCU are undeniable. Ultimately, a commitment to quality assurance not only improves patient outcomes but also strengthens the foundation of nursing practice and healthcare delivery in critical care settings.

Objectives

1. To assess the Knowledge of quality assurance indicators among student's nurses selected college Shillong.

Hypothesis

H0: There is no significant difference in the knowledge of quality assurance indicators among student nurses based on their year of study (e.g., first-year vs. final-year students).

H1: There is no significant difference in the knowledge of quality assurance indicators among student nurses based on their year of study (e.g., first-year vs. final-year students).

METHODOLOGY

Study Design- A descriptive research design was adopted in this study.

Population: Nursing students from selected college, Shillong.

Sample Size: 100 Nursing students

Inclusion Criteria:

- Nursing students aged between 18-30 years.
- Nursing student's willingness to participate in the study.

Exclusion Criteria:

- Mentally unstable students.
- Those currently undergoing therapy or using medication for stress.
- Candidate has participated in any other study related to stress.

Measurement Tools- Structured knowledge questionnaire.

Score Range

• 0-13 scores consider as inadequate knowledge

• 14-26 scores consider as moderate knowledge

• 27-40 scores consider as a adequate knowledge

Data Collection Procedure:

- Obtain informed consent from all participants.
- Administer structured knowledge questionnaire.

Data Analysis

Use appropriate statistical methods to analyse the data:

Descriptive Statistics: Summarize demographic information and pre-test scores.

Ethical Considerations

Ensure ethical approval from the institutional review board (IRB). Maintain confidentiality of participant data. Provide the right to withdraw from the study at any time without consequences.

RESULTS

Table1: Demographic variable of study Sample.

SL NO.	VARIABLES	FREQUENCY	PERCENTAGE
1.	Sex		
	• Male	33	33%
	• Female	67	67%
2.	Age in years		
	• 18-22	62	62%
	• 22-25	22	22%
	• 26-30	16	16%
3.	Religion		
	• Hindu	59	59%
	• Muslim	38	38%
	• Christian	3	3%
4.	Family		
	• Nuclear	89	89%
	• Joint	11	11%
5.	Residence during pursuing a degree		
	• With family	8	8%
	• Without Family	92	92%
6.	Residence		
	• Rural	49	49%
	• Urban	51	51%

The table reveals that majority of the student participated in this study are female that is 67% and only 33% were male. 62% students were from age group of 18-22 years. Hindu students were more 59%, Muslims was 38% and only 3% was Christian. Majority 89% of the sample was from nuclear family and only 11% were belongs from joint family. 92% students were staying in hostel and 8% students staying with family. 49% from rural area 51% were belongs from urban area.

Table 3: Pre-test Stress Score of Nursing students

Sl No.	Categories	Frequency	Percentage (%)
1.	Inadequate knowledge	65	65%
2.	Moderate Knowledge	20	20%
3.	Adequate knowledge	15	15%

Pre-test result is showing inadequate knowledge among 65% students, moderate knowledge among 20% students and 15% were having adequate knowledge.

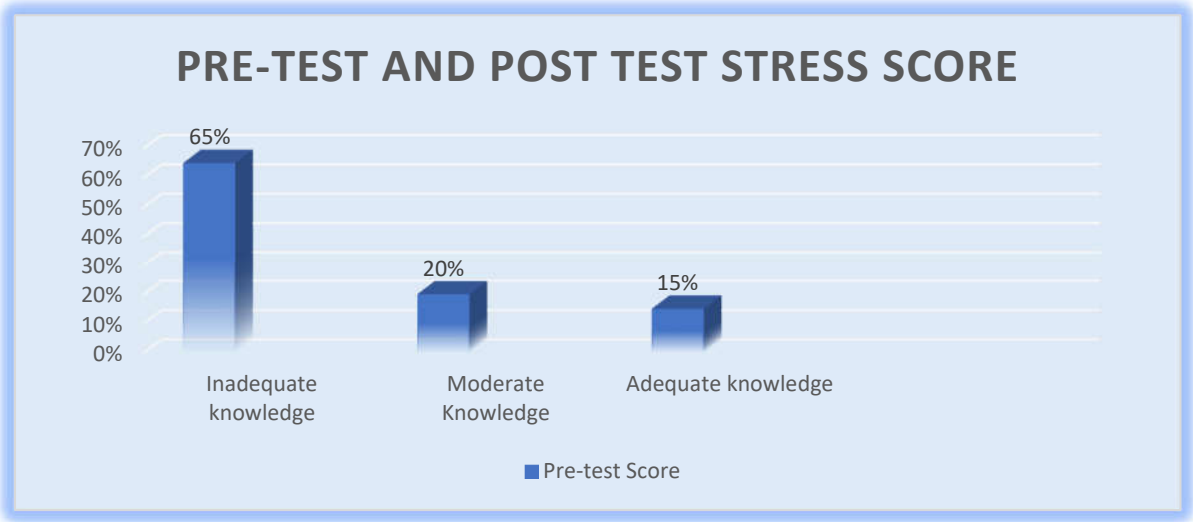

Figure: Pre-test knowledge score of nursing students.

Conclusion

Study result reveals that only 15% 0f the student is having adequate knowledge about quality assurance indicators. Student nurses should have adequate knowledge about as they are future of our nursing generation for quality care improvement.

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