# Parents' perceptions of the meaning of quality nursing care

Quality care is a major issue currently facing the delivery of health care services yet little research has been conducted on what parents of hospitalized children perceive as quality nursing care. A qualitative approach was used to identify the meaning of quality nursing care from parents' perspective and to identify concepts inherent in the process of receiving quality nursing care. Four stages in the process were identified: maneuvering, process of knowing, relationship, and quality care. The concepts suggested a similar experience for all participants, even though the individual stories of the process of receiving quality nursing care were different for each child and parent.

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QUALITY IS A MAJOR issue facing the delivery of health care services today. Nursing care in the acute care setting represents a significant proportion of hospital budgets and as a result will continue to experience increasing pressure to deliver high-quality, cost-effective service. The increase in consumerism[1–3] and competition in the health care market[4] highlights the pressing need to understand clients' perceptions of their experiences in receiving care. Spitzer[1] notes that probably the most important management fundamental being ignored in health care is staying close to the consumer. She states that management must be continually attuned to the needs and wishes of both professionals and patients if the institution is to survive the rapid changes of the 1990s.

The need for nurses to understand and deliver care congruent with clients' perception of quality nursing care is consistent with the nursing ideology of client-centered care. The purpose of this article is to present the

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results of a qualitative research study that explored the phenomenon of the meaning of quality nursing care to parents of hospitalized children and to examine the implications of this study for nursing practice, education, and research.

## BACKGROUND

A review of the literature reveals a number of studies related to the development and use of patient satisfaction tools in an attempt to understand consumers' perspective on quality care. Abramowitz and associates[4] identify that consumers' definition of quality care is a reflection of their perception of factors important to their physical and psychologic comfort. They report that client satisfaction with nursing care is frequently a major determinant of satisfaction with the total hospital stay. They further suggest that nurses are the hospital's goodwill ambassadors to the extent that if nurses cannot fulfill this role then client satisfaction is severely compromised, which in turn compromises the hospital's competitive stance in the health care market. Oberst[5] found that neither a clear definition of the meaning of satisfaction nor clarification of the process by which clients actually determine satisfaction or dissatisfaction is evident in the literature. She further notes that the validity of any measures of patient satisfaction is suspect if clients have not been involved in the validation process. Although many nursing quality assurance programs have been designed to include data regarding client satisfaction, tools that have been validated by clients and reflect the clients' perception of the meaning of quality nursing care are difficult to find.

The development of nursing knowledge and understanding of clients' perceptions of quality nursing care will ultimately benefit clients. Taylor and colleagues[6] suggest that consumer reactions can provide prescriptions for action for improving services that are beneficial to clients and the health care system as a whole. Lauer and coworkers[7] report that there is evidence that client follow-through with self-care can be improved when consumers feel their concerns are understood. Fine[2] notes that the needs of the consumer can be better matched to the resources of the health care system by nurses when the nurse understands the consumer's needs. Moreover, Sheilds[8] states that nurses' increased understanding of client perceptions helps nurses create a positive interpersonal climate between themselves and the client that in turn promotes client well-being.

DeBack and Waite[9] note that if nurses want to be recognized as providers of quality, cost-effective services they must be able to relate clearly and concisely to clients. This position assumes a clear understanding of the client's perspective. Altschul[10] also suggests that nurses benefit from understanding the client's perspective because nurses are less overwhelmed by what they perceive to be shortcomings in the quality of nursing care they are providing even when clients still seem to be satisfied with the nursing care.

Morales-Mann[11] states that consumers have become an increasingly effective force in changing nursing practice. She suggests that in order for nursing practitioners to function effectively they must develop in response to the values of the consumer. Rempusheski and associates[3] note that a number of authors have attempted to justify

client satisfaction research by revealing how consumers' perspectives are quite different from those of health care administrators and providers, and that knowledge of such perceptions is useful in providing care. Similarly, Spitzer[1] notes that with increased client participation in health care planning there is a need to identify the meaning of quality for health care constituents, namely health care providers and consumers.

Although many attempts have been made through quantitative studies to gather data on client satisfaction with care through instruments designed and compiled by health care providers, this approach is based on what Wessler[12] describes as an unjustified assumption. Wessler asserts that the opinions of hospital personnel (researchers) are not shared by clients and that such personnel, as spokespersons, cannot accurately represent clients' opinions. The goal of the current study is to describe the meaning of quality nursing care from the perspective of the parent of a hospitalized child.

## RESEARCH QUESTION

The research question guiding the study was "what does quality nursing care mean to parents of hospitalized children?" While many researchers have used quantitative methods to examine client satisfaction with nursing care, only one study has qualitatively explored clients' perceptions of nursing care and this study was specific to primary nursing.[3] The purpose of the current study was to explore the phenomenon of parents' perceptions of the meaning of quality nursing care in order to provide a description. This description may ultimately provide a basis for the development of working hypotheses for future research. It may also provide a basis for future instrument and theory development regarding quality nursing care. Regardless, the development of nursing knowledge related to quality nursing care alone is of great benefit to nursing administrators, practitioners, educators, and ultimately the client.

Previous research and the author's clinical experience indicate that the perceptions of quality care held by clients and nurses differ considerably[5,7] and that these differences have received little attention in the past.[13] For example, the parent of an infant may perceive the nurse's activities related to an intravenous infusion to be less important than the nurse's response to the infant's crying. Oberst[5] attributes differences between client and nurse perceptions to the criteria that clients and professionals use for assessment. The problem underlying this study was the lack of qualitative research on the meaning of quality nursing care from the perspective of a parent of a hospitalized child.

## DESIGN AND METHODS

The qualitative research design of the study was based on what Miles and Huberman[14] define as an emergent design. Five concepts provided a loose structure for the initial organizing framework for the study. These concepts included: quality, events, expectations, nursing care, and roles. Quality was the central concept that represented the perceptions of nursing care. Events (client history), expectations (on the part of the parent), nursing care (the services provided by nurses in meeting client's biopsychosocial needs), and roles (child, parent, nurse) were all viewed as shaping the perceptions of quality.

For purposes of this study it was assumed that nursing care was provided within the family-centered care philosophy of the hospital. As a result, any references to child or parent are not intended to suggest that care for children is separate from care for families. Care for children and families occurs simultaneously.

The grounded theory approach as described by Glaser and Strauss[15] was used in this study. This approach is characterized by the simultaneous and ongoing collection, categorization, and interpretation of data and the deliberate sampling of comparative groups all of whom can illuminate the evolving phenomenon of the meaning of quality nursing care. Theoretic sampling was used to select a sample of six participants. The participants were identified through personal contacts and referrals of colleagues. Parents of children who had been hospitalized were contacted and invited to participate in the study. Parents who had experienced the hospitalization of their child and who consented to participate and have their interviews audiotaped and transcribed were included in the study. The author took a sample of convenience and explained the nature of the study and the extent of participation of each participant. Participants were informed that they could withdraw from the study at any time. Anonymity of participants was assured. Four of the six parents contacted agreed to participate. Convenient dates, times, and locations for the interviews were arranged with each participant. Three parents chose to be interviewed in their homes and one participant chose to be interviewed at work.

Ethnographic interviewing strategies as described by Spradley[16] were used for data collection. For purposes of this study, interviews with participants were audiotaped and transcribed. Field notes were also recorded before and after each interview. An open-ended interview guide was developed and critiqued by colleagues. All the questions on the interview guide were addressed by all participants, however, additional questions and responses evolved from the discussion in each interview.

Four parents of hospitalized children—three mothers and one father—participated in the study. The time since hospitalization ranged from 16 months to 7 years. The length of stay of the children varied from 3 days to 1 month. The ages of the children ranged from 8 weeks to 12 years. The children were admitted for a variety of reasons including fever, lethargy, wheezing, headaches, testing, and chemotherapy.

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The data from the transcribed interviews and field notes were coded and analyzed. Analysis proceeded by sorting the raw data into units of analysis. These units of analysis were phrases, sentences, or paragraphs, and were examined for patterns through the technique of constant comparative analysis. Patterns were then analyzed from which new categories and concepts emerged. Theory building was developed from hypothesizing about the relationships among the emergent categories and concepts. Preliminary theory development was validated with a study participant.

## FINDINGS

A number of categories or concepts emerged from the data, and they appear to represent the views of parents of hospitalized children on quality nursing care. Preliminary theory development suggests that what parents experience as quality nursing care involves a four-stage process: maneuvering, the process of knowing, positive relationships, and quality nursing care. Participants describe a process of maneuvering with and through the nurse during the course of hospitalization in order to obtain what they believe is quality nursing care. The main purpose of the various maneuvers is to increase the nurse's time with them and their child so that the process of knowing occurs. Once the process of knowing occurs a positive relationship between the nurse and parent and child can be established. The establishment of a positive relationship is viewed as resulting in the meeting of the biopsychosocial needs of the parent and child. It is the meeting of these biopsychosocial needs that is described as quality nursing care.

## MANEUVERING

Maneuvering is the first stage in the process and involves a variety of parent and child actions and reactions to the nurse. All parents describe clusters of actions on the part of the parent, labeled as "parent helping." These actions represent the parent helping the nurse and include bathing, feeding, changing their child's diaper, taking their child's temperature, or giving their child a medical treatment. These actions are described by parents as helping the nurse with his or her job. These maneuvers serve to increase the likelihood of the nurse having more time to spend with them. All parents describe how busy the nurse was, so busy in fact that the nurse often did not have enough time to spend with their child.

A second cluster of maneuvering activities is labeled "being nice." This cluster includes the parent being nice to the child and to the nurse. Parents describe a variety of strategies including giving their child the emotional support needed during a painful or frightening treatment, having balloons and cards at the bedside, carrying their child around with them, not complaining to the nurse, and not placing demands on the nurse. The purpose of the being nice maneuver is to increase the likelihood of attracting the nurse to the child's bedside, and ultimately the parent and the child, by removing, decreasing, or eliminating negative characteristics of the child, parent, or environment that may repel the nurse from the bedside.

"Nurse attracting" is a concept affecting the process of receiving quality care. The level of health or illness of the child, the age of the child, and the length of hospitalization are described by parents as forms of status that attract the nurse to the child's bedside. Parents commented that if their child had a rare disease or if their child were older or if they were in the hospital longer, then maybe their experience would have been different.

Parents also describe two clusters of nurse behaviors that do not promote effective maneuvering. These clusters have been labeled "nurse technical" and "nurse repelling." The nurse technical concept represents actions by the nurse that are perceived by the parent as being focused on the technical and biologic aspects of care and not focused on the

emotional or social needs of the child or parent. Parents describe nurse technical actions as coming and taking temperatures, being clinical, doing the usual vital signs, putting on masks, performing mechanical functions, giving pills, being functional, and ensuring equipment is hooked up properly. Nurse technical actions occur in the absence of care being directed toward the psychosocial needs of the child or parent.

The nurse repelling concept represents verbal and nonverbal actions by the nurse that either move the nurse away from a child or parent focus, or serve to move the parent or child away from the nurse. These actions include nurses complaining about their workload, avoiding the parent or child, interrupting comments, telling the child or parent what to do, not asking parents if they want or need anything, sending nonverbal messages not to impose or intrude on their time, and being more interested in statistics than in the child or parent.

Parents also describe a cluster of actions that inhibit effective maneuvering. These actions have been labeled "conflict" and represent differences in what parents and nurses perceive to be important (or the activities necessary) in meeting the goal of providing quality nursing care. The concepts of nurse technology, nurse repelling, and conflict represent a non–child or non–parent focused approach to care. These concepts represent forces opposing a move into the stage of the process of knowing. They are variables that affect the maneuvering strategies of parents.

In summary, maneuvering is the first stage in the process of receiving quality nursing care. Parent helping, being nice, and nurse attracting categories serve to bring the nurse closer to the child and parent. Nurse technical, nurse repelling, and conflict categories inhibit effective maneuvering by the child or parent.

## PROCESS OF KNOWING

The function of maneuvering activities is to set the stage for the process of knowing. All parents describe a process of getting to know or not getting to know the nurses. They describe some nurses whom they felt knew and some whom they felt did not know them and their child as individuals. It is the nurse's understanding of their individuality that represents the process of knowing.

The concept of time is described by parents as fundamental to the process of knowing. Parents describe nurses as having the time, taking the time, or making the time to spend with them. They describe both getting to know the nurse as well as the nurse getting to know them during this stage. Parents describe the importance of how the nurse interacts during his or her time with the child or parent. Two parents describe the idea of private nursing care that would involve the nurse staying at the child's bedside. If the nurse was at the bedside then there would be an increased likelihood of the nurse getting to know the child and vice versa. The mere presence of a technically focused nurse at the bedside was not viewed as the same kind of time that parents describe as being important. The characteristics of how the nurse interacts with the parent and child during the time spent with the child were significant relative to the concept of time. The amount of time is significant only to the extent that the more time the nurse spends at the bedside, the greater the

likelihood that the nurse will interact with the parent and child.

## POSITIVE RELATIONSHIP

Parents describe clusters of activities of the nurse labeled as "personable care." This concept describes care provided within a perceived positive relationship between the nurse and the parent and child. Parents describe personable care as actions by the nurse including acknowledging the parent's presence, listening, making the parent feel comfortable in the hospital environment, involving the parent and child in the nursing care, showing interest and concern for their welfare, showing affection and sensitivity to the parent and child, communicating with them, and individualizing the nursing care.

The establishment of this positive relationship is described by all parents as a necessary foundation for receiving quality nursing care. The personable care concept reflects those nursing actions that parents perceive as integral to establishing the positive relationship.

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The concept of trust emerged as part of the process of establishing a positive relationship. Parents describe an assumed trust in nurses' technical abilities. All parents describe varying levels of trust in the nursing care provided. They describe these levels of trust as varying in relation to the degree to which they perceive there is a positive relationship between the nurse and themselves (and their child). The lack of trust is expressed by parents in terms of wondering what happens to their child in their absence.

"Differences in nurses" emerged as another category in the analysis. This category is described by parents in terms of differences in nurses' technical skills versus nurses providing personable care. Although the reason for the lack of the development of a positive relationship is seen as being in part due to the lack of time nurses spend with parents and their child, it is also seen as being due to differences in the abilities of individual nurses to establish positive relationships.

## QUALITY NURSING CARE

The ultimate goal of maneuvering, the process of knowing, and establishing a positive relationship is for the parent and child to receive quality nursing care. All parents describe quality nursing care in terms of their needs being met. This is labeled "needs met." The need for the nurse to carry out technical functions using machines or equipment such as intravenous lines, masks, and thermometers is described as a basic expectation, and it is not equated with meeting the needs of parent and child or with quality care. Quality care is perceived as the nurse being focused on meeting the nontechnical needs of the child and parent. Nontechnical needs described by parents include the need for information, diversion, socialization, sleep, and decreasing child and parent stress.

Parents describe quality care as nurses anticipating parents' needs for information and nurses initiating and providing information to the parent. The information parents

describe as being important to meeting their needs can only be obtained through interaction with the nurse. Parents perceive that their need for information is best met when a positive relationship exists between the nurse and the parent and child. One parent, who described not remembering any nurse being available for her to talk to during the entire 3-day hospitalization of her child, related how she obtained information regarding the amount of food her infant had eaten during her absence by looking at the nurses' notes at the bedside.

## DISCUSSION AND IMPLICATIONS

The following hypothesis was generated from the data analysis: Quality nursing care involves a process of parent and child interaction with the nurse that leads to the establishment of a positive relationship and ultimately results in the satisfaction of the biopsychosocial needs of the parent and child. This hypothesis suggests the need for further research to clarify and test the implied relationships between the concepts that emerged from this study.

The purpose of this study was to provide a description of the meaning of quality nursing care to parents of hospitalized children. Quality was clearly described by parents as being the result of an interactive process in which the outcome is meeting the biopsychosocial needs of the parent and child. Nursing actions directed at meeting the technically related needs of the child were not viewed as being part of the description of quality. They were perceived as a given from which quality could then be developed and delivered. This perception raises the question of the effect, if any, that the increasing societal focus on technology has on nurses' ability to provide what parents describe as quality nursing care.

Each parent in this study told a different story about his or her experience with nursing care. Their children varied in age, illness, and length of hospitalization. Even though the stories were different, all parents described a similar experience involving a process of interacting with nurses that leads to quality nursing care. Quality was clearly described as care that involved positive reciprocal interactions between nurses and the child and parent. Parents had many explanations for the nurses being unable to provide consistently what they described as relationship-based nursing care. Nurses were viewed as being very busy, but not being busy with them. In addition, not all nurses were viewed as being able to provide quality care. Further study of the phenomena involved in quality nursing care is needed with a larger sample of parents. An additional area for further research would be to explore what nurses perceive as being quality nursing care and examine how the system in which the nurse provides the care supports the provision of what parents describe as quality nursing care.

Even though this study is based on a small sample size—hence generalization and subsequent application of the findings may be limited—the parents described receiving primarily technically focused rather than relationship-based nursing care. The findings suggest the need for nurse educators to consider how program curricula might facilitate learners' development of skills integral to establishing positive relationships with clients while learning to master the technical aspects of care. It may also be of interest to study what nurse educators perceive as quality nursing care and whether program

curricula support the perceptions held by educators and clients.

The literature supports the need for understanding consumers' reaction to care so that action can be taken for improving services.[6] The current study clearly identifies the need for nurses to establish positive relationships with the parent and child in order to provide quality nursing care. This action may lead to the improved client well-being suggested by Sheilds[8] and the improved patient outcomes suggested by Lauer and associates.[7] The findings also suggest the need for nurse managers to examine how the nature of the work structure of nurses supports nurses in providing the quality of nursing care described in this study.

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Parents describe quality nursing care as a four stage process involving maneuvering, process of knowing, positive relationships, and quality care. The study findings suggest the need to first understand the perceptions of parents and then the perceptions of nurse practitioners, educators, and administrators regarding quality nursing care. From this understanding collaborative action can be taken to work toward the common goal of delivering quality nursing care.

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