

Identifying Factors Leading to Poor Nursing Practices among Registered Nurses of Health Care Settings in Lahore Pakistan

Article by Reeba Saleem
BSN –MSN, Texila American University, Pakistan
E-mail: rsaleem6@gmail.com

Abstract

Background: Theories of behavior change indicate that a careful analysis of different changing factors is helpful when trying to influence professional practice.¹ There are many such factors faced by nurses, which lead to poor practices among nurses. The aim of this study was to identify the factors that lead to poor nursing practices among Registered Nurses in Health Care setting Of Lahore Pakistan

Method: A descriptive cross sectional survey was used to identify the factors that lead to poor nursing practice. To carry out this survey, a convenient sample of n=30 Registered Nurses was selected from those Registered Nurses, who are studying at College of Nursing and at the same time they are practicing too. A self-administered questionnaire consisting of 14 declarative statements was administered to the participants for the purpose of data collection.

Results: A 100% response rate was achieved. The prominent factors identified, leading to poor nursing practices included shortage of staff, high work load, poor time management, poor task organization, unhealthy work environment, unavailability of proper equipment's, lack of clinical experience, lack of professional knowledge and poor communication skills.

Conclusion: It was concluded that numerous factors that lead to poor nursing practices have been identified i.e. shortage of staff, high work load, poor time management etc., also these factors should have to reduce to enhance quality of nursing care and making nursing practice more better. This study has laid the foundation for further research in to implementation of good practice by nurses in hospitals by identifying factors that lead to poor practice.

Keywords: *Factors Leading to Poor Nursing Practices among Registered, Different Approaches to Nursing practice, Significance of study, Ethical Consideration, Data analysis, Discussion, summary*

List of abbreviations

1. ANA American Nurses Association
2. SSPSP Scope and Standards of Practice, scope of practice
3. NACNEP National Advisory Council on Nurse Education and Practice
4. SPN Society for Pediatric Nurses
5. NAPNAP Association of Pediatric Nurse Practitioners.
6. NPARR Nurse Practice Act, Rules & Regulations

Introduction

Nursing is a complex, ever-changing profession. One thing that doesn't change is ANA's dedication to nursing excellence through ethics, standards, and best practices. Whether you're looking to improve your quality of care, become a leader in your chosen specialty, or create a healthier work environment, ANA offers resources and solutions to concerns that affect you every day. The practice of nursing requires specialized knowledge, skill, and independent decision making. Nursing careers take widely divergent paths - practice focus varies by setting, by type of client, by different disease,

therapeutic approach or level of rehabilitation. Moreover, nurses are mobile and sophisticated and work in a society that is changing and asymmetrical for consumers. The result is that the risk of harm is inherent in the provision of nursing care. Nurse Practice Act, Rules & Regulations

In the document, Nursing: Scope and Standards of Practice, scope of practice is defined by the “who,” “what,” “where,” “when,” “why,” and “how” of nursing practice, including advanced practice nursing.

In addition, there are other documents relevant to specialties. For example, Pediatric Nursing: Scope and Standards of Practice is a collaborative effort of the ANA, the Society for Pediatric Nurses (SPN), and the National Association of Pediatric Nurse Practitioners (NAPNAP). This resource and others like it are listed below.

Other organizations publish relevant documents as well. For example, The American Association of Nurse Anesthetists (AANA) publishes Scope and Standards for Nurse Anesthesia Practice. Resources from the AANA and other specialty organizations are also listed below.

The nursing profession, including professional and specialty organizations, is responsible to its members and to the public to define the scope of practice and standards of practice. This foundational work provides the basis for further description and refinement by other entities and is represented as the broadest level at the base of the pyramid.

Annexure for a research project title

Factors Leading to Poor Nursing Practices among Registered Nurses in Health Care setting Of Lahore Pakistan

Aim of the Project:

To identify factors leading to poor nursing practices among Registered Nurses in Health Care setting Of Lahore Pakistan

Statement of the Problem: Factors Leading to Poor Nursing Practices among Registered Nurses in Health Care setting Of Lahore Pakistan

Overview of Literature: Nursing is a profession, which focuses on the care of the individuals, families and communities, to help them in maintaining and recovery of the optimal health and a quality life. The foundation of professional nursing was laid by **Florence Nightingale**, over 150 years ago by Florence nightingale, who conducted the first nursing outcome research. She was the first who document the unsanitary and unsafe conditions in hospitals. Basic measures for improving sanitation and hygiene were introduced by her. The effects on mortality rates were unforgettable because during the six months period, there was a dramatic decrease in death rates at the military hospital in Scutari, Turkey which fell from 43% to 2% only. She had a strong belief that highly trained nurses make the difference in creating a safe care environment that vastly improves patient outcomes.

Conceptual Framework: Nursing is a complex, ever-changing profession. One thing that doesn't change is ANA's dedication to nursing excellence through ethics, standards, and best practices. Whether you're looking to improve your quality of care, become a leader in your chosen specialty, or create a healthier work environment, ANA offers resources and solutions to concerns that affect you every day. The practice of nursing requires specialized knowledge, skill, and independent decision making. Nursing careers take widely divergent paths - practice focus varies by setting, by type of client, by different disease, therapeutic approach or level of rehabilitation. The advancement of a profession depends on educational criteria that other never regrets the standards of quality care. Nursing as whole is fully groomed profession in which it absorbing the all the necessities of advance world.

Research questions or hypotheses

What are the factors leading to poor nursing practices among Registered Nurses in Health Care setting Of Lahore Pakistan?

Research methodology

(a) Coverage: In this study a non-experimental quantitative design was used. The research was conducted by using the procedure of survey method. The design was Descriptive Cross-Sectional

Therefore data are collected with the help of questionnaire the type of questionnaires is closed ended.

(a) Coverage: The design was Descriptive Cross-Sectional

(b) Data Collection: Sampling is a process of selecting a portion of the population to represent the entire population. Convenience sampling which is a type of Non-Probability sampling was used Therefore data are collected with the help of questionnaire the type of questionnaires is closed ended.

(c) Data Analysis: Data analyzed by using SPSS and results will be displayed in percentage through frequency Tables, bar graph

Implications: The proposal should state whether this research would bring forth any implications for policy making either for the region concerned or the country, any methodological innovations or contribute to theory building.

Summary

Factors Leading to Poor Nursing Practices among Registered Nurses in Health Care setting Of Lahore Pakistan

- Purposes of the Project:
- Assess the effects of poor practice on patient care

Identify factors leading to poor nursing practices among Registered Nurses in Health Care setting Of Lahore Pakistan

Statement of the Problem: factors leading to poor nursing practices among Registered Nurses in Health Care setting Of Lahore Pakistan

Research Questions or Hypotheses:

What are the factors leading to poor nursing practices among Registered Nurses in Health Care setting Of Lahore Pakistan?

Research methodology

Coverage: Research design is an overall plan for addressing a research question, including specifications for enhancing the study's integrity and it is blue print for conducting a study. In this study a non-experimental quantitative design was used. The research was conducted by using the procedure of survey method. The design was Descriptive Cross-Sectional. This design was used because the study was related to find out the prevalence of the factors that were faced by Registered Nurses during their practice, leading to poor quality nursing care, it also identifies cause and effect simultaneously and appropriate for describing the status of phenomena or for describing relationship among phenomena at a fixed point in time.

Sampling

Sampling is a process of selecting a portion of the population to represent the entire population. Convenience sampling which is a type of Non-Probability sampling was used Therefore data are collected with the help of questionnaire the type of questionnaires is closed ended. Data Analysis: Data analyzed by using SPSS and results will be displayed in percentage through frequency Tables, bar graph

Literature review

Nursing is a profession, which focuses on the care of the individuals, families and communities, to help them in maintaining and recovery of the optimal health and a quality life. 2 The foundation of professional nursing was laid by Florence Nightingale, over 150 years ago by Florence nightingale, who conducted the first nursing outcome research. She was the first who document the unsanitary and

unsafe conditions in hospitals. Basic measures for improving sanitation and hygiene were introduced by her. The effects on mortality rates were unforgettable because during the six months period, there was a dramatic decrease in death rates at the military hospital in Scutari, Turkey which fell from 43% to 2% only. She had a strong belief that highly trained nurses make the difference in creating a safe care environment that vastly improves patient outcomes. Currently, in almost all countries of the world, nursing practice is governed by a well-defined law and the performance of the profession is regulated at the national or state level. Nurses provide care to the people irrespective of their age, color, culture, and ethnicity, based on individual needs. Their services are not limited to the hospitals only rather they practice in wide range of settings, from hospitals to visiting people in their communities. Worldwide, nurses face many barriers during their practice due to which they are unable to achieve positive outcomes. We know that nursing outcomes are end results obtained after giving nursing care to an individual. According to Joel Adams 2007 outcome is a measure of result of an intervention or treatment.³ Nurses represent a large and diverse group with differing level of training and education. Nurses' educational level is significantly associated with patient outcomes. Aiken LH, shows in her study that hospital based bed side nurses are burnout, emotionally exhausted and highly dissatisfied with their jobs. In England from 2699 nurses 1138 (42%) are regarded themselves to be burnout and 39% dissatisfied with their jobs. And 19% reported wards to have poor quality of care. In United States from 26717 nurses 57% not confident that hospital management would resolve patients' problem. Hospitals with good work environment and better professional nurse staffing have more satisfied patients and nurses and evidence to better quality and safety of care.⁶ In England 4000 nurses in 30 hospital trusts found that nurses and patients in hospitals with the most favorable staffing levels had better outcomes compared to hospitals with less favorable setting. As the number of patients in the ward increased the nurse workload increased, so the mortality rate also increased. Nurses in hospitals with less favorable staffing levels were almost twice likely to show high level of burnout, higher job dissatisfaction and to report low deteriorating quality of care on their units. In a study designed to examine the hospital reengineering on patient outcomes and nursing staffing level in New Zealand, McCloskey and Diers established that patient care quality declined as nurses staffing level becomes inappropriate. Hospitals with low nurse staffing levels tend to have higher rates of poor outcomes and Shortage of RNs negatively affects patients' outcomes and contributes to medical errors. Nurses in some health care facilities may be over burdened with up to 12 patients for care. Long work hours pose one of the most serious threats to patient safety, because fatigue slows reaction time, diminished attentions to details, and contributes to error. In united states, more than 43000 nurses in 700 hospitals in Canada, England, Scotland, Germany, surveyed at least 1 in 3 nurses were routinely performing non nursing task e.g. performing ancillary services. At the same time nursing task were not being attended to e.g. skin care, oral care and teaching patient etc. which lead toward poor outcome.⁵ So, there are many factors which contribute towards poor nursing care.

There is something quite impersonal, something cold and clinical in the way we talk about standards of nursing practice. No doubt the expectation already is that what is contained within this paper will provide a set of definitive statements describing how we go about setting and thence raising standards of clinical practice. Such statements will appear as prescriptions for good practice, outlines of key criteria, perhaps even as components of a quality assurance model. Effective practice may even be measured in the safe execution of procedures or protocols, meeting targets set by the system. But standard raising, I would suggest, has little to do with static protocols and rigid systems; rather it has more to do with stout hearts and gut reactions, with fostering a sense of the individual within a

system. Knowledge of what is best for another person must emanate from the meeting of two minds and two hearts — the helper and the helped and even then it will be incomplete and uncertain. It may be easy to describe techniques and procedures relating to the mode of treatment, but the search for what is best for a person in need is always more complex than such simple descriptions of standard helping procedures imply. The reason for this is quite simple — we are dealing with individuals and because the knowledge required to help and advice another person is never value free we must come clean and admit to ourselves where our ideas and notions come from. So looking for the practitioner with a stout heart rather than a cold flinty one has some merit; so too has the gut reaction which responds in a compassionate way rather than in a cold, unfeeling manner. But I hear you say we cannot run a health system on such notions as personal hunches and intuitions. Standards of clinical practice must be scientifically validated, authenticated by recognized methods which interpret our world for us. Indeed, is it not because nursing has relied far too long on intuition and experience

rather than embracing more accepted scientific methodologies that it is now facing so many difficulties? Clark & Hockey (1979) urge nurses to develop such a scientific approach to decision making whilst Kerrane (1975), Davies (1976) and Beland (1970) argue that standards of clinical practice and the status of nursing will only

Research problem

It is obvious from the literature that there are various factors which lead to poor nursing performance. We know that if nurses do not perform effectively and efficiently, it will lead to poor health care outcomes. Thus it becomes essential to assess these factors in detail to avoid the negative outcomes of nursing care provided by the nurses.

Research significance

As we know that identification of different barriers to nursing practices has become necessary, to have positive nursing outcomes. Moreover there was no research studies conducted on identification of causes of poor nursing performances. Therefore this study will help us to assess the barriers and once we get awareness about those barriers within our setting, we will be able to modify them.

Research purpose

Research Purpose is a Concise and clear statement of the specific goal or aim of the study. The purpose of this study was,

To identify factors leading to poor nursing practices among Registered Nursesin Health Care setting Of Lahore Pakistan

Research question

Research Question is a concise and interrogative statement developed to direct a study, focuses on describing variables; examining the relationship among variables and determining the difference between two or more groups.⁸ The Research question of this study was,

What are the factors leading to poor nursing practices among Registered Nursesin Health Care setting Of Lahore Pakistan.

Research methodology

Research design

Research design is an overall plan for addressing a research question, including specifications for enhancing the study's integrity and it is blue print for conducting a study. In this study a non-experimental quantitative design was used. The research was conducted by using the procedure of survey method. The design was Descriptive Cross-Sectional. This design was used because the study was related to find out the prevalence of the factors that were faced by Registered Nurses during their practice, leading to poor quality nursing care, it also identifies cause and effect simultaneously and appropriate for describing the status of phenomena or for describing relationship among phenomena at a fixed point in time.

Sampling

Sampling is a process of selecting a portion of the population to represent the entire population. Convenience sampling which is a type of Non-Probability sampling was used as sampling method and it is defined as including subjects in study who happened to be in the right place at the right time, with addition of available subjects until the desired sample size is reached. It also referred to as accidental sampling. A Sample which is a subset of a population, selected to participate in a study of size n=30 part time RNs with various educational background was selected from target population which is a set of all the measurement of interest of the researcher. In this study all the Registered Nurses FMH

Hospital were population and there were approximately (n=30) Registered Nurses were selected as study sample.

Eligibility criteria (Inclusion criteria)

Those sampling criteria or characteristics that the subject or element must possess to be consider part of the target population. All the registered nurses of program post RN BScN and post basic diploma were eligible for this research study (See appendix-III).

Exclusion criteria

Sampling criteria or characteristics that can cause a person to be excluded from target population. The criteria that specify characteristics that a population does nothave. All Generic BScN, General Nursing Diploma students and non-Registered Nurses were not eligible for this research study. (See appendix-III).

Site

Site is overall location for the research. The overall location where a study was undertaken. The site for this research was College of nursing, Lahore.

Setting

Setting is the more specific places where the data collection occurs. The setting for our research was class rooms of post RN BScN and post basic diploma students.

Data collection tool

For the purpose of data collection a self-administered questionnaire was used as data collection tool. A questionnaire is defined as printed, self-report form designed to elicit information that can be obtained through written or verbal response of the subjects. A questionnaire of a five point rating scale was developed to collect the data about the factors that leads to poor nursing practice (see appendix III). Fourteen statements were carefully included in this rating scale which was describing the barriers/factors which leads to poor nursing practices. Participants were required to respond on a five point Likert scale. (Likert scale is defined as: Instrument designed to determine the opinion on or attitude toward a particular subject; contain a number of declarative statements with the scale after each statement). To analyze the data, students responses were converted into numerical scale according to the following description:

Strongly Disagree 1, Disagree 2, Uncertain 3, agree 4, and Strongly agree 5. The data was analyzed in two steps. Firstly, the average score for each statement was calculated. As it was a five point scale, the maximum average score would be 5 and minimum possible score would be 1.

Analysis

Data were entered into, and analyzed by using frequency distribution tables and pie charts. Frequencies, Percentages and descriptive statistics were employed to describe the responses of participants/respondents. Every statement analyzed as firstly developing frequency tables and then making pie charts to show percentage of participants agreed, disagreed and uncertain with the given statements.

Question no: 1

High work load among nurses leads to poor practice

Statements	Frequency	Relative frequency
Strongly agree	20	66.66667%
Agree	7	23.333%
Uncertain	0	0%

Disagree	3	10%
Strongly disagree	0	0%

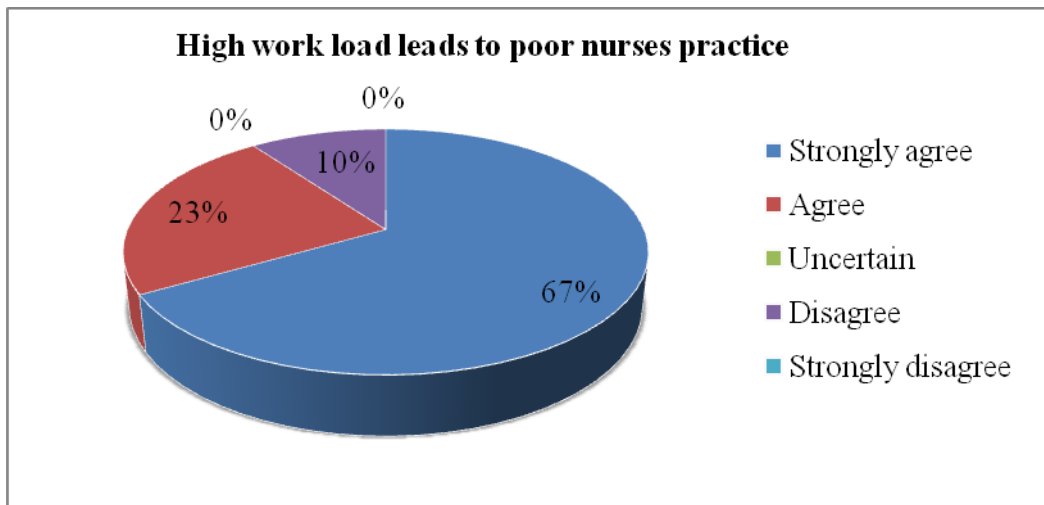


Figure I

Analysis

90% participants agreed with statement, High work load among nurses’ leads to poor practice.

Question no: 2

Poor time management leads to poor performance of nurses

Statements	Frequency	Relative frequency
Strongly agree	9	30%
Agree	18	60%
Uncertain	3	10%
Disagree	0	0%
Strongly disagree	0	0%

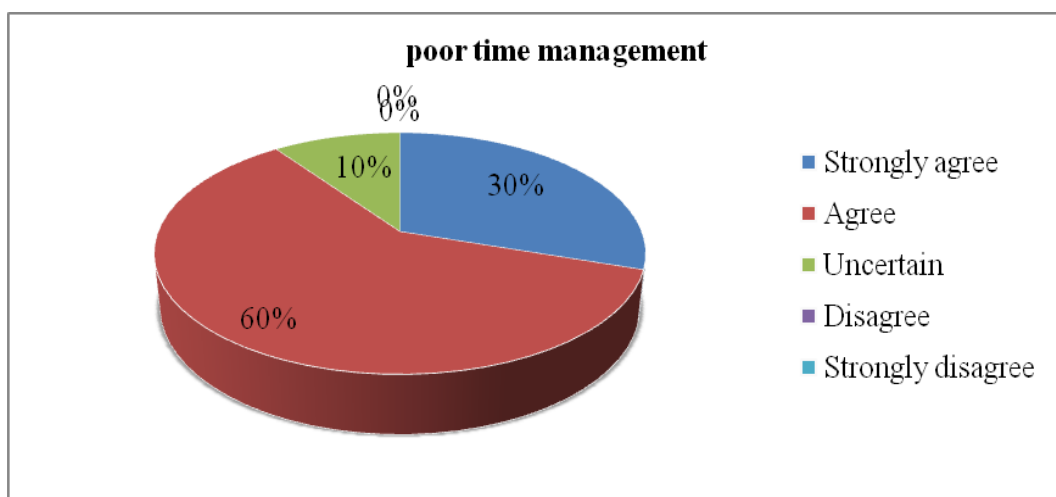


Figure. II

Analysis

90% participants agreed with the statement, Poor time management leads to poor performance of nurses.

Question no: 3

Lack of professional knowledge leads to poor nursing practice

Statements	Frequency	Relative frequency
Strongly agree	17	56.66667%
Agree	7	23.33333%
Uncertain	3	10%
Disagree	1	3.33333%
Strongly disagree	2	6.66667%

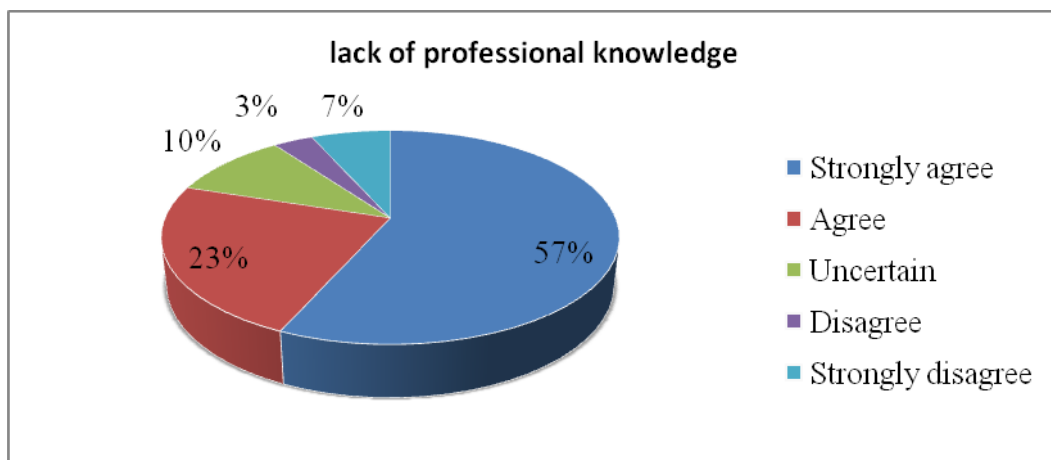


Figure III

Analysis

80% RNs agreed with the statement, Lack of professional knowledge leads to poor nursing practice.

Question no: 4

Unavailability of proper equipment's leads to poor nursing performances

Statements	Frequency	Relative frequency
Strongly agree	16	53.33333%
Agree	10	33.33333%
Uncertain	2	6.66667%
Disagree	2	6.66667%
Strongly disagree	0	0%

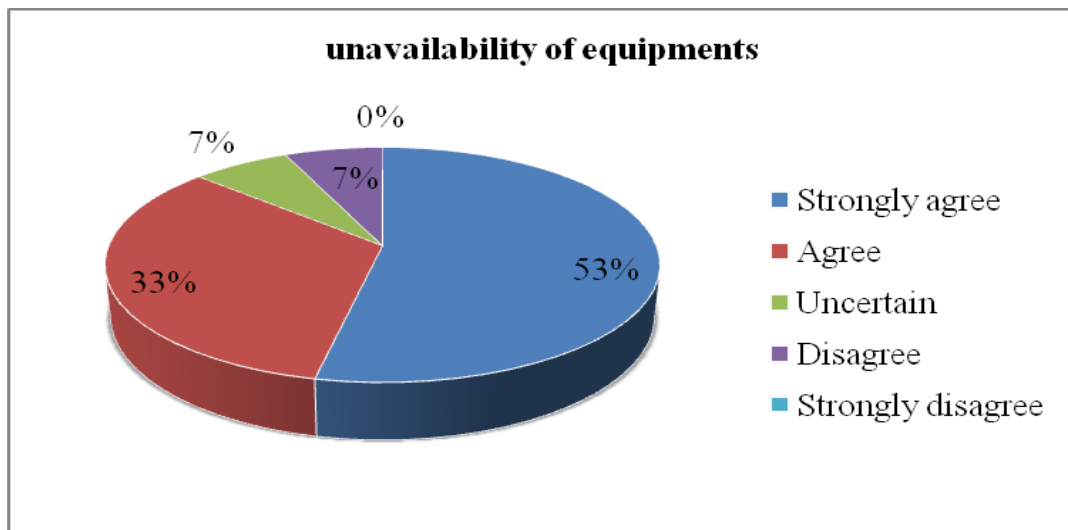


Figure IVI

Analysis

86% RNs agreed with the statement, Unavailability of proper equipment’s leads to poor nursing performances.

Question no: 5

Shortage of staff affects the quality of nursing care

Statements	Frequency	Relative frequency
Strongly agree	19	63.33333%
Agree	9	30%
Uncertain	0	0%
Disagree	1	3.333333%
Strongly disagree	1	3.333333%

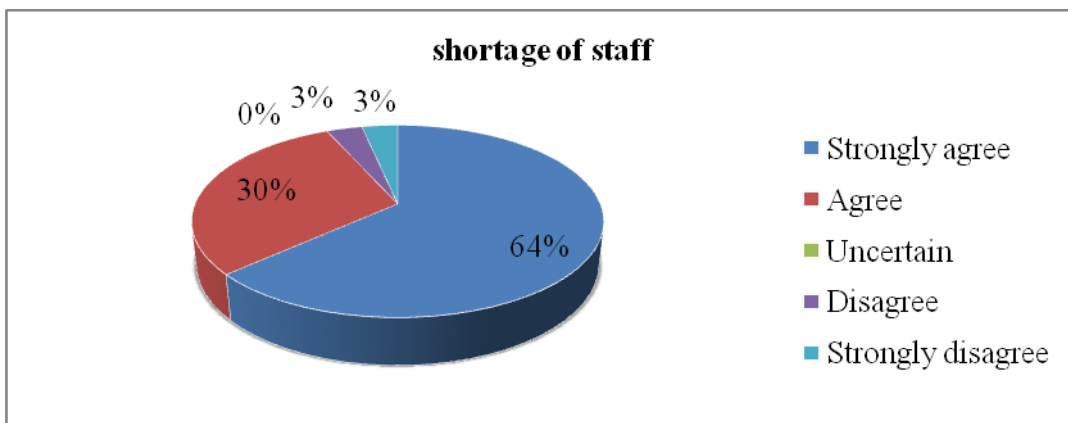


Figure II

Analysis

94% RNs agreed with the factor that the shortage of staff affects the quality of nursing care.

Question no: 6

Job dissatisfaction leads to poor nursing performance

Statements	Frequency	Relative frequency
Strongly agree	10	33.33333%
Agree	11	36.66667%
Uncertain	0	0%
Disagree	4	13.33333%
Strongly disagree	5	16.66667%

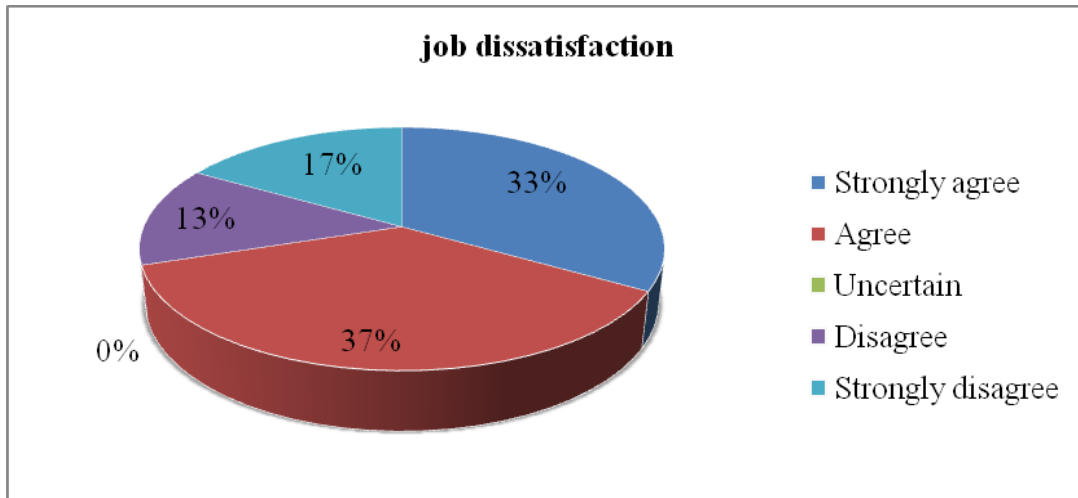


Figure VI

Analysis

70% RNs agreed with the statement, Job dissatisfaction leads to poor nursing performance.

Question no: 7

Unhealthy work environment affects nursing practice

Statements	Frequency	Relative frequency
Strongly agree	12	40%
Agree	14	46.66667%
Uncertain	3	10%
Disagree	0	0%
Strongly disagree	1	3.333333%

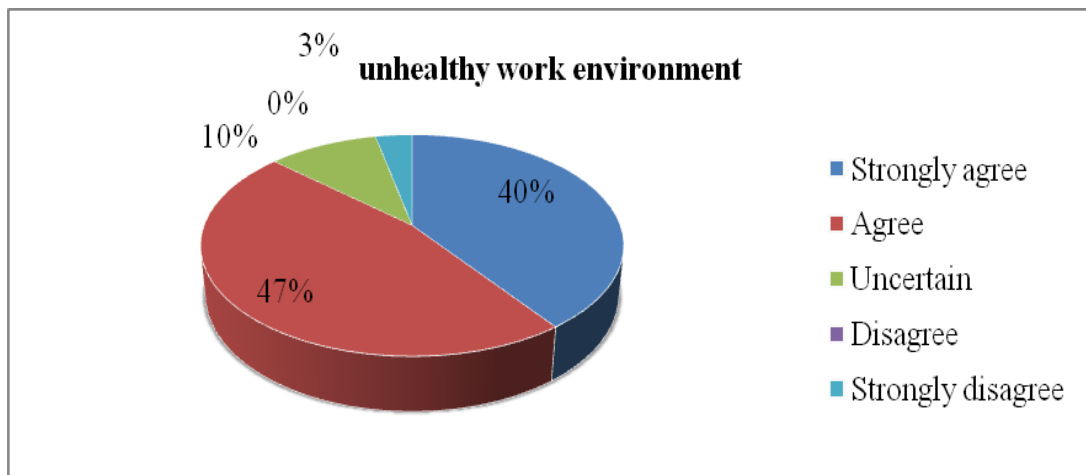


Figure VII

Analysis

87% participants agreed with the statement, Unhealthy work environment affects nursing practice.

Question no: 8

Lack of clinical experience increases errors in nursing implementations

Statements	Frequency	Relative frequency
Strongly agree	8	26.66667%
Agree	17	56.66667%
Uncertain	2	6.666667%
Disagree	3	10%
Strongly disagree	0	0%

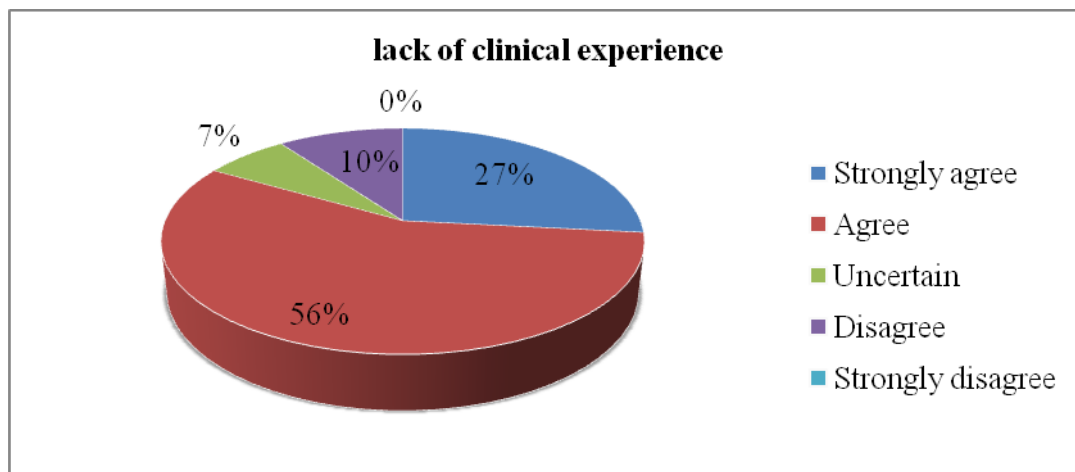


Figure VIII

Analysis

83% participants agreed with the statement, Lack of clinical experience increases errors in nursing implementations.

Question no: 9

Cultural differences between nurse and the patient lead to impair nursing practice

Statements	Frequency	Relative frequency
Strongly agree	5	16.66667%
Agree	9	30%
Uncertain	4	13.33333%
Disagree	6	20%
Strongly disagree	6	20%

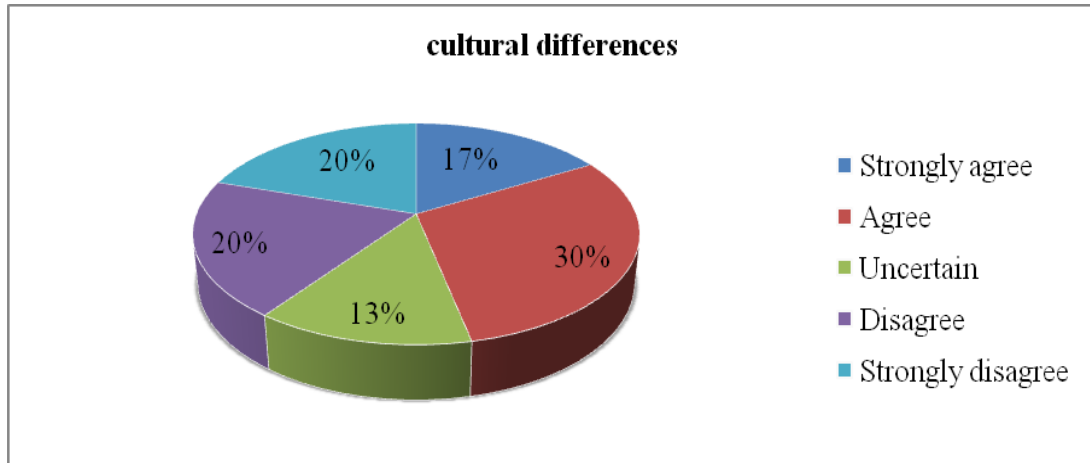


Figure IX

Analysis

47% participants agreed with the statement, Cultural differences between nurse and the patient lead to impair nursing practice.

Question no: 10

Domestic problems of nurses causes defective nursing practice

Statements	Frequency	Relative frequency
Strongly agree	1	3.333333%
Agree	10	33.33333%
Uncertain	9	30%
Disagree	5	16.66667%
Strongly disagree	5	16.66667%

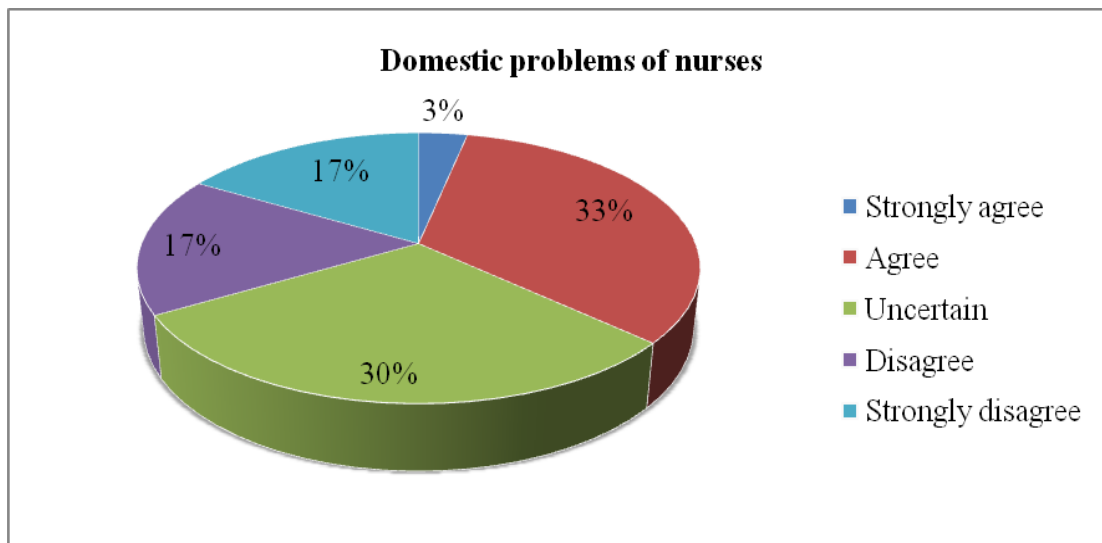


Figure X

Analysis

36% participants agreed with the statement, Domestic problems of nurses causes’ defective nursing practice.

Question no: 11

Low incentives of nurses lead to poor nurses’ practice

Statements	Frequency	Relative frequency
Strongly agree	4	13.33333%
Agree	6	20%
Uncertain	4	13.33333%
Disagree	12	40%
Strongly disagree	4	13.33333%

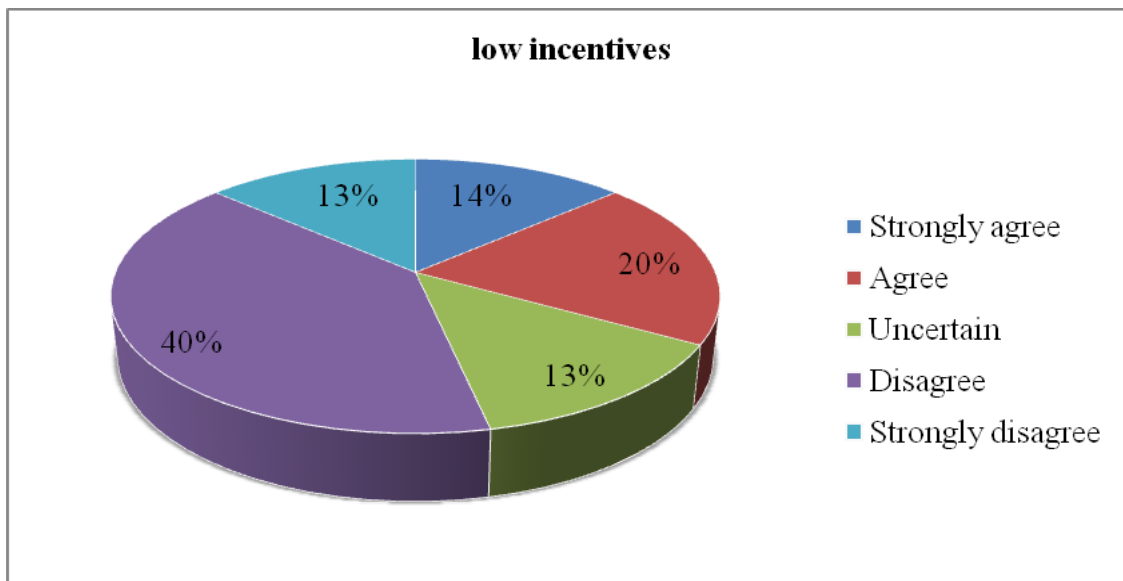


Figure XI

Analysis

34% participants agreed with the statement, Low incentives of nurses lead to poor nurses' practice.

Question no: 12

Lack of support from management results in poor nursing practice

Statements	Frequency	Relative frequency
strongly agree	11	36.66667%
Agree	8	26.66667%
Uncertain	3	10%
Disagree	5	16.66667%
Strongly disagree	3	10%

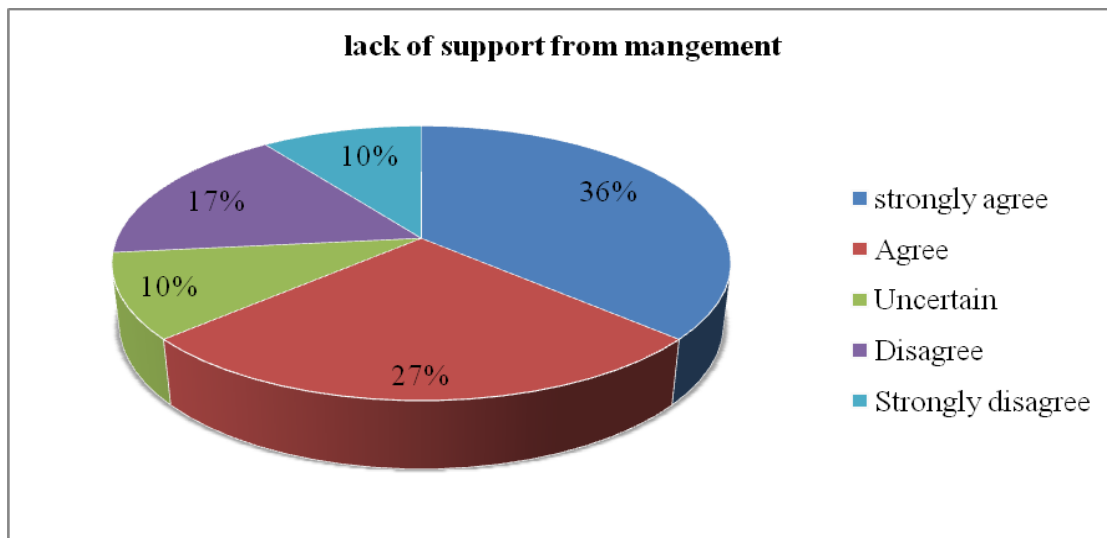


Figure XII

Analysis

63% participants are agreed with the statement, Lack of support from management results in poor nursing practice.

Question no: 13

Poor communication skill of nurses leads to ineffective communication between nurse and patient

Statements	Frequency	Relative frequency
Strongly agree	11	36.66667%
Agree	12	40%
Uncertain	4	13.33333%
Disagree	3	10%
Strongly disagree	0	0%

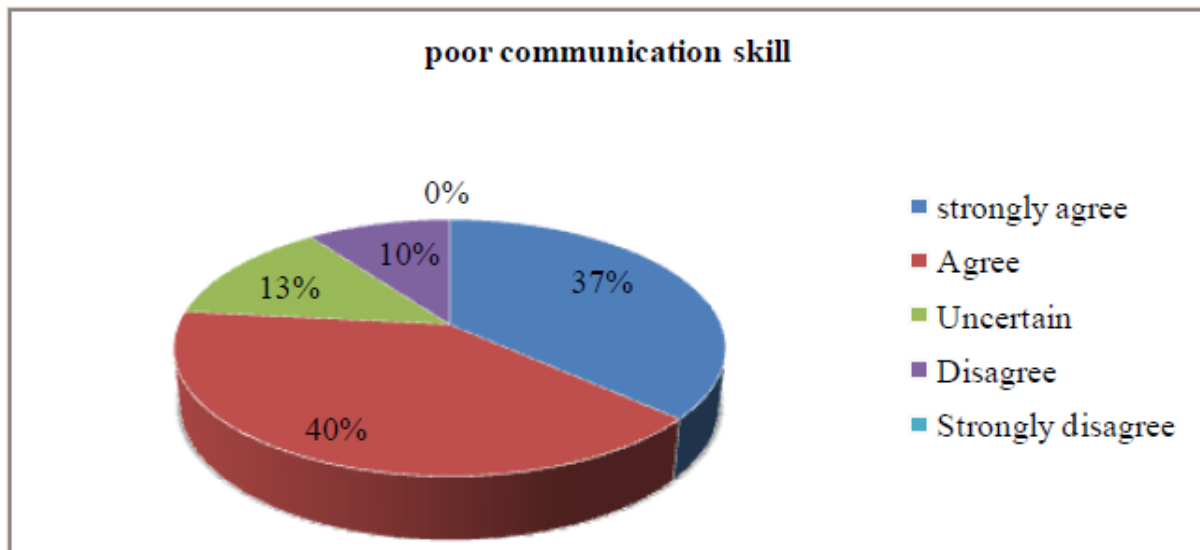


Figure XIII

Analysis

77% RNs agreed with the statement, Poor communication skills of nurses leads to ineffective communication between nurse and patient.

Question no: 14

Poor task organization by nurses results in poor nursing practice

Statements	Frequency	Relative frequency
strongly agree	10	33.33333%
Agree	17	56.66667%
Uncertain	2	6.66667%
Disagree	0	0%
Strongly disagree	1	3.33333%

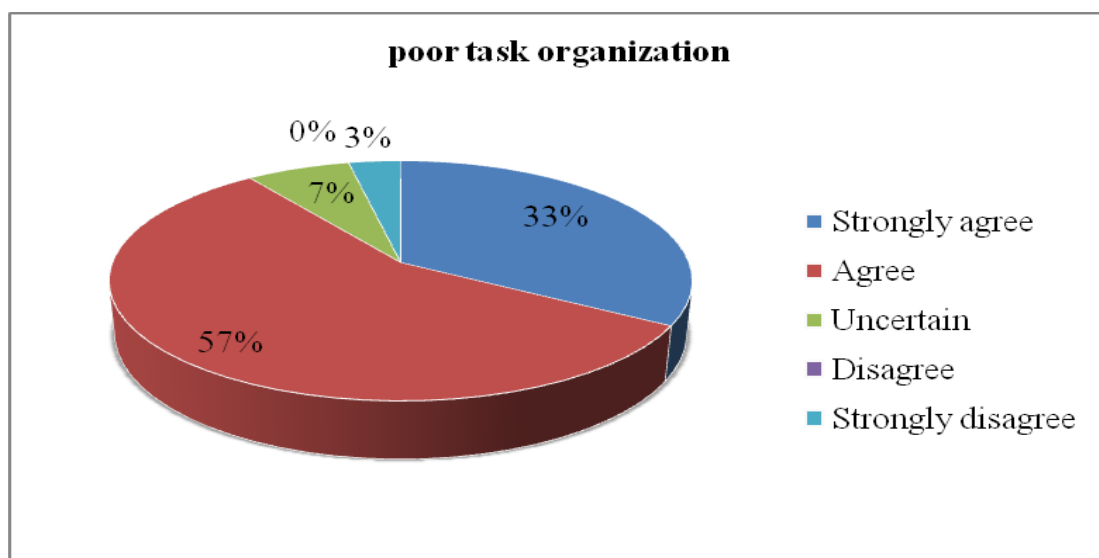


Figure III

Analysis

90% RNs agreed with the factor of Poor task organization by nurses which results in poor nursing practice.

Ethical considerations

The study was approved by the humane research ethics advisory group of College of Nursing, Lahore. Completion of the questionnaire was voluntary. Informed Consent to participate in the study was also taken from the participants (see appendix-II). The nurses/participants were also assured that their employment/educational status within the organization would in no way be affected and all the information's they provide us will be kept confidential. We respect our subjects' autonomy by taking informed consent from them; also we maintain dignity of the participants as possible and maintain principle of justice by fair selection of participants on the basis of our sampling technique i.e. convenience sampling.

Results

It was concluded by adding all the responses of participants that 73.3% (308 out of 420 participants) were agreed with the factors that lead to poor nursing practices included in questionnaire (see appendix-III). See Table I for detailed results.

Statements	Frequency	Relative Frequency
Strongly agree	153	35.71%
Agree	155	36.90%
Uncertain	39	9.28%
Disagree	45	10.70%
Strongly disagree	28	6.67%

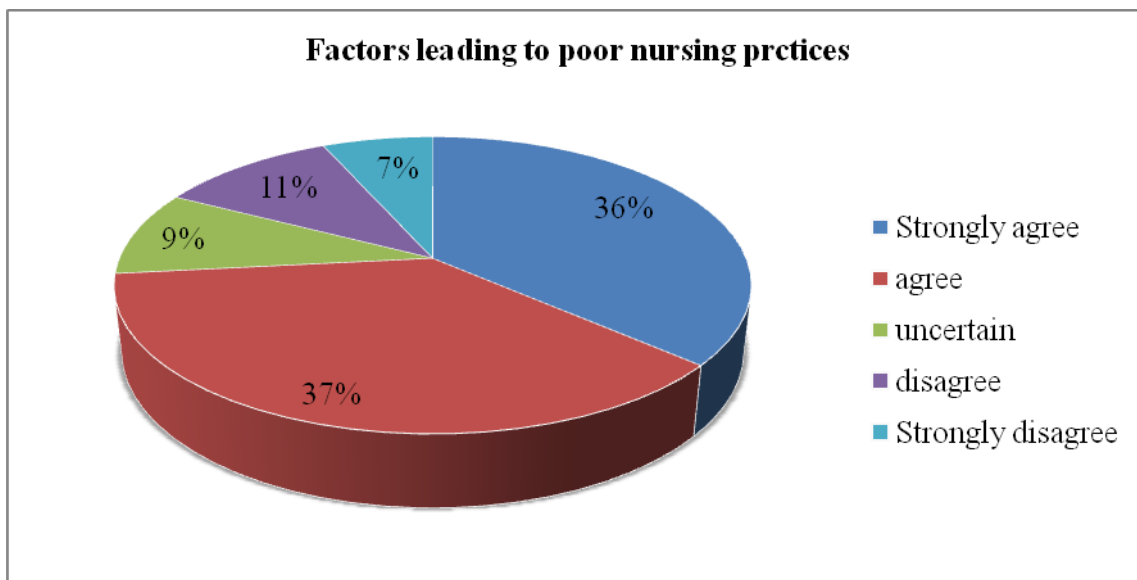


Figure iv

Total answers=420

Percentage of agreed participants= $308/420 \times 100 = 73.3\%$

73.3% participants agreed with the factors leading to poor nursing practice involved in our questionnaire.

Discussion

This study was the first to report an examination of factors that lead to poor nursing practices. The barriers most frequently mentioned by nurses in this study were related to shortage of staff and the context in which practice occurred. Specifically, shortage of staff, high work load, poor task organization and poor time management were nominated as important barriers to nursing practice by 90% to 94% of nurses, which is similar to the findings of other international studies as high work load on staff increased fatigue, which slows reaction time, diminished attentions to detail, and contributes to error. Unhealthy work environment, unavailability of proper equipment's, lack of clinical experience, lack of professional knowledge, poor communication skills and job dissatisfaction were also important factors leading to poor nursing practices mentioned by 70% to 90% nurses as evidenced in the study of **Aiken LH, (2012)** that bed side nurses were emotionally exhausted and highly dissatisfied with their jobs and consistent with other studies. Lack of support from management, cultural differences, domestic problems, and low incentives of nurses were specified by less than 70% of participants as we know from different research studies that managements were not solve patients as well as nurses related concerns and problems our research findings were also matches with the recent research studies which shows that factors we identified in our research study were significant and we must have to reduce those factors to improve practice.

Study limitations

The limitations of this study was that the research findings cannot generalized to a large group due to small sample size of n=30 Registered Nurses.

Conclusion

In conclusion, a survey design was used to elicit nurses' responses about factors leading to poor nursing practices. It was concluded that there were a lot of factors which leads to poor nursing practice among registered nurses of College of Nursing and service hospital, Lahore, as shown in analysis and result section and must have to reduce those factors to improve nursing practice and quality of patient care.

Recommendations

It is recommended that hospitals develop an official policy regarding the nursing practice. The policy should recommend:

- Appropriate number of staff nurses
- Good management and provision of healthy work environment for staff nurses

Finally, the policy needs to apply to all staff in the hospital.

Acknowledgments

I have taken efforts in this project. However, it would not have been possible without the kind support and help of many individuals and organizations. I would like to extend my sincere thanks to all of them.

I am highly indebted to (Texila American University) for their guidance and constant supervision as well as for providing necessary information regarding the project & also for their support in completing the project.

I would like to express my special gratitude and thanks to coordinator Ms. Cinthana for her strong coordination

My thanks and appreciations also go to my colleague in developing the project and people who have willingly helped me out with their abilities

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