

**QUALITY ASSURANCE: A TOOL FOR IMPROVED NURSING PRACTICE: A PAPER PRESENTED AT CONFERENCE OF HEADS OF BASIC & POST BASIC NURSING EDUCATIONAL INSTITUTIONS**

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**ABSTRACT:** *Nigeria is a melting pot of the good, the bad and the ugly. The good part are its abundant human and material resources, the bad aspects are poor utilization and mismanagement of the country's abundant human & material resources, while its ugly face are; bad leadership, corruption, lack of patriotism, selfishness and misgovernance. These affects the quality of administration and service in all ramifications, the worst hit of which is the quality of education and health service which resulted in, poor ranking of its health service as Number 187 out of 190 countries by the World Health Organization (WHO). This places Nigeria behind some of the poorest countries in terms of the quality of Health Care provisions such as Tanzania, Eritrea, Ethiopia, Niger, Chad, Mauritania etc (WHO 2015). The poor ranking of health service in Nigeria therefore is, a serious challenge not only to the policy makers/legislators but also to; all health care practitioners, most especially Nurse educators and practitioners. In order to ensure quality assurance for improved health care service as a whole, all hands must be on deck so as to curtail the deteriorating quality of health Service in Nigeria.*

**KEYWORDS:** Quality Assurance, Nursing Practice: Basic, Post Basic Nursing , Educational Institutions

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## **INTRODUCTION**

- I. The topic quality assurance: A tool for improved Nursing practice was most appropriately selected, especially as it resolves around theme of the conference which is "Implications for Quality Nursing education and practice in Nigeria" and also considering the calibre of participants i.e Nurse Educators and Heads of both basic and post basic Nursing institutions in the country.
- II. Quality assurance "is any systematic process of checking to see whether a product or service being developed is meeting specified requirements" (Rouse, M. 2010).
- III. "Quality Assurance is a way of preventing mistakes or defects in manufactured products or avoiding problems when delivering solutions or services to outcomes" ... It "comprises administrative and procedural activities implemented in a quality system so that requirements and goals for a products, service or activity will be fulfilled. It is the systematic measurement, comparison with a standard, monitoring of processes and associated feedback loop that confers error prevention. This can be contrasted with control, which is focused on process output". (Rouse, M. 2010).
- IV. "Quality has been defined as fitness for use, conformance to requirements, and the pursuit of excellence" ([www.qpglearning.com](http://www.qpglearning.com) 2015, Quality Professional Group).

- V. “The difference between quality assurance (QA) and quality control (QC) is that QA is process oriented and QC is product oriented”. QA make sure you are doing the right things, the right way. QC makes sure the results of what you have done are what you expected e.g testing therefore is product oriented.... Testing for quality isn’t assuring quality, its controlling it” (Blaze, H. 2006).

## **FRAMEWORK FOR QUALITY ASSURANCE IN NURSING**

- i. In Britain which is the country’s colonial master their Nursing and Midwifery Council (NMC) assures quality of Nursing service at all levels and “is the Nursing and Midwifery regulator its primary purpose is, to protect patients and public health..... through effective and proportionate regulation of Nurses and Midwives. It set standard of education and training, maintain register of those who meet these standards of education and training and take action when a Nurse’s or midwife’s fitness to practice is called into question..... which promote public confidence in Nurses and Midwives” ([www.nmc.org.uk](http://www.nmc.org.uk)).
- ii. The Nursing and Midwifery Council of Nigeria, established by Act cap 143, laws of the Federation, just like its counterparts of Britain, regulate, control and set standard of Nursing & Midwifery Education and practice in Nigeria. It also maintain register of qualified Nurses & Midwives, set requirements for entry into Nursing profession and post-basic courses in Nursing Education/training and also discipline erring Nurses/Midwives to provide quality education, service and practice.
- iii. “This is because Nursing combines both scientific principles and technical skills to provide quality care to the patients”. (Mc Kenna, 1996). The Nursing & Midwifery council also:
  - a) Establish standard of Nursing/Midwifery education and practice.
  - b) Accredite Nursing, Midwifery & Post-basic education/training institutions
  - c) Set requirements for Nursing care practice in Hospitals and Clinics
  - d) Regulate duties and functions of Nurses & Midwives in education & practice
  - e) Monitor & evaluate the standard & quality of Nursing/Midwifery education & practice in Nigeria.
  - f) Undertake and approve research in Nursing/Midwifery education and practice to enhance standard & quality.
  - g) Determine the Nurse/Midwife to patient ratio for effective and efficient quality of care.

## **Determinant S Of Quality Assurance In Nursing/Midwifery Practice**

The need to identify determinants of quality assurance in health care service generally cannot be overemphasized most especially, as it affects Nursing/Midwifery practice in terms of; The:

- i. Nursing Leadership Style

- ii. Education/Training Institutions
- iii. Qualification/quality of Nurse educators
- iv. Entry requirements into education/training institutions
- v. Selection criteria for both Nurse educators and students
- vi. Standard of teaching/instructional materials, books and training equipment.
- vii. Assessment criteria in Nursing Education/Training
- viii. Quality of practical and clinical experiences
- ix. Standard of Health Institutions of practice/clinical experience
- x. Curriculum of Nursing education/training.

### **The Need For Quality Assurance In Nursing/Midwifery Practice**

Nursing/Midwifery education/practice must provide for quality assurance not only because, it's in accordance with Act 143 which established Nursing & Midwifery Council of Nigeria but also, to inspire public confidence who consumes Nursing/Midwifery Service. Quality Assurance is also necessary to:-

- i. Acquire quality professional knowledge and skills in Nursing/Midwifery education and practice.
- ii. Inspire public confidence in Nurses ability to deliver professional Nursing care.
- iii. Comply with professional Nursing ethics and etiquette by respecting Nursing clients privacy and best interest at all times.
- iv. Comply with professional and service rules in the delivery of Nursing care.
- v. Provide quality Nursing care in accordance with the laid down standard of international best practice.
- vi. Protect Nursing clients from harm, injury or any form of afflictions resulting from; malpractice, negligence, ignorance or incompetence.
- vii. Prevent avoidable litigation arising from; malpractice, negligence or incompetence.
- viii. Protect self and Nursing clients from cross-infection, injury or accident resulting from; poor education/training, negligence or incompetence.
- ix. Demonstrate knowledge/skills by providing care at all times in accordance with operational guidelines, procedures and practices for the overall interest of Nursing clients.
- x. Continuously update Nursing/Midwifery knowledge and skills through further studies, research and practice for improved Nursing client care as, health care, is one of the most dynamic field of human endeavour.

- xi. Develop Nursing profession through continuous education, skills-acquisition, research, papers, participatory discussion, association and trade unionism.

### **The Challenges Of Quality Assurance In Nursing Practice**

- i. Poor monitoring and evaluation of Nursing practice by the regulatory bodies because of; manpower shortages, inadequate funds which gives room for malpractice, unethical conducts, incompetence and abuses in Nursing education and practice.
- ii. Inadequate research and educational literature in the Nursing profession, which results in stagnation of knowledge and professional development of Nursing education and practice.
- iii. Poor policy which results in obsolete Nursing tools and equipment in Government Hospitals, poor-pay, rapid mobility/turn-over and inferiority complex by Nurses/midwives.
- iv. Weak self-esteem on the part of Nurses/Midwives which leads to demoralization, unethical conduct, incompetence, relegation, negligence of duty and unqualitative Nursing/Midwifery services.
- v. Poor education/training of Nurses/Midwives as majority of them service entry qualification into practice starts with, basic Nursing/Midwifery qualification, which results in underrating of their professional status and competence by their professional colleagues, whose service entry qualification start with Bachelors Degree, which affects, the quality of Nursing/Midwifery care.
- vi. Shortage of Nursing Degree awarding educational institutions in Nigeria, which denies knowledge and skills in Nursing education, service and practice leading to, lower standard of Nursing care in the country.
- vii. Under-utilization of Nurses/Midwives in Federal Health institutions, because of lack of appreciation of the content and context of their professional education and training, in line with, the Nursing and Midwifery Council of Nigeria approved curriculum of basic Nursing education and training.
- viii. Declining and outdated education/training facilities, equipment and materials in Government health institutions which affects, practical training and clinical experience leading to, production of incompetent professional Nurses/Midwives and poor quality services with resultant client dissatisfaction.
- ix. Insufficient number of Nurses/Midwives to cater for the nation's increasing population, demand for health care and insufficient Nursing educational institutions as well as outbreak of new diseases, which affects; Nurses/Midwives educational training, Nurse to patient ratio and quality of Nursing services. Thus, instead of meeting Nursing/Midwifery Council stipulations of one Nurse to four patients (1:4) ratio, there are in some public hospitals one Nurse attending to up to ten patients (1:10) at the same time.
- x. Inadequate Health Budget and its poor implementation which affects, all sectors of health services, including Nursing/Midwifery, leading to, retention personnel of outdated health service equipment, facilities, tools, lack of technological advancement,

thereby, putting additional pressure on health care practitioners, most especially Nurses/Midwives, who takes care of their clients 24 hours a day, seven days a week; without the required basic tools, equipment and facilities with its resultant, poor service delivery and bad quality care.

- xi. Inadequate number of health institution/hospital structures and facilities to accommodate growing number of patients and pregnant mothers, leading to, overcrowding in Hospitals/Clinics which necessitates, admission of patients on the floor in some public hospitals, thereby affecting quality of Nursing care in its worst form.
- xii. Lackadaisical attitudes of Nurses/Midwives and their Trade Union/Associations to the Nursing profession and patient care. This is because you hardly come across any reported case of Nurses/Midwives and their Union/Association, embarking on industrial action or protest against obsolete facilities or unqualitative tools, inadequate structures or overcrowding in Hospitals or poor education/training facilities
- xiii. In most cases their industrial action is due to poor pay or need for one form of recognition or the other without breaking the glass ceiling through education, research and breakthroughs. Nurses/Midwives could always justify a demand for increase health facilities, structures and modern equipment/tools with empirical evidence of causes and effects through research on:-
  - a) The consequences of hospital overcrowding.
  - b) The effects of obsolete Nursing care equipments/tools on patient care.
  - c) The outcome of poor sanitation in the Hospital.
  - d) The relationship between implementation of new technology and quality of patient care.
  - e) The relationship of Nurses Leadership Style and staff motivation on the quality of Nursing care.
8. According to Gupta K.S. & Rokade V. (2016) “customer satisfaction is the most important parameter for judging the quality of service being provided.... This theory is also applicable to health care providers (such as Nurses/Midwives). Nowadays patients are aware of their right in terms of health services being delivered to them”.

Accordingly, Nurses/Midwives must rededicate themselves to quality assurance (QA) and even continuous quality improvement (CQI) also known as, total quality management (TQM) in the discharge of their duties and must differentiate QA and CQI as highlighted by Goldstone (1998) in table I below:-

**Table I: Difference between QA and CQI**

	QA	CQI
Objective	Outcome	Process & outcome
Based on	Standard & threshold	Specification & data
Focus	Statistical tail	Entire group
Philosophy	Good enough	Best possible
Effect	Judgmental	Educational

9. The challenges facing Quality Assurance highlighted in this text and the near absence of continuous quality improvement standard are, some of the factors, responsible for the nation's poor health system ranking in WHO Health System ranking of 2015, as indicated in table II below:-

**Table II: WHO Ranking: The World's Health Systems**

1. France
2. Italy
3. San Marino
4. Andorra
5. Malta
6. Singapore
7. Spain
8. Oman
9. Austria
10. Japan
11. Norway
12. Portugal
13. Monaco
14. Greece
15. Iceland
16. Luxembourg
17. Netherlands
18. United Kingdom
19. Ireland
20. Switzerland
21. Belgium
22. Colombia
23. Sweden
24. Cyprus
25. Germany
26. Saudi Arabia
27. United Arab Emirate
28. Israel
29. Morocco
30. Canada
32. Australia
31. Finland
32. Australia
33. Chile
34. Denmark
35. Dominica
36. Costa Rica
37. USA
38. Slovenia
39. Cuba
40. Brunei
41. New Zealand

42. Bahrain
43. Croatia
44. Qatar
45. Kuwait
46. Barbados
47. Thailand
48. Czech Republic
49. Malaysia
50. Poland
51. Dominican Republic & Tobago
52. Tunisia
53. Jamaica
54. Venezuela
55. Albania
56. Seychelles
57. Paraguay
58. South Korea
59. Senegal
60. Philippines
61. Mexico
62. Slovakia
63. Egypt
64. Kazakhstan
65. Uruguay
66. Hungary
67. Trinidad
68. Saint Lucia
69. Belize
70. Turkey
71. Nicaragua
72. Belarus
73. Lithuania
74. Saint Vincent & the Grenadines
75. Argentina
76. Sri Lanka
77. Estonia
78. Guatemala
79. Ukraine
80. Solomon Islands
81. Algeria
82. Poland
83. Jordan
84. Mauritius
85. Grenada
86. Antigua & Barbuda
87. Libya
88. Bangladesh
89. Macedonia
90. Bosnia Herzegovina

91. Lebanon
92. Indonesia
93. Iran
94. Bahamas
95. Panama
96. Fiji
97. Benin
98. Nauru
99. Romania
100. Saint Kitts & Nevis
101. Moldova
102. Bulgaria
103. Iraq
104. Armenia
105. Latvia
106. Yugoslavia
107. Cook Islands
108. Syria
109. Azerbaijan
110. Suriname
111. Ecuador
112. India
113. Cape Verde
114. Georgia
115. El Salvador
116. Tonga
117. Uzbekistan
118. Comoros
119. Samoa
120. Yemen
121. Niue
122. Pakistan
123. Micronesia
124. Bhutan
125. Brazil
126. Bolivia
127. Vanuatu
128. Guyana
129. Peru
130. Russia
131. Honduras
132. Burkina Faso
133. Sao tome & Principe
134. Sudan
135. Ghana
136. Tuvalu
137. Ivory Coast
138. Haiti
139. Gabon



140. Kenya
141. Marshall Island
142. Kiribati
143. Burundi
144. China
145. Mongolia
146. Gambia
147. Maldives
148. Papua New Guinea
149. Uganda
150. Nepal
151. Kyrgyzstan
152. Togo
153. Turkmenistan
154. Tajikistan
155. Zimbabwe
156. Tanzania
157. Djibouti
158. Eritrea
159. Madagascar
160. Vietnam
161. Guinea
162. Mauritania
163. Mali
164. Cameroon
165. Laos
166. Congo
167. North – Korea
168. Namibia
169. Botswana
170. Niger
171. Equatorial Guinea
172. Rwanda
173. Afghanistan
174. Cambodia
175. South Africa
176. Guinea Bissau
177. Swaziland
178. Chad
179. Somalia
180. Ethiopia
181. Angola
182. Zambia
183. Lesotho
184. Mozambique
185. Malawi
186. Liberia
187. Nigeria
188. Democratic Republic of Congo

189. Central Africa Republic

190. Myanmar

**Source: WHO**

10. It is unfortunate as stated by Chris Hedges (The Prethought Project.com) “We now live in a nation where Doctors destroy health, lawyers destroy justice, universities destroy knowledge, the press destroy information, Religion destroy morals and Banks destroy the economy”.
11. In conclusion I wish to express my sincere appreciation to the organizers of this conference and the participants for your undivided attention and keen interest.
12. Thank you.

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