Knowledge and Practice of Quality Assurance Among Nurses Working in Accident and Emergency Unit University of Benin Teaching Hospital Benin City, Edo State.

By

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Abstract

Quality Assurance is a dynamic process through which Nurses assume accountability for qualitative care they provide. It is a guarantee to the society that services provided by nurses are being regulated by members of profession. It is very important that Nurses working in the accident and Emergency complex know what quality assurance is all about, so that they can deliver quality nursing care to their patient. The aim of the study was to ascertain the knowledge and practice of Quality Assurance among Nurses working in accident and emergency complex university of Benin teaching Hospital Benin city Edo state Nigeria. The research is a descriptive type of non-experimental research design and the whole sample size was used, known as total population sampling (purposive sampling technique) Eighty respondents was used for the study, Self constructed and validated questionnaire was used for data collection. The collected and validated questionnaire were analyzed using simple percentage frequency tables, figures, pie-chart and bar-chart. Descriptive and inferential statistics were also used in analyzing the data at 0.05% level of significance and the results showed .001 level of significance using chi-square statistical tool. Therefore the null hypotheses is rejected. The result of the finding reveal that the nurses in accident and emergency complex have adequate knowledge of quality assurance 65[81.3%] but the practice is poor. 18.75%] Many factors such as shortage of manpower, lack of materials and high patient inflow were attributed to poor practice of

quality assurance. It is therefore, recommended that university of Benin teaching hospital management should make urgent plans to employ more Nurses in the accident and emergency complex. They should also provide adequate working materials to enable Nurses carry out their nursing care effectively.

Key Ward: Accident**,** Assurance, Knowledge, Practice, Quality.

Background to the Study

Quality is meeting the requirements, expectations, and needs of the customer is free from the defects, lack and substantial variant. There are standards needs to follow to satisfy the customer requirements. (Software Testing Help, 2023) Assurance is provided by organization management, it means giving a positive declaration on a service which obtains confidence for the outcome. It gives a security that the services are efficient and safe with excellent outcomes. Confidence in quality assurance is present both internally in management and externally in customers, certifier and third parties. Quality Assurance involves the protocol and procedures that track various aspects of a service or facilities systematically through audit and other types of evaluation when an institution develops a consistent standard of quality practice It develops a positive reputation for reliability. (Engatin, 2023)

Quality Assurance is any systematic process of determining whether a product or service meets specified requirements. Quality Assurance establishes and maintain set requirements for developing or manufacturing reliable products. A quality assurance system is meant to increase customer confidence and an institutional credibility while also improving work processes and efficiency and it enables an health care institution like UBTH emergency room to compete with other health care institution within and outside the state. (Engatin, 2023) Quality Assurance helps a health institution to create services that meet the needs and expectations of patients/clients it brings about high-quality services that build trust and confidence with healthcare consumers, patients and clients.

Quality assurance is a judgement concerning the process of care based on the extent to which that care contributes to valued outcomes (Donabedian, 2018). According to Bull (2005), "quality assurance is the monitoring of the activities of

client care to determine the degree of excellence attained to the implementation of the activities. Quality assurance means the maintenance of a desired level of quality in a service or product, especially by means of attention to every stage of the process of delivery or production. Quality Assurance is a dynamic process through which nurses assume accountability for qualitative care they provide if it is a guarantee to the society that services provided by Nurses are being regulated by members of the profession. (Engatin,2023)

Quality control test individual on their quality level skill sets imparts training and certifications. This evaluation is necessary for a service-based company and helps provide customers with the perfect service. (Engatin, 2023) Mark [1998,] defined quality Assurance as the Nursing practice through well written nursing standards and the use of those standards as basis for evaluation on the improvement of client care. Quality assurance specialist is a professional who is responsible for monitoring, inspecting, and proposing measures to correct or improve an institution health care service in order to meet global standards and practices. (Engatin, 2023) The world health organization (WHO) has emphasized the importance of the ability of a state or a community to deliver quality emergency care, recognizing the growing implications for public health given the increasing burden of medical, surgical and traumatic emergency conditions (Olaniyi, 2018). Nurses provide the backbone of the emergency care workforce, making up the majority of providers working in emergency unit. Nursing as a profession is vested with the knowledge and responsibility of providing holistic and quality care at every level of service delivery. The major challenge of Nurses is to ensure that quality nursing care is provided to all patients. Quality nursing care is the established target of nursing intervention and actions to ensure that each receives the agreed level of care. The knowledge and practice of quality nursing care cannot be over emphasized. It is the right of patients to quality health services to demand the best knowledge of quality was defined by institute of medicine as the degree to which health services for individuals and populations increase the likelihood of desired health outcomes and are consistent within current professional knowledge (Johnson, 2017)

This study was intended to investigate on the knowledge and practice of quality assurance in Nursing practice among nurses in Accident and Emergency Complex in University of Benin Teaching Hospital.

Objectives of the Study

The aim of the study was to examine the knowledge and practice of quality assurance among Nurses in Accident and Emergency Complex of University of Benin Teaching Hospital (UBTH). The specific objectives were to:

i. determine the level of knowledge of Quality Assurance among Nurses in Accident and emergency complex in the UBTH.

ii. ii. ascertain the practice of quality assurance among Nurses working in Accident and Emergency Complex in the UBTH.

Literature Review

Nursing is a caring profession which has its relevance and direct impact on the life, health and well-being of individuals, families and communities. Nursing profession is guided by both ethics and legal principles as they are tools for professional discipline which gives the nurse a broad idea of what is expected of her as she moves from the protective climate of school into the society. Ethics and the law are closely related in concepts, such as rights and justice, have both ethical and legal significance, they are both instruments of regulation and prescriptions on how people ought to act in response to one another (Park, Han, Pittman, 2020). Nursing encompasses autonomous and collaborative care of individuals of all ages, families, groups and communities, sick or well and in all settings. Nursing includes the promotion of health, prevention of illness, and the care of ill, disabled and dying people. Advocacy, promotion of a safe environment, research, participation in shaping health policy and in patient and health systems management, and education are also key nursing roles. Nursing also includes the use of clinical judgement in the provision of care to enable people to improve, maintain, or recover health, to cope with health and to achieve the best possible quality of life, whatever their disease or disability, until death (Henderson, 2019). Nursing involves the protection, promotion, and optimization of health and abilities, prevention of illness and injury: alleviation of suffering through the

diagnosis and treatment of human responses; and advocacy in health care for individuals, families, communities, and populations.

According to Park, Han, Pittman, (2020), the nurse assists the individual, sick or well, in the performance of those activities contributing to health or its recovery (or to peaceful death) that she would perform unaided if she had the necessary strength, will or knowledge. Nursing practice varies both through its various specialties and countries; however, the authority for the practice of nursing is based upon a social contact that delineates professional rights and responsibilities as well as mechanisms for public accountability. In almost all countries, nursing practices is defined and governed by law, and entrance to the profession is regulated at the national or state level.

Nursing in the Contemporary Society

The nursing profession uses regulatory mechanisms, code of ethics and ethical principles to ensure ethical behavior among the practitioners. The Nigerian nurses, just like their counterparts globally operate under the tenets of the international council of nurses' (ICN) code of ethics. To achieve professional standard, nurses have four fundamental ethical responsibilities, which include promoting health, preventing illness, restoring health and alleviating suffering. These roles are all embedded in the all-embracing definition of nursing as provided by the international Council of Nurses (ICN), (2017).

"Nursing encompasses autonomous and collaborative care of individuals of all ages, families, groups and communities, "sick or well and in all settings. Nursing includes the promotion of health, prevention of illness, and the care of ill, disabled and dying people. Advocacy, promotion of a safe environment, research, particularly in shaping health policies and in patients and health systems management and education are also key nursing roles".

It is important to state that the ICN is the worldwide voice of Nursing. Nigeria has similarly adopted and endorsed the ICN regulatory role through the code of ethics as it affects the nursing profession (NANNM, 2017). Thus, the ICN code of ethics continues to serve in lieu of national codes and as an international reference for regulating nursing practice to enhance professional standard.

Although the ICN definition of Nursing is mostly focused on the roles of nursing, it directs attention to several issues. In the first instance, nursing practice is carried out both at the independent level and as teamwork in collaboration with other relevant professionals within and outside the health care sector. Secondly, nursing should provide care which must be directed at every individual, irrespective of age, family background, the groups which they belong as well as their communities. Thirdly, nursing is not expected to focus on episodic care being provided only during the period.

Concepts of Quality Assurance Among Nurses

Accountability for nursing has significant roots in the history of nursing. Florence Nightingale, the founder of modern nursing, was one of the first to document the need for a systematic approach for reviewing the quality of nursing care. She identified the need to incorporate health data and statistics in quality assurance activities WHO (2020), Since the 1970's there have been a wide range of quality assurance and quality improvement models and processes developed by and for the health care system. Quality assurance has been defined as a widely accepted system that compasses the care provided to institutionally held standards, evaluates data, identifies problems, and implements activities to alleviate the problems and determines whether the activities achieved the desired results, (Rowland & Rowland, 2014),

Quality assurance means the maintenance of a desired level of quality in a service or product, especially by means of attention to every stage of the process of delivery or production. (Alexander , 2016) Quality assurance is any systematic process of determining whether a product or service meets specified requirements. Quality assurance establishes and maintains self- requirements for developing or manufacturing reliable products. [Alexander Grills 2016]

A quality assurance system is meant to increase customer confidence and an institutional credibility while also improving work processes and efficiency and it enables an health care institution like UBTH ER to compete with other healthcare institutions within and outside the state.

Quality Assurance helps a health institution to create services that meet the need and expectations of patients/clients. It brings about high quality services that build trust and confidence with healthcare consumers patients/clients (Alexander Grills, 2016).

Models of quality assurance frequently incorporate three type of standards; (outcome, process and structure). Outcome standards define expectations in terms of desirable and achievable benefit, either at the individual client/patient level or at the community level. Process standards reflect expectations in terms of best practice policies, procedures and interventions, which are quality assurance. Structure standards indicate the operational requirements, staffing characteristics materials and or space requirement necessary to provide quality services. (Donabedian,2018.)

According to Doughty and Marsh (2011), nurses need to assure themselves and their patients that they are delivering a high standard of quality nursing care. History of quality assurance activities in nursing is traceable to Florence nightingale's attempt to improve the care received by soldiers during the Crimean war in 1858. Subsequently, nursing developed into a profession with an emerging body of knowledge which resulted in a growing interest in the improvement for quality of nursing care.

Emergency nurses are at the forefront of hospital service provision and are often the first to interact with and care for ill and injured patients. Also, they consider the main anchors of triage in hospitals (Dulandas & Brysiewicz, 2018), The triage nurse should always have rapid access or be in view of the registration and waiting areas. The triage nurse should follow a triage steps to meet the aim of the triage system and assist the triage nurse in deciding the suitable level which brings about rendering quality care to all patients that come to the Emergency Department.

Those steps are: environmental safety for all health care sectors and patients, visual signs, chief complaints, focused assessment, assumption building, acuity determination and reassessment (Culley & Svendsen, 2014) & Afaya et al, 2017) Triage nurses" knowledge and experience have been cited as influential factors in triage decision-making, It is reflected in the assignment of a triage category

indicating which patients should be seen first (Kerie et al. 2018), Triage nurse requires being a good decision maker because it will affect the outcome of triage. The over or under estimation of triage level reflect on quality of care, utilizing unnecessary resources, affect length of stay and could affect mortality rate. However, the correct triage decision indicates high quality of care, appropriate allocating patient and suitable time for care delivered by emergency triage nurse (Mohammed, 2017) & (Dulandas & Brysiewicz, 2018).

Eli (2010), opined that nurses do not ask patients enough for their perception of care received. Methods suggested for identifying problems about quality of care include the use such tools as questionnaires, interviews, surveys and observations of care while it is being delivered. According to Pawsey (2012), patient satisfaction surveys are commonly used publication on patients and nurses perception.

The Need for Quality Assurance among emergency Nurses

Nursing 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 Service, Quality Assurance is also necessary to

- inspire public confidence in Nurses ability to deliver professional Nursing care,
- Comply with professional Nursing ethics and etiquette by respecting Nursing clients privacy and best interest at all times.
- Comply with professional and service rules in the delivery of nursing care.
- Provide quality Nursing care in accordance with the laid down standard of international best practice.
- Protect clients from harm, injury or any form of afflictions resulting from, malpractice, negligence, ignorance or incompetence.
- Prevent avoidable litigation arising from; malpractice, negligence or incompetence.
- Protect self and Nursing clients from cross-infection, injury or accident resulting from; poor education/training, negligence or incompetence.
- Demonstrate knowledge/skills by providing care at all times in accordance with operational guidelines, procedures and practices for the overall interest of Nursing clients.

- Continuously update Nursing 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 endeavor
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Theoretical Review: Ida Jean Orlando Nursing Theory

Ida jean Orlando was a first-generation Irish American, born in 1926. Jean Orlando's Deliberative Nursing process is a nursing theory that allow nurses to create an effective Nursing Care Plan that can also be easily adapted when and if any complication arise with the patient. Ida Jean Orlando's deliberative Nursing process is set in motion by the behavior of the patient. According to the theory, all patient's behavior can be a cry for help, both verbal and non-verbal, and it is up to the nurse to interpret the behavior and determine the needs of the patient. The deliberative nursing process hasss five stages.

Assessment, diagnosis, planning implementation and evaluation. In the assessment stage, the nurse completes a holistic assessment of the patient's need. The nurse uses a nursing framework to collect both objective and subjective data about the patient. The diagnosis stage uses the nurses' clinical judgement about health problems. The diagnosis can then be confirmed using links to defining characteristics, related factors and risk factors found in the patient's assessment.
The planning stage address each of the problem identified in the diagnosis. Each problem is given a specific goal or outcome, and each goal or outcome is given nursing intervention to help achieve goal. By the need of this stage, the nurses will have a nursing care plan. In the implementation stage, the nurse begins using the nursing care plan.

Finally, in the evaluation stage, the nurse looks at the progress of the patient toward the goals set in the nursing care plan. Changes can be made to the nursing care plan base on how well (or poorly) the patient is progressing towards the goals. If any new problems are identified in the evaluation stage, they can be addressed, and the process starts over again for those specific problems.

The goal of the model is for a nurse to act deliberately rather than automatically. This way, a nurse will have a meaning behind the action which means the patient gets care geared specially toward his or her needs at that time. This nursing

process is also one that can easily be adapted to different patients with different problems, and can be stopped at anytime depending on the patient's progress or health. This makes Orlando's theory universal for the nursing field.

Nursing has to be flexible, not only does a nursing care plan depend on the needs of the patient at the time of admittance, but it also needs to be able to change when and if any complications come up during the treatment and recovery process. Ida Jean Orlando's Deliberative Nursing process directly addresses this need for flexibility and helps nurses focus on the patient rather than simply sticking to a nursing plan no matter what.

Research Methodology

This research is a descriptive type of non-experimental research design. It is structure to obtain information from nurses working in accident and emergency complex university of Benin teaching hospital The target population for this study were nurses of different cadres working in the accident and emergency complex which include triage, surgical trauma ward, Emergency medical room, new accident ward. The total target population was 80.

Ward	**Number of Nurses**
New emergency ward	17
Emergency trauma	23
Triage	19
Medical emergency	21
Total	**80**

The study adopted all the Nurses working in the accident and emergency complex totaling 80 persons.

Data Presentation and Analysis

Table 1: Frequency distribution of Respondent demographic variable.

Variable	**Frequency**	**Percentage (%)**

Age:		
20-29	20	**25%**
30-39	16	**20%**
40-49	20	**25%**
50 and above	24	**30%**
Total	**80**	**100**
Sex:		
Male	10	12.5%
Female	70	87.5%
Total	**80**	**100**
Level of Education:		
RN	32	40%
RN/others	22	27%
BNSC	24	30
MSC	2	3%
PHD	Nil	0%
Total	**80**	**100**
Marital Status:		
Single	22	27.5%
Married	55	68.5%
Divorced	3	3.75%
Total	**80**	**100**

Religion:		
Christianity	72	90%
Islam	8	10%
Total	**80**	**100**
Rank in Nursing:		
NO II	22	27%
NO I	13	16%
SNO	10	13%
PNO	8	10%
ACNO	14	18
CNO	13	16%
ADNS	-	0%
DDNS	-	0%
Total	**80**	**100%**
Years of Experience:		
<10	20	25%
11-20	32	40%
21-35	28	35%
Total	**80**	**100**

(Source: Field work, 2023)

Table1 shows that demographic data of the respondents. It showed that 20(25%) were in the age group of 20-29. 16(20%) were between 30-39, 20(25%) were between 40-49, 24(30%) were between 50 and above. It showed that 10(12.5%) were male while the remaining 70(87,5%) were female. It showed that 32(40%) are RN, 22(27.5%) are RN and other qualification, 24(30%) have BNSC 2(30%) have MSC. It showed that 22(27.5%) single 55(68.75%) are married while the remaining 3 (3.75%) are divorced. It showed that 72(90%) are Christian while the remaining 8(10%) are Muslim. It showed that 22(27%) are NOII, 13(16%) are NOI, 10(13%) are SNO 8(10%) are PNO, 14(18%) are ACNO. It showed that 20(25%) have less than 10years working experience, 32(40%) have 11-20years working experience while the remaining 28(35%) have 21-35years of working experience. Section B:

Knowledge and practice of quality assurance among nurses working in accident emergency complex.

Research Question One: Do Nurses in accident and emergency complex have adequate knowledge of quality assurance.

Table 2 showing frequency distribution of respondent if they have heard of quality assurance in Nursing practice.

Option	Frequency	Percentage (%)
Yes	75	93.75
No	5	6.25
Total	**80**	**100%**

(Source: Field work, 2023)

From table 2 above 75(93.75%) showed that respondents have heard about quality assurance in nursing practice while the remaining 5(6.25%) have not heard.

Table 3 showing frequency distribution of respondent if they have adequate knowledge of quality assurance in nursing practice.

Option	Frequency	Percentage (%)
Yes	65	81.3
No	15	18.7
Total	**80**	**100%**

From table 3 above 65(81.3%) have adequate knowledge of quality assurance while the remaining ones 15(18.7%) does not have knowledge of quality assurance in nursing practice.

Table 4 showing frequency distribution of respondent if they have a standard practice in use.

Option	Frequency	Percentage (%)
Yes	65	81.3
No	15	18.7
Total	**80**	**100%**

(Source: Field work, 2023)

From the table 4 above 65(81.3%) said there is standard of practice in use while the remaining 15(18.7%) say is no standard of practice in use.

Table 5 showing frequency distribution of what do you understand by the word quality assurance.

Option	Frequency	Percentage (%)
Quality work and comprehensive health service provided to patient	40	50%
Amount of care rendered to patient	15	18.7%
Level of care rendered to patient	15	18.7%
	10	12.5%
Total	**80**	**100%**

(Source: Field work, 2023)

From table 5 above 40 (50%) said quality assurance is quality work, 15(18.7%) said it is comprehensive health service provided to patient 15(18.7%) said it is the amount of care rendered to patient, 10(12.5%) said is level of care rendered to patient.

Research Question Two: What is the practice of quality assurance among nurses working in accidents and emergency complex.

Table 6 showing frequency distribution of respondents of they have ever practiced quality assurance in nursing practice.

Option	Frequency	Percentage (%)
Yes	15	18.7
No	65	81.3
Total	**80**	**100%**

(Source: Field work, 2023)

From table 6 above 65(81.3%) said they have never practice quality assurance while the remaining 15(18.7%) said they have practice quality assurance.

Table 7 showing frequency distribution respondent if there is any established standard of practice in use.

Option	Frequency	Percentage (%)
Yes	68	85%
No	12	15%
Total	**80**	**100%**

(Source: Field work, 2023)

From table 7 above 68(85%) showed that there is an establish standard of practice in use while the remaining 12 (15%) says there is no established standard of practice in use.

Table 8 show frequency distribution of respondent who said how often they practice quality assurance

Option	Frequency	Percentage (%)
Every day	10	12.5%
Once a week	4	5%
Once a month	1	1.25%
Do not practice	65	81.3%
Total	**80**	**100%**
Yes	62	77.5%
No	18	22.5%
Total	**80**	**100**

(Source: Field work, 2023)

From table 8 above it showed that 65 [81,3%) do not practice quality assurance, while only 12.5% practice it daily. 4[5%] practiced once a week 1[1.25%] practiced once a month. 62 (77.5) said yes that they think that quality assurance is necessary in nursing practice while the remaining 18(22.5%) said no it is not important.

Discussion of Findings

The study established that 75(93.75%) have heard of quality assurance in nursing practice while the remaining 5 (6.25%) have not heard of it, table 4.3 showed that 65(81.3%) have adequate knowledge of quality assurance while the remaining 15(18.7%) does not have knowledge of it. The research also showed that 65(81.3%) said there is a standard of practice in use while 15(18.7%) says there is no standard

practice in use. Table 4 showed 40(50%) says quality assurance is quality work 15(18.7%) said it is comprehensive health service rendered to patient 15(18.7%) said it is amount on care rendered to patient, 10(12.5%) said it is the level of care rendered to patient.

Table 6 showed 65(81.3%) have not practice quality assurance in nursing practice while the remaining 15(18.7%) practiced. table 7 showed 68(85%) if there is a standard of practice e.g use of nursing process etc while the remaining 12(15%) says there is none.

75(93.75%) have heard of quality assurance and 65(81.3%) have adequate knowledge of quality assurance. This was supported by the findings made by Oyira et al 2018, in university of calabar teaching hospital, it stated that 98[89%] out of the 110 respondents showed that the nurses have a high knowledge of quality assurance. A study carried out by [Samphina Academy, 2019] in Yola university teaching hospital it showed that out of the 75 respondent used for the study 65 [68.4%] have adequate knowledge of quality assurance in nursing practice. 65(81.3%) do not practice quality assurance in nursing practice while only 15(18.7%) practice quality assurance. This is contrary to the study carried out in Ladoke Akintola University by Alade et al [2020] out of the 100 respondents used for the study [62.6%] practice quality assurance in their nursing practice.

Also a study carried out in university college hospital by Ayadiran et al [2020] which is also contrary to the research, out of 110 respondent used for the study 59.9% practiced quality assurance in Nursing practice.

10(12.5%) said lack of instrument are factors affecting the implementation of quality assurance 48(60%) said it is lack of inadequate human resources 5 (6.25%) says it is lack of supervisor 5(6.25%) says it is lack of training, 12(15%) says it is high increase of patient at emergency room. All these supports the study done in volta region of Ghana which showed that massive shortage of Nurses was the major factor affecting the implementation of quality assurance. This was according to [Ataya, 2021] Also in another study done in university of port Harcourt teaching hospital by Robinson Grace et al 2017,out of the 65 respondent used 19[29.2%]

which was the highest score showed that Nurses shortage was one of the factors affecting implementation of quality assurance.

Implication for Social Work Practice

Nursing professionals are faced with enormous challenges, and as such in order to achieve full professionalism, nurses must have qualitative education, be competent in the application of skills developed, using quality assurance and evaluate the nursing care rendered in collaboration with Social Workers and other professions.

Conclusion

This study investigated the knowledge and practice of quality assurance among nurses working in Accident and emergency complex in University of Benin Teaching Hospital. The information gathered from this research revealed that emergency nurses of university of Benin Teaching Hospital has knowledge of quality assurance but the practice is very poor this is attributed to the factors like shortage of human resources, inadequate work material, high inflow of patient to the unit.

Recommendation

Based on the findings of the study the following recommendations were made

i. UBTH should make urgent plans to employ more Nurses in Accident and Emergency complex.
ii. The management should provide adequate working material to enable nurses deliver their work effectively.

References

Ajayi, F. (2018); A guide to primary health practice in developing countries

Akpabio, A. (2008). Research methods in nursing. (3rd ed). Unical Printing Press.

Brunner and Suddarths: (2018) Medical Surgical Nursing (11th Edition) USA, Rovan Published Ltd.

Donabedion (2013) An Introduction to quality assurance (in health care is ed.vol. 10. New York, Ny: Oxford university press.

Erinoso, A. O. (2015) Quality Nursing Education and Practice, Effective tools for West Professional. West African Journal

Georgre Reena Vegas (2018) Quality Assurance in Nursing india journal of Nursing and Midwifery vol 2 September 2018

OAP/URC (2011) A modern paradigm for improving quality of health care service

Raimi, C. M. (2015): Basic Guide to Quality Assurance and Risk Management in Nursing. www.enganh.com mobileapptesting.com (softwaretestinghelp.com2023)

Burhan, L. M., Alligrod, M. R. Quality Nursing care in the words of a nurse J. Adv Nurse. 2066(8).1689-1697 (Pubmed).

Benett P. 920120Nursing Quality indication the next step in enhancing Quality in emergency care Int Emerg Nurse.205.179.