

A Phenomenological Study of Postgraduate Students' Experiences Regarding Healthcare Quality



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ABSTRACT

All over the world, the quality of healthcare remains problematic due to inadequate funding, inadequate physical facilities, insufficient service delivery, waiting lists, differences in the healthcare providers' abilities, a low understanding of team members' roles, and miscommunication. For those problems, there are different tools and models for improvement. This study aimed to study postgraduate students' experiences regarding healthcare quality. A qualitative descriptive-phenomenological study on 24 postgraduate students recruited judgmentally who have bachelor's or master's degrees and are registered for master's or doctorate degrees from different specialties. Study results revealed that 75.0% of the postgraduate students were nurses, and all had bachelor's degrees. Furthermore, only 16.7% of them attended theoretical courses about healthcare quality. Moreover, postgraduate students expressed limited experience regarding parameters, dimensions, tools, and models related to healthcare quality. The researchers conclude that postgraduate students' experiences regarding quality of care, healthcare quality parameters, quality of care dimensions, tools for improving the quality of care, and quality improvement models are not contextualized. The researchers recommend conducting on-the-job education and training for healthcare professionals concerning healthcare quality.

Keywords: Experiences, Healthcare, Postgraduate Students, Quality of Care.

Introduction

Healthcare quality (HCQ) is the offered care that increases the probability of achieving the desired results and decreases the possible unwanted effects (Houle & Fleece, 2012). All over the world, the quality of healthcare remains problematic (Burnett, Franklin, Moorthy, Cooke, & Vincent, 2012). To overcome difficulties such as inadequate funding, inadequate physical facilities, insufficient service delivery, waiting lists, differences in the healthcare providers' abilities, a lack of understanding of the team members' roles, and miscommunication through the care process (Bismark & Studdert, 2014; Singh & Salisbury, 2019). Yet the healthcare system is performing with the appropriate standards to meet patient satisfaction and system performance (Andreia, Cosmin, & Leonard, 2021).

According to the Journal of the American Medical Association (JAMA), almost 100 thousand individuals lose their lives in hospitals annually because of healthcare quality negligence (Houle & Fleece, 2012). For many problems, different adapted quality improvement models such as the Donabedian model, Lean Six Sigma, and Deming PDSA (Plan-Do-Study-Act) cycle are used to provide the standard for facilities and patients that help in enhancing providers' performance, clinical outcomes, patients' safety, and healthcare quality

(Gupta & Rokade, 2016; Hiott, Phillips, & Amella, 2018).

Health care professionals' performance with following the standard operating procedures (SOPs), documentation, responsiveness of services through integration between different international and national communities, and maintaining patient medical records (MRs) (Azhar, Ahmad, & Anwar, 2021). The Institute of Medicine put forth a framework that includes six dimensions for healthcare: safe, effective, patient-centered, timely, efficient, and equitable (Agency for Healthcare Research and Quality, 2022).

The World Health Organization (WHO) assures that the accessibility, availability, and affordability of quality care delivery are a matter of concern in developing countries, which require postgraduate students and health professionals to learn and develop generic professional capabilities and skills that impact positively on their attitudes, knowledge, and behaviors regarding quality improvement and patient safety (General Authority for Healthcare Accreditation and Regulation [GAHAR], 2021; WHO, 2018). Therefore, it is important to study postgraduate students' experiences regarding healthcare quality.

Aim of the Study

This study aimed to study postgraduate students' experiences regarding healthcare quality.

Method

Design

A qualitative descriptive-phenomenological study was utilized to accomplish this study.

Setting

The study was carried out at the Faculty of Nursing, Mansoura University.

Participants and Sampling

The researchers judgmentally recruited 24 postgraduate students who have bachelor's or master's degrees and are registered for master's (in infection prevention and control or evidence-based health care practice) or doctorate (community health nursing) degrees from different specialties: nursing, medicine, pharmacy, and dentistry.

Tools for Data Collection

The researchers developed a tool for data collection after reviewing the literature review by Azhar, Ahmad, and Anwar (2021); Binh et al. (2021); Gupta and Rokade (2016); López-Hernández et al. (2020); and Tempiski et al. (2012) and constructed it from two parts as follows:

Part I: Structured interview questionnaire to identify postgraduate students' demographic and professional characteristics. The researchers used this questionnaire to obtain data about age, gender, faculty of graduation, qualifications, working department, years of experience, and attending training courses.

Part II: Structured interview questionnaire to study postgraduate students' experiences regarding healthcare quality. The researchers constructed this questionnaire from five open-ended questions regarding postgraduate students' experiences with the following: quality of care, healthcare quality parameters, quality of care dimensions, tools for improving the quality of care, and quality improvement models.

Procedure

Administrative process The researchers obtained approval from the Council of the Community Health Nursing Department and the Vice Dean for Postgraduate Studies and Research, Faculty of Nursing, Mansoura University, to carry out the study.

Ethical consideration The researchers obtained approval from the Research Ethics Committee, Faculty of Nursing, Mansoura University, to conduct this study. The researchers

also got written informed consent from the participants, assuring them that their participation in the study was voluntary and that the data gathered would be kept anonymous, confident, and used only to enhance healthcare services. The participants had the right to ask any questions related to the study and to withdraw from the study at any time without providing any reason.

Literature review. The researchers reviewed national and international literature on healthcare quality from scientifically published articles, internet searches, and sourcebooks. This review guided researchers in developing study tool.

Developing the study tools. The researchers developed parts I and II after reviewing the related literature.

Face and content validity. A jury of five experts—four from the field of community health nursing and one from nursing administration—from the Faculty of Nursing at Mansoura University assured the developed tool's face and content validity, and according to their opinions, the researchers carried out simple modifications.

A pilot study. The researchers carried out the pilot study on 10% of the study sample (3 postgraduate students), selected them judgmentally, and excluded them from the main study sample. The purpose of the pilot study was to assess whether the study tool was clear, applicable, and relevant, as well as to predict when data would be collected.

Initial data collection. The principal researcher met each postgraduate student, introduced herself, and gave a brief explanation of the aim of the study. Each interview took about seven–10 minutes to obtain postgraduate students' demographic and professional characteristics and to study their experiences regarding healthcare quality using parts I and II. The duration of data collection was approximately two weeks, from October 10 to 23, 2023.

Data Analysis

The researchers used descriptive statistical analysis for the demographic and professional data by using the Stand for Statistical Product and Service Solutions (SPSS) program version 20. The researchers presented data in the form of frequencies and percentages. The researchers analyzed the qualitative data through thematic analysis. The researchers analyzed the interview transcripts to conclude the common themes, similarities, and/or variations among the participants' experiences.

Table 1. *Postgraduate students' demographic and professional characteristics*

Items	n= 24	%
Age (Years)		
< 30 years	13	54.2 %
From 30 to less than 40 years	11	45.8 %
Gender		
Man	2	8.3 %
Woman	22	91.7 %
Faculty of graduation		
Applied medical science	1	4.2 %
Pharmacy	2	8.3 %
Dentistry	3	12.5 %
Nursing	18	75.0 %
Qualifications*		
BSc	24	100.0 %
Diploma	9	37.5 %
Working department/position (Current)		
Administrative positions	2	8.3 %
Academic positions	5	20.8 %
Infection control unit	7	29.2 %
Clinical departments	10	41.7 %
Experiences (Years)		
< 10 years	17	70.8 %
From 10 to less than 15 years	7	29.2 %
Attending any workshops or conferences about healthcare quality		
	6	25.0 %
Specify of workshops or conferences*		
Theoretical courses	4	16.7 %
Practical sessions	2	8.3 %
Since the duration of workshops or conferences		
- 1 year	5	20.8 %
≤ 1 year	1	4.2 %

The total number can be more than 24 as more than one answer was allowed

Results

Table 1 show that 54.2% of postgraduate students were less than 30 years old, 91.7% are women, 75.0% graduated from the faculty of nursing, and all had bachelor's degrees. Working in clinical departments was common among 41.7% of postgraduate students, and 80.8% of them had less than ten years of experience. Furthermore, 16.7% and 20.8% of the postgraduate students have attended theoretical courses about healthcare quality for less than one year, respectively

Postgraduate students' experiences regarding healthcare quality

The principal researcher studies the experiences of the postgraduate students regarding healthcare quality by interviewing and asking them to describe their experiences in their own words.

1. Quality of care.

Postgraduate students (n = 4) mentioned the meaning of quality of care, for example, "It is the degree to which health services for individuals and populations increase the likelihood of desired health outcomes," and others replied, "It is doing the right things for the right people at the right time." In contrast, more postgraduate students (n = 17) considered that "the individual's only ability to access their needs effectively is a meaning of quality of care."

2. Healthcare quality parameters.

In their narrative descriptions of healthcare quality parameters, the postgraduate students (n = 19) were unable to identify the parameters accurately and sufficiently. Among those responses, a postgraduate student said that "it's

safe, effective, patient-centered, timely, efficient, and equitable.” Likewise, another replied, “Sensitivity, precision, repeatability, and accuracy are the most common parameters.” Another postgraduate student added, “The measurable, preceptive, and appreciative are the parameters of quality of care.”

3. Quality of care dimensions.

The postgraduate students (n = 22) more often pointed to the dimensions of quality, as exemplified by the following statement: “The dimensions are effectiveness, responsiveness, safety, or patient-centeredness.”

4. Tools for improving the quality of care.

The postgraduate students (n = 16) particularly stated, “For improving the quality, we can use observation checklists, surveys, incidence reports, and statistical analysis using mathematical methods and tabulation presentations to assess and present the defects and problems in the organization and workers performance.”

5. Quality improvement models.

The postgraduate students' predominance (n = 14) attributed the models to improve the quality of care in the following responses, for example, “to improve the healthcare quality; should plan firstly, then implement it, and monitor its outcomes.” “There is a cycle that starts with identifying the problem, developing an improvement plan, generating ideas for change, making improvement changes, and sustaining and spreading a new system.” Among responses, some postgraduate students (n = 3) said, “The improvement is implemented through teamwork and peer review value.”

Discussion

The Agenda for Sustainable Development 2030 realizes the urgent need to deliver quality healthcare services, and healthcare professionals are the critical foundation to achieve this (Kruk et al., 2018; Park, 2021). Therefore, the researchers are eager to study the postgraduate students' experiences regarding healthcare quality.

In the present study, postgraduate students verbalize a variety of meanings for quality of care. This is in line with the Nylenna, Bjertnaes, Saunes, and Lindahl (2015) study, which indicated there were different perspectives on the meaning of the quality of care related to roles and stakeholders, defined as healthcare managers, healthcare professionals, and patients and their relatives. Indeed, there is no unified universal definition of

quality of care since the definitions reflect the perspectives of the recipients of health services.

In the current study, postgraduate students cannot identify the parameters needed to improve the quality of care. This is similar to Silveira, Prado Junior, Siman, and Amaro's (2015) study that presented the importance of quality indicators in care from the view of nurses in hospitals in Minas Gerais, Brazil, and narrated, “When you don't know, it gets harder and more time-consuming. If you know what and how to use them, it's quicker and more practical.”

Concerning quality-of-care dimensions, the majority of the postgraduate students in the present study indicate only four dimensions: effectiveness, responsiveness, safety, or patient-centeredness. This finding contrasts with López-Hernández et al. (2020), which demonstrated that a great proportion of medical students' replies about the quality dimension in Mexico were correct with the Institute of Medicine (IOM).

The postgraduate students describe limited experience regarding tools and models for improving healthcare quality as slightly inaccurate, agreeing with Starr et al. (2016), who concluded that health professionals' knowledge regarding QI tools and methods was poor and can be improved when teaching it.

The researchers interpret the study findings based on the fact that three-fourths of the postgraduate students do not attend any workshops or conferences on HCQ. This result agrees with a study done by Ibrahim and Kadry (2011), who found that most of the nurses didn't attend any training courses related to the quality of care, which were performed at the University Students' Hospital in Alexandria.

Conclusion

The researchers conclude that postgraduate students' experiences regarding quality of care, healthcare quality parameters, quality of care dimensions, tools for improving the quality of care, and quality improvement models are not contextualized.

Recommendations

Based on the findings of the study, the researchers recommend conducting on-the-job education and training for healthcare professionals concerning healthcare quality.

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