Volume 05, Issue 06 (November-December 2022), PP 164-175 **www.ijmsdr.org**
ISSN: 2581-902X

International Journal of Medical Science and Dental Research

Clarify the Concept of Healthcare Quality

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Abstract
Public confidence is shaken by declining health care quality indicators. Healthcare quality is still conceptually and practically undefined, despite improvements in hospital safety and quality of care.
So, the purpose of this analysis is to define the term "healthcare quality." The framework was based on the concept analysis technique developed by Walker and Avant, which is frequently cited in nursing literature. We looked through five academic literature databases, public domain websites, general and medical dictionaries, and dictionaries. Healthcare and quality were search terms, as well as terms related to health care. From 2004 to 2016, peer-reviewed papers and official reports that were published in English were included. Gray literature, discussions of the need for high-quality healthcare, related concepts, and conference proceedings were all excluded. During analysis, similar characteristics were categorized into themes. After removing duplicates and articles that weren't eligible, 42 pertinent articles were examined. Four defining characteristics were found after thematic analysis: (1) effective, (2) safe, (3) culture of excellence, and (4) desired outcomes. Based on these characteristics, the definition of high-quality healthcare is the evaluation and delivery of safe, effective care that is reflected in an excellence-centered culture and leads to the achievement of ideal or desired health. This analysis offers a conceptualization of healthcare quality that clarifies its underlying assumptions and may enhance the delivery of high-quality care. Theoretical and practical implications are provided to support a more thorough and consistent understanding of the elements required to enhance healthcare delivery and maintain public confidence.

Keywords: Quality in health care; health care quality; theory; concept analysis

I. Introduction

In the United States, medical errors are now the third leading cause of death (Makary & Daniel, 2016). The term "healthcare quality" is now commonly used by a variety of parties, including professionals, patients, consumers, and regulatory agencies due to the widely acknowledged prevalence of avoidable patient harm and adverse

outcomes (Hughes, 2008). There are now ongoing quality initiatives to find and implement better, more efficient patient care practices in almost every healthcare institution. Evidence suggests that hospitals can significantly improve both patient safety and the standard of care they provide (Pronovost, Thompson, Holzmueller, Lubomski, & Morlock, 2005). Despite these initiatives, many
healthcare quality indicators have actually gotten worse, and public confidence in hospitals and healthcare workers is still declining (Agency for Healthcare Research and Quality [AHRQ], 2009).

The National Healthcare Quality Reports, which are published annually, include structure, process, and outcome measures as quality indicators and give a general picture of the standard of healthcare in the country. A number of measures in the most recent National Healthcare Quality Report, released in 2015, revealed no change or deterioration in quality (AHRQ, 2015a). There are related issues and initiatives in other nations as well (World Health Organization [WHO], 2003).

The need to enhance data and measurements in order to provide a more thorough assessment of priorities is another difficulty mentioned in these reports (AHRQ, 2014). To achieve this, though, a deeper comprehension of the procedures, methods, and programs required by healthcare teams to enhance patient outcomes is necessary. It will also require a precise conceptualization of healthcare quality, which is still not widely agreed upon. Although attempts to define healthcare quality date back to the 1990s, this analysis adds new knowledge by taking the patient safety dimension into account.

I. Aim

The purpose of this concept analysis is to examine healthcare quality in an effort to support the implementation of quality improvement initiatives in healthcare that is more interactive, team-based, and successful. A review of healthcare quality can enhance professional and transprofessional communications for nurses whose professional roles have expanded beyond providing direct patient care to include influencing policy by deepening understanding, defining it more precisely, and fostering a common understanding among stakeholders. Such clarity will encourage the creation of programs to advance healthcare and reassure patients and communities that giving the best care possible continues to be nursing's top priority.

II. Background

The quality of healthcare crosses many fields. Variations are observed within and between the disciplinary perspectives as healthcare quality efforts have progressed in both nursing and the entire healthcare team. Florence Nightingale marked the beginning of quality in nursing. Nightingale addressed compromises to nursing and health quality by identifying and working
to eliminate factors that impede reparative processes. She was among the first to receive credit for developing a theoretical approach to quality improvement (Nightingale, 1860).

Nightingale's concepts are still relevant today, nearly 140 years later, in our healthcare system. To Err Is Human (Institute of Medicine [IOM], 1999) and Crossing the Quality Chasm (IOM, 2001) are two classic publications that addressed quality issues raised by Nightingale.

Growing healthcare costs in the late 1980s led to the development of managerial and systems views on healthcare quality in both nursing and medicine. Prior to that, Dr. Avedis Donabedian (1988) put forth a structure, process, and outcomes model, laying the foundation for a growing body of agreed-upon metrics and instruments for evaluating the provision of healthcare. The knowledge, opinions, and values of various healthcare participants are reflected in these various but overlapping perspectives (Burhans & Alligood, 2010). Healthcare quality has evolved thanks to Donabedian, the IOM reports, and others like the Health Resources and Services Administration (2016) and the National Association for Healthcare Quality (n.d.).

Quality problems in healthcare persist despite a focused effort over the previous two decades. Lack of a uniform, consistent definition of quality is one problem that might be hampering efforts. As an illustration, Butts and Rich (2013) suggested that each American has their own definition or perspective of high-quality healthcare. Being able to choose the doctor or hospital of their choice is important to some people, while access to a particular type of treatment is crucial to others. Five perspectives can be used to evaluate quality, according to Attree (1996): patient/client, medical, nursing, purchaser, and provider. For this analysis, we looked at how the term "healthcare quality" was used in the literature to suggest a conceptualization of the term that defines its underlying, implied elements and offers guidance for enhancing the delivery of high-quality healthcare. Determining what is and is

not high-quality care is difficult without a clear definition and conceptualization.

III. Design

To investigate healthcare quality, we used the Walker and Avant (2011) concept analysis framework. The selection of a concept, setting the analysis's goal and purpose, identifying the concept's applications, defining its characteristics, building a model case example, making borderline, related, and other case examples, identifying the causes and effects, and defining the empirical referents are the other seven steps in this analysis (Walker & Avant, 2011). Each
step is created to enable the transformation of an abstract phenomenon into a meaningful definition with characteristics that are applicable enough to direct actions that enhance patient safety and the quality of healthcare.

IV. Retrieval and Analysis of Data Sources

We carried out a methodical literature search to find definitions, results, applications, and characteristics of healthcare quality. Five academic databases, including PubMed, SCOPUS, Psy Info, and Cochrane Central, as well as the Cumulative Index to Nursing and Allied Health Literature (CINAHL), were searched.
Governmental and regulatory publications were among the sources used to examine this idea, along with public domain websites and academic literature bibliographies. The terms quality and health care were examined for additional definitions and applications in Webster's 11th Edition and the Oxford Online English dictionary.
The search was restricted to English-language publications published from 2004 to 2016 due to the recent explosion in the body of literature on healthcare quality. Literature was categorized using the terms healthcare and quality as well as health care and quality. Additionally, the data synthesis included renowned sources by Florence Nightingale, Avedis Donabedian, IOM, and AHRQ.
Peer-reviewed journal articles of any study design as well as publications from the government qualified as eligible articles. The conference proceedings, gray literature, and quality-related discussions and opinion pieces were excluded. The first author first evaluated article titles for eligibility; if found to be potentially eligible, full manuscripts and abstracts were evaluated. The definition and/or application of the concept of healthcare quality were assessed in each article. When eligibility was ambiguous, a different researcher assessed the article using predetermined standards. Figure 1 displays the search's outcomes.

V. Results

The initial keyword search produced a total of 7,238 articles across the five academic literature databases using the phrases "healthcare AND quality" and "health care AND quality." After that, we added "NOT quality of life," which brought the total down to 3,298. Only peer-reviewed publications and official documents were included, as was already mentioned. Consequently, based on a preliminary review of the title, 3,159 did not meet the inclusion criteria. After that, the inclusion and exclusion criteria for the abstracts were
examined. A total of 76 sources remain after we eliminated 63 duplicates. Through academic literature bibliographies and public domain websites, eleven additional articles were found. In the end, 87 articles in total were used for the analysis.
The categorization strategy was determined by a thematic analysis. Common terms used in practices were checked out of the 87 articles. The essential elements of the 87 articles' definitions, concepts, variables, measurements, descriptors, and qualitative design themes were then isolated and listed separately on a worksheet. There were no categories for the individual articles. The team went over the worksheet looking for comparable terms and descriptors. These were then grouped into new themes, which helped them identify the attributes.

Experimental, systematic reviews, descriptive, exploratory, case studies, and qualitative or mixed-methods designs were among the types of research that were found using the search terms.
The various concepts used to measure quality were determined using the key variables in experimental studies. For instance, a goal attainment scaling score was used as the main outcome variable to gauge the standard of care in a randomized controlled trial by Dolvich et al. (2016). Systematic reviews found additional variables that could be used to define descriptors and measures of healthcare quality. Inpatient Quality Indicators for the AHRQ, which included mortality rates for particular procedures and medical conditions, were the subject of a systematic review of the literature by Engineer et al. (2015). The systematic review also reviewed the hospital characteristics as associated descriptors of healthcare quality in addition to the outcome measures. Financial capabilities and staffing ratios were among the hospital characteristics (Engineer et al,2015).

Meaning and metrics for the quality of healthcare were provided by descriptive, exploratory, and case study designs. For instance, Elf, Frost, Lindahl, and Wijk (2015) presented processes that involve the mutual exchange of knowledge among stakeholders, collaborative planning, evidence base, and end-user perspectives in their descriptive paper about strategies to promote shared decision making in designing healthcare environments to improve quality. Access, coordination, provider-patient communication, the provision of health-related information, and emotional support were identified as the attributes of high-quality healthcare systems in a secondary data analysis of a survey on the public's perceptions and experiences with these systems (Doubova et al., 2016).

Three of the 76 articles used mixed- or qualitative-methods designs. Themes related to the lived meaning of quality nursing care for practicing nurses were advocacy, caring, empathy, intentionality, respect, and responsibility, according to a hermeneutic study by Burhans and Alligood (2010). From the narrative accounts of young people's healthcare experiences with quality healthcare, themes of communication, relationships and respect, privacy and confidentiality, environment, involvement, preparation, and feeling connected were identified (Edwards et al., 2016). The third study used a grounded theory approach to understand staff perceptions of quality in practice in healthcare, and two themes staff values and professional standards—came to light (Farr & Cressey,2015).

VI. Definitions

The following were some of the definitions of quality taken from widely accessible, general use dictionaries (Merriam Webster's Collegiate Dictionary, 2005): how good or bad something is, a characteristic or feature, high level of value or excellence, and the standard of something as measured against other things of a similar kind.

These exhibit a propensity to define the term "quality" in straightforward terms that may be easier to comprehend. In contrast, quality appears to have implications that are much broader and more complex in the healthcare articles we looked at. For instance, Crosby (1984) defined health care quality as compliance with standards. According to Harteloh (2003), quality entails striking the "ideal balance between possibilities realized and a framework of norms and values" (p. 9). Quality is also described as "the degree to which care services influence the probability of optimal patient outcomes" by the American Medical Association (1994, para).

Healthcare quality has different definitions according to the IOM and the WHO. The degree to which health services for individuals and populations increase the likelihood of desired health outcomes and are consistent with current professional knowledge is how the IOM (2013) defines healthcare quality (para. 3). An earlier definition of "doing the right things, for the right patient, at the right time, in the right way to achieve the best possible results" was offered by the AHRQ in 2008. It was clear and simple (para. 1). In an effort to narrow the debate and define key terms, the AHRQ (2012) adopted the IOM definition of healthcare quality. The WHO (2006) offered a definition of healthcare quality as the process of making strategic decisions in health systems, which is still in use today. Although applicable to all facets of health care, these definitions change depending on the goals and perspectives of the particular discipline or organization.

A crucial building block of theory-driven research that is required for further knowledge development and the delivery of high-quality care is the provision of a precise, current theoretical definition of healthcare quality. Although earlier definitions were similar, they lacked consistency or specified aspects of the term. This analysis and the determination of the defining characteristics were guided by a compilation of historical definitions and a review of recent literature. Our analysis led to the following theoretical definition of healthcare quality: Healthcare quality is the provision of effective and safe care, reflected in a culture of excellence, leading to the attainment of an ideal or desired outcome.

VII. Defining Attributes

The term "health care quality" has been used broadly, according to academic and governmental publications. The defining attributes, or qualities most frequently associated with the concept, aid in separating it from other related concepts (Walker & Avant, 2011). The four categorical themes that emerged from a thematic analysis of the distinctive characteristics were (1) effective, (2) safe, (3) an excellence culture, and (4) desired outcomes.

The first distinguishing characteristic, effectiveness, refers to characteristics like appropriate treatment, including assessment, interventions, and response; fair; consistent; and timely. For instance, the Joint Commission (2015)

uses accountability measures, referred to as quality, to ascertain whether or not the care process was actually provided, whether or not the process has improved health outcomes, and whether or not the process is delivered with enough effectiveness. Making sure that nothing is missed or omitted is one aspect of effectiveness, according to a study conducted to determine what quality care means to practicing nurses as they live, understand, and articulate it (Burhans & Alligood, 2010). Additionally, Mosadeghrad (2013) defined quality healthcare as "consistently delighting the patient by providing efficacious, effective, and efficient care" (p. 203). Hospitals that take the initiative, work to establish new initiatives, and develop protocols and programs have been described as having high-quality hospital healthcare (Kahn, 2015). Turnaround time, in particular, is one of the most significant healthcare performance indicators when describing hospitals' level of medical care (Khan et al., 2016). Turnaround time reduction achieved through consistent coordination improved healthcare delivery efficiency and, ultimately, healthcare quality (Khan et al., 2016). According to the reviewed literature, patients must receive accurate, thorough health care that includes ongoing evaluations of their physical, psychological, sociological, and spiritual conditions. Effectiveness became a crucial part of this concept due to the prominence of these characteristics in the literature.

Safeness is the second defining characteristic of high-quality healthcare. According to Mitchell (2008), safety is the cornerstone on which all other facets of high-quality healthcare are built. A healthcare event's environmental, physiological, and psychosocial factors were taken into account by various perspectives when describing this attribute. Infection control procedures, precise medication administration, and adherence to a set protocol to prevent complications from surgery were safety factors frequently mentioned in this analysis. Making care safer by minimizing harm caused during the delivery of care was cited as a crucial component of healthcare quality in the National Quality Strategy, which the AHRQ (2011) introduced in 2011.

Additionally, According to Kamarudeen (2010), amenable mortality could be a sign of good medical care. The emergence of safe as a distinct attribute was prompted by numerous safety outcomes evaluated as quality indicators.

A culture of excellence is the third characteristic of high-quality healthcare. The literature developed a framework for a culture of excellence that includes cooperation, communication, compassion, competence, advocacy, respect, responsibility, and dependability. Patients' perspectives of high-quality healthcare, according to Izumi, Baggs, and Knaff (2010), included knowledge of science, psychosocial issues, and personal or life experiences, as well as cognitive abilities for assessment and decision-making and efficient psychomotor abilities. A grounded theory study was conducted by Farr and Cressey (2015) to evaluate how well primary care staff members understood the concept of care quality.

In order to understand quality, staff values and personal and professional standards are crucial (Farr & Cressey, 2015 p. 123). Compassion, according to Lionis (2015), is a requirement for high-quality healthcare and an excellence-oriented culture. Similar findings were made by Carney (2011), who identified excellence in care delivery, ethical values, involvement, professionalism, value for money, commitment to quality, and strategic thinking as key cultural determinants of quality health care.

The healthcare team must also communicate with patients in a clear, understandable, accurate, and consistent manner that is supported by evidence.

Goal attainment, the best outcomes, shared decision-making, patient-centered care, and patient satisfaction make up the final attribute of desired health outcomes.

For high-quality healthcare to be provided, patients must be actively involved in making decisions about their own health. To encourage the achievement of desired health outcomes, it is also crucial to identify a patient's needs, preferences, and abilities. According to Sidani, Doran, and Mitchell (2004), these various mechanisms are in charge of bringing about the desired and favorable results. The accomplishment of a person's health goals was used by Dolovich et al. (2016) as an outcome measure of quality. Subjective well-being is a further aspect of this attribute. According to Lee et al. (2013), one way to fully assess the caliber of care that a patient received is to measure that patient's subjective well-being over the course of their treatment. Dupree, Anderson, and Nash (2011) cited patient-centered as a crucial step in providing high-quality healthcare. These four defining characteristics serve as the cornerstone of high-quality healthcare and are therefore essential components

VIII. Model Case for Healthcare Quality

Several cases were created using the Walker and Avant (2011) approach based on the defining characteristics. The related case includes instances of the concept but lacks all the defining attributes while the model case includes all defining attributes. On the other hand, in this instance, they are not present.

IX. Model Case

Pneumonia has been identified as the reason for Mr. Smith's admission to the medical surgical unit. Along with several other comorbidities, he also has lung cancer. He is welcomed by the admitting registered nurse (RN), who observes that he is experiencing mild respiratory distress
as he enters his designated room. The RN works closely with the medical staff to get the resources needed to improve the patient's acute condition right away. The staff's competence is clearly demonstrated by the efficient response to his urgent condition.

Mr. Smith receives prompt, safe care over the recommended two days in the hospital. Potential issues are reduced by the team's overall culture of excellence. He is unharmed and does not contract any infections or complications linked to hospitals. Although Mr. Smith's acute condition quickly got better, he starts to talk about his worries about deterioration and suffering as a result of his terminal illness. The medical staff pays close attention to Mr. Smith's worries and collaborates with him to ascertain his ideal results. Discharge planning is started right away through shared decision-making between Mr. Smith, his kids, and the medical staff. He is given a satisfactory discharge and sent home with enough resources to maintain his best physical and mental health. All essential characteristics—effectiveness, safety, an excellence-focused culture, and desired results are present in this model case.

X. Borderline Case for Healthcare Quality

Most of the defining characteristics of the concept being examined are present in borderline cases, but not all of them (Walker & Avant, 2011). Pneumonia has been identified as the reason for Mr. Smith's admission to the medical surgical unit. Along with several other comorbidities, he also has lung cancer. The admitting RN welcomes Mr. Smith as he enters his designated room and observes that he is experiencing mild respiratory distress. She works together with the medical staff to secure the necessary supplies to improve his urgent condition. His acute condition quickly gets better, but he starts talking about his worries about his terminal illness making things worse and making him suffer. When this worry is brought up on the day of his admission, the RN does not act right away. The patient, family, and healthcare team were unable to make decisions together as a result of poor communication skills. Mr. Smith was in the hospital for three days and is now being released.

He expresses concerns about deterioration and suffering once more as the nurse starts to prepare the discharge. The nurse starts setting up a meeting with a social worker for Mr. Smith and his family. Start-up arrangements for in-home nursing care and durable medical equipment. Because the necessary in-home equipment and clinical care services are not immediately accessible, the hospital stay must be prolonged. Mr. Smith is finally discharged from the hospital after spending an additional 32 hours there. In this questionable situation, the provision of healthcare falls short of the timeliness required for effective care. The establishment of desired outcomes between the patient and the healthcare team is another defining characteristic that is absent in this situation. The absence of any negative safety outcomes for Mr. Smith and his discharge from the hospital without any hospital-acquired infections indicates the presence of the safety-defining attribute.

XI. Contrary Case for Healthcare Quality

After undergoing a laparoscopic cholecystectomy, Mrs. Brown, a 72-year-old woman, is moved from an acute care facility to a skilled nursing facility. She needs to receive skilled nursing care before returning home due to multiple comorbidities. A thorough assessment was not carried out by a nurse or doctor within 24 hours of the patient's arrival at the skilled nursing facility. There was no physical therapy provided. Instead of getting better, Mrs. Brown's condition deteriorates. On Day 4 of the hospitalization, a doctor evaluates Mrs. Brown and

prescribes a number of ancillary tests to ascertain the reason for the decline. Mrs. Brown and her family are not informed of the test results. Mrs. Brown's health keeps getting worse. She develops a Stage 2 sacral decubitus ulcer and a urinary catheter-associated infection. Mrs. Brown's family asks to be transferred out of the skilled nursing facility after a 6-day stay during which there has been no improvement. In contrast, none of the four defining characteristics are present here.

XII. Related Concept

Separating the definition of "health care quality" from similar or alternative terms is necessary for an analysis of the concept. It was specifically noted in this review of the literature and subsequent analysis that the terms healthcare quality and patient safety are frequently used synonymously. Patient safety and healthcare quality have a clear relationship, but there is also a clear difference between the two ideas. Patient safety is frequently used to describe and characterize the quality of healthcare, as seen in the defining characteristics chosen for this concept analysis. Patient safety is listed as one of many outcomes connected to high-quality healthcare in the academic literature.

The distinctive factors that distinguish quality from safety are found through a thorough concept analysis. According to the findings of such an analysis (Kim, Lyder, McNeese-Smith, Leach, & Needleman, 2015), an operational definition of patient safety was given as the result of coordinated efforts by healthcare professionals within a well-integrated healthcare system with the goal of preventing medical errors or avoidable adverse events and thereby safeguarding patients from harm or injury. According to the WHO (2015), patient safety is the absence of a patient experiencing avoidable harm while receiving medical treatment. The National Roundtable on Health Care Quality, which the IOM organized in 1998, divided quality issues into three groups: misuse, overuse, and underuse. Misuse was further defined as the avoidable side effects of therapy, and this became a standard reference point for thinking about patient safety as a part of quality (Chassin & Galvin, 1998).

XIII. Antecedents and Consequences of Healthcare Quality

The things that happened prior to or before a concept are known as its antecedents (Walker & Avant, 2011). The need for healthcare and a real healthcare event are the precursors to high-quality healthcare. Medical emergencies can happen on any given day. The event has to happen for there to be quality healthcare. The incidents or results that follow a concept are its consequences. The best possible health is a result of high-quality medical care. Healthy living encompasses physical, spiritual, and emotional wellness at every stage of life, from conception to death, and goes beyond the treatment of illness. However, poor healthcare can have negative health effects that can lower quality of life and even cause death.

XIV. Empirical Referents

Empirical referents are classes or categories of real phenomena that, by virtue of their being present or existing, show that the concept under consideration occurs (Walker & Avant, 2011, p. 168). These are the metrics you can use to evaluate the defining qualities or attributes. Several tools that are specifically matched to the attributes may be used to gauge healthcare quality. As proxies to gauge the impersonal notion of healthcare quality. During our review, a variety of instruments were available to gauge the various characteristics of this ethereal concept. Potential measures include the National Database of Nursing Quality Indicators (NDNQI), AHRQ Patient Safety Culture Survey, Nursing Work Index Practice Environment Survey (NWI-PES), and Hospital Discharge Abstracts. Aiken and Patrician's (2000) NWI-PES tool, a 57-item survey that gauges nurse recruitment/retention, job satisfaction, nurse safety, and patient satisfaction, provides a measure of the culture of excellence in healthcare, is another tool to gauge quality. This tool offers a measure of desired outcomes through the patient safety subset and is highly reliable and valid.

The NDNQI is the only national nursing database that offers reporting of structure, process, and outcome indicators to evaluate nursing care at the unit level. It serves as a repository for nursing-sensitive indicators (Montalvo, 2007). All four of the attributes found in this analysis are measured by the NDNQI. a A widely used tool, the AHRQ (2015a) patient safety culture survey is a thorough assessment of safety culture within healthcare organizations with the potential to measure the defining characteristics of healthcare quality. Finally, hospital discharge abstracts offer essential components for gauging the quality of healthcare, such as effectiveness, safety, culture, and desired results. The aforementioned examples of empirical referents offer a broad overview of

potential instruments for empirically assessing healthcare quality and the identified defining characteristics, even though they are not all-inclusive.

It may be necessary to measure less abstract concepts that will act as a proxy for healthcare quality since there are empirical measures for the specific traits that contributed to the defining attributes.

XV. Discussion

A crucial first step in advancing healthcare quality initiatives and research is to convey a better understanding of healthcare quality. Quality improvement is likely to be disorganized or ineffective in the absence of a clear meaning. For the purpose of creating a theoretical yet testable framework, the manuscript's structure and function of this abstract phenomenon are crucial. It is now simpler to measure quality indicators and use healthcare quality to explore how it relates to other ideas in the healthcare environment thanks to this conceptualization of the topic. Insight for assessing other existing frameworks can also be gained from definition clarity and defining characteristics. Additionally, each distinct attribute may act as a roadmap for theories to be developed or tested in upcoming research.

The theoretical definition offered by our analysis supports fundamental components for the advancement of current nursing knowledge and may improve professional and transprofessional interactions, ultimately assisting in the enhancement of quality initiatives within and among healthcare organizations. A definition that takes into account the common characteristics of the nursing profession provides the consistency required for fruitful discussions between nursing science and nursing practice.

XVI. Strengths/Limitations

The strength in combating today's threats to optimal patient outcomes is that the concept analysis and thematic classification represent the most pervasive characteristics noted in the most recent academic literature.

Limitations may result from the specific search strategy, which only searched literature published within the last 12 years and used five databases. Since gray literature and non-English languages were excluded, some important data sources may also have been missed.

XVII. Conclusion

The development of quality initiatives as well as the theory-building process for health science are both influenced by this concept analysis of healthcare quality. Clarity, further instrument development, and theory building all depend on being able to identify the essential characteristics. Future studies that incorporate this element of a theoretical framework along with another idea, like patient outcomes, could significantly advance our understanding of how to deliver evidence-based nursing care.

Donabedian (1988) provided a description of an earlier framework for evaluating the quality of healthcare. His model of structure, process, and outcome, in which each component is interdependent, can be used to locate the defining characteristics of healthcare quality in the current analysis: safe, effective, culture of excellence, and desired outcomes (Gardner, Gardner, & O'Connell, 2014). A proposed relational statement can be postulated to determine relationships, ultimately informing quality improvement practices, by using the Donabedian framework and careful examination of the concept of healthcare quality.

The outcome of this analysis offers practice implications in addition to theoretical ones, which can be used to direct quality initiatives across a range of healthcare specialties. In a variety of nursing settings, including administrative, clinical, performance improvement, financial, and policy development, the defining attributes can be used as performance indicators. Future research could focus on developing instruments to assess healthcare quality using the four identified attributes.

The development of a tool and the creation of objects that reflect the defining characteristics would enhance the concept's empirical indicators.

Every theoretical, practical, and scientific implication has the potential to increase our knowledge of the steps required to enhance the delivery of healthcare. The Future of Nursing (IOM, 2011) and the Director of AHRQ have both noted the importance of nurses in enhancing quality and providing quality assurance. We have the power to ensure the safety and trust of the public.

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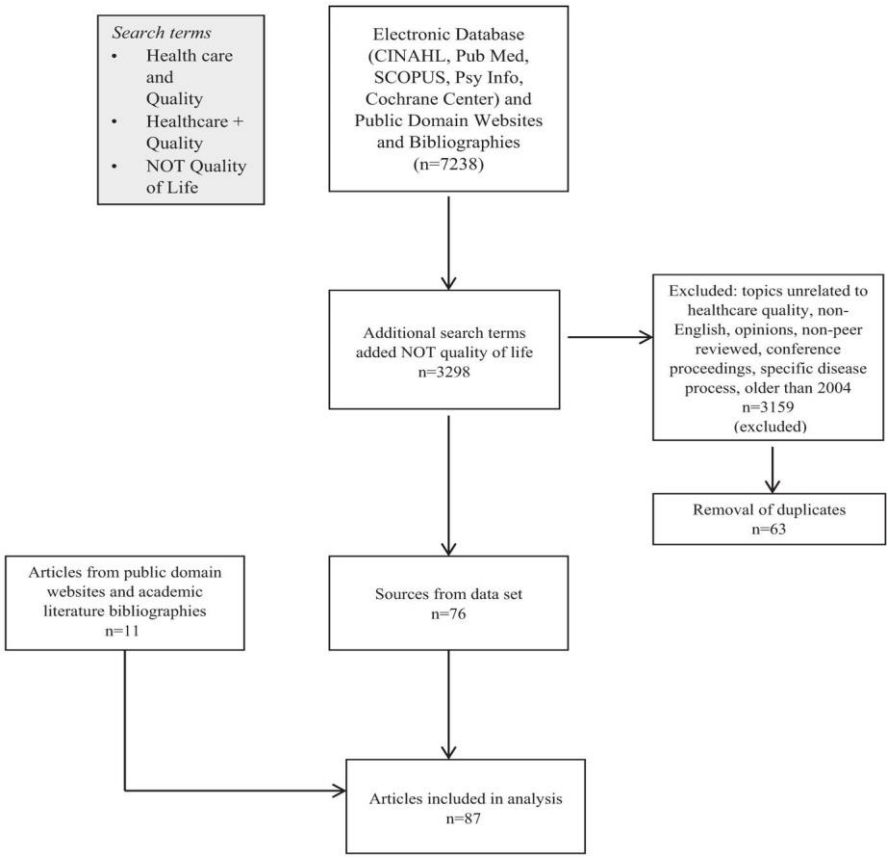

Figure 1. Literature