



## Original Article

## Good nursing care: Rodgers' evolutionary concept analysis

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## ABSTRACT

**Background & Aim:** Considering that the main responsibility of the nurses is to give care to the patients, concept analysis of good care by providing a clear definition will promote nursing practice and quality of healthcare. This study aims to clarify the concept of good care through the use of Rodgers's evolutionary approach.

**Methods & Materials:** This study used Rodgers's evolutionary approach. The keywords of good care, quality care, and similar words were used for searching from CINAHL, PubMed, Emerald, Elsevier, and Scopus databases. Literature published in English between 2000-2018 was included. Forty-one articles were selected and content analysis was used to distinguish attributes, antecedents, and consequences of good care.

**Results:** According to the finding, care was considered as good that was accompanied by the up-to-date knowledge and by doing procedural care skillfully and safely led to recovery, reducing health care costs, and patient satisfaction through an effective and efficient relationship with the patient.

**Conclusion:** Skillful practice, well-informed knowledge, and effective communication are the most important inputs for nurses to provide good care for the patients and the lack of these, especially in the case of using an unprofessional workforce in nursing, is a serious threat to patient care.

## Introduction

Each discipline has its unique concepts (1). To achieve a standard view on the major concepts of the field, we need holistic definitions of those concepts. The nursing profession has its specific concepts. Considering that the main responsibility of the nurses in both the clinical setting and the society is to give care to the clients; consequently, the identification of care and its dimensions can be one of the conceptual challenges in the nursing profession (1, 2).

Concerns about care and its relationship with nursing date back to Nightingale's time. Nursing care, as 'an important concept for nurses', was first raised by Leininger during the 1950s (1, 2). Since then, care has been considered as an essential part of nursing practice.

Newman and her colleagues argued that the focus of the nursing profession was "caring in the human health experience" (1, 3). Despite extensive research, a concept analysis shows that the concept of good nursing care remains unclear and contradictory (3).

The word 'care' has two distinct meanings. First, care can show conscientiousness, hardiness, and prudence in avoiding injury or danger. The second definition refers to protection, maintenance, custody, guardianship, or safekeeping (3, 4). Nursing care, including both definitions, refers to specialized care based on nursing knowledge that can have significant effects and make vital differences in patients' outcome and safety (1, 2). Therefore, the quality of nursing care must be good.

In the dictionary definition, good means to be desired or approved of, having the requisite qualities; of a high standard,

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possessing or displaying moral virtue, and giving pleasure; enjoyable or satisfying (4). All four definitions can be used for care. However, in practice, the qualifications which result in good nursing care and the way we can provide a holistic definition of good care need more clarity. Therefore, the purpose of this paper is to clarify the concept of good care through the use of Rodgers's evolutionary approach.

## **Methods**

This study has been extracted from a doctoral dissertation at Tabriz University of Medical Sciences with the approval and ethical code of IR.TBZMED.REC.1394.816. In order to select an appropriate approach to analyze the concept of good care, it was considered that a nurse might go through the beginner to expert stages, and therefore care quality would vary according to the experience and competency of a nurse (5). Also, considering the ever-increasing changes in medical and nursing care, the way and the principles of patient care is also changing constantly (1, 2). Accordingly, the nature of good care is considered to be changing. Rodgers' evolutionary concept analysis method is used in this study. Rodgers understood concepts to be ever-changing, thus dynamic and influenced by time and context. Rodgers' evolutionary concept analysis method emphasizes the fact that the description and clarification of the concept is foundational for ongoing concept development and further research (6). Therefore, this method was used to analyze the concept of good care. The six stages of the Rogers' evolutionary concept analysis in three phases were carried out as the following way:

### *1: The initial phase*

#### *1-1: Choice of concept of interest*

In the first step, the definition of the concept and the expression of alternative words and terms were made. Regarding the lack of a single definition for good care and

since the foundation of nursing is good care, this concept was chosen.

#### *1-2: Choosing the setting and sample*

The samples consisted of the research papers published in English from 2010 to 2018. The research setting was the databases of CINHALL, PubMed, Emerald, Elsevier, and Scopus. The key search terms included "good care OR quality care" AND "nurs\*" AND "clinical nurse." The researchers developed a list of the titles and abstracts of all the existing articles on the mentioned databases (n=685). Then the abstract of the articles was reviewed and related articles were selected (n=205). The words and concepts that needed more clarification, such as holistic care and patient-centered, were re-searched.

#### *1-3: Collecting and managing the material*

In step three, related materials were collected to determine the features and behavioral basis of the concept. At this point, 205 articles were found. Rodgers recommends that each discipline included in a study should be represented by approximately 30 studies or 20% of the total number of references included, then 41 articles were randomly chosen and studied.

### *2: The core Analysis phase*

A content analysis method was done for the analysis of data. Every article initially is read in its entirety and after that, be read with a focus on the attributes, antecedents, and consequences of the concept, as well as surrogate terms, were summarized and coded. The last author extracted the data relating to attributes, antecedents, and consequences as specified in Rodgers' evolutionary method. Unlike qualitative studies, data analysis was postponed to the end of the process. This was done to avoid the haste and acceleration and to prevent early saturation of the data. In each section, the data was carefully read. As a result, the researcher could extract key points and tags to provide a clear description of each aspect of the concept.

### 3: The further analysis phase

#### 3-1: Interpreting the results

The collected data was presented in relevant categories in terms of similarities and differences. A comprehensive interpretation was provided for each category. At the end of this stage, according to the interpretations, the concept was defined.

#### 3-2: Identifying the implications

In the final stage, the application of the concept was documented based on the previous studies and the authors' clinical experience.

## Results

In most of the studied papers, antecedents, and consequences had not been discussed directly; therefore, they were extracted indirectly from the text data. The data were categorized into three areas of antecedents, attributes, and consequences.

### 1: Antecedents

Antecedents are those events or conditions that must occur before the concept occurs. In other words, there is no concept of good care in isolation; this is under the influence of various environmental, internal, and external factors of the health care system (6). Various factors that affect good care can be categorized into three types of factors associated with the organization, the nurse and the patient.

#### 1-1: Organization-related factors

There are many factors in the organizational context, which can generally be referred to as healthy work environments (7-16). A healthy work environment is so essential that Brady points to the importance of it even in students' training period. She believes that if nursing students experience a healthy work environment, it will lead to more and better results. Nurses also need to

work in a healthy environment in order to provide good care (7). Most authors do not define a healthy work environment; however, they describe one or more features of the concept. The most commonly used words when discussing a healthy work environment included: "climate", "culture", and "environment" (7-16).

The climate of an organization includes behavioral norms that occur over time in personnel and practices within an organization (8). Culture is a mix of practices, beliefs, and values throughout the organization (9). It can be concluded from these definitions that the norms and values of nursing practice might affect providing good care (8).

The environment refers to work resources. In other words, the appropriate resources for employees to carry out a quality job are a prerequisite for a healthy work environment. Most authors often refer to adequate job-related sources to work effectively. In the majority of the texts, this concept refers to the equipment and supplies needed for work as well as financial resources and social support (10-16).

In addition to a healthy environment, climate and culture, hospital integrity is also essential. System integrity refers to the role and authority of the system in protecting it against dangers. This integration is related to safety policies, standards and procedures, budgeting, staffing and planning, and the tools and equipment of an organization or health care unit (10-16).

Furthermore, in the texts, organizational policies appeared as a precondition for a healthy work environment. Both were reducing daily workload and providing adequate staffing (10, 13-15), which are also known as organizational policies. Also, efficient management and leadership have a role in providing good care by nurses (15, 16). Effective leadership is essential in creating and maintaining the health of a workplace. Therefore, effective leadership emerged as a feature of a healthy work environment in texts (17, 18).

#### 1-2: Nursing-related factors

## *Concept analysis of good care*

Other antecedents for providing good care are nursing-related factors. Various studies have been done on the job outcomes of working as a nurse. However, the most important outcomes of the work were "job burnout" (19-20), and "job satisfaction" (21). As a result, the nurses who were more satisfied with their job or experienced less job burnout did better in providing good care (19-21). In addition to the work outcomes, some of the personal traits have been introduced to affect providing good care. Younger nurses with sufficient work experience and nurses who are more responsive to their work and patients (22, 24) can provide good care.

The third category of nursing-related antecedents, which partly overlaps the organizational context, is about workload. The workload that is directly related to the patient/nurse ratio indicates that a nurse's time to care plays a role in providing good care. In other words, providing adequate staffing and reducing the workload, facilitates providing good care (10, 13-15).

### *1-3: Patients -related factors*

The third category of good care antecedents is patient-related factors. Patients are the main customers of good care. The patient's condition affects the quality of care. In some cases, the patient's condition is such that the implementation of good care features such as communication is difficult; and in some cases, the patient's knowledge, the severity of the disease or the patient's previous experiences (25, 26) facilitates or difficult the condition of receiving good care.

### *2: Attributes of good care*

Attributes are features of the concept. They constitute a real meaning compared to the nominal definition and provide an opportunity to identify the context of this concept (6). The features and terms related to this field are varied, which can be categorized in different ways. The following classification was done to better understand the content:

### *2-1: Relationship- Related factors*

To provide good care, communication is an important factor and has greatly been emphasized (25-31). Some texts have referred to the mutual relationship in good care and have emphasized the mutual trust (25, 30, 32), as well as the importance of the presence of patients' family in the relationship and contributing the patient to the clinical decisions(14, 32).

Some other articles have referred to the centrality of the nursing concept in relationships. They have stated that nurses need to be honest with the patient (30) and kind to them (27, 33) in order to provide good nursing care. In this type of relationship, the nurse spends enough time at the bedside with the patients (34), actively listens to them (32), understands them (27, 32) and gives hope to them (29). The nurse respects the patients (27, 29) and maintains their dignity, and if necessary, defends the patients' rights (25, 27). In good care, the nurse's relationship with the patient has both therapeutic and educational aspects. Since the nurse is available to the patient (29, 30) and empowers them with necessary educations (14, 15). In addition, they use methods such as touching (27, 35) or using prank (22, 27) in order to provide good care.

### *2-2: Procedural factors*

Good care can also be given when the providers have the ability and competency for providing care. It is assumed that the nurse needs a certain amount of skill and ability to provide care but the level of this ability and skill must be increased so that he/she can provide good care. Knowledge, skills, abilities and the care behaviors that a person possesses to do the tasks skillfully are considered as nursing abilities (29). Therefore, the care based on the high level of knowledge and clinical skills is considered as good care (21).

The subject of knowledge in the literature is mainly the knowledge of technology, pathophysiology, pharmacodynamics, and nursing procedures (36). The use of both knowledge (37) and nursing experiences

(27) in the clinical setting in the form of accurate and continuous observation of the patient (13, 24) and immediate recognition of the patient's need (13) leads to good care. Structured education was described as a prerequisite for the knowledge needed for good care. A systematic and structured education is not required for an informal caregiver like a family member, while a specialized training is a requirement for professional nurses (38).

In addition to the knowledge-based care, practical and technical skills are also necessary in order to provide good care (30, 38). Nursing skills have a direct impact on the health and safety of all patients. The poor competency and nursing skill performance may lead to serious medical errors, resulting in serious consequences for the patient. Hence, in the reviewed studies, the technical skills have been used frequently with various terms such as skillful practice (5, 21, 31, 32, 39-40).

### 3: Consequences

There is not a unique and exact consequence for good care. The outcomes of good care were presented in a variety of ways, depending on the subject of the study. In cases where good care was examined from an organizational viewpoint, material issues were further raised. For example, obtaining favorable results in terms of cost-effectiveness (41), reducing the patient's use of health care systems (42), and mortality (43) could be seen in the articles that had investigated the good care outcomes from an organizational viewpoint.

In some papers that had focused on a specific disease, the outcomes such as pain relief (44), timely work (45), and increased drug compliance (25) were issued. However, the patients' opinion towards good care was different. Patients had mainly referred to their satisfaction with the care (25, 43) and even considered it as the most important outcome (15). However, the overall goal of good care is considered as the recovery (25, 46) and safety; therefore, providing a standard, safe and efficient care for all patients with the aim of improving their

condition is considered as the outcome of good care (39, 41, 45, 47).

### 4: Surrogate terms and related concepts

Surrogate terms have some relationship to the concept; however, they do not share a set of features. These words may be used instead of the desired concept or to describe it (6). In this analysis, caring was the only alternative term for care and was recognized as a related concept. The main difference is in grammatical form. Caring shows the flow and the process, while care is used as a noun and a verb.

Nursing may also be used instead of care. Nursing is generally points to a nurse's profession or their care. It is also referred to an aid for improving human beings' health by nursing theorists.

Patient-centered and holistic care, whose features have been observed in good care, may have an overlap with good care. However, regarding the widespread concept of good care, it can be concluded that patient-centered and holistic care are methods for achieving good care, not surrogate terms.

### 5: Clinical application

Interventions designed for bedside care are required to be applied in accordance with the definition of good care. The evaluation of care is also a critical requirement that can be done within the framework of the proposed definition. This study additionally revealed a gap in terms of good care from the perspective of the organization and the nurse, which should be investigated in future studies.

## Discussion

This article attempts to characterize the features of good care to provide a holistic definition of it. In the literature review, none of the articles had fully explored this concept. On the other hand, measurement and evaluation of this concept is not possible except through defining the concept (47). Therefore, the findings of this study can be used as a basis for good care measurement.

Various definitions have been provided for good care. Burhans and Alligood in a qualitative study described a high-quality nursing care from the clinical nurses' point of view as meeting human needs through attention, empathy, respectful interactions with the patient, along with the sense of responsibility, and fundamental and integral support of the patient (48). According to the definition obtained from the literature review and the analysis of the concept, it can be said that during the past years, care was considered as good that was accompanied by the up-to-date knowledge and by doing procedural cares skillfully and safely led to recovery, patient satisfaction, and reducing health care costs through making an effective and efficient relationship with the patient. This definition seems more comprehensive compared to previous definitions. The findings of this study showed that in order to understand and study good care, we must first invest in antecedents and effective factors. Providing in-service training courses, increasing the number of nursing staff, and standardizing the work environment in the hospitals are some recommendations suggested by the finding.

Three features of skillful practice, well-informed knowledge, and effective communication were introduced for good care. This finding shows the importance of strengthening the nurses' knowledge and practice. While in response to the lack of nursing staff, the number of nursing students enrolled in colleges is increasing without parallel improvement in the educational system and clinical facilities and capabilities; however, it is a warning that threatens the good care. Also, in some countries, in response to a shortage of nursing staff, it has been suggested that under certain conditions, non-specialized staff such as nursing students, midwives, and unlicensed health workers may contribute to the hospital labor or even instead of nurses; as a result, quality of care may decrease (49, 2).

Furthermore, the importance of the relationship with the patient, which is of

great interest today, has been addressed in good care.

The importance of providing continuing education programs for nurses about the therapeutic nurse-patient relationship is also evident from this finding.

The consequences of good care have been shown as a recovery of the disease. This shows the importance of nursing care in the clinical setting and patient outcome. Contrary to some perspectives that consider medical treatment as the main factor in inpatient recovery, this study announces the critical role of nursing care. Even, patient satisfaction, as a consequence of good care, may also be due to observing the effect of good care on improving disease outcomes.

The main limitation of the study was that the concept of good care in articles was not directly indicated. Although the search was done broadly and the similar words were reviewed, there remains a concern that some data would not be entered into the article. Another limitation was a large number of articles, while in this article, only 20% of the articles were reviewed. Although the articles were randomly selected, there is a probability that some features and factors presented in unselected articles were missed in this study.

## **Conclusion**

In conclusion, this article, which redefines the concept of good care holistically, specifies its antecedents, attributes and consequence. The concept of good care has been provided with significant variations in nursing literature. The findings can be used as a basis for the development of good care models, theories and tools for evaluating good and high-quality nursing care.

The simple yet useful heuristic of the good care conceptualization can be used by nurses to reflect upon their care experiences, managers and nurse educators during supportive education and evaluations of nursing staff, and by researchers who seek to further understand the meaning of good care in different global contexts. Future research could

examine the utility of the good care concept analysis in guiding nursing education and evaluating nurses' perspectives of the care that they are providing.

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### Conflict of Interest

The authors declare that there are no conflicts of interest in the publication of this study.

### References

1. Dolan B, Allgood MR. Nursing Theory Utilization and Application. Missouri: Mosby; 2010.
2. Valizadeh L, Zamanzadeh V, Rassouli M, Ghahramanian A, Archibald MM, Asghari E. A Qualitative Study of Specialized Clinical Nurses' Perceptions of Good Care in Practice. *Clinical Nurse Specialist*. 2018;32(5):260-7.
3. Maxwell Mhlanga, Mathilda Zvinavashe, Clara Haruzivishe, Ndaimani A. Quality Nursing Care: A concept analysis. *Journal of Medical and Dental Science Research*. 2016;3(1):25-30.
4. Oxford living dictionary 2017 [2017-9-27]. Available from: <https://en.oxforddictionaries.com/definition/good>
5. Burger JL, Parker K, Cason L, Hauck S, Kaetzel D, O'nan C, et al. Responses to work complexity: the novice to expert effect. *Western Journal of Nursing Research*. 2010;32(4):497-510.
6. Rodgers BL. Concept analysis, An evolutionary view. *Concept development in nursing foundations, techniques and applications*. 2000:77-102.
7. Brady MS. Healthy nursing academic work environments. *Online Journal of Issues in Nursing*. 2010;15(1).
8. Bahrami MA, Barati O, Ghoroghchian M-s, Montazer-alfaraj R, Ezzatabadi MR. Role of organizational climate in organizational commitment: The case of teaching hospitals. *Osong public health and research perspectives*. 2016;7(2):96-100.
9. AbuAlRub R, Nasrallah M. Leadership behaviours, organizational culture and intention to stay amongst Jordanian nurses. *International nursing review*. 2017;64(4):520-7.
10. Djukic M, Kovner CT, Brewer CS, Fatehi FK, Cline DD. Work environment factors other than staffing associated with nurses' ratings of patient care quality. *Health Care Management Review*. 2013;38(2):105-14.
11. Nantsupawat A, Srisuphan W, Kunaviktikul W, Wichaikhum OA, Aunguroch Y, Aiken LH. Impact of nurse work environment and staffing on hospital nurse and quality of care in Thailand. *Journal of Nursing Scholarship*. 2011;43(4):426-32.
12. Jáimez MJ, Bretones FD. Towards a healthy organisation model: the relevance of empowerment. *Is-Guc, The Journal of Industrial Relations & Human Resource*. 2011;13:7-26.
13. Aiken LH, Cimiotti JP, Sloane DM, Smith HL, Flynn L, Neff DF. The effects of nurse staffing and nurse education on patient deaths in hospitals with different nurse work environments. *Medical care*. 2011;49(12):1047.
14. Feather J, McGillis Hall L, Trbovich P, Baker GR. An integrative review of nurses' prosocial behaviours contributing to work environment optimization, organizational performance and quality of care. *Journal of nursing management*. 2018;26(4):769-81.
15. McHugh MD, Stimpfel AW. Nurse reported quality of care: a measure of hospital quality. *Research in nursing & health*. 2012;35(6):566-75.
16. Smith JG, Morin KH, Wallace LE, Lake ET. Association of the nurse work environment, collective efficacy, and missed care. *Western journal of nursing research*. 2018;40(6):779-98.
17. Kramer M, Schmalenberg C, Maguire P. Nine structures and leadership practices essential for a magnetic (healthy) work environment. *Nursing Administration Quarterly*. 2010;34(1):4-17.
18. Mays MZ, Hrabe DP, Stevens CJ. Reliability and validity of an instrument assessing nurses' attitudes about healthy work environments in hospitals. *Journal of nursing management*. 2011;19(1):18-26.
19. Poghosyan L, Clarke SP, Finlayson M, Aiken LH. Nurse burnout and quality of care: Cross-national investigation in six countries. *Research in nursing & health*. 2010;33(4):288-98.

20. Van Bogaert P, Kowalski C, Weeks SM, Clarke SP. The relationship between nurse practice environment, nurse work characteristics, burnout and job outcome and quality of nursing care: a cross-sectional survey. *International journal of nursing studies*. 2013;50(12):1667-77.
21. Gillet N, Fouquereau E, Coillot H, Cougot B, Moret L, Dupont S, et al. The effects of work factors on nurses' job satisfaction, quality of care and turnover intentions in oncology. *Journal of advanced nursing*. 2018;74(5):1208-19.
22. Zhao SH, Akkadechanunt T. Patients perceptions of quality nursing care in a Chinese hospital. *International Journal of nursing and Midwifery*. 2011;3(9):145-9.
23. Bradham CU, Dalme FC, Thompson PJ. Personality traits valued by practicing nurses and measured in nursing students. *Journal of Nursing Education*. 2016;29(5):225-32.
24. Chen S-Y, Hsu H-C. Nurses' reflections on good nurse traits: Implications for improving care quality. *Nursing ethics*. 2015;22(7):790-802.
25. Castro EM, Van Regenmortel T, Vanhaecht K, Sermeus W, Van Hecke A. Patient empowerment, patient participation and patient-centeredness in hospital care: a concept analysis based on a literature review. *Patient education and counseling*. 2016;99(12):1923-39.
26. Siffleet J, Williams AM, Rapley P, Slatyer S. Delivering best care and maintaining emotional wellbeing in the intensive care unit: the perspective of experienced nurses. *Applied Nursing Research*. 2015;28(4):305-10.
27. Catlett S, Lovan SR. Being a good nurse and doing the right thing: a replication study. *Nursing ethics*. 2011;18(1):54-63.
28. Curtis JR, Back AL, Ford DW, Downey L, Shannon SE, Doorenbos AZ, et al. Effect of communication skills training for residents and nurse practitioners on quality of communication with patients with serious illness: a randomized trial. *Jama*. 2013;310(21):2271-81.
29. de Araujo Sartorio N, Pavone Zoboli ELC. Images of a 'good nurse' presented by teaching staff. *Nursing ethics*. 2010;17(6):687-94.
30. Mako T, Svanäng P, Bjerså K. Patients' perceptions of the meaning of good care in surgical care: a grounded theory study. *BMC nursing*. 2016;15(1):47.
31. Yngman-Uhlin P, Klingvall E, Wilhelmsson M, Jangland E. Obstacles and opportunities for achieving good care on the surgical ward: nurse and surgeon perspective. *Journal of nursing management*. 2016;24(4):492-9.
32. Van der Elst E, de Casterlé BD, Gastmans C. Elderly patients' and residents' perceptions of 'the good nurse': a literature review. *Journal of medical ethics*. 2012;38(2):93-7.
33. Zuzelo PR. Dosing Kindness As a Therapeutic Intervention. *Holistic nursing practice*. 2016;30(4):241-3.
34. Kwak C, Chung BY, Xu Y, Eun-Jung C. Relationship of job satisfaction with perceived organizational support and quality of care among South Korean nurses: A questionnaire survey. *International journal of nursing studies*. 2010;47(10):1292-8.
35. O'lynn C, Krautscheid L. 'How should I touch you?': a qualitative study of attitudes on intimate touch in nursing care. *AJN The American Journal of Nursing*. 2011;111(3):24-31.
36. Kvåle K, Bondevik M, editors. Patients' perceptions of the importance of nurses' knowledge about cancer and its treatment for quality nursing care. *Oncology nursing forum*; 2010.
37. Creamer AM, Austin W. Canadian Nurse Practitioner Core Competencies Identified: An Opportunity to Build Mental Health and Illness Skills and Knowledge. *The Journal for Nurse Practitioners*. 2017;13(5):e231-e6.
38. Aiken LH, Sloane D, Griffiths P, Rafferty AM, Bruyneel L, McHugh M, et al. Nursing skill mix in European hospitals: cross-sectional study of the association with mortality, patient ratings, and quality of care. *BMJ Qual Saf*. 2017;26(7):559-68.
39. Fletcher MJ, Dahl BH. Expanding nurse practice in COPD: is it key to providing high quality, effective and safe patient care? *Primary Care Respiratory Journal*. 2013;22:230-3.
40. Hill K. Improving quality and patient safety by retaining nursing expertise. *Online Journal of Issues in Nursing*. 2010;15(3).
41. Stanik-Hutt J, Newhouse RP, White KM, Johantgen M, Bass EB, Zangaro G, et al. The quality and effectiveness of care provided by nurse practitioners. *The Journal for Nurse Practitioners*. 2013;9(8):492-500. e13.
42. Adib-Hajbaghery M, Maghaminejad F, Abbasi A. The role of continuous care in reducing readmission for patients with heart failure. *Journal of caring sciences*. 2013;2(4):255.
43. Ball JE, Bruyneel L, Aiken LH, Sermeus W, Sloane DM, Rafferty AM, et al. Post-operative mortality, missed care and nurse staffing in nine countries: A cross-sectional



study. *International journal of nursing studies*. 2018;78:10-5.

44. Nelson JE, Puntillo KA, Pronovost PJ, Walker AS, McAdam JL, Ilaoa D, et al. In their own words: patients and families define high-quality palliative care in the intensive care unit. *Critical care medicine*. 2010;38(3):808.

45. Almutairi KM, Moussa M. Systematic review of quality of care in Saudi Arabia. A forecast of a high quality health care. *Saudi medical journal*. 2014;35(8):802-9.

46. Gupta B, Shrestha S, Thulung B. Patient's perception towards quality nursing care. *Journal of Nepal Health Research Council*. 2014.

47. Rapin J, D'Amour D, Dubois C-A. Indicators for evaluating the performance and

quality of care of ambulatory care nurses. *Nursing research and practice*. 2015;2015.

48. Burhans LM, Alligood MR. Quality nursing care in the words of nurses. *Journal of advanced nursing*. 2010;66(8):1689-97.

49. Schluter J, Seaton P, Chaboyer W. Understanding nursing scope of practice: A qualitative study. *International journal of nursing studies*. 2011;48(10):1211-22.

50. Bogaert P, Clarke S, Willems R, Mondelaers M. Nurse practice environment, workload, burnout, job outcomes, and quality of care in psychiatric hospitals: a structural equation model approach. *Journal of advanced nursing*. 2013;69(7):1515-24.