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Assess Participation of Healthcare Professionals in Issues that Relate to Quality Management

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Abstract

Background: Healthcare Professionals play a crucial role in managing patients' Qal needs, which directly impacts overall health outcomes. However, research has highlighted gaps in both the recognition of Quality Management al assessment's importance and the level of Quality Management -related knowledge among **Healthcare** professionals.

Aim: This study aims to explore the attitudes and understanding of hospital-based Healthcare Professionals regarding Quality Management al management and their role in ensuring patients' Quality Management al health.

Methods: A survey was conducted using a structured questionnaire focused on Quality Management -related responsibilities, including evaluating and implementing Quality Management al care. Participants were Healthcare Professionals employed at a university hospital.

Findings: The results indicated that most Healthcare Professionals demonstrated a positive outlook toward patient Quality Management and expressed a strong interest in learning more about Quality Management al practices. Nevertheless, they lacked comprehensive knowledge, particularly around Quality Management al assessment standards essential for evaluating patients' Quality Management al health. As a result, Healthcare Professionals often failed to conduct thorough Quality Management al assessments in practice.

Conclusions: These findings reveal a deficiency in Quality Management -related knowledge and suboptimal application of Quality Management al assessment methods among Healthcare Professionals in clinical environments. The study underlines the need for structured Quality Management al training programs and standardized assessment protocols to improve Quality Management in health care practice.

Keywords: *assessment, standardized, Healthcare, Quality*

Introduction

Research consistently demonstrates that Quality Management is prevalent among hospitalized patients, with over 40% showing signs of poor Quality Management (Gallagher et al., 1996; Kruizenga et al., 2003; Pirlich et al., 2003). Paradoxically, patients' Quality Management al status often deteriorates during their hospital stay.

Quality Management arises from a range of factors, including dietary inadequacies (Pirlich et al., 2003), the effects of underlying diseases (Akner & Cederholm, 2001; Engelen et al., 1999; Peake et al., 2001), and the impact of medical treatments (Inge & Jacqeulin, 1999). This condition exacerbates patient complications (Closs, 1993; Reynolds et al., 1992; Skeie et al., 1991), prolongs hospital stays (Sullivan & Walls, 1995), and increases the frequency of unplanned readmissions (Williams & Fitton, 1994), all of which drive up healthcare costs.

The precise impact of disease-related Quality Management on prognosis and complications remains unclear (Akner & Cederholm, 2001), yet improving patients' Quality Management al health can reduce complications, hospital length of stay, and readmission rates (Gales & Gales, 1994; Kowanko, 1997).

This has placed a greater emphasis on the need for effective Quality Management al management of hospitalized patients.As primary providers of holistic care in hospital settings, Healthcare Professionals are responsible for supporting patients' recovery from illness (Hunt et al., 1995; Parker et al., 1992) and are in a pivotal position to ensure their Quality Management al needs are met (Kowanko, 1997). To help prevent Quality Management , Healthcare Professionals must have both the knowledge and the commitment to provide Quality Management al care (Cooke, 1995).

While most Healthcare Professionals recognize that Quality Management is a key aspect of patient care and believe that Quality Management al support can mitigate complications related to Quality Management (Rasmussen et al., 1999), Quality Management assessments are not always routine at admission, and patients' Quality Management al status is often poorly managed during hospitalization (Haward, 2001; Lennard-Jones et al., 1995).

Studies indicate that patients' poor Quality Management al status may stem from Healthcare professional s' inadequate skills or a lack of effective assessment tools for identifying Quality Management risks (McWhirter & Pennington, 1994). Research further suggests that Healthcare Professionals generally lack sufficient Quality Management al knowledge and often give low priority to assessing and monitoring Quality Management al health (Harminder et al., 2006; Singh et al., 2006). Duthie (1988) noted that Healthcare Professionals frequently misjudge patients' Quality Management al needs, and Davison & Staples (1996) found that Quality Management assessments by Healthcare Professionals are often inconsistent or missing altogether. up to 87% of hospitalized patients may experience moderate to severe Quality Management (Kim et al., 1988; Lee et al., 1999), impacting clinical outcomes (Choue & Hong, 1995; Han & Park, 1988) and underscoring the critical need for improved Quality Management al care for malnourished patients (Kim et al., 2001; Yang et al., 1997). Lyu et al. (1998) reported that 97% of healthcare professionals, including Healthcare professional s, view Quality Management al care as essential to medical therapy. However, a lack of knowledge discourages nearly half of Healthcare Professionals from participating in Quality Management al care (Choi et al., 2003). Despite this, limited research exists on Healthcare professional s' attitudes and knowledge related to patient Quality Management in clinical environments.

Quality Management al screening upon admission is essential to identify existing and potential issues. However, systematic Quality Management al assessments are not always conducted in hospitals. Healthcare Professionals frequently miss Quality Management al concerns, potentially due to a lack of clearly assigned responsibilities, assessment tools, or sufficient time.Given their role in identifying and managing health concerns during hospitalization, Healthcare Professionals must be attentive to both Quality Management al and clinical issues in patients. Their involvement in Quality Management al care is therefore essential to improving patient outcomes. This study aimed to investigate the attitudes and knowledge of ward-based Healthcare Professionals in regarding the Quality Management al management of hospitalized patients.

Methods

Survey Instruments

The questionnaire comprised multiple-choice questions, along with sections for open-ended responses. It was organized into three main parts to evaluate Healthcare professional s' attitudes and knowledge concerning Quality Management al management, particularly in Quality Management al assessment and the delivery of Quality Management al care. The questionnaire sections were as follows:

- **Section I: Demographic Information** – This section gathered data on participants' age, education, work experience, and hospital department.
- **Section II: Attitudes and Responsibilities** – This part focused on attitudes toward Quality Management al support, the responsibilities associated with Quality Management al screening, assessment, and ongoing monitoring.
- **Section III: Knowledge** – This section assessed understanding related to Quality Management al support, calculating energy needs, and familiarity with tools for Quality Management al assessment.

The survey utilized validated items from previous studies by Perry (1997) and Rasmussen et al. (1999). A pilot test was conducted with eight Healthcare Professionals not participating in the main study but working in similar settings; feedback from this test led to refinements for clarity and usability. Approval was obtained from the nursing department director and ward managers.

Procedure and Sampling

The study sample consisted of 283 Healthcare Professionals working in a university hospital , across departments including internal medicine, surgery, and intensive care. All participants voluntarily completed the questionnaire after receiving an explanation of the study's purpose. Healthcare Professionals returned the questionnaires within two weeks, and responses were anonymized for analysis.

Data Analysis

Descriptive statistics were used to characterize the respondent demographics. Chi-square tests examined the statistical significance of responses across demographic categories. All analyses were conducted using SAS software (version 9.1, SAS Institute Inc., Cary, NC, USA), with a significance level set at $P < 0.05$.

Results

Out of the 283 questionnaires distributed, 221 were returned, yielding a response rate of 78.1%. The average age of the respondents was 32.5 years (standard deviation = 7.3) (Table 1). Among the respondents, 66.1% held a Master's or Doctorate degree in nursing, with all Healthcare Professionals having at least one year of clinical experience (ranging from 1 to 29 years, with a median of 7 years). There were no significant demographic differences between Healthcare Professionals in the three wards.

Table 1. Demographics of Healthcare professional Respondents by Department

Characteristics	Internal Medicine (n = 90)	Surgery (n = 75)	Intensive Care Unit (n = 56)	Total (n = 221)
Age (years)	33.2 ± 7.6 (23–51)*	33.0 ± 7.2 (22–50)	30.8 ± 6.9 (23–51)	32.5 ± 7.3 (22–51)
Education (% with Bachelor's)	32.2	32.0	39.3	33.9
Education (% with Master's or higher)	67.8	68.0	60.7	66.1
Experience (years)	9.6 ± 7.6 (1–28)*	9.5 ± 7.4 (1–29)	7.7 ± 7.1 (1–28)	9.1 ± 7.4 (1–29)
Quality Management course recall (% yes)	36.7	30.7	19.6	30.3
Quality Management education necessity (% yes)	85.6	77.3	83.9	82.4

*No significant demographic differences across departments were observed.

Only 30.3% of respondents had prior Quality Management education in college, though 82.4% felt Quality Management courses were essential in the curriculum.

Attitudes and Responsibilities

Healthcare professional s' attitudes toward Quality Management al support were assessed first. Fifty-three percent reported that adequate Quality Management al support was provided "most of the time," while 30.3% indicated it was provided "sometimes" (Table 2). Responses did not vary significantly by specialty, experience, or education.

Table 2. Healthcare professional s' Attitudes Toward Quality Management al Management by Department (%)

Measure	Internal Medicine	Surgery	Intensive Care Unit	Total
Optimal Quality Management al Support (Always/Most times)	45.5	64.0	50.0	53.0
Optimal Quality Management al Support (Sometimes)	36.7	20.0	33.9	30.3
Quality Management al Assessment Importance (Agree)	67.8	58.7	83.9	68.8
Importance of Patient Weighing (Agree)	76.7	80.0	80.3	78.7
Responsible for Quality Management al Issues: Doctors	81.1	86.7	97.1	85.5
Responsible for Quality Management al Assessment: Dietitians	53.3	58.7	60.7	57.0

Most Healthcare Professionals (68.8%) agreed on the importance of assessing Quality Management al status, particularly those in the intensive care unit ($P < 0.05$). Additionally, Healthcare Professionals who believed Quality Management education was essential in their curriculum were more likely to agree with this statement ($P < 0.05$). The majority (78.7%) also valued weighing patients upon admission, with only 5% disagreeing. Concerning Quality Management al responsibilities, Healthcare Professionals perceived doctors (85.5%) and Healthcare Professionals (44.8%) as the primary parties accountable for Quality Management al issues, while dietitians (57.0%) and doctors (54.3%) were viewed as mainly responsible for Quality Management al assessment.

Knowledge

In the knowledge section, Healthcare Professionals were assessed on Quality Management al support and energy requirements for clinical cases (Table 3). The majority answered correctly regarding Quality Management al support (73.8%) and energy needs (79.4%). However, only 34.9% could identify at least one Quality Management al assessment criterion. Specific responses included blood laboratory values (11.8%), body weight (10.9%), combined weight and height (6.8%), and body mass index (BMI) (0.9%). For BMI reference values, only 0.9% correctly identified the normal range . Healthcare Professionals who valued Quality Management al education in the college curriculum demonstrated better knowledge of these metrics ($P < 0.05$).

Table 3. Healthcare professional s' Knowledge of Quality Management al Management by Department (%)

Measure	Internal Medicine	Surgery	Intensive Care Unit	Total
Correct Quality Management al Support	74.4	74.7	71.3	73.8
Correct Energy Requirements	87.2	76.7	70.5	79.4
Blood Lab Results for Assessment	6.7	10.7	21.4	11.8
Body Weight Only	5.6	17.3	10.7	10.9
Correct BMI Range	2.2	0.0	0.0	0.9

*BMI = Body Mass Index.

Discussion

The results show that Healthcare Professionals generally held a positive attitude toward Quality Management al management, viewing the Quality Management al care of patients in their units as well-maintained. They recognized the importance of assessing Quality Management al status, including measuring body weight upon admission.

While Healthcare Professionals performed well on theoretical knowledge questions, practical application knowledge was lacking. Body weight was deemed important for assessing Quality Management al status, but few Healthcare Professionals could identify the BMI reference range. This suggests an insufficient level of practical knowledge, which may limit their use of accurate assessment tools, leading to potential misjudgments of patients' Quality Management al needs. Consequently, it may be challenging for Healthcare Professionals to identify and address Quality Management al issues effectively and in a timely manner.

Notably, there is a marked difference between our findings and those of Perry's 1997 study. While 71% of Healthcare Professionals in Perry's study disagreed with the need for Quality Management al assessment upon admission, only 31% in the present study shared that view. This shift likely reflects increased awareness of the importance of Quality Management in healthcare and its role in treatment outcomes (Perry., 1997).

Furthermore, Healthcare Professionals expressed a strong interest in gaining Quality Management al knowledge, viewing Quality Management as fundamental to health promotion and disease prevention. however, few options exist for Healthcare Professionals to gain Quality Management al education; most nursing programs place minimal emphasis on this topic (Lyu et al., 1998). Limited training, combined with high workloads, a shortage of staff, and insufficient support for planning Quality Management al care, may contribute to Healthcare professional s' low prioritization of Quality Management al management.

Conclusions

Given their close interaction with patients, Healthcare Professionals are uniquely positioned to observe eating behaviors and promote dietary health among hospitalized individuals. They should be able to identify and address both current and potential Quality Management -related issues, and where necessary, make referrals to dietitians for comprehensive Quality Management al support.

To optimize patient care, Healthcare Professionals must view Quality Management as an essential component, and possess both the knowledge and appropriate attitude to manage Quality Management effectively. Quality Management al care should be integrated into primary care practice, emphasizing teamwork among healthcare professionals. Effective communication and collaboration are critical for achieving successful Quality Management al outcomes.

In summary, the study highlighted that most Healthcare Professionals hold positive attitudes toward Quality Management al care and are eager for more Quality Management al knowledge. However, they lack sufficient practical knowledge, particularly in Quality Management al assessment. These findings indicate that their Quality Management al knowledge is limited and that assessment practices are not well implemented in clinical settings.

This study has two main implications. First, continuing education is crucial. Findings indicate that Healthcare professional s' knowledge and attitudes toward Quality Management al management are influenced more by a desire for ongoing education than by years of experience or academic background. This suggests that neither nursing curricula nor clinical practice provide sufficient Quality Management -related knowledge. Continuing education in Quality Management could enhance Healthcare professional s' involvement in Quality Management al care, offering a cost-effective method to improve patient care.

Second, developing practical guidelines and straightforward, user-friendly protocols for Quality Management al assessment would be beneficial. Such protocols should assign specific roles among healthcare providers and encourage routine Quality Management al assessment. It is hoped that this study will serve as a foundation for creating structured Quality Management al management programs in hospitals.

Recommendations:

Duties of health practice

1- Commitment to the duties of the health practitioner leads to the quality of work and the provision of good health care.
2- The health practitioner's commitment to the ethical and professional rules related to the profession and commitment to the highest levels of quality and international standards.
3- Commitment to the instructions and guidelines issued by the competent authorities and cooperation with other parties concerned with providing health care.
4- Commitment to any preventive measures and procedures and procedures necessary to maintain the safety of the health practice and the patient.
5- Work to develop and improve the skills and knowledge necessary to achieve the best safe and effective medical care.
6- Establishing organizational quality management programs in clinics - Evaluating new innovations in hospitals - Incorporating quality standards into educational programs for healthy schools
7- Establishing An indicator to measure beneficiaries' satisfaction with the quality of the service provided

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