

A Systematic Review: Nurses' Experiences the Quality of Independent Nursing Actions

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Abstract

This purpose of this paper is to identify the nurses' experiences which promote the quality of independent nursing actions in the delivery of nursing care. This study was a literature review. The data were collected from the publication in 2012 to 2016. An advanced search of full text and pdf papers through the online database of EBSCO, ProQuest, PubMed, Springer link and Google Scholar was performed. The collected data were reviewed by using the CAPS and extracted into groups for further discussion and conclusion. Six journal articles met the criteria and were involved in this review. These studies employed either qualitative or quantitative design. The results were categorized into four components, namely the experience of nurses in the patient care, decision-making, training, and working in the hospital units. These experiences were evident to improve the quality of independent nursing actions. A research was improve the independent nursing action in hospital. Nurse in Hospital to know how nursing action for increasing professional among health workers. The experience that the nurses gained was able to provide a different description to every nurse in performing their independent nursing actions to patients.

Keywords: Nurses, Independent Nursing Actions, Quality of Independent Actions

1. Introduction

Independent actions are the nursing actions which are undertaken by nurses and do not require any direction from others. These actions are based on the nurses' knowledge and capabilities and focused on patient safety (C. Searle, 2014). Furthermore, the actions are undertaken to meet the bio-psycho-social and spiritual needs of patients in the hospital (Beth Perry Black, 2014). Nurses must be able exploring the bio psychosocial process, which motivates the individual to be have in a particular manner, addressed to improve the degree of health (Nuari & Kartikasari, 2015). The independent nursing actions provide the most contribution in nursing services. When optimally undertaken, they can increase patient satisfaction, accelerate the healing process, and improve patient safety (Dabney & Kalisch, 2015). Therefore, every nurse in the hospital should carry out the independent nursing actions, so that patients will not only receive medication but also nursing care to enhance the healing.

In practice, the independent nursing actions have not been optimally undertaken in many hospitals. Some argue that this is because the nurses, instead of carrying out independent actions, should spend much of their time to undertake the delegated and collaborative actions. As a result, the workload of nurses in the hospital unit is also increased. Many of them are demanded to perform the task, which tends to lead to medical actions. Therefore, the independent nursing actions are scarcely performed. In the UK, there are many independent nursing actions which are not performed by nurses. In the National Health Service hospital, it was found that the actions like oral care, health education to patients and families, and oral feeding were not practiced by the nurses. This indicated a failure in the efforts of improving patient safety (Ball JE, Murrells T, Rafferty AM, Morrow E, 2013). In hospitals in the United States, it was identified that there were some actions which were not performed by nurses in their duty. These included entertaining and talking to patients, and not being able to perform the patient care. When nurses do not undertake the independent nursing actions, there is a potential that the image of nurse profession will decrease, especially for patients and family. As a result, it will reduce the level of patient satisfaction and have a direct impact

on the quality of nursing care in the hospital (Lake, Germack, & Viscardi, 2015). This has an impact on the sustainability of the health services and hospital. Therefore, the management of the hospital is supposed to power quality of nursing work life (QWL) in order to avoid a decrease in nurses performance which will has impact on the quality healthcare (Nuari, 2016b).

The effects of the non-performed independent actions include pressure sores in patients, new infections and patient fall (Kalisch, 2014). In addition, Ball (2013) stated some problems that emerged as a result of the non-performed independent actions, namely diabetic sores, medication errors, and infection. All these issues should be properly handled, or otherwise, will adversely affect the patient safety (Ball JE, Murrells T, Rafferty AM, Morrow E, 2013). The nurses' ability to carry out the independent nursing actions is influenced by several factors, and one of which is the experience. Results of a study by Susanti (2013) stated that there was a significant relationship between the nurses' experience and motivation to meet the needs of the patients in the inpatient unit of dr H. Koesnadi hospital, Bondowoso. Nurses with more experiences would perform better in their independent nursing actions (Susanti, 2013). In addition, Mustafa (2012) also stated that there was a relationship between the experience and the work performance of nurses. The theories of cognitive ability will make individuals are more calm in taking decision, because the individual response with invarious situations are a pattern of reinforcement (reinforcement) from past experience, sothe experience also contribute the work performance of nurses (Nuari, 2017a).

In his study, Merger (2015) stated that there was a significant relationship between the level of experience and the nursing actions performed by nurses. Experience is one of the factors which increase the independent nursing actions. The experienced nurses will have a clear description of what to do regarding their independent nursing actions as compared to the non-experienced ones. The experience may include the years of the time the nurses work in hospitals, the experience of attending non-formal education, the experience of completing tasks and responsibilities, and the experience of increasing knowledge and skills (Jamaluddin, 2014). More experience in practicing independent nursing actions will provide positive effects on the implementation of the nurses' actions. Therefore, the researchers are interested in investigating the experiences which promote the quality of independent nursing actions.

2. Method

The inclusion criteria included the articles of qualitative and quantitative studies, published in 2012-2017, written in English, full-text access, and involved staff nurses as the samples. Furthermore, the study should have focused on the experience of nurses in performing independent nursing actions, and the outcome was the quality of the independent action. The exclusion criteria were articles that were not written in English.

The data were collected from the results of scientific publications in 2012-2017 through the online database of EBSCO, ProQuest, PubMed, Springerlink and Google Scholar. An advanced search was employed by using the keywords of experience, nursing intervention and hospital.

The collected data were reviewed using the CAPS (Critical Appraisal Skills Program) tools. The data were also extracted for categorization and triangulation and further discussed to draw a conclusion regarding the quality of the articles. The quality was determined by grouping the articles based on the percentage of the extracted data: good (80% - 100%), moderate (65% -79%) and poor (<64%).

The data were categorized based on the title, method, sample, objectives, and results. They were further analyzed (appendix) to see the heterogeneity of the results found. If the findings were not appropriate with the inclusion and exclusion criteria, and the results did not match the study purpose, the articles were excluded from the review. This systematic review aimed to reinforce the results of the previous studies.

3. Results

The experiences of caring for patients with various conditions were described as follows:

- 3.1 The experience in caring for patients with delirium included the internal and external barriers to continuing care, the burden of care, and the psychological fatigue. In addition, the dilemma in decision making which included balancing the risks and benefits is also a component of experience of caring for patients with delirium (Yue, Wang, Liu, & Wu, 2015).
- 3.2 Regarding the nurses' experience in caring for patients with hypertension, it was found that the environmental factors, time and practice activities were the components that related to the experience of nurses. The more experience of nurses in the patient care increased the nurses' ability to provide care (Hernandez & Anderson, 2012)

- 3.3 The experience in caring for critically ill patients included educating families, advocating patients, encouraging and supporting the presence of family, managing symptoms, protecting family and creating positive memories and family support (Arbour & Wiegand, 2014)

The experience of nurses in decision making was related to the action the nurse carried out or the mistake that the nurse made in performing the action for patients. Making mistakes had usually been a very sad experience for nurses and served to advance initiatives related to patient safety especially on reporting errors. The experience of taking decisions played an important role related to the safety of the patient (Koehn, Ebright, & Draucker, 2016). The experience of attending diabetic training gave positive and negative effects on the nurses. The positive effect included the patient empowerment, while the negative one included the capacity of the patients to get engaged (Graves, Garrett, Amiel, Ismail, & Winkley, 2016). Patients who have high self empowerment will more easily cooperate with nurses (Nuari, 2016a). Patients will participate in learning and training related to the cure of his illness (Nuari, 2017b). In a study by Martin et al. (2014), it was found that among 64 nurses involved in the study, there were no significant differences in the scores of ESI and CNPI based on the years of experience. The statistical results showed that the value of r was 0.63 for nurses with the experience of 1.00 to 1.99 years. Meanwhile, the value of r was 0.51 for nurses with the experience of 15 to 19 years. The nurses showed the CNPI score of 23. The average value of the overall score ranged from 81 to 92 with the value of r of 0.54-0.60 (Martin et al., 2014)

4 Discussion

The working experience becomes an important aspect for people to achieve the purpose in a particular field (Sasikala, S, dan Karunandhi, 2011). This experience has sometimes been given more appreciation than the level of education someone holds. A classic proverb says “experience is the best teacher” which indicates that any experience someone has gained will help him in providing specific skills and knowledge in accordance with the type of work that he is practicing. This particularly applies to the work which requires expertise, skills, and initiatives so that the goods or services produced can be better in terms of the quality and quantity (Famella, Sri Wahyu Lelly Hana Setyanti, 2015). The experience also affects the performance of a nurse in the hospital; one of which is the experience of practicing nursing actions. Nurses will be more mature to the existing change process in him so it is easier to accept positive external influences so that readiness to improve their performances (Nuari, 2014). The experience of nurses in their independent actions includes taking care of patients, decision-making, participation in training, and the experience of working in the emergency unit.

The experience that the nurses obtain in caring for patients with delirium includes the internal and external obstacles, namely the difficulty of identifying problems, continuing care, and the burden of care and psychological fatigue, which cause the nurses unable to provide a timely intervention (Yue et al., 2015). The difficulty of identifying problems is caused by a lack of knowledge of nurses about caring patients with delirium due to their limitation of attending formal training of the related area. As a result, the nurses may not be able to distinguish between patients with delirium and with neurological and psychiatric disorders. For this reason, the nurses should be facilitated to participate in training to increase their knowledge in caring for patients. The increased knowledge will indirectly enhance the quality of nursing actions. Continuing care also plays a role in the patient's recovery. It is characterized by the shift in which the nurses work. The nurses working the previous shift will report the condition of the patient and also the actions which should be practiced by the nurses on duty in the next shift. Thus, to be able to do it optimally, nurses are required to have an ability to analyze the appropriate interventions and the communication skills (Yue et al., 2015). This is in accordance with a study by Permatasari (2014), which stated that an effective communication could prevent the occurrence of errors related to nursing actions. This ability can be seen from the way the experienced nurses analyze the condition of the patient and perform the communication. These are the two aspects which are very important in the process of continuing care, especially to improve the quality of nursing actions and patient safety.

The burden perceived by nurses includes the workload, psychological burden, and injury (work accident). These three components are interrelated to each other which result in the retention of nurses in the hospitals. If these issues are not addressed properly, there is a probability of causing physical fatigue in caring for patients, confusing instructions and the lack of cooperation (Yue et al., 2015). A research finding suggested that there was a relationship between the workload and the work performance of the nurses. The higher workload would cause not optimal work performance of the nurses (Arifuddin & Napirah, 2015). Thus, the need for the provision of tasks evenly among the

nursing staff is required, so that the nurses are not burdened with the task and can provide optimal nursing actions to the patients. Characteristics of the reviewed articles (n=6) in Table 1 below.

Table 1 Characteristics of the reviewed articles (n=6)

No	Authors / Year	Title	Journal / Design	Samples	Purpose	Results
1	Peng Yue, Ling Wang, Chang Liu, Ying Wu. 2015	A qualitative study on experience of nurses caring for patients with delirium in ICUs in China: Barriers, burdens, and decision making dilemmas	International Journal of Nursing Science Qualitative	14 ICU nurses Purposive Sampling	To explore the nurses' experience in caring for patients with delirium in ICUs in China	Some experiences were identified, including the internal and external obstacles; burden on care: workload, psychological stress and injury; dilemma in making decisions: balancing risks and benefits.
2	Richard B. Arbours, Debra L. Wiegand 2014	Self-described nursing roles experienced during care of dying patients and their families: a phenomenological study	Intensive and Critical Care Nursing Descriptive, phenomenological study	19 nurses Purposive Sampling	The purpose of this study was to investigate the nurses' experiences in critical care and to know their perception of the activities and roles they have when caring for patients and families during the transition of the end of life care.	The categories developed from the data included educating families, advocating patients, encouraging and supporting the presence of family, managing symptoms, protecting the family, and creating positive memories and family support. The participants also identified the importance of teaching and mentoring from the novice doctors.
3	Andrew Martin, Carolyn L. Davidson, Anne Panik, Charlotte Buckenmyer, Paul Delpais, and Michele Ortiz, Allentown 2013	An examination of ESI triage scoring accuracy in relationship to nursing attitudes and experience	Journal of Emergency Nurses Association Quantitative	64 nurses Purposive Sampling	To know whether there were differences in attitudes and experiences of nurses who determined an accurate Emergency Severity Index (ESI) and those who did not.	In this study involving 64 nurses, there were no significant differences in scores between the ESI and CNPI (caring nursing patient interactions) based on the years of experience. The statistical results showed that the value of r was 0.63 for nurses with the experience of 1.00 to 1.99 years. Meanwhile, the value of r was 0.51 for nurses with the experience of 15 to 19 years. The nurses showed the CNPI score of 23. The average value of the overall score ranged from 81 to 92 with the value of r of 0.54-0.60
4	Helen Gravesa, Christopher Garretta, Stephanie, Amiela, Khalid, Kirsty Winkleyba 2016	Psychological skills training to support diabetes self-management: Qualitative assessment of nurses' experiences	Primary Cared diabetes XXX Qualitative	23 nurses Random Sampling	To explore the nurses' experiences of participating in training to support the self-management of patients with type 2 diabetes mellitus.	<ol style="list-style-type: none"> 1. Positive and negative impacts of diabetic training for nurses. The positive impact included the patient empowerment; and the negative impact included the capacity of the patient to get engaged. 2. The boundaries of professionals, including the concerns about overstepping the role of nurses. 3. Concerns about the level of support from the physicians in integrating the psychological care and treatment of diabetes.

No	Authors / Year	Title	Journal / Design	Samples	Purpose	Results
5	Johanna Hernandez & Stoerm Anderson 2014	Storied experiences of nurse practitioners managing pre-hypertension in primary care	Journal of the American Academy of Nurse Practitioners Qualitative	8 nurses Purposive Sampling	To explore the experience of nurse practitioner (NP) in caring for patients with pre-hypertension.	The results of the interview obtained four themes, namely: 1. The reality of practice, the identity of ambiguous role, and the connecting models. 2. Time restriction, financial consideration, and bridging of nursing and medical process. 3. Adaptation to the inhibiting environment was identified as a part of the nursing experience in caring for patients with pre-hypertension. 4. More experience for nurses in caring for patients would increase their ability to provide care for patients.
6	Amy R. Koehn, Patricia R. Ebright, Claire Burke Draucker, 2016	Lessons learned: Nurses' experiences with errors in nursing	Nursing outlook Qualitative	30 nurses Purposive Sampling	To know the experience of nurses in decision making related to the report of medical errors.	Making mistakes was a dynamic and complex process which often occurred in the work environment with a high stressor. The most prominent response of nurses regarding the mistake was to learn from the mistake so that it would not happen in the future times. Making mistakes usually became a very sad experience for nurses, and served as a basis to advance initiatives related to patient safety, especially of reporting errors.

The psychological fatigue experienced by nurses is due to the caring of patients with delirium. Uncertain changes in the condition of patients with delirium require readiness, hard work, and skills of nurses to provide the care of nursing actions. If the nurse is not ready both physically and psychically to care for the patients, the provision of care will not be optimal and this may threaten the patient safety. Therefore, there is a need for preparedness and skills of nurses before providing nursing care to patients (Jensen & Sørensen, 2017). According to Gordon (2014), the skill is an ability to perform particular work more easily and precisely. The increased skills will improve the quality of nursing actions provided to patients. In contrast to patients with delirium, nurses also have the experience in managing patients with hypertension. These experiences include the reality of practice, the identity of ambiguous role and the connecting models between medical and nursing actions. First, the reality of practice describes differences between the theory and the real activities in the hospital. The example of the lessons learned during the transition of caring for patients with pre-hypertension is providing health promotion. The health promotion activities can give a particular experience to nurses, especially when they are already in the real practice in the hospital. A study by Odland et al. (2014) stated that in the face of transition, new nurses are required to attend an orientation program for 6 months to develop more experiences and the learning process in the hospital (Odland, Sneltvedt, & Sörlie, 2014). This orientation gives positive impacts on nurses to be more ready and confident to provide services to patients and families, especially in their nursing actions. Second, the identity of the ambiguous role describes a sense of dissatisfaction between the actual practice and the nursing models learned in the university, and the role of nurses in the hospitals. Finally, the third is the bridging between the medical and nursing models to deal with patients with pre-hypertension. The identified medical model includes the diagnosis and medication. Meanwhile, the nursing model includes the provision of holistic nursing actions which focus on the care and communication provided to patients. This model can provide primary treatment in patients with pre-hypertension by giving health promotion to increase their knowledge.

The experience in caring for critically ill patients includes educating families, advocating patients, encouraging and supporting the presence of family, managing symptoms, protecting family and creating positive memories and family support (Arbour & Wiegand, 2014). These components can improve the communication between the nurses and patients, and families in providing nursing actions. If the communication is properly developed, it can improve

the quality of the independent nursing actions. A study by Nilsson (2016) found that the unpredictable experience of nurses in caring for critically ill patients included: (1) the belief of being competent, but sometimes inadequate; (2) not satisfied with the care environment; and (3) satisfied with the communication performed (Sandstr, Nilsson, Juuso, & Engström, 2016). In the other study, Wiegand & Funk (2012) stated that the moral pressure experienced by nurses in caring for critically ill patients caused them to feel frustrated, depressed, and suffered the psychological and physical exhaustion. Therefore, there should have been a balance between physical and psychological work to avoid stress in the nurses.

The experience of nurses in making a decision relates to the independent nursing actions that the nurses undertake or the mistake they make in the delivery of care to patients. The experience of taking decisions has an important role related to the patient safety (Koehn et al., 2016). It was found that making mistakes affect the nurses during their careers for years after the incident occurred. This error has an impact on the quality of nursing action given. Thus, there is a need for motivation and guidance from the head of the hospital unit (Koehn et al., 2016). A study in 2015 stated that the motivation from the head nurse can improve the performance and capabilities of nurses in providing the independent nursing actions to the patients (Famella, Sri Wahyu Lelly Hana Setyanti, 2015). The head of the hospital unit plays a very important role to motivate and train the nurses in decision-making so as to prevent the occurrence of errors in giving actions to the patients. A dilemma in decision making is a component of the nurses' experience in caring for patients with delirium. This decision making is to balance between the risks and benefits of the presence of family members, the presence of the patient as well as the stress experienced. First, the presence of family members comforts the patients with delirium and improves the outcomes. However, the presence of a family member can affect other patients. This creates a difficult situation for nurses in deciding whether there should be a family member who accompanies the patient. Second, the ability of the patient becomes a challenge for nurses in making such decisions as the importance of activities for patients while ensuring that they remain in bed for the treatment. Generally, nurses face a serious challenge when they try to keep the patient in bed to ensure their safety. Third, the stress is the result of lack of knowledge and skills needed to assess and manage the patients with delirium which prevent nurses from recognizing the early symptoms. The unique needs of the patient put enormous physical and psychological stress on the nurses, who will continue to face dilemmas and compromise in the decision making (Yue et al., 2015). The decision making had a direct positive effect on the work performance, meaning that if the nurses are given increased authority of decision-making, they will show an increased job performance as well (Wahyuningsih, 2013). The increased work performance of nurses will enhance the quality of independent nursing actions given to patients.

The experience of nurses in psychological skill training can have a positive impact on the patient care (Graves et al., 2016). First, the experience acquired may have positive and negative effects in caring for diabetic patients. This experience includes the share of responsibility in patient care, the ability to share learning skills, the understanding of the barriers to patient compliance, the barriers in time management and the changes in the consulting atmosphere. The second is the professional boundary. This includes the overstepping role as a nurse and the adjustment to nursing roles. The third is the assistance, which includes the support for the participation of nurses in a surgery and the delegation of nurses into a research team. Participating in the training provides an enormous impact, especially in the nursing actions given to the patient (Graves et al., 2016). A study by Zees in 2012 found that there was a meaningful relationship between training and the work performance and achievement of an employee (Zees, 2012). The experience in training makes a major contribution to increasing the ability of nurses in providing quality nursing actions to the patient. Nurses with more experience and lessons learned will be more responsible for completing the work

In the articles reviewed in this study, prior to the placement in the triage area, nurses were required to have at least one year of experience in the emergency department. Most nurses in the studies were found to have experience in the range of 2 to 10 years. A study by Ace in 2014 identified a significant relationship between the length of work experience and the skill of nurses in performing the triage in the emergency department. Nurses with more than 3 years of experience had a better level of knowledge than those who worked fewer than 3 years. Schriver & Gilboy stated that the ability of nurses in the emergency departments is very important to be able to provide an optimal nursing care to patients; one of which is through the independent nursing actions. This experience can improve the knowledge and quality in providing nursing actions to the patient in the emergency department. In the ICU setting, nurses who had the experience of less than 5 years should rotate to the other unit to develop their knowledge. Nurses with 23 years of experience sometimes had difficulty in reporting the condition of the patient to the doctor. Furthermore, nurses with 14 years of experience in the ICU also sometimes made many mistakes both in their

nursing and medical actions (Koehn et al., 2016). The experience of nurses in the ICU can contribute additional learning to perform better in providing care to patients and families.

5 Conclusions

This literature review showed that experience plays a very important role for nurses in providing nursing care both to patients and families. The experience that the nurses have gained during the work will provide a clear description and give some lessons to always conduct an evaluation to improve the quality of care provided to patients. This experience may indirectly improve the quality of the nursing actions performed by the nurses to the patients.

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