

## **A STUDY OF THE DEVELOPMENT OF CARDIOVASCULAR CARE THROUGH NURSES WITH DEMOGRAPHIC CHARACTERISTICS AND EXPERIENCE-BASED**

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**Abstract:** This study set out to determine the viability and efficacy of certain nursing quality criteria being used to cardiovascular care. The purpose of the study was to facilitate analysis of **cardiovascular care through nurses with demographic characteristics and experience-based**. The cumulative percentage implicates the significance which is shown between the 78% to approaching 100% demonstrates a substantial impact on the significance of the nurses education here portrayed through the education the nurse has completed for nursing. It is possible to further verify its statistical relevance by employing the correlation procedure in order to investigate the impact that it has on the QCNP.

**Key words:** cardiovascular care, exercise, cerebrovascular accident (CVA), nursing quality.

### **1. Introduction:**

When it comes to nursing practice in general and critical care in particular, the duty for providing quality care lies with the individual who is providing the care. Therefore, nurses who are involved in providing care have a moral and ethical obligation to maintain or improve the quality of treatment [1]. Within intensive care units (ICUs) as well as between ICUs, the level of care that is provided varies. Quantification of intensive care unit (ICU) effectiveness is not a simple undertaking. It is dependent on a number of different factors, including nursing and medical knowledge, ethics, economics, systems, engineering, sociology, and philosophy.

It is necessary to monitor nursing quality indicators (QIs) in order to determine the level of care that is being provided over a period of time [2]. The trend analyses of such data are helpful in assessing the level of care that is provided in the same environment and comparing it to a collection of standards that have been chosen [3]. According to the requirements, further improvement

activities are carried out in order to close the gap that exists between the levels that are provided and the benchmark levels. Quantification of quality factors in nursing encompasses the entire nursing profession [4].

Formulating a conceptual basis is the first step [5]. Choosing and putting into action the appropriate parameters [6]. The next step is to define the implementation of nursing quality indicators, which is followed by the completion of the conceptual basis of quality indicators [7-9]

This study focuses on the determination of the effectiveness and feasibility of a various nursing quality parameters being practiced in the cardiovascular care.,

## **2. Methodology:**

### **2.1.Research design**

A survey design was employed in this study. A research design of survey made it feasible to obtain the inputs required from different nursing personnel and satisfied the researchers' requirements for all the information required.

### **2.2. Sampling Technique**

This investigation employed a purposive sampling technique that was non-probability.

### **2.3.Sample Size**

The sample size for this research consisted of 150 nurses who are employed in the ICU of the selected hospital.

2.4. **Data analysis;** study achieved this by using analytical techniques such as descriptive

statistics, inferential statistics, differential statistics, FRIEDMAN's correlation, and FRIEDMAN's computed kernel.

2.5. **Data collection method-** The data collection was done by survey method during September 4,2018 to January 28, 2019 and completed in five months

## **2.6.CRITERIA FOR SAMPLE SELECTION**

### **2.6.1. INCLUSION CRITERIA**

1. Every nurse who worked in the ICU.
2. All nurses who have been confirmed in their employment.
3. All nurses who agreed to participate.

### **2.6.2. EXCLUSION CRITERIA**

1. All nurses who worked in the intensive care unit but were not confirmed.
2. All nurses who declined to participate in this study

## **3. Result and Discussion**

### **3.1. Analysis of demographic characteristics of nurses**

Using frequency and percentages, the demographics of the nurses in relation to their nursing education are investigated and analyzed. This is done in reference to Table 1. There were a total of 150 nurses who were employed in the intensive care unit who took part in this study. All of them were qualified to work in the intensive care unit since they were in compliance with the regulations that were imposed by the Indian Nursing Council and, consequently, the Maharashtra Nursing Council. The curriculum that each of them followed in order to earn their nursing certifications, on the other hand, is very different in terms of the supportive courses and the in-depth substance of the core subjects. As a result, there is a significant disparity in the ability to begin learning new concepts.

**TABLE 1 THE EDUCATIONAL NURSING QUALIFICATIONS OF THE NURSES WORKING IN THE ICU**

S NO	EDUCATIONAL NURSING QUALIFICATIONS	N=150	
		F	%
1	B.Sc Nursing	117	78%
2	General Nursing & Midwifery Diploma	27	18%
3	Post Basic B.Sc Nursing	6	4%
TOTAL		150	100

This table indicates that 78% of the nurses (117) were qualified with a B.Sc. Nursing degree. This syllabus is regarded as exceptionally robust in terms of the organization of subjects, the development of relevant traits that directly and indirectly influence abilities, and the presence of a robust core of nursing administration, education, and fundamental research. The theoretical and conceptual foundation of this group is particularly robust due to the fact that the majority of nurses are graduates. Thus, the results indicate that the majority of nurses who participated in the study were university graduates.

### **3.2.NURSING EXPERIENCE OF NURSES IN THE ICU DEMOGRAPHIC DATA**

This section continues to conduct an analysis of the demographic data of the study samples. The nursing experience of nurses in the ICU is categorized, analyzed, and presented. It is important to observe that the years of experience of the nurses in the ICU are varied in this data, and the researcher has adopted a broad classification of 0 to 2 years in the ICU. The primary factor contributing to this situation is the high level of qualification of nurses. However, this education must be combined with quantitative experience in terms of years. An effective ICU nurse must possess a well-rounded combination of years of experience and education. Upon examining the duration of the nurses' ICU experience, it was discovered that 43% of the 150 nurses (65%) had less than one year of experience in the intensive care unit. This indicates that the nurses who were

most junior in the ICU dominated the nursing group. The nursing personnel's ability, skill, and knowledge are not reflected in this quantitative data, which could be comparable. Consequently, making a conclusive statement based on this quantitative input could be a flawed assessment. This in itself enables us to consider the possibility of analyzing this data in order to correlate it with the QCNP and conclude the analysis.

The central core of nurses, who have a base line experience of one year or more, constitute the minimum group of nurses, as evidenced by the fact that 20% of the nurses had ICU experience ranging from one to two years. These nurses, who possess a familiarity quotient of one year or more, are generally reliable and possess the necessary knowledge as a result of their experience.

as opposed to (55) 37% of the respondents had ICU experience exceeding two years. The quantitative benefits of a two-year or more experience are significant; however, it must be correlated with one's aptitude and further tested for inputs on QCNP. This indicated that the nurses' experience was diverse, with the majority of them having less than one year of experience. Many registered nurses (RNs) aspire to a career in critical care nursing, a complex

**Table 2. NURSING EXPERIENCE OF NURSES IN THE ICU**

**NURSING EXPERIENCE ;**

S NO	NURSING EXPERIENCE IN THE ICU	N=150	
		F	%
1	0 – 1 year	65	43.3
2	1 – 2 years	30	20
3	Above 2 years	55	36.7
TOTAL		150	100

These ICU nurses/critical care nurses employ their advanced skills to provide care for patients who are critically ailing and at a high risk of developing life-threatening health issues. The years of

experience may often be associated with the development of this ability. The Primary Duties and Responsibilities of a Critical Care Nurse include the immediate and intensive care of a patient who has experienced a heart attack, stroke, shock, severe trauma, respiratory distress, or any other severe medical issue. Critical care nurses are proficient in administering this type of care in environments where patients may undergo intricate assessments and treatments. Additionally, the position may necessitate standing, lifting, bending, and extending. The development of this expertise through fundamental educational inputs alone is not sufficient for a novice with no experience.

#### **4. Conclusion:**

Excellence in nursing practice outcomes is achieved through the implementation of a high level of compliance with selected quality parameters, which ensures quality. which is not contingent upon the number of years of experience or nursing qualifications. Nevertheless, it was logically observed that the physical structure's contribution to the quality protocol is less than that of the nursing actions in the implementation of nursing care. The analysis of the impact of environmental factors on patient care revealed a lack of consistency, while the multifactorial data consideration for a variety of patients demonstrated a high rate of compliance. The investigation also demonstrated that nursing care outcomes were favorable when quality nursing parameters were implemented.

#### **5. References:**

1. Britany, K. , Ewald, P. and Zienner, O. (2006), A study to evaluate utilisation of Interdisciplinary approach in Intensive care unit towards quality improvement. *Canadian Nursing Times*, 10(2) 18 – 21
2. Bryman, A., & Bell, E. (2015). *Business research methods*. Oxford University Press, USA.
3. Burhans, L. M., & Alligood, M. R. (2010). Quality nursing care in the words of nurses. *Journal of advanced nursing*, 66(8), 1689-1697.
4. Chrusch, C. A., Martin, C. M., & Project, T. Q. I. in C. C. (2016). Quality Improvement in Critical Care: Selection and Development of Quality Indicators.



*Canadian Respiratory Journal*, 2016, 2516765.

<http://doi.org/10.1155/2016/2516765>

5. Cline, D. D., Rosenberg, M. C., Kovner, C. T., & Brewer, C. (2011). Early career RNs' perceptions of quality care in the hospital setting. *Qualitative health research*, 1049732310395030.
6. Donmez, Y. C., & Ozbayir, T. (2011). Validity and reliability of the 'good perioperative nursing care scale' for Turkish patients and nurses. *Journal of clinical nursing*, 20(1-2), 166-174.
7. Golembeski, S., Willmitch, B., & Kim, S. S. (2012). Perceptions of the care experience in critical care units enhanced by a tele-ICU. *AACN advanced critical care*, 23(3), 323-329.