Critical thinking of repositioning practice as a quality of nursing care indicator

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Abstract

Repositioning is all nursing activities that aim to change the posture of bedridden patients from one side to another during the hospital stay to minimize the pressure load on bony prominences and prevent pressure ulcers or injuries from developing. This is a discussion paper based on nursing and healthcare quality literature references. This paper describes the importance of repositioning practice based on the empirical study and experience as nurses and nurse managers. This perspective supports the existing literature to link repositioning practice and the quality of nursing care process indicators. Repositioning practice could be considered as an indicator of the process of care. This paper emphasizes repositioning practice as a fundamental nursing intervention and how it becomes meaningful for nursing indicators. Nurses need a standard of repositioning and its measurement at the international level.

Keywords: bedridden persons; nursing process; quality of healthcare; posture

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Introduction

Over the last 200 years, nurses have played a notable role in preventing pressure injury development. Nursing science presents guidelines and protocols to ensure proper prevention for pressure injury development that includes repositioning practice, pressure offloading, nutrition support, and skin hygiene (Al-Dorzi, 2017; Beeckman et al., 2010, 2011; Cameron et al., 2014; Jankowski & Nadzam, 2011). However, pressure injuries still challenge hospitals and insurance agencies. It presents a broad level of impact in different levels of hospitals (Bates-Jensen et al., 2003; Beeckman et al., 2010; Courvoisier et al., 2018; European Pressure Ulcer Advisory Panel et al., 2019; Jankowski & Nadzam, 2011). This pushes the hospital accreditation bodies to include pressure injury as a nursing quality indicator (Joint Commission on Accreditation of Healthcare Organizations [JCI], 2014), which means it measures the quality of nursing care (Montalvo, 2007). In essence, pressure injuries can be seen as an indicator of substandard nursing care. Consequently, a decrease in the incidence of patients developing pressure injuries can be interpreted as a positive outcome, suggesting the provision of high-quality care. Nevertheless, it is essential to acknowledge that, while nurses bear some responsibility for pressure injury management, numerous other factors, totaling more than 13, are intricately associated with developing pressure injuries. These factors include, but are not limited to, the type of mattress utilized, underlying disease processes, and the age of the patients. (Avsar et al., 2019; Collier & Moore, 2006; Moore, 1988, 2010; Moore & Van Etten, 2014). Therefore, considering the pressure injury rate to reflect nursing care quality is unfair and needs further modification.

Pressure injury development results from the interaction of several factors that lead to tissue death in skin layers (Gefen, 2018; Schwartz & Gefen, 2019). The key factors influencing the development of pressure sores are the intensity and duration of pressure and the skin's and its supporting

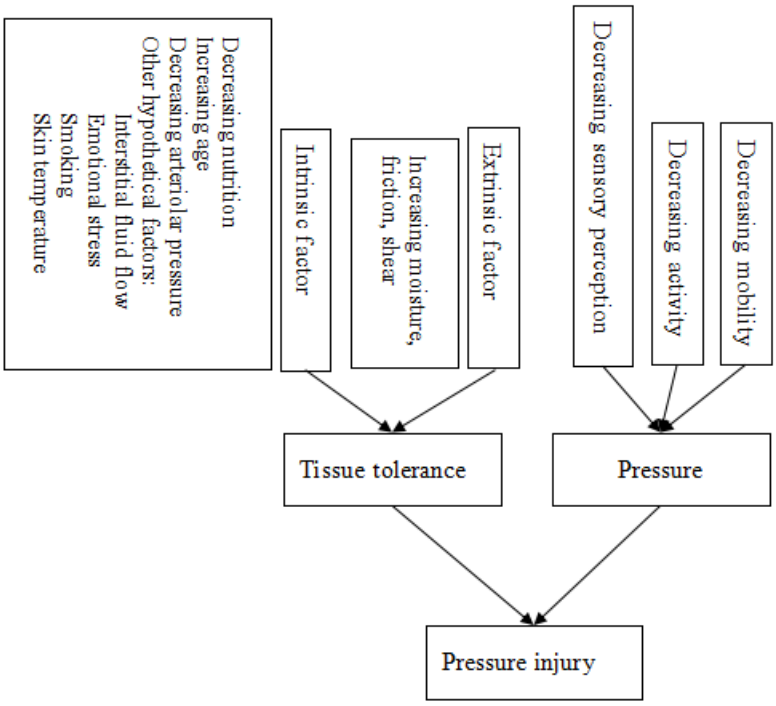

Figure 1. Pressure injury scheme (Braden & Bergstrom, 1987)

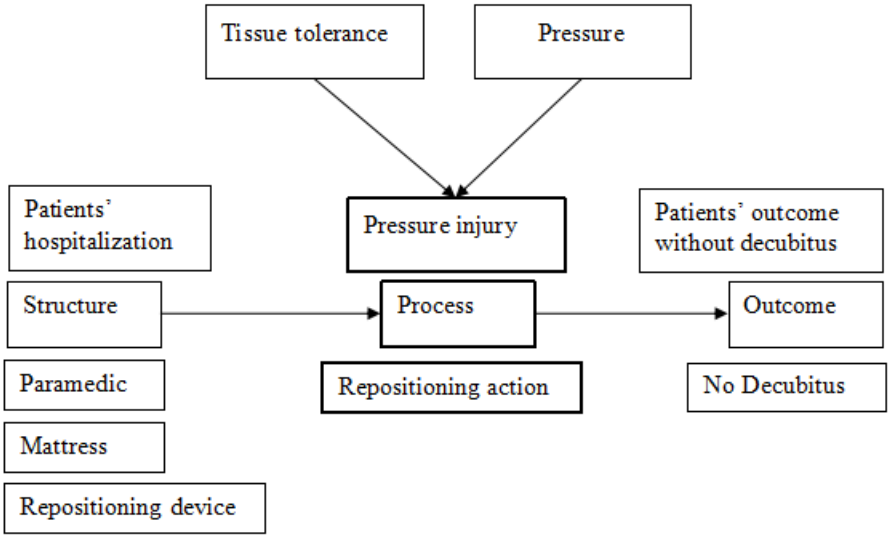

Figure 2. Repositioning practice as a quality nursing care process indicator frame concept

structure's ability to tolerate pressure (refer to Figure 1) (Braden & Bergstrom, 1987). The concept of "tissue tolerance" refers to the capacity of both the skin and its underlying structures to withstand the impact of pressure without experiencing negative consequences. The factors contributing to extended and heightened pressure levels can be broadly examined through the frameworks of mobility, activity, and sensory perception.

The concept of tissue tolerance for pressure encompasses two distinct categories of extrinsic and intrinsic factors. Extrinsic factors play a role in determining tissue tolerance by affecting the skin surface, and they indicate the extent to which the skin is subjected to moisture, friction, or shearing forces. Intrinsic factors refer to the elements that impact the structure and integrity of the skin's supportive systems and the vascular and lymphatic systems that provide service to the skin and underlying structures.

Therefore, experts have two options to maintain the quality of care in preventing pressure injury development. Either control all factors that are associated with a pressure injury and separate it for

pressure injury due to low quality of nursing care and pressure injury due to other factors. Alternatively, monitor the nursing actual performance in doing pressure injury prevention, which in this case includes repositioning practice, skin inspection, offloading mattress application, and nutritional support (European Pressure Ulcer Advisory Panel et al., 2019). However, in different hospitals, nutritional support overlaps with other healthcare disciplines, such as dietitians and medicine (Fossum et al., 2013). Furthermore, mattress availability is a more administrative issue and might be associated with the hospital management not directly related to clinical nursing performance, and is either available or not (Casey, 2013; Duncan, 2007; Giesbers et al., 2016). Repositioning practice monitoring is most representative for the intended objective of evaluating the quality of nursing care in preventing pressure injury.

Based on the aforementioned background, repositioning practice is the action during patients' hospitalization. We consider nurses' activity as a process to achieve patient outcomes. The importance of nurses' repositioning practice becomes essential as an indicator of the process and becomes an important consideration. Therefore, the current paper intends to answer the question: To what extent is the repositioning practice measurement among nurses in hospitals accepted as a process indicator for the quality of nursing care for bedridden patients in hospitals? The sub-objective of this study emphasizes the importance of repositioning as a nursing intervention and how it relates to the quality of the nursing care process. Thus, nurses have to deeply explore the intervention and its impact, which would increase the value of the nursing intervention.

Discussion

A critical value of the process

Donabedian's (1966) module symbolizes healthcare quality based on the flow of events in which he proposes a description of healthcare quality consisting of three components: structure, the process, and the outcome (Closs & Tierney, 1993). The model defines quality as doing the right things at the right time in the right way for the right person, which presents a significant mental shift in the perspectives, ideas, and thinking approaches in healthcare to define quality as a comprehensive frame (Ayanian & Markel, 2016). Best and Neuhauser (2004) assume that the movements from structure to outcome through the process define the overall quality of care. Therefore, the structure is the input components, such as the providers' characteristics, the client, and where the care occurs (Donabedian, 1966). The process is the mental and physical activities for the interactions between the input components, making it the central aspect of care (Donabedian, 1966). Finally, the outcome results from care and presents the consequence (Donabedian, 1988).

The nurse examines the patient, analyzes the patient's problems, develops a plan to meet the patient's needs, implements the program, and evaluates patient care in nursing care (Juanamasta et al., 2021). Nurses' perception is vital to identifying, analyzing, refining, and preventing patient care problems. It shows the critical nature of assessing the quality of nursing care that would increase its quality , particularly during the care process, as shown in Figure 2 (National Council of State Boards of Nursing, 2010).

Quality care and collaborative processes are equally important in the primary functions of nursing. Measures of process aspects of practice assist nurses in understanding the limitations of their discipline-specific clinical practice, allowing them to quickly integrate evidence-based practice into patient care without undue deliberation or hesitation. More importantly, increased knowledge of the care process will help nurses maintain their autonomy during patient encounters. Additionally, it will raise awareness of the importance and value of high-quality nursing care. Evaluating the practice process will raise nurses' awareness to accept their professional identity. However, nursing management continues to place a premium on outcome measurement, with less emphasis on nursing care measurement.

Repositioning as a nursing care

Florence Nightingale valued repositioning for pressure injury prevention (Nelson, 1954). During the Renaissance (Selanders, 2001), the term "moved out" was used to denote "providing on-the-bed therapy" with "muscular effort" according on what Florence Nightingale said (Elliot, 1896) and many considered its role in pressure ulcer prevention (at that time known as bedsores). The research also indicates that this depends on the number of times. However, though the claims were supposedly based on expert analysis, they were not. Also, the technique lacks any notes about shifting the patient into the new position, which describes the procedure or scheduling (time). Since it was surprisingly claimed by some that the prevention of pressure ulcers is accomplished with vacuuming, new therapies have been offered (Scanlan, 1886).

Nursing science aims to be more standardized. Therefore, the body of nursing science presents the repositioning practice as the nursing responsibility that assures caring for bedridden patients through several steps to offload the pressure area and prevent ulcers from happening (Brunner, 2010; Hinkle & Cheever, 2018). However, the agreements of nursing experts about the repositioning practice are still defragmented descriptions and discussion about aspects of repositioning such as the timing issue and the position descriptions (Moore & Van Etten, 2014).

Moreover, repositioning is one of the nurse competencies. A study from the United States showed repositioning as a part of competency included in curricula of certified nursing assistants/ nursing assistants, nursing associates, and bachelor nurses (Howe, 2008; Powell-Cope et al., 2018).

However, Du et al. (2020) found that turning or repositioning patients lacked nursing care, ranking 5th out of 29, although it was the primary number two of nurse activity. Thus, whether the problem comes from curricula or practicals becomes a major question in our profession.

Pasquale (2008) revealed pressure ulcers are caused by neglect. To maintain safety and outcomes, she emphasized that the professional nurse and their staff must fully understand secondary development's critical causes and effects. We can illustrate that patients with mobility limitations have a higher chance of getting ulcers, which will become pressure ulcers if the nurse does not give repositioning. Many studies found repositioning is the critical factor that predicts pressure ulcers, (Ayello et al., 2017; Crumbley & Kane, 2010; Tannen et al., 2008). This cause and effect should be clearly described as the importance of repositioning is an essential nursing fundamental action.

Repositioning as a quality of the nursing care process

Repositioning is currently based on what the nurses "perform" for bedridden patients to prevent harm from happening (pressure ulcers). Also, quality of nursing care defines the processes as what the caregiver "performs" to satisfy the patient's need for "input" to provide the required care "outcome." So, by defining the repositioning performance as what nurses will "perform" to prevent the harmful "outcome," there appears to be an apparent consistency between the general understanding of the "low repositioning performance" and the theoretical description "input to processes to output," and the relation to pressure ulcer development (Iblasi et al., 2022).

Undoubtedly, repositioning practice is a crucial process for pressure injury prevention. The literature shows that repositioning practice is used as a quality indicator in some hospitals (Renganathan et al., 2019; Schutt et al., 2018). Moreover, Burston et al. (2014) explained that the process included specific interventions that reposition pressure ulcers. They emphasized that the quality nursing care process of repositioning would help to prevent pressure ulcers. Furthermore, Oner et al. (2020) described pressure ulcers as a patient outcome and repositioning practice as part of the quality of care in the process phase (Källman et al., 2016). Therefore, repositioning can be considered a quality of nursing care process to prevent pressure ulcers.

Indicators would help a nurse improve the quality of nursing care by regularly monitoring and evaluating the structure, process, or outcome of nursing care (Heslop et al., 2014; Mainz, 2003). Process indicators assess the treatment given to the patient, both how it was provided and the patient outcome. A process is a chain of actions connected to achieving a goal. Indicators are applied in providing care for a patient during one or more episodes (Mainz, 2003). The nurse's tasks in delivering treatment are part of the nursing care process concept. Thus i can be claimed that repositioning is responsible for the patient's pressure ulcer.

Mainz (2003) showed examples of the process, such as the proportion of patients with diabetes given regular foot care, the proportion of patients with myocardial infarction who received thrombolysis, and the proportion of patients treated according to clinical guidelines. It can be considered as a proportion of patients with limited motion given repositioning. Further empirical studies are needed to find the best measurement for repositioning as an indicator.

Process variables include both the specific interventions nurses provide such as regular repositioning for pressure ulcer prevention and the process of care delivery, such as the model of care. The association between the process of care variables and patient outcomes have been explored, but to a lesser extent than structural variables. Process variables include both the specific interventions nurses provide such as regular repositioning for pressureulcer prevention and the process of care delivery, such asthe model of care. The association between the process of carevariables and patient outcomes have been explored, but to alesser extent than structural variables

A lack of a care process during hospitalization could lead to pressure ulcer development. It is painful and costly, and skin breakdown significantly impacts the patient's quality of life, morbidity, and mortality (Iblasi et al., 2022). Although not all patients can get prevention, early surveillance is essential to maintain quality nursing care (Casey, 2013; Tayyib & Coyer, 2017). Thus, early assessment of repositioning needs to be developed.

Challenge in nursing

The review assured that repositioning practice is the nursing's responsibility. As such, the repositioning practice is considered a logical aspect in considering its role in preventing pressure ulcers. Nurses are responsible for preferring the repositioning practice to prevent pressure ulcers, which may be associated with other non-nursing factors if developed, even with the prevention in place.

On the other hand, a fundamental challenge for considering repositioning practice as a quality of nursing indicators is the need for measurement tools. Nursing science is required now to create a standardized, well-formatted, and available repositioning practice tool. The standard measurement tools should be able to satisfy the clinical needs by creating reliable and valid measuring instruments for the repositioning practice, as well as to satisfy the ease of use and the availability in hospital. Currently, there are different methods presented by the literature, such as repositioning practice measurements, chart review, and observations. However, these options need to standardize the measurements.

In several studies, as a suitable way of measuring the repositioning practice, this method assumes that, when the nurse documents the repositioning practice as it happens, it has happened already

(Ali et al., 2018; Beeckman et al., 2011). Although this option is suitable for use in hospitals, it is likely that missing documentation is part of the current nursing practice. Thus, the validity of the collected measurements needs to be more convincing to the reader (Li, 2016).

Observing nurses while doing the repositioning practice might appear a valid approach (Gillespie et al., 2014; Hartmann et al., 2016). However, studies present that there is no actual ability to observe the nurses twenty-four hours a day, seven days a week, even by taking the possibility of having the Hawthorne effect or changing the nursing practice when they feel they are under observation. Therefore, observing the nursing repositioning practice data and considering it a quality indicator is challenging in nursing (Tayyib et al., 2016).

Implication for nursing

Repositioning practice has significant benefits for patient outcomes and quality of nursing care. As a fundamental practice, repositioning must be distinct from nursing competence and intervention. A lack of understanding leads nurses to neglect it. Therefore, considering how to measure appropriately would help the nurse perceive it as an indicator. The indicator will then support the nurse to observe it daily, weekly, or monthly. Nurse managers and nurses can improve their quality based on the evaluation of the indicator. Therefore, it is a critical concern for repositioning practice.

Nurses need to explore repositioning practice as inadequate understanding of the state of nursing science needs further study. The study for a specific position and specific disease would increase nurses' knowledge of repositioning practice. Moreover, repositioning involves musculoskeletal issues that impact blood hemodynamics.

Conclusion

Repositioning practice is vital as a practical nursing intervention that Florence Nightingale developed in World War I. Nursing science has explored it over time; however, many nurses have decreased their concern and need to pay more attention to it nowadays. This condition makes it shift from nursing practice into integrated care with other professionals.

Meanwhile, repositioning practice is an essential task for preventing pressure ulcers and must be considered as regard the quality of nursing care process indicators, specifically in the hospital. If the nurse can control the process strictly, it can be predicted that pressure ulcers can be reduced. Thus, the quality of the process is vital in guaranteeing the outcome.

However, the evidence shows that nurses have several layers of challenges in using the concept of repositioning practice as quality aspects. This refers to the lack of standardized measurements for the "repositioning practice" and the need for international comparisons using the same tool in different places to reach the benchmarking.

Declaration of Interests

We declare that there is no conflict of interest.

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Data Availability

No dataset was used in this study.

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