

CHAPTER VI

ANNOTATED BIBLIOGRAPHY

Kanoknuch Chuenlertsakul. (2002). *Triangulation techniques: Integration of research methods in research studies*. Teaching materials for Master of Nursing, Burapha University. 1-10.

This academic article reflects the concepts and principles of triangulation, which are divided into several dimensions that can be classified into 5 aspects including theory, data, researcher, research process, and data analysis. All aspects are mutually related and enable the researcher to obtain the complete picture of the study subject as well as to cross examine the research results leading to better reliability. However, research objectives must be clearly set, otherwise the use of triangulation might produce some errors.

Nursing Division. (2001). *Quality assurance of nursing services in hospital: Operative nursing care services*. 2nd Ed. Bangkok: Thailand Agricultural Cooperatives Publishing.

This book contains the concepts about quality assurance and improvement in Thailand that the Nursing Division has adopted as a model for development of operative nursing care quality. It details systematic procedure of quality development. There are continuous and systematic activities for each procedural step in quality assessment of nursing services in terms of structure, process, and outcome to ensure that nursing service organizations and nursing personnel will always comply with the standard. And there is continuous quality improvement to maintain the quality level up to expectation of profession and organization. The key components include determination of nursing standard, setting a system, implementation of the determined standard or system, continuous quality assessment and evaluation, prompt resolution of any occurring problems, and continuous improvement.

Nursing Division. (1999). *Nursing standards in hospitals*. 1st Revised Edition, Bangkok: WVO publishing.

This book contains materials on the standard of operative nursing services, including nursing management and nursing practices during preoperative, operative, and postoperative phases; the roles of operating nurses and anesthetist nurses; and 32 key indicators for measurement of nursing care quality.

Kanya Auprasert. (2000). *Direction for development of preoperative nursing care quality*. The conference on direction for development of preoperative nursing care quality. The Thai Operating Room Nurses Society: TORN; 5, 9-17

This article outlines the factors that urge development of preoperative nursing care quality. It states the quality points of preoperative nursing care, which include competency, appropriateness, effectiveness, efficiency, safety, equity, and continuity. The components that contribute to good quality services include risk management, quality assurance, suggestion system, continuous quality improvement, horizontal integration, and vertical alignment. The article also details procedural steps and standards in quality improvement of preoperative nursing care and quality improvement process of preoperative service system with development direction of patient focus and team work.

Benjamas Preechakul. (2001). *Quality management in operating room*. The 6th Academic Conference of Thailand Operating Room Nurses Association: Continuity of Quality. 28-29 July: 28-36.

This article demonstrates that organization development principles towards standard quality essentially rely on 9 key components that are consistent with those of the Institute for Hospital Quality Development and Accreditation. Those components include: GEN 1: *Roles, scope, goals, and objectives* of the operating room and those of its services must be clearly determined in writing and with focusing on patients' needs. GEN 2: *Operation and management* of the operating room must be performed in order to provide patients with effective and high-quality services according to the imposed roles. GEN 3: *Human resources* of the operating room must be managed in order to effectively provide services to patients as the imposed responsibilities. GEN 4: In terms of *personnel development*, the operating room must prepare and provide skill and

knowledge training to its personnel in order for them to perform their duties competently and effectively. GEN 5: The operating room should have written *policy and standard procedure* that could reflect knowledge and principles of modern profession corresponding to the imposed roles/ related rules and that all personnel follow the same standard when performing their duties. GEN 6: The *environment and area* within the operating room should be well arranged to facilitate the services with high level of convenience, safety, quality and effectiveness. GEN 7: *Instrument, tools, and facilities* within the operating room must be arranged to the standard in order to provide safe, effective, and high-quality services. GEN 8: *Work system and procedure* and clinical services should be efficient up to professional standard and meet each individual patient's needs. GEN 9: *Quality development activities* of the operating room should be organized on a continuous basis including follow-up, assessment, and improvement of organization and its services' quality. For continuous improvement to be successful, patient focus and teamwork are required.

Renu Artsamlee. (1999). *Operating room nurses: Proactive roles*. The 4th Academic Conference of Thailand Operating Room Nurses Association: Proactive roles of operating room nurses, 17-18 July 1999: 37-47.

This article contains the roles of professional nurses in high quality nursing care, which comprises of 1) Nursing outcomes that demonstrate that patients are satisfied and well treated with safety and short treatment period. Patients are able to take care of themselves. Patients' rights are accepted and respected with provision of accurate nursing care according to the professional ground and corresponding to the

patients' needs. 2) There are high-quality nursing records that demonstrate continuous nursing care. Recording procedure is effective, time-efficient, and tangible. Personnel are satisfied with the recording system. There is nursing quality that patients should be provided according to their problems and needs and everybody can actually practice. 3) There is nursing standard based on the same principle. Patients are treated with safety, accuracy, and appropriateness. 4) There are nursing quality assurance and review of nursing outcomes organized by the head of patient wards or the head of nursing department.

Arporn Chuerprapaisil. (1998). *Action research*. Seminar papers on participatory action research of Master students, Master of Nursing Science (Specialization in Nursing Management). Burapa University. 18 July 2000.

This paper consists of conceptual ideas, fundamental philosophy, principles, attributes, research methodologies, procedures, advantages, limitations, morals, writing techniques for action research project reports, and action research in nursing, which is valuable for nurses in questioning, investigating problems and finding solutions for any interest issues during their daily duties. Collaboration between a group of operational personnel and patients is essential to reflect their ideas and opinions about nursing services for quality improvement purposes. Improvement is carried out for practical work process, principles, as well as reasons to obtain a model or direction for nursing quality development that corresponds to related conditions, factors, and circumstances. A combination of nursing knowledge from theory, practice, and research is employed in developing knowledge body from actual practices.

Anuwat Supachutikul and colleagues. (1999). *Procedure for quality development activities. (Model for health services)*, 2nd Printing, Bangkok: Hospital quality development and Accreditation Institute. Desire Company Ltd.

This book provides the steps of quality improvement activities that rely on the concept of Total Quality Transformation: TQT. The activities are divided into 9 steps each with specific questions. Those steps include 1. Seek opportunities for improvement 2. Define the system 3. Assess current situation 4. Analyze causes 5. Analyze alternative 6. Try out improvement alternatives 7. Study the results 8. Standardize improvement and 9. Plan continuous improvement. All steps are arranged so that the team can work together systematically and are steps that encourage learning process.

<http://www.aorn.org/journal/2000/jan2krc.htm>. January 2000: Research corner. Evaluating patient care programs. pp. 1-6.

This article is about program evaluation of patient care that can effectively assist clinicians when making decisions about clinical innovations. It can provide useful information about the contributions of a program, outcomes, and the relationship between the outcomes and the costs. It stresses a successful innovation that demonstrates continuous improvement and that provides high-quality care for patients and their family members. The framework consists of biological outcomes, functional health status, satisfaction and costs.

[http://fulltext.asp?resultSetId=R00000001124&booleanTerm=quality%20of%nursing & fuzzyterm](http://fulltext.asp?resultSetId=R00000001124&booleanTerm=quality%20of%nursing%20&fuzzyterm). Fried, M.A. *Issue in measuring and improving health care quality*. pp. 1-18.

Provide a brief description of some of the causes underlying the growth of the health care quality movement, a contextual framework for discussion of some of the overarching themes that emerge in this issue. These themes include examining conceptual issues, developing quality measures for specific sites and populations, and creating or adapting data set for quality-measurement purposes.

<http://fulltext.asp?resultSetId=R000000023&booleanTerm=participatory%20action%20research%20and>. Macaulay, A.C., & Commanda, L.E. *Participatory research maximizes community and lay involvement*. p. 1-10.

Provide information on the significance of participatory research for the improvement of research protocols; key elements of participatory action research; collaboration of researchers with communities; examples of participatory research projects; and topics to be negotiated by the researcher and the participating community.

Heslop, L., Elsom, S., & Parker, N. (2000). Improving continuity of care across psychiatric nursing and emergency services: combining patient data within a participatory action research framework. *Journal of advanced nursing*, 31 (1), 135.

This study is presented with the concern of emergency department nurses about providing appropriate and coordinated care for patients seeking mental health services. The outcome of this research has evolved from applied and interdisciplinary research orientation, informed by PAR approaches to analysis and changes the research teams. The author stresses two key points. The first is the methodological distinctiveness of PAR as an intensive and reflexive research process used for substantive analysis of the problem as defined by practitioners with other elements of the research. Secondly, they show that PAR take into combines relatively subjective judgments and an examination of anecdotal experiences within an extensive research framework.

Howard, J. (1999). Hospital customer service in a changing health care world: Does it matter? *Journal of health care management*, 44 (4), 318.

There are contents of the internal hospital scan and the hospital is using teams to increase cross-functional communication across department. In many organization team from when skilled employees-volunteer to be a part of the group, and it is important to remember that members should be those who are the most knowledgeable about the process or problems. Highly diversified cross-functional teams are usually highly effective because of the many different idea that are brought to the discussion. Team showed also remembers to maintain the quality of services for the consumer.

Lindsey,E., Sheilds, L., & Stajduhar, K. (1999). Creating effective nursing partnerships : relating community development to participatory action research. *Journal of advanced nursing*, 29(5), 1238-1245.

This article demonstrates the importance of creating effective partnerships between nurses practicing community development and nurses engaged in PAR. PAR provides a way for nursing to foster the scientific, practical and ethical tenet of contemporary nursing.

Roll, K.S., and Hughes, I. (2001). Participatory action research: Getting job done. *Action research electronic reader*. p.i-9.

Present Participatory Action Research (PAR) in the context of the moments by definition, the moments by method, a possible PAR project. They show that PAR represents an attractive alternate research method for nurse primarily because it allows them to be supposed to research in a collegial collaborative environment and it emphasizes both naturalistic and humanistic scientific method. The possibilities of using PAR in nursing are enormous and entirely appropriate.

Rothrock, J.C.. (1996). *Preoperative nursing care planning*. St. Louis :Mosby-Year book,Inc.

There are contents of conceptualization of nursing process, the relationship of outcomes management and performance assessment and preoperative role.

Kneedler, J.A., & Dodge, G.H. (1991). *Preoperative patient care*. (2nd ed). Boston : Jones and Bartle.

There are contents of preoperative nursing practice, a dynamic new focus, relationship between nursing process and standards of preoperative nursing practice, and competencies in preoperative nursing.

File://A:\AORN Online Products AORN Journal. html. May 2000: Research Corner. Method to conduct focus groups and the moderator 's Role. p 1-3.

This article is about method to conduct focus groups and the moderator's role in nursing. It stresses the success of focus groups rest with deliberate thought about and planning for each step the process

Munhall, Patricia L. & Carolyn Oiler Boyd. 2 nd ed. (1993). Nursing Research: a qualitative perspective. New York: National league for nursing press .p 454-474

This text includes ethical concerns, institutional review, and the issue of combining qualitative and quantitative research approaches or research triangulation in the nursing discipline.