

RESEARCH ARTICLE (ORIGINAL) 

Quality of care: Perceptions of rehabilitation nurses in inpatient units

A Qualidade dos Cuidados: Perceção dos Enfermeiros de Reabilitação em Serviços de Internamento

La Calidad de los Cuidados: Percepciones de los Enfermeros de Rehabilitación en los Servicios de Hospitalización

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Abstract

Background: The perception of rehabilitation nurses about the quality of care reflects the complex panorama of quality in health in a complementary way.

Objectives: To describe the perception of rehabilitation nurses about their contribution to the quality of care and analyze the association with their socio-professional characteristics.

Methodology: Quantitative, cross-sectional and correlational study. A questionnaire for sociodemographic and professional characterization and the Scale of Perception of Nursing Activities that Contribute to Nursing Care Quality were used. Data were collected on June 5, 2019, from all rehabilitation nurses working at the time in inpatient units in the public sector. The statistical analysis was both descriptive and inferential.

Results: The Patient satisfaction and Responsibility and rigor dimensions obtained the highest scores. A significant correlation was found between the Patient satisfaction, the Well-being and self-care, and the Functional readaptation dimensions and the time spent providing care.

Conclusion: The participants' performance is aligned with quality standards, particularly in the Patient satisfaction and Responsibility and rigor dimensions.

Keywords: nursing; rehabilitation nursing; quality of health care

Resumo

Enquadramento: A perceção dos enfermeiros de reabilitação sobre a qualidade dos cuidados complementa a compreensão da qualidade na saúde.

Objetivos: Descrever a perceção dos enfermeiros de reabilitação sobre o seu contributo para a qualidade dos cuidados e analisar a relação com as suas características socioprofissionais.

Metodologia: Estudo quantitativo, transversal e correlacional. Foi utilizado um questionário de caracterização sociodemográfica e profissional e a Escala de Perceção das Atividades de Enfermagem que Contribuem para a Qualidade de Cuidados. A recolha de dados ocorreu dia 5 de junho de 2019, abrangendo todos os enfermeiros de reabilitação em funções, à data, em serviços de internamento, do sector público. A análise estatística foi de natureza descritiva e inferencial.

Resultados: A Satisfação do cliente e a Responsabilidade e rigor obtiveram os *scores* mais altos. Verificou-se correlação significativa, entre a Satisfação do cliente, Bem-estar e autocuidado e Readaptação funcional com o tempo de prestação dos cuidados.

Conclusão: O desempenho dos participantes revela alinhamento com os padrões de qualidade, destacando-se nos domínios Satisfação do cliente e Responsabilidade e rigor.

Palavras-chave: enfermagem; enfermagem de reabilitação; qualidade dos cuidados de saúde

Resumen

Marco contextual: La percepción de los enfermeros de rehabilitación sobre la calidad de los cuidados refleja, de forma complementaria, el complejo panorama de la calidad en la salud.

Objetivos: Describir las percepciones de los enfermeros de rehabilitación sobre su contribución a la calidad de los cuidados y analizar la relación con sus características socioprofesionales.

Metodología: Estudio cuantitativo, transversal y correlacional. Se utilizó un cuestionario de caracterización sociodemográfica y profesional y la Escala de Percepción de la Calidad de los Cuidados de Enfermería. La recogida de datos tuvo lugar el 5 de junio de 2019 y abarcó a todos los enfermeros de rehabilitación que trabajaban en ese momento en los servicios de hospitalización del sector público. El análisis estadístico fue de carácter descriptivo e inferencial.

Resultados: La satisfacción del cliente y la responsabilidad y el rigor obtuvieron las puntuaciones más altas. Hubo una correlación significativa entre la satisfacción del cliente, el bienestar y el autocuidado y la readaptación funcional con el tiempo de prestación de los cuidados.

Conclusión: Los resultados de los participantes se ajustan a las normas de calidad, especialmente en los apartados Satisfacción del cliente y Responsabilidad y rigor.

Palabras clave: enfermería; enfermería de rehabilitación; calidad de los cuidados

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Introduction

The quality of care depends on nurses' performance levels during their practice in health services, which directly impacts patient and institutional outcomes (Sarıköse & Göktepe, 2021).

Ho (2016) states that, in order to develop strategies and interventions that modify health behaviors and optimize healthcare delivery, it is essential to study prevailing perceptions. McDonald (2012) defines perception as a powerful driving force for action, characterized as an individual view resulting from the processing of sensory information and the influence of past experiences.

As quality of health is a growing responsibility for all health professionals, particularly nurses, understanding how nurses perceive quality of care is a consistent indicator comparable to other quality indicators. Due to the lack of research in this area in the island of Madeira, this innovative study aims to investigate how rehabilitation nurses in the Autonomous Region of Madeira perceive their contribution to quality of care.

This study has two objectives: (1) to describe how rehabilitation nurses perceive their contribution to the quality of care in inpatient units of the Health Service of the Autonomous Region of Madeira and (2) to analyze the association between nurses' perceptions of quality of care and their socio-professional characteristics.

Background

The quality of nursing care, which is widely disseminated in the profession, is based on the direct relationship between the patient and the nurse and all types of procedures and services provided (Lucas & Nunes, 2020). It can be defined as the extent to which care provided by professionals complies with current scientific knowledge, professional ethical standards, applicable law, and the principles of fairness and equity (Chalupowski, 2016). According to Regulation No. 140/2019 (Regulamento nº 140/2019 da Ordem dos Enfermeiros, 2019), continuous quality improvement is an inherent standard of the professional practice of rehabilitation nurses, regardless of their area of specialization. Thus, it is essential for them to develop and implement quality practices, manage and collaborate in continuous improvement programs, and evaluate and analyze the quality of these practices using scientific evidence and appropriate instruments. However, quality assurance depends on multiple factors, including institutional, management, human, and material resources, as well as aspects related to the organization of nursing care and professional motivation (Ribeiro, 2017). Abraham et al. (2021) add that professional burnout is associated with lower perceptions of quality of care, unlike favorable environments, which were measured using the Nurse Practitioner Primary Care Organizational Climate Questionnaire. These environments are characterized by organizational contexts that promote autonomy, professional recognition, and positive interprofessional relationships, resulting in higher perceptions. Grinberg and

Sela (2022) found that nurses' self-perceived professional image and their perception of quality of care influence each other, with a more positive self-image translating into a better perception of quality of care. Stalpers et al. (2016) and Alshehry et al. (2019) corroborated the link between years of experience and nurses' perceptions of quality of care, concluding that nurses with more experience perceive better quality of care.

Overall, the scientific literature describes nurses' perceptions of quality of care as positive. Their perceptions are high and align with ideal standards (Boga et al., 2020). The reality is similar in Saudi Arabia, where nurses' overall perception of quality is positive, consistent with the literature analyzed in the study (Alkorashy & Al-Hothaly, 2022). Perceptions of nurses' professional practice tend to align with quality standards in the studies by Martins et al. (2018), Tomaz (2018), Martins et al. (2020), Nóbrega (2019), and Ribeiro et al. (2020), as most participants gave high ratings on the scale. In contrast, one-third of the nurses in a South African study had negative perceptions of quality of care. However, a statistically significant difference was found among different types of institutions: nurses in central hospitals reported higher perceptions of quality of care than nurses in tertiary hospitals and small district hospitals (Tenza et al., 2024).

Research question/Hypotheses

How do rehabilitation nurses perceive their contribution to quality of care in inpatient units in the Autonomous Region of Madeira?; H1: There is an association between age, time since graduation in nursing, time since specialization in rehabilitation, and length of experience in providing autonomous rehabilitation care in the current unit and the Patient satisfaction, Health promotion, Prevention of complications, Well-being and self-care, Functional readaptation, Nursing care organization, and Responsibility and rigor dimensions.

Methodology

This is a quantitative, cross-sectional, and correlational study. The 'Rehabilitation nurses' perceptions of their contribution to quality of care' variable was assessed using the *Escala de Perceção das Atividades de Enfermagem que Contribuem para a Qualidade dos Cuidados* (EPAECQC - Scale of Perception of Nursing Activities that Contribute to the Quality of Care). The associations between this variable and socio-professional variables were analyzed using Spearman's correlation coefficient.

The following variables corresponded to the sociodemographic and professional characteristics: gender, age, marital status, academic background, time since graduation in nursing (TSGN), time since specialization in rehabilitation (TSSR), length of experience in providing autonomous rehabilitation care (LEARC) in the current unit, workplace, and job position.



The sample was selected based on the following inclusion criteria: (1) working as a rehabilitation nurse in the health service of the Autonomous Region of Madeira (SESARAM, E.P.E.) and (2) providing specialized care in inpatient units. Professionals who (1) worked exclusively in management or (2) in hospital outpatient units were excluded.

After applying these exclusion criteria, a non-probability, purposive sample of 52 rehabilitation nurses was obtained. These nurses provided specialized care in inpatient units in hospitals, the Regional Network for Integrated Continuous Care, and Long-Term Care Units.

The data collection instrument comprised a first part with a questionnaire on the sociodemographic and professional characterization of rehabilitation nurses and a second part with the EPAECQC (Martins et al., 2016). This scale, developed and validated in Portugal, consists of seven dimensions with a total of 25 items: Patient satisfaction (3 items), Health promotion (3 items), Prevention of complications (3 items), Well-being and self-care (4 items), Functional readaptation (4 items), Nursing care organization (2 items), and Responsibility and rigor (6 items). These dimensions are aligned with the Nursing Care Quality Standards published by the Portuguese nursing regulatory body (Ordem dos Enfermeiros, 2001).

The Likert-type scale ranges from 1 to 4, where 1 corresponds to *never*, 2 to *rarely*, 3 to *often*, and 4 to *always*. The EPAECQC is a promising tool for assessing nurses' perceptions of activities that contribute to quality of care. It has good psychometric validity and high internal consistency (Cronbach's alpha of 0.940). This scale can be applied in various nursing practice contexts.

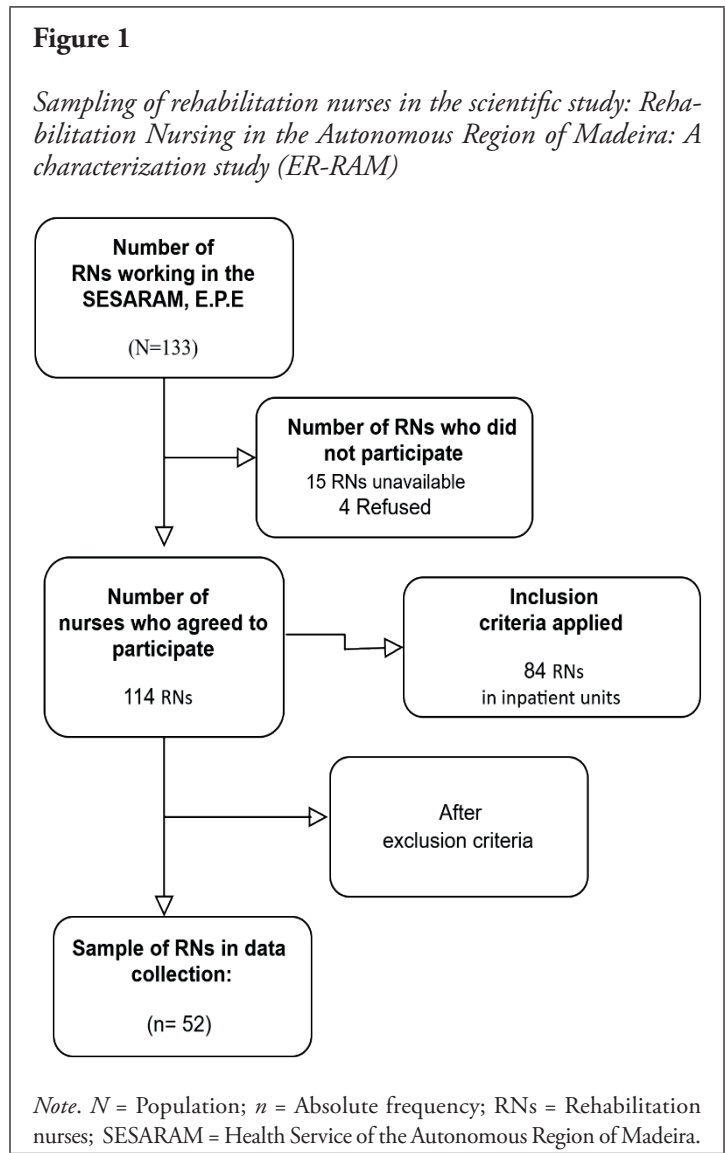
To interpret the results, the number of respondents who answered *never*, *rarely*, *often*, and *always* to each item was calculated and converted into percentages. Based on these percentages, the items and dimensions in which nurses

perceived the greatest contribution to quality of care were determined. From a quantitative perspective, the results of this study were also analyzed by calculating mean scores. This research study is part of the "Rehabilitation Nursing in the Autonomous Region of Madeira: A Characterization Study" project created for a Master's in Rehabilitation in a Portuguese nursing school. To carry out the study, an opinion was requested from the Ethics Committee, and approval was obtained under No. 25/2019, as well as authorization from the Board of Directors of SESARAM, E.P.E. - RAM.

The fundamental ethical principles of confidentiality, free and informed consent, fairness, and equity were ensured. Data were collected using paper questionnaires on June 5, 2019. Then, exploratory analysis and random checking of the database by independent researchers were used to eliminate any errors in the data. The normality of the data was tested for all the variables under analysis. Spearman's correlation coefficient was used for variables whose distribution was not normal. Statistical significance was set at 0.05. Statistical analysis was carried out using IBM SPSS Statistics software, version 26.0. Both descriptive and inferential statistics were used.

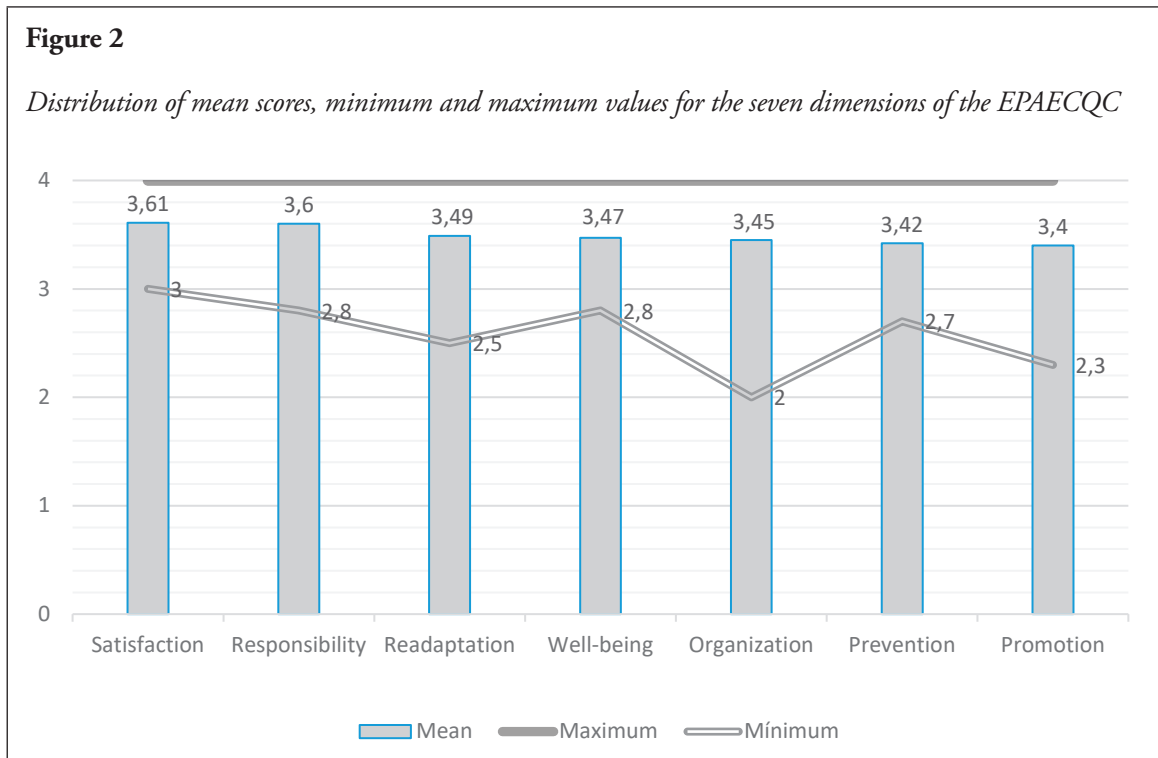
Results

The results show that, of the 52 rehabilitation nurses (Figure 1), the majority were female (57.7%), with a mean age of 40.2 years. Most were married or in a civil partnership. With regard to their education level, 94.2% had a bachelor's degree, 3.8% had a master's degree, and 1.9% had a doctoral degree. On average, they had held their degrees for 15.4 years and their specialization courses for 5.6 years. The average length of time providing specialized care in their current job was approximately 5 years. Most of them worked in hospital units.



Of the 52 rehabilitation nurses surveyed, the majority (80.8%) worked exclusively in specialized care, 13.5% combined specialized care with management functions, and 5.8% provided both specialized and general care. Figure 2 shows the distribution of mean scores, as well as minimum and maximum values for the seven dimensions of the EPAECQC. Patient satisfaction (3.61) was perceived as the dimension that contributed most frequently

to quality of care, followed by Responsibility and rigor (3.60). The dimensions with the lowest mean scores were Health promotion (3.40) and Prevention of complications (3.42). It should also be noted that the Health promotion dimension had the highest standard deviation (0.53), revealing greater variability in the answers. For most items, the most frequent answers were *always* (value 4) and *often* (value 3).



The correlations between age, TSGN, TSSR, LEARC, and each of the seven dimensions of the EPAECQC were determined using Spearman's correlation coefficient. A significant, positive, and moderate correlation was found between the Patient satisfaction dimension and LEARC ($rho = 0.30$; $n = 41$; $p = 0.05$), indicating that a higher mean score in this dimension is associated with longer experience in providing autonomous rehabilitation care in the current workplace. Similarly, a significant, positive, and moderate correlation was found between the Well-being and self-care dimension

and TSGN ($rho = 0.30$; $n = 49$; $p = 0.04$), TSSR ($rho = 0.32$; $n = 51$; $p = 0.02$), and LEARC ($rho = 0.33$; $n = 41$; $p = 0.02$). These results suggest that higher scores in the Well-being and self-care dimension are associated with longer TSGN, longer TSSR, and longer LEARC. Finally, a significant, positive, and moderate correlation was found between the Functional readaptation dimension and LEARC ($rho = 0.30$; $n = 41$; $p = 0.04$), indicating that higher scores in this dimension are associated with longer LEARC. No other statistically significant correlations were identified (Table 1).

Table 1

Spearman's bivariate correlations between the EPAECQC dimensions, age, and professional characterization

Dimension	Age (years) $n = 41$		TSGN $n = 49$		TSSR $n = 51$		LEARC $n = 41$	
	rho	p	rho	p	rho	p	rho	p
Patient satisfaction	0.219	0.169	0.208	0.151	0.243	0.086	0.274	0.052
Health promotion	0.182	0.255	0.251	0.082	0.144	0.313	0.191	0.179
Prevention of complications	0.228	0.152	0.190	0.190	0.246	0.082	0.253	0.074
Well-being and self-care	0.211	0.185	0.302	0.035	0.318	0.023	0.329	0.018
Functional readaptation	0.216	0.175	0.224	0.122	0.263	0.062	0.295	0.036
Care organization	-0.254	0.109	-0.114	0.435	-0.113	0.431	-0.143	0.317
Responsibility and rigor	-0.052	0.746	0.012	0.932	0.080	0.578	0.078	0.586
EPAECQC-Score	0.171	0.286	0.229	0.114	0.238	0.092	0.257	0.069

Note. TSGN = Time since graduation in nursing; TSSR = Time since specialization in rehabilitation; LEARC = Length of experience in providing autonomous rehabilitation nursing care in the current unit; EPAECQC-Score = Total score of the Scale of Perception of Nursing Activities that Contribute to the Quality of Care; n = Absolute frequency; rho = Spearman's correlation coefficient; p = Significance value.

Discussion

This study found that nurses have a highly positive perception of their contribution, with the majority reporting that they *always* or *often* carry out activities that contribute to quality of care. The Patient satisfaction dimension was the activity most frequently perceived as contributing to quality of care, as demonstrated in the studies by Alshehry et al. (2019), Ribeiro et al. (2020), and Tomaz (2018), followed by the Responsibility and rigor dimension, which was also mentioned by Ribeiro et al. (2020). The predominance of the Patient satisfaction dimension suggests an increased concern among professionals for the quality of empathetic and respectful relationships with patients and the involvement of significant others in the care process.

In a study conducted with a sample composed exclusively of rehabilitation nurses, Martins et al. (2018) found different perceptions from those of the present study, with the highest scores being found in the Well-being and self-care and Functional readaptation dimensions. The authors noted that *always* was the most frequent answer in the Functional readaptation dimension. This finding can be explained by the specific competencies of rehabilitation nurses, who, according to Regulation No. 350/2015, must promote functional readaptation processes whenever functional changes occur. Therefore, this specialized activity should be a priority in their professional practice. In a study with nurses and nurse managers in southern Angola, Torres (2021) also obtained promising results for most items in the Functional readaptation dimension, highlighting it as one of the most valued dimensions contributing to the quality of care. However, the author pointed out that the lack of specialized training among professionals may have negatively influenced the performance of specific activities, particularly the item related to “teach, instruct, and train patients for their individual adaptation.”

Conversely, Nóbrega (2019) found that the most frequently performed activities were associated with the Prevention of complications and Well-being and self-care dimensions. These results suggest that care delivery is focused on risk reduction. However, younger nurses particularly valued the Well-being and self-care dimension, reflecting an increased concern with the promotion of patient autonomy and overall well-being.

Similar to the results found by Torres (2021), Martins et al. (2018), Nóbrega (2019), Ribeiro et al. (2020), and Alshehry et al. (2019), Health promotion was among the least perceived dimensions. This finding suggests that professionals need to reflect on their practices to encourage a more participatory approach that promotes healthy lifestyles and skill development among patients. Nóbrega (2019) found that younger nurses tend to perform this activity more often, which may suggest a promising trajectory towards excellence in nursing care. In a comparative study with nurses from Portugal and Turkey, Martins et al. (2020) identified statistically significant differences in the Patient satisfaction, Prevention of complications, Health promotion, and Well-being

and self-care dimensions, with Portuguese nurses reporting higher mean scores. In Tomaz's study (2018), the analysis of the intervariable correlations revealed that ‘years of professional practice in the current unit’ was the only variable with a statistically significant negative correlation with the Health promotion dimension. In addition, although most participants were specialists, a statistically significant association was found only between this variable and one activity in the Prevention of complications dimension, as well as one in the Nursing care organization dimension.

Although this study provided valuable insights, a key limitation is that it did not cover all rehabilitation nurses on the island of Madeira, focusing only on inpatient units, which may have influenced the results in some dimensions of the scale.

Conclusion

The results from the application of the EPAECQC indicate that rehabilitation nurses perceive Patient satisfaction as the dimension they perform most frequently in their professional practice and that most contributes to the quality of care, followed by Responsibility and rigor. On the other hand, the least frequently performed dimensions were Health promotion and Prevention of complications. These findings suggest that professionals' practices are aligned with nursing care quality standards, as the majority of responses fall within the *often* and *always* categories. The correlational analysis revealed a significant, positive, and moderate correlation between the Patient satisfaction dimension and LEARC, indicating that higher mean scores in this dimension are associated with a longer LEARC. Similarly, a significant, positive, and moderate correlation was found between the Well-being and self-care dimension and TSGN, TSSR, and LEARC, indicating that higher scores in this dimension are associated with longer TSGN and TSSR, as well as longer LEARC. Finally, a significant, positive, and moderate correlation was found between the Functional readaptation dimension and LEARC, indicating that higher scores in this dimension are associated with longer LEARC. Therefore, it can be concluded that experience in the area of specialization positively influences levels of satisfaction, well-being, and functional readaptation skills.

This evidence is an important contribution to raising rehabilitation nurses' awareness of the less frequently performed dimensions, highlighting the need to invest in these areas to maximize their contribution to quality of care, as recommended in nursing quality standards.

This study serves as a starting point for further inquiry and research. Future studies should focus on factors that influence professionals' contributions to quality of care to promote self-reflection and continuous improvement of professional practice. In addition, the creation of a robust database could become a valuable resource for managers, institutions, and health systems, providing essential information for the implementation of strategies aimed at achieving excellence in nursing care.



Author contributions

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 Validation: Gouveia, B. R.
 Visualization: Gouveia, B. R.
 Writing – original draft: Melim, C. F.
 Writing – review & editing: Melim, C. F., Gouveia, B. R.

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