

An Article on Importance of Donabedian Model in Developing and Evaluating Skills Among Nursing Students to Render Quality Patient Care

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Abstract

Donabedian's framework, based on the structure, processes and outcomes is widely used to assess quality in health care studies. Donabedian model health care quality assessment measures the difference between expected and actual performance to identify gaps in the health care system, which would serve as a starting point for quality improvement activities

Keywords: Structure, Process, Outcome, Miller prism

1. Introduction

The Donabedian model is a conceptual model that provides a framework for examining health services and evaluating quality of health care. According to the model, information about quality of care can be drawn from three categories: "structure," "process," and "outcomes." Structure describes the context in which care is delivered, including hospital buildings, staff, financing, and equipment. Process denotes the transactions between patients and providers throughout the delivery of healthcare. Finally, outcomes refer to the effects of healthcare on the health status of patients and populations. Avedis Donabedian, a physician and health services researcher at the University of Michigan, developed the original model in 1966. While there are other quality of care frameworks, including the World Health Organization World (WHO)-Recommended Quality of Care Framework and the Bamako Initiative, the Donabedian Model continues to be the dominant paradigm for assessing the quality of health care.

Dimension of Care

Evaluation is one of the essential tools that help to determine any kind of educational quality. It can lead to the revision, termination, and reformation of programs. Accordingly, the quality of higher education requires judgment and assessment of the strategies and goals, operations process, executive policies, outcomes, and products. In this context, Donabedian's [1]

three-component approach (2005) can evaluate the quality of care and also undermine measurements for further development. The three essential components are structure, process, results, and outcomes. Improvement measures have additional

elements such as balancing measures.

Structure includes all of the factors that affect the context in which care is delivered. Building of the structure should be at par with the mission and vision of the organization. This includes the physical facility like infrastructure of the organization ; which is suitable to run the functions, activities & responsibilities of an organization for example – presence of OSCE Lab to learn & practice the procedure step by step followed by its performance, equipment like simulators for example high fidelity, moderate fidelity & low fidelity simulators to practice & develop the skills in artificially created natural setting which resemble the hospital or community setting to deal , handle as well as manage the emergency situation, and human resources, as well as organizational characteristics such as staff training at frequent interval of time for example in-service education or faculty development program. Structure is often easy to observe and measure and it may be the upstream cause of problems identified in process.

Process is the sum of all actions that make up healthcare. In the process mainly the implementation and execution of the educational plans in terms of practice & skills are administered in the sequential manner; step by step; from simple to complex as well as from known to unknown. Process also looks into how the care is delivered, interpersonal process are involved which is necessary while delivering care to the patient by using their practice skills. Process also includes the methods of teaching as well as mode of teaching, types of questionnaires prepared to evaluate the practice skills like interview method, observation method, paper & pen method.

Outcome; Results and outcomes contain all kinds of effects in health care on the population or patient, including changes to behavior, health status, or

knowledge. It also interconnected with satisfaction of patients and the quality of life that is influenced by health care. It has its most important role to play in evaluating the knowledge and practice skills of the students effectively & efficiently. The outcome is also indicating the quality indicator in the clinical practice. If the outcome is not upto the mark, then reassessment based on feedback is possible to rule out where the steps have gone wrong followed by which restructuring can be done to reevaluate the activities for better outcome.

The Miller prism of clinical competence is very much close to the Donabedian Model for evaluating clinical practice of the nursing students related to any procedures for skill development. According to the Miller prism both cognitive cum psychomotor domain as well as behavior domain should develop simultaneously among the students.

In the nursing profession to develop competence the students should proceed from novice to expert by "Knowing in terms" of fact gathering (collection of facts & figures related to disease condition) followed "Knows How" by interpretation or application of the facts in terms of clinical assignments like case study, procedure performance, nursing process recording, case presentation, drug study, health education or application of nursing theories in caring of the patient in holistic approach. As the student moves towards the expertise field in professional authenticity then "Showing" comes into existence like demonstration of learning through simulation method or OSCE method. In showing phase Donabedian Model reflects the process & outcome of the students. In the final stage of learning competence "Does" plays a vital role that is performance integrated into practice through direct observation or workplace assessment.

The application process of "Donabedian model"

Donabedian tried to improve his framework of quality of care to build the framework more flexible. In a diverse healthcare setting process fame work application process can play an essential role and provides more productive outcome from various level of the delivery system.

From a basic level, this framework is used for modification purpose and it helps to improve the process and structure in the health care delivery unit just as the ambulatory care center or small group of practice, in order to improve the flow of patients and exchange information.

This model can also be applied on the wide health care system, and it help to measure the entire quality and is also able to align the developmental work across a hospital, large integrated health system, and group practice, to develop the outcomes and quality for a population. This method is also applicable to outpatient or inpatient setting nd across the care continuum. On the other hand, QI plan is also able to evaluate the system's care quality for over time. This process is related with the goal of a stated

Doi.org/10.31838/hiv22.02.778

strategic plan and it performance that compared with same kinds of organizations.

2. Conclusion

In 1980, Donabedian published The Definition of Quality and Approaches to its Assessment, vol. 1: Exploration in monitoring and quality assessments of the process that provides in depth explanation of the three components of the model such as structure, process, and result paradigm. As per his books, Donabedian defines the appropriate description of the structure, process, clarifies, and outcomes that their measurement categories should not mistake for the attribute quality, though they are also known as the classification of the types of that related with the information. It can be obtained and inferred to poor, good, and fair quality of care. Moreover, he also states that in order to create interferences on the quality, they require to be build a relationship between the three categories and this relationship can be a probability rather than a specific certainty.

Conflicts of Interest

The author declares that they have not any kind of interest conflict.

Funding

There are no sources of funding.

3. Acknowledgement

I am very thankful to my guide & co guide of (Ph.D.) for their academic guidance and support.

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- Received: 13.07.22, Revised: 19.08.22, Accepted:

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