

# “Factors influencing professional efficiency among nurses working in elderly care”

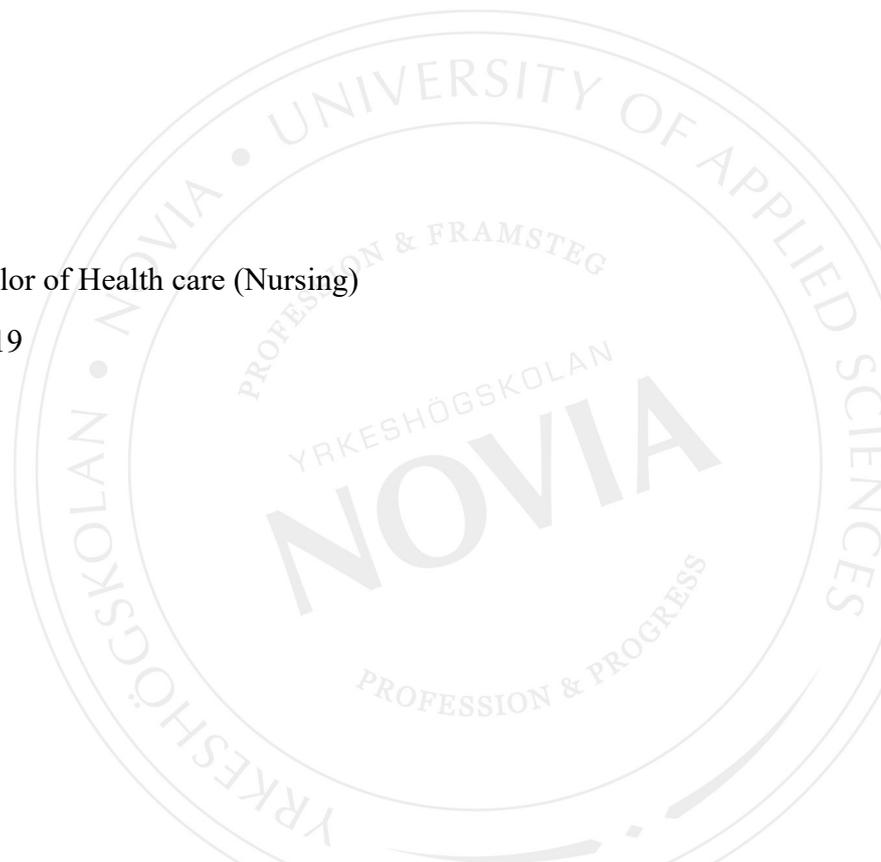
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**Abstract**

The overall aim of this study was to find the contributors and determinants of nursing efficiency in elderly care. This study explains the factors positively influences the professional efficiency and certain areas which negatively impacts the efficiency.

Literature review method and content analysis with deductive approach followed and results are interpreted and checked with the background. The expected outcome is to gain an understanding on those areas to the nurse professionals, future nurses to have an insight on their respective working areas. The background of the study based on defining efficiency, certain essential competence of nurse like cultural congruence, accountability and professionalism within nursing. Hall's Core-Care-Cure theory is based as it is emphasizing the matter of relevance of nurse's activities in the care and cure process.

The results interpreted into three positive , negative and challenging factors which constitutes the professional efficiency and which justifies the contents in theoretical background. Details of the data used were enclosed in the Appendix 1. Discovered factors which can positively and negatively impacts nursing efficiency from the derived 3 themes and which enhancing factors, inhibiting factors and challenges of nursing professional efficiency.

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Language: English, Key words: Elderly care, Nursing efficiency, professionalism within nursing

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# 1 Introduction

In the age of Globalization, Health care has evolved to the pinnacle with decreasing the mortality and morbidity rates globally attributed by efficient healthcare professionals, different training programs, developed medical care with innovative technologies and more client centered care. Eventually, nursing has improved from the age of lady with the lamp to this era with advanced healthcare information systems enhancing dynamic changes in the health care system.

The nursing profession has been growing tremendously over the years by new innovations, different evidence-based approaches, flexibility and talent of the team members. Being an integral part of the health care system, nurses are expected to deliver a needed quality of care within the all available set of resources. In spite of the fact that the efficiency is not unique while concerning to the actual concept in certain areas especially in elderly care because of many factors.

In Finland, as per the statistics (2017), the old age population is increasing and directing towards a real demand for elderly care settings to establish and employ more geriatric nurses. Apparently, it is necessary to develop the efficient nurse professionals to function for a well desired quality in elderly care. Meanwhile, it is sometimes difficult for a nurse to attain the efficient level in their professional period because of many factors like new trends, unmet expectations beyond academic level, healthcare reforms and so on. The level of competence and tolerance are different from person to person in molding themselves as a true professional, in totality the efficient level of professional performance plays a part in delivering the quality of care.

According to WHO,(2015) it is a crucial period to enact in developing competent geriatric nurses to meet the current demands. It is rather challenging and requires a research opportunity to recognize the area which influencing the efficiency of a nurse professional for the holistic process of care deliverance. This review study is to give an outlook regarding certain concerned areas that can equip a nurse towards their journey to the level of an efficient professional. The expected outcome of the study is to gain an understanding on what areas are influential in achieving a point of an efficient professional level. This could give a piece of information for the future nurses to be equipped well to start a professional

role. As an author's perspective this study could be a review on our own understanding and experience being working in elderly care for many years.

## **2 Background**

This study aims to give an account about contributors of nursing staffs efficiency in elderly care. The research process is based on few professional characteristics and behaviors which can base the nursing efficiency. The explanatory background is about nursing efficiency, professionalism within nursing and essential professional behaviors like nursing accountability and cultural competence. In this chapter it will be discussed about nursing efficiency, the idea of professionalism and few essential competences that constitutes the efficiency in nursing.

### **2.1 Nursing Efficiency**

According to Lee, (2009) there are different properties which are unavoidable to enhance efficiency like for example the utmost competence in theoretical skills and accuracy in documentation. The efficiency of the nursing care is determined by many tools like assessing the accuracy of documentation, evaluating the productivity of nurses in desired time and administration. Nursing efficiency is stipulated on non-comparable areas like organizational and staffing criteria, keeping the harmony in the working culture. Peter,(2011) states that the working efficiency is based on how safely and efficiently the care has been provided and which eventually is needed for making an effective professionalization.

According to Lemuel (2010), age and ethnic differences influences the efficiency of care deliverance. Additionally, the factors like experience, different educational background, hierarchical motivation, the independence in performing the task also favours the efficiency. An efficiency in nursing care is generated when a patient is being considered as human element by providing the highest possible healthcare within the available resources. It is not so experienced but rather performing efficiently by all manners of professional behaviour.

The efficient nursing care involves multi dimensions or it is result of cognitive factors, caring attitude and a conscious mental activity. Although the maintainable development plays an important role in determining the overall efficiency. According to Lehtonen,(2011) improving the healthcare efficiency is one of the greatest priority in the national level because it is often challenging to fix it with a desirable set of solutions although the trends and demands are changing regularly in providing the better nursing care. Nurse staffing,

workloads and organizational problems are often difficult to deal with. According to the Agency for Healthcare Research and Quality (AHRQ, 2011) efficiency is one of the most certain aspect in expecting well performing healthcare system. It is the maximum output as a result of a well-planned set of inputs. The health outcomes are mainly the safety of the patients and ultimately the patient satisfaction and the relative inputs are quality indicators like proper caring techniques, experienced adequate staffing, awareness of the employer's expectations, and maintenance of particular guidelines in meeting the quality of care and so on (Upenieks 2014). Any evident deviations can be considered as less efficient or low-quality performance like for instance in elderly care, cases of falls, medication errors or incidence of pressure sores are reflecting the compromised quality of care providence.

## **2.2 Professionalism within Nursing**

Nursing is one of the most recognized profession, it demands the utmost level of professionalism. It constitutes of many values, competence, adaptations and foreseeing. Many factors play a part visibly or invisibly to attain an expected degree of professionalism. It highlights the overall behaviors or set of actions in meeting the quality of care, discipline and built-in dignity beyond the daily tasks they do. In totality, it is a dynamic process in making an essential professional habit. Kasar & Clark ,(2000: 5-6).

According to Girard et al, (2005: 3) *“Professional nursing practice is a commitment to compassion, caring and strong ethical values; continuous development of self and others; accountability and responsibility for insightful practice; demonstrating a spirit of collaboration and flexibility.”* Every nurse is setting up in a boarder of professional guidelines that he must act in accordance to that. It is matter of time that a professional nurse finds out that the work is satisfying to her with all the met expectations.

The supreme quality of nursing profession is well committed with the quality of care. It is also important to treat everyone equally irrespective of age, gender, sickness and background. The professional nurse should support securely and work with the principles like individual respect, humanity, honesty, trustworthiness and justice. The professional reputation is closely in accordance with how well a professional can adapt to these circumstances in the daily working life. (RNAO, 2007). Nursing professionalism is an acquired set of behaviors which attributed over a period during the professional life. The nurse must motivate, educate and lead by adapting these professional behaviors to facilitate the fruit of their work.

The professionalism within nursing initiates from nurses starting their practice period. This means that nurses need to work to educate others about the role of nurses within the health care .Clark,(2008). Above all, these factors play an important role in maintaining the transparent image of nursing professionalism, similarly the attitude of non-discriminating, treating everyone as equal and important. A professional nurse must continuously improvise and improve their professional qualities from the hierarchy and the fellow obedience. The nurses are responsible for the excellence and quality of care

There are some fundamental concepts or ideas which are necessary for professional nursing practice based on the interrelated factors like person, health and the environment. Each factor is unavoidable and an important component that makes a complete state of meaningfulness to one another. Bertalanfy,(2014) explains in his general systems theory, the input component in every professionalism is always the information and the energy to perform in achieving the goal. The `input` is under carried by the nursing professionals, students, instructors, the ideas, urge to learn and the level of knowledge. Similarly, the output component is the product of the performance and that depends upon the nature of demands. Although the process of communication is termed as the feedback, any changes or improper functioning of one system affects the other system. The systematical functioning maintains the harmony and homeostasis.

Professionalism can also considered as a potential to enact and consolidate the knowledge, the attributed skills and professional attitudes in a various healthcare contexts.Meretoja et al. (2004), Cowin et al. (2008)

### **2.3 Meaning of professionalism for registered nurses**

Defining nursing and its compatibility with professional nursing should be studied in parallel based on the meaning and parameters to show up the utmost professionalism. Different organizations have been defining nursing such as International council (ICN), The American Nurses Association (ANA) and World health Organization (WHO). Many professional contributors and researchers defined nursing in different areas and distinct themes focused on caring, humanism and viewing as a whole, of which Florence Nightingale (1860) has the ancient and simplified definition of nursing as *the act of utilizing the environment of the patient to assist him on his recovery*". Although, according to Virginia Henderson "*The unique function of the nurse is to assist the individual, sick or well, in the performance of those activities contributing to health or its recovery (or to peaceful death) that he would perform unaided if he had the necessary strength, will or knowledge.*". (Henderson ,1989).

These definitions are simple, logical, conveyable and easily understandable and are well adaptable in any context of healthcare to relate the current trends and demands in the working environment especially in elderly care in satisfying the professional's efficiency, it has always been a demanding task and eventually become unique because of the various serious problems in meeting healthcare professionalism. Similarly the concept and definitions lead different limits and border of professionalism in real life working situations especially for aspiring nurses and beginners when contemplating with the professional expectations they have.

Similarly ICN (2010) defines professionalism in nursing as *“an inevitable, complex, varied, and dynamic process which focuses the importance, scope, and concept of professionalism in nursing, the concept of a beginning for further research and development, and expanding the nursing knowledge are explained and clarified”*

In nursing perspective, the nursing skill development should be compatible to work with all essential qualities. A cognitive framework or moulding is needed for forbearing the future professionalization and also the development of professional behaviour should be attributed. As a nurse being the frequent learner, the development initiates in the student period when encountering the needful qualities like familiarizing the professional conduct and its understanding, the rationale of every actions that a professional nurses do, although giving priorities in dealing with decision making and problem solving skills. Tanaka,(2016)

Huber,(2015), explains the idea of professionalism is an ongoing process which is closely in relation with practicing the essential ethics , training programmes, workshops and symposiums on emotional intelligence, leading role players, being a role model , getting accustomed with organizational structure and culture. Each training programmes should aim to enhance the professional behaviour of the nurse in meeting the expected good professionalism. Although a professional commitment can be produced considering all aspects of professionalism. In some countries like UK, continuing in-service education is emerged with the monthly working schedule as the nurses are being trained on various factors in order to keep their standard professionalism. Tanaka.(2016)

Kim et al (2010) emphasizes, there are some attitude problems which play an important role in professionalization like for instance the skills or trying to feel the same way a patient feels, the patience and resilience in communicating with others, the extent of knowledge in dealing with circumstances, enthusiasm to help others, the work co-operation, accountability in resolving the potential issues are considered as the core values to creating a professional culture. Similarly, the feeling of “professional self” and the experience to comfort any

situation develops a professional identity within the field of nursing. Many studies revealed that the professionalism is more than merely the involvement in therapeutic care but rather it demands implementing the values of a good professional within the context of the organizational structure.

## **2.4 Nurses accountability**

Dictionary definitions suggest only minor areas in which the meanings of accountability and responsibility overlap. The Shorter Oxford English Dictionary (1978), for example, defines 'accountable' as 'liable to be called to account; responsible (to, for), to be counted on, to be computed or explicable'. In contrast, 'to be responsible' is to be 'morally accountable for one's actions; capable of rational conduct, answerable to a charge, capable of fulfilling an obligation or trust, reliable, trustworthy, of good credit or repute'

ANA(American Nursing Council,(2015), explains that accountability is an inevitable quality to lead a professional role, hence it is a behavior which capacitates a nurse to be in responsible for every caring actions and the outcome of it. Also they are accountable to perform and abide the job description from employer. As an integral member of multi-professional team, the nurses are accountable for reporting any sort of physical or mental deteriorations in the caring process.

Detmer,(2006) describes , Accountability differs from responsibility, in fact responsibility arises within ourselves and the accountability comes from outside like from managers, employers, client based or from the society. Additionally Clark,(2011) emphasizes , to be accountable in nursing perceptive has different meaning of understanding like for instance being blamed or responsible for the actions in positive and negative manner. It has a collective understanding in professional, ethical, legal and employment areas. Professional accountability is one of the assured quality characteristics of nursing profession and it enables the nurses to work inside certain specified guidelines and framework to maintain the expectation and trust of the patients. It creates a structure of the needful practice throughout the career and a code of conduct. Although legal accountability encompasses the legal aspects in which certain rules and regulations are followed in providing the healthcare for example, the novice demonstration and aptitude tests and initial supervision.

As explained by Scrivener et al (2011), Accountability demands in achieving a remarkable qualities in attaining a good professionalism through the components like clinical governance and problem-solving skills to face a complex situation at work field and managing effective work relation in the organization. In Finland, as per the act concerned on

nurses duties and responsibilities .Finlex: (2009)/ Section 26 (1550/2009) Section 27,The nurses are obliged and are legally accountable in many aspects of professionalism like disclosing patient data to a third party, medicinal errors, deliberate occurrence against patient safety and so on. Consequently, certificate of confidentiality and detailing about the work task are handed over in prior the registration procedure and employment.

Hood (2016), explains nurses whom perceives greater commitment to their work are often end up exhausted, although when it matters with lacking of self-accountability, blaming, criticism, complaining and procrastination arises and which can negatively influence the quality of caring process. Miller, (2014) emphasizes, to attain a standard professional level , a nurse have to make deliberate attempt to “look within” and how themselves have been accountable for any sort of care or caring attempt. It is more or less a self-evaluating for the betterment in the next step. It also acknowledging own limitations and weaknesses and exploring the stronger side. Although it allows a self-understanding at what point a professional needs an expert advice or assistance.

Additionally, being a member of multi-professional team in elderly care, the nurse are also accountable to the inter professional members and even to the unlicensed healthcare providers like for example care assistants, students etc about the potential risks and achieving the desired out come in the holistic caring process. Hood,(2016).Finally, nurses are accountable for “*Survival of the profession*” by supporting, guiding and educating the new team members as well as being mentors in achieving a dignified professional role.

## **2.5 Cultural Competence**

Veitch,(2011) points out, Cultural congruence is the major challenge in professional performance, especially in the field of nursing hence the nurses encounters the client with different cultures, perception and behaviors. It is often demanding to understand them completely because there is no unique way of thinking or perceiving when it comes with variant people with different linguistic and cultural needs.

Leininger, (2002), defines the transcultural nursing in a simplified way as “ *it is a substantive area of study and practice focused on comparative cultural care (caring )values, beliefs and practices of individual or groups of similar or different cultures with its goal to provide culture-specific and universal nursing care practices for health and well being of people or to help them to face disability, illness , or death in culturally meaningful ways*”

National Institute of Health (2003) defines, the cultural competence can be termed as *“the combination of body of knowledge, a body of behavior and a body of belief which is required for a healthcare professionals to understand the cultural differences and respond accordingly, although the intersection of knowledge, beliefs, and behavior are the main context where patient care is being influenced”*. Similarly as stated by Mcbain (2011), the challenging areas concerning nursing care is always dealing with people of different beliefs, attitude and understanding regarding health related issues, the nurse should be well competent enough to recognize the needs and cultural heritage where the patients belongs to because a worthy interpersonal relationship can assure a quality outcome towards the process of care.

Shao et al;(2015), cultural competence is the most desired quality of a healthcare professional. The older population is a cultural group within itself and the same are often ignored to be well treated in meeting their needs due to various factors like lack of cultural awareness, improper understanding in accessing their needs and lack of communication skills of the care provider. The proper understanding about the multiple inadequacies like cognitive impairments, sensory deprivation and cultural congruence also plays a vital role in treating the elderly. Proper training is needed from the educational level to be culturally competent in working life by understanding the ethnic background and characteristics of the patient. The expectation of culturally competent care is one of the patients' rights as a part of treatment choice and any sort of improper attitude or conflicts leads to the healthcare disparity. A dignified way of working is essential and healthcare workers should understand the values of culture and how this influence an older persons behavior, approaches and development of behavior and also his preferences. The main fragments of culturally competent care are effective communication and understanding.

Hasson et al;(2008) describes the cultural congruence is all about achieving the quality of patient centered care by addressing the patient's cultural preferences, non- bias or prejudice attitude and maintaining the uniqueness of care. It is process of care deliverance comprises of encountering various culture, acquiring knowledge and awareness, developing essential skills, work cooperation with other professionals and clear interpretation of the demand and outcome .The cultural competence enhances the quality of care so the western countries are concerned to attain this goal whereas the other countries may not have this goal as their utmost priority. The healthcare workers should recognize the influence of culture in every aspect of care and valued, especially towards the terminal care where it is very sensitive and demands more.

Similarly, Repo.H et al (2017) concludes that in the elderly care settings especially working patients with dementia and Alzheimer's it is often challenging to attain the effective communication and it is depended upon the personality traits, interaction and conveying techniques and understanding the true needs. The geriatric staffs need more competence in the field of care like calm and composed approach, optimism, benevolence, tolerance and systematic outlook because the adaptation level and mindset is differed in older people as compared to the other age groups.

Bing-Johnson,P,C et al (2015) remarks that, cultural competence is widely considered as a healthcare provider's lifetime process by which it undergoes set of understanding, updating and developments in dealing with patients of different kinds. It is a concept of cultural adaptations that frequently changes by retrospective perceptions and it is very hard to judge the level of competence unless the job description is clearly understood in geriatric nursing care and it can be evidently seen through the way of care giving. Tilki et al (2004) in the PTT model describes "*Cultural awareness, cultural knowledge, cultural sensitivity refers to the essential competencies applicable to the all ethnic groups which are needed to gather the relevant cultural specific information when working with diverse patients*" although it is "*the capacity to provide effective health care taking into consideration people's cultural beliefs, behaviors, and needs*". The PTT model clearly describes the adaptive strategies in cultural competence in which it says the stages are the awareness, the effective knowledge regarding various cultures, the development of sensitivity towards the culture, the urging of competent level finally. Cultural awareness is the initial and stepping stone for achieving the competent level for nurses and it demands proper self-evaluation to the virtues and beliefs for enhancing the self-awareness and to be devoid of ethnocentric attitude (Papadopoulos, 2012).

Additionally, the culturally sensitive stage implies the proper communication by acquiring better extent in proficiency. It is the end product of the nurse's adaptation through showing empathy, the feeling of trust from patients the values of respect and compliance. Whereas the cultural knowledge constitutes the performance of set of beliefs and behaviors that is gained through multi sectoral contributions and own experience. Finally, the competent level is achieved as an essence of all other developed stages in practicality through clear assessment of the need, the resources and recognition of the implementation process. Papadopoulos, (2012).

This study is bases on the core factors and their relevance of influence in nursing efficiency and the existence of these factors from the fetched data would be presumably encountered towards the result.

### **3 Aim and problem definition**

The aim of the study is to investigate factors influencing professional efficiency among nurses working in elderly care settings. The study focuses on the significant factors, which can affect the efficient professional performance. The expected outcome is to gain information about the factors contributes in making of an efficient nurse professional by reviewing the relevant literatures and analyzing the content. The thesis finds the area concerning

- 1) What are the different enhancing and inhibiting factors influencing efficiency of nurses?
- 2) What are the challenges faced by nurses in attributing a good professionalism?

### **4 Theoretical Framework**

Halls core-care-cure theory portrays the importance and interconnection between health care professionals and patients they deals with towards the process of quality outcome of care. Alligood, (2012). This theory is simplified and uphold the nurse's integral role in attaining a "cure" process. This theory is benchmark for the nurse professionals to have a pre concept regarding the role they performs and the outcome they should expected for. We have chosen this this nursing theory because of the interrelated component described in the theory is very much in relation to nurses working activities and any extent of adaptability can eventually influence or contribute the efficient nursing care.

#### **4.1 Main Concepts and definitions**

Halls Core-Care-Cure model emphasizes a patient's prognosis or the meaning of care in three different view point, the person- the body, care and cure. These three components influence each other, and which are represented as three overlapping circles. The idea of the theory is to visualize the nursing process in the cure pattern of the patient as the mode of support and resources. The circles cross over each other and change in size when the patient is on cure process as he progresses time by time in terms of medication and rehabilitation period in his illness. Similarly, when a patient is in acute care, the circle of disease evolves as the largest and the body circle remains dominant all through the follow up period. According to Hall, nurses are the inevitable components in all the three circles with varied degree of action. The circle also connected or being shared with all the other resources which can outplay a part in the care process. Although the vision of the theory is simple like a

professional healthcare can alleviate the miseries along with less medical treatment aid. Additionally, the area of concern she based on was self-realization and love ourselves. The main objective of the caring relationship is concentrated to attain a good rapport with the client and which can promote the evolvement of the core. (Alligood & Tomey, p. 74-77)

#### **4.1.1 The care circle**

The care circle denotes healthcare activities in nurse's perspective. Nurse's gets the opportunity to get more attached to the client as their helping hands in activities of daily living, their dietary and hygienic needs. The formation of interpersonal relationship between nurse and patient is being developed in every moment of care. It proceeds to the level of trustworthiness and patient feels comfortable to reveal their feelings to the fullest. In this period nurses aims to make patient convenient to every ongoing situation and stands for them as a person who cares for, supports and give enough guidelines. Eventually being an advocate of the patient. Alligood, (2010)

The care circle clarifies the supreme function and critical role of nurse is essentially providing bodily care and activities of daily living like for example needs like eating, bathing, bowel elimination and dressing. Any care activities which leads to betterment and comfort of the patient encompasses in this area of circle. Moreover, the nurse's role is vital also in educating the patient and helping in any sort of needs that they are compromised to meet alone. A gradual feel of trust generates between nurse and patients which formulates a sense of closeness thus the patient can reveal and explore the feelings with the nurse. Similarly In this theory, hall describes the nurses are being directed in participating the generous and upstanding task of rehabilitating and restore the hope in patients. The circles purely emphasize the role of a nurse, which is based on the activities and different types of tasks that she must be outplayed in nurturing patients. It comprises of all measures that can lead to high standard of care and comfortable feeling to the person as well as the contribution in health educating and activities which allows the patient to learn or aware of health status .Alligood, (2010)

#### **4.1.2 The core circle**

This circle, stands for the patient who receives the care and it represents the persons perspective as the level of deeper inter personal relationship and urging the greater level of self-esteem. The nurses perform as an advocate for the patients which enables the patient to open up their feelings towards current health inadequacies and life style changes. The

nurse assesses the expressions using reflective techniques, which is a method in evaluating the actions, responses, and expressions of the patient about his current situation. When an interpersonal relation develops, it brings about more understanding to themselves and which is leading to the exact problem focusing and its rectification. It results the patient to act freely and make their own decisions because they are being supported and accepted. Thus, patients own motivation triggers them inside to resolve the situation they are going through. Eventually the patient is functions as a therapeutic aid within himself and it influence the prognosis and outcome of the healthcare activities in a remarkable extent and benefits the entire healthcare team members. (Alligood, M.R,2010)

### **4.1.3 The cure circle**

The last circle represents, the disease and all healthcare professionals contributing the care deliverance. The nurse's role comprises of helping the patients and relatives through medical aid, surgical and rehabilitation-oriented resources and regulations. The care process initiates and advances through assessment, diagnosis, plan of action, implementation and evaluation. Assessment is the collection of overall health date associated with the patient. Hall emphasizes that , health assessment is very beneficial to the patient hence it enables in familiarizing the things to be improved and it is being carried out by nurses on daily basis.. In the phase of diagnosis, the interpretation of collected data's take places as well as the nurse's perception. While proceeding to the planning the needful care, it is based on the set of guidelines, setting the priorities and motivational goals of the patient. It allows the patient, himself to be the decision taker in determining his needs, giving him a feeling of his emotions are valued and get motivated. Meanwhile during implementation phase, steps of care delivery and rehabilitations performed based on the planned and prioritized set of actions. Alligood, (2010). The picture below illustrated the interconnection between the patient-healthcare professionals and the cure process.

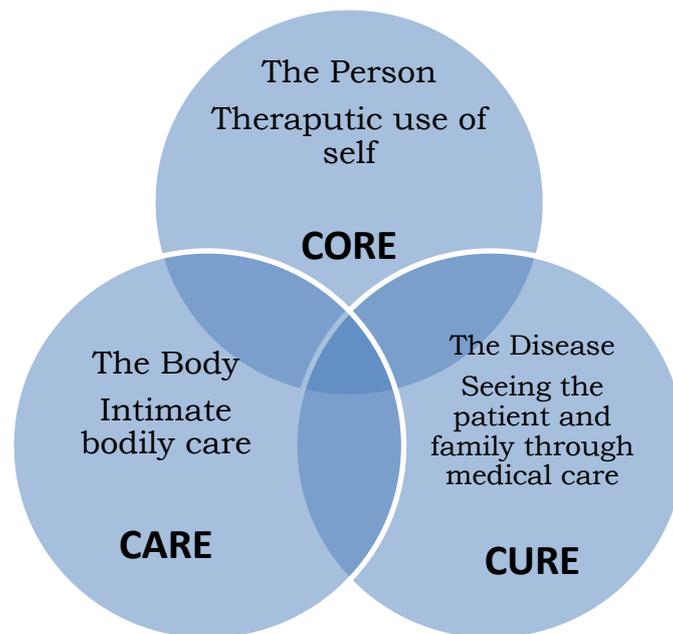


Figure 1: Inter connected circles of cure process

## 5 Methodology/ Systematic Literature Review

The methodology opted for the study is a systematic literature review and content analysis with a deductive approach. The scientific literature review implies the idea of reviewing the literature that can relate or support the aim of the study. Systematic literature reviews are, well disciplined studies meant to develop a secondary data and formulating a qualitative findings which justifies the research questions, also it enables a complete brief of evident which is appropriate and critically appraises the research questions. It is a collective yet transparent search which is being conducted using different databases.

According to Polit and Beck (2016), in order to determine the topic to be reviewed it demands at least 20 or more than scientifically done article to be thoroughly reviewed. On the basis of research questions most applicable literature should be shortlisted and studied as an initial information resource. Systematic literature review means a collection of wide range of scientifically written data regarding the research topic, retrieval of facts and skill to analyze and synthesize the formulated data inside. Although it demands an understanding on the critical factors also associated with the particular topic while reviewing the data. Usually, traditional or descriptive review are performed on the basis of topic, but in this case the topic demands a rigorous and well formulated approach to find the literature and problem centered justification needed on the basis of questions.

According to Frances,(2014), the meaning of reviewing the literatures is not concising the contents identified in previous researches but rather it should be valid exposure to the explicit aim of the studies, also with inclusion and exclusion criteria to back up the reliability of the content and aim of the study. In this study, it has been included scientific articles and excluded those which deviate from the topic. Precisely , hence it is a broad area concerned in nursing , many department , various age group care we have limited our search within nursing efficiency in elderly care context. Inclusion and exclusion areas will be mentioned later.

According to Hooper,(2011), a systematic study should be well detailed within the outline of the aim of the study, it should be very precise and it should also satisfy the validity and reliability in the reader's perspective. From the initial search on contributors of professional efficiency within nursing, it has led to some complex models of efficiency assessment, hence that is irrelevant to the topic and on the other hand the idea is to determine the general categories in determining the efficiency is been given in customized search. Though the elderly people are the targeted area of the research, the rest of the out of the context data has been avoided and also some of articles that can relate to elderly care and staff performance also chosen for reference.

## **5.1 Content Analysis**

In qualitative content analysis the data sorted as themes and categories which can give a clear interpretation based on the research question. Polit and Beck ,(2012) defines content analysis as *“the process of organizing and integrating material from documents , often narrative information from qualitative study, according to key concepts and themes”*

Qualitative content analysis is much simplified method which is followed among many nursing related researches hence it is not complex in extracting the core contents and helps to evolve new means of understanding when it comes to the results. According to Elo and Kyngäs as stated by Schreier (2012) *“Qualitative content analysis is a method of analysing written, verbal or visual communication messages”*. It is always an interpretation of collective data evolved from the selected concerned data which leads to new meanings and understandings, it can be used irrespective of any qualitative or quantitative research studies. A deductive approach is used hence it is aimed to formulate certain predictions based on the background and theoretical framework. It encompasses different phases in analysing like the preparatory, organizing and reporting phase. The overall idea is to analyse the data and

interpret it in to themes, categories and subcategories from the article which makes a well relation to the research questions. Gerrish,(2013)

## **6 Conduction of study**

The required data is identified from relevant scientific articles which can relate to the factors explained in the background.. These were analysed and checked with the theoretical background for finding the correlation and validation of the idea of it as well.

### **6.1 Data collection**

This study is based on identified 25 articles, content analysed with deductive approach which concerns effective nursing care, determinants of nursing staff efficiency in elderly care, maintaining the efficiency in elderly care, the meaning of nursing professionalism. The search was done mainly using Novia FINNA database, EBSCO, PubMed , Springer Link and CINHALL and such sort of free databases and also Google Scholar also used when some relative data is found through it. The preliminary search of “professionalism within nursing” resulted 50+ relative articles and “efficiency in elderly care”, “determinants of professional quality in elderly care” , “quality nursing care for elderly”, “Professional efficiency of nurses” , Lydia Hall +Nursing theories also used for customizing the search . To narrow the search full text and peer reviewed one has been chosen and the newest which published not less than 10 years has been selected. Various abstracts which stands within the context of professional nursing efficiency has been reviewed.

### **6.2 Inclusion and exclusion criteria**

Avoided articles which concerns apart elderly care and meant for other healthcare professionals. The selected articles were in accordance with the aim and problem definition, scientific and peer reviewed ones which concerns “efficient nursing care/professionalism” for the elderly preferably in long term care institutions. Selected the publications from 2010-2019. Excluded the data shown the markers of professionalism of other departments or areas of care. Also selected articles of working nurses perspectives, all other data concerns non-nurses, and nursing students are excluded.

### **6.3 Ethical consideration**

As per the guidelines from National Advisory Board on Research and Ethics ( 2012), every institution who intend to do research work in Finland, should satisfy certain ethical issues by following some rules and criteria. The overall idea is to perform a genuine work by continuing the important rules by following the principles of research pattern for instance data fetching techniques, detailing and analyzing the result feasibility, avoidance of any dishonest activities. A systematic review is all about achieving the results which should satisfy the problem definition and the aim of the research, so a clear monitoring is assured to relate the scientific evidences of the review. No such falsely created, mis-presented or plagiarized contents are acceptable. Polit,(2012)

According to the Board On Research and Ethics points out plagiarism is an illegal activity which has a broad meaning in which copying others work, deliberately copying literal works, avoiding quotation symbols for other words without any authors acknowledgement, definitions, presenting incorrect source information. Similarly, misappropriation is also considered as an illegal research activity in which illegitimate use of another person's name or identity without any authorization like for instance giving the research result, the outline plan, the idea and data fetching techniques. Giving forged bibliography and surreal references are also considered as unlawful things in proceeding a research. A systematic literature review implies and demands a well-maintained integrity throughout the studies and should be according to the guidelines to follow a systematic scientific study. This study assures that the related data gathered are true and scientific, also the use of scientific data base to fetch the data which was peer reviewed and from reliable publications. Although this study is non-judgmental and never aiming on any preplanned results. Polit(2012)

## **7 Result**

As per the derived themes like enhancing and inhibiting factors, both can eventually stand as a challenges too while attaining the efficiency in nursing professional performance. The enhancing factors are those which remains as a quality marker for efficiency in professional nursing.

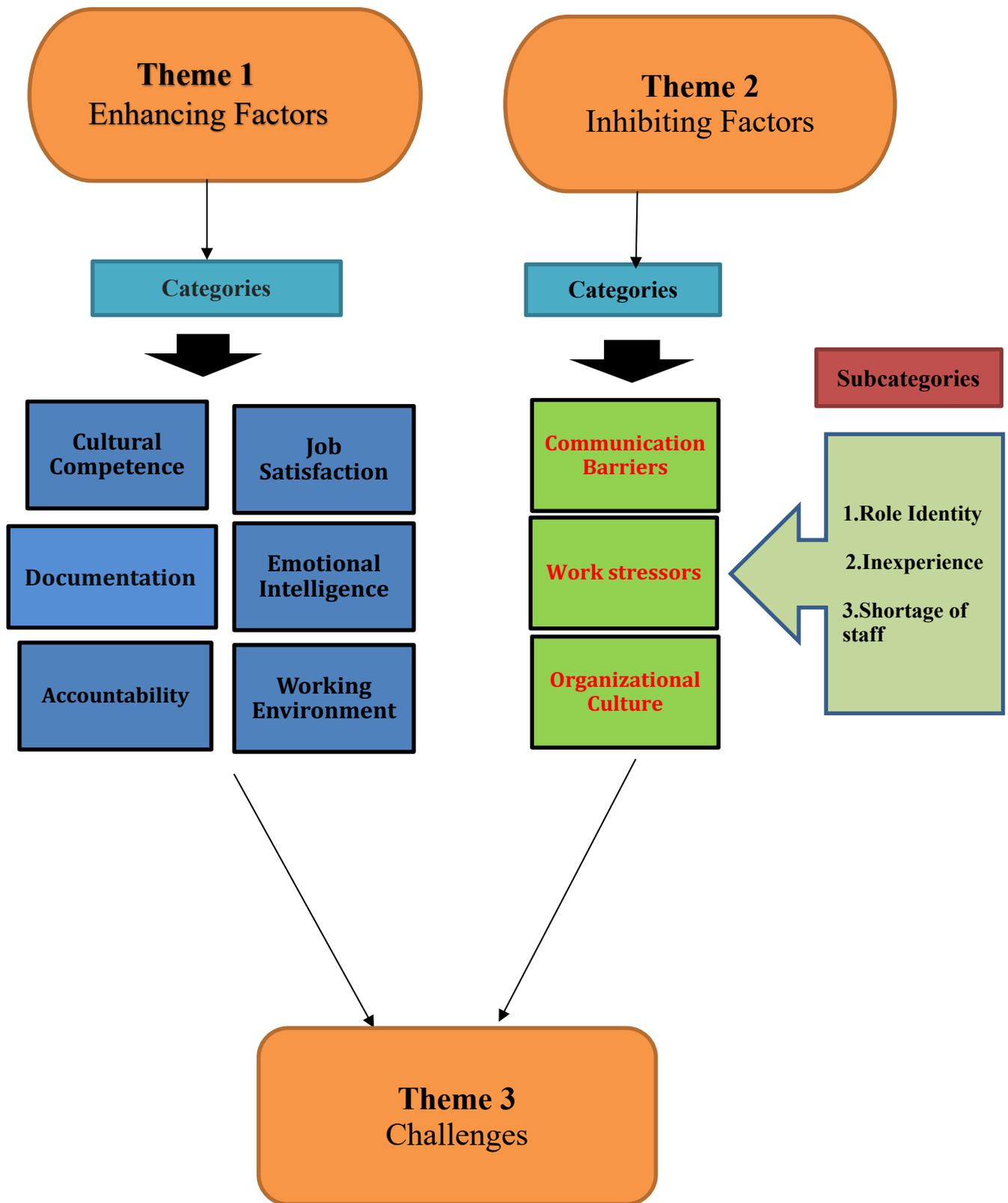


Figure 2: Contributors challenges of nursing efficiency

## 7.1 Factors enhancing professional efficiency in nursing

Theme 1 : Evolved as factors which enhances the efficiency in nursing .The below figure (fig.3) is an illustration of 6 categories, *Cultural competence*, *Job satisfaction*, *Effective documentation*, *Emotional intelligence*, *Nurses accountability*, *Working environment* derived under theme 1 and listed according to its relevance. This chapter explains those derived contributors of efficient nursing care.



Figure 3: Factors enhances nursing efficiency

### 7.1.1 Cultural competence

As per the article concludes cultural competence of the healthcare providers are integral in alleviating health disparities and establishing the greater level of health literacy in any healthcare settings. Vahlberg, (2016)

Cultural competence is the quality which is considered to be attributed to the fulfillment throughout the professional nursing period and it is focusing on the effective healthcare delivery for various patients. Vaynad, (2015).

Although Karianne et al ( 2017) explains ,the field of nursing care is demanding efficient healthcare delivery through giving training programs for the staffs to work on culturally

diverse clients hence it is dynamic process which incapables the staffs to adapt the effective working method with needful cultural congruence.

### **7.1.2 Job satisfaction**

Job satisfaction in the field of nursing is a state of mind in which an employee feels when he gets the self-actualization desired quality of care is been provided to the patients. It is totally individual feeling and depended on desired outcome of his professional activities. As described by Hyrkas,(2010).

Hasson,(2014) explains, job satisfaction is closely related to many factors like organisational structure and governance of the institution, efficiency in working relation , the degree of staffing and the level of patient perception of quality of care. Most significantly the evaluation of job satisfaction relies on the extent of quality of care provided in totality.

Although according to Maben et al, (2012) based on their studies regarding professional satisfaction among care givers in UK especially in long term care units pointed out some explicit factors like care givers adherence to more favoured clients and less favoured yet challenging patients in delivering care, poor ward and care settings inhibits the expected outcome. Meanwhile a remarkable extent of professional have shown less favoured care and more towards individualised care based on the patient needs.

According to Suhonen, (2013) in hospitals and long term care institutions empowering the employee on effective working culture and the well explained code of conduct are the stimulants of work practices and which has a greater impacts in moulding a true professional. Generally, a nurse with greater satisfactory level in their profession is the ultimate resource in delivering the quality of care as perceived by patients itself. Nursing staff with a high level of job satisfaction are important for high quality care, as evaluated by the patients. Additionally, positive working relation, adequate staffing, management support are the associated requisites in achieving it.

### **7.1.3 Effective documentation**

According to Voyer.P(2014); Vivid, authentic and detailed documentation is very important in achieving the desired quality of care hence it enabled the efficient way to maintain the professional interaction among healthcare providers regarding patient situation.

Benth et al (2011), explains documentation of patient's condition in long term institutional care settings have regular medicinal care unlike in hospital where the patients and

circumstance changes often. The nursing documentation is very important for the patient who are in a long- term care settings.

According to Kristin H. et al,(2016) , mentioned in a descriptive literature about effectiveness of documentation as quoted from American Health information Managing A association that in the Long-Term Care Health Information Practice and Documentation Guidelines should provide a clear picture of the resident, including any change in treatment, their response to treatment and changes in their condition. Yet the literature reveals major deficiencies in the nursing documentation of several problems commonly found in LTC settings, such as decubitus ulcers. Which impacts the incompetence of nurses in understanding the importance of documentation and implementing it.

Similarly according to Sowunmi (2012), in elderly care homes the main area of improper documentation happens in detailing the nutritional status and patient preferences during the time of admission, insufficient data on nutrition, the nutritional assessment and improper exchange of information among healthcare professional.

Smith et al ,(2012) the awareness and attitude of the nurses regarding documentation is very integral in attaining nursing professionalization. It is considered as important as that of their functional performance. Consequently, well awareness on nursing process enhances the efficiency of documentation. Sowunmi (2012)

#### **7.1.4 Emotional Intelligence**

Mayor.J et al, (2010) describes ,the fulfilment of patient centred and goal oriented care is always parallel to good interactive approaches and patient responses through the act of emotional intelligence can lead to an intimacy in nurse –patient relation and it is eventually results in patient satisfaction.

Negal ,(2016) concluded that greater degree of emotional intelligence in professionals can result the greater self-awareness regarding own positive sides and drawbacks or weaknesses thus it consolidates the idea of interpersonal relationship management by having a self-awareness, epithetical approach and so on..

Similarly, George ,(2017), stated that the nurses who are rich in their Emotional Intelligence can have better interpersonal relationship with patients and take care of their emotional needs in a better way as they will have a respectful attitude towards their patients.

According to Lopez et al,(2010) confirms based on the studies regarding emotional intelligence and professional relevance that greater degree of EI can be a bonus in managing the conflicts , the commitment towards the organization and the professional satisfaction.

Although the control over the emotions can supposedly act wisely on emotional situations hence it can alleviate the stress at work and higher clinical performance.

According to a study by Muhammad.A,(2012), Emotion is base to nursing practice. Being a nurse emotional aspects are unavoidable in everyday working situations and it is an essential part in the deliverance of care especially in clinical decision making and maintaining an interpersonal relationship. It enacts a framework in delivering quality care. it is often difficult when the healthcare workers are being sceptical on determining the limits of the emotion and work , in other words when it demands a broad outlook of professional endurance, looking beyond the self-centralism, heavy workloads and unexpected work relation .

#### **7.1.5 Nurses Accountability**

In a nurse's perspective, as stated by Herlehy (2012), attaining an awareness regarding accountability and associated things are the base of every nursing practice. Being accountable to any set of professional performance enhances the overall professionalism.

Although to encounter the growing healthcare needs of the patients with terminally ill and chronic yet complex cases , a nurse must be accountable for enhancing own clinical skills by continuously using the experience , observations, known evidence based practices and implementing it in the professional role she carries on; Herlehy(2012)

#### **7.1.6 Working environment**

According to Hasson et al(2014) , the longer shifts are the main possible reason for the medication error , treatment and poor safety to the patient. Although working ambience triggers the quality of care provided any sort of deteriorates incapacitates nurse professionals work outcome. Moreover organizational culture, in service development programmes, word design and proper allocation are certain factor which can improve the quality of care. To enhance the competitiveness the first policy should be the welfare of the staffs.

Working environment is vital in achieving a sustainable professional comfort, As per the conclusion Numminen et al (2016), the nurses work engagement closely related to the working environment, the welcoming ambience, the structural peculiarities, arrangement also plays a part.

## 7.2 Factors inhibiting the professional efficiency in Nursing

Theme 2: Evolved as factors which inhibits professional efficiency in nursing. The found 3 categories are *Communication barrier*, *Work stressors* and *Organizational culture*. The derived subcategories under work stressors are *Role identity*, *Organizational culture* and *staff shortage*. The figure below (fig.4) illustrated in accordance to it.

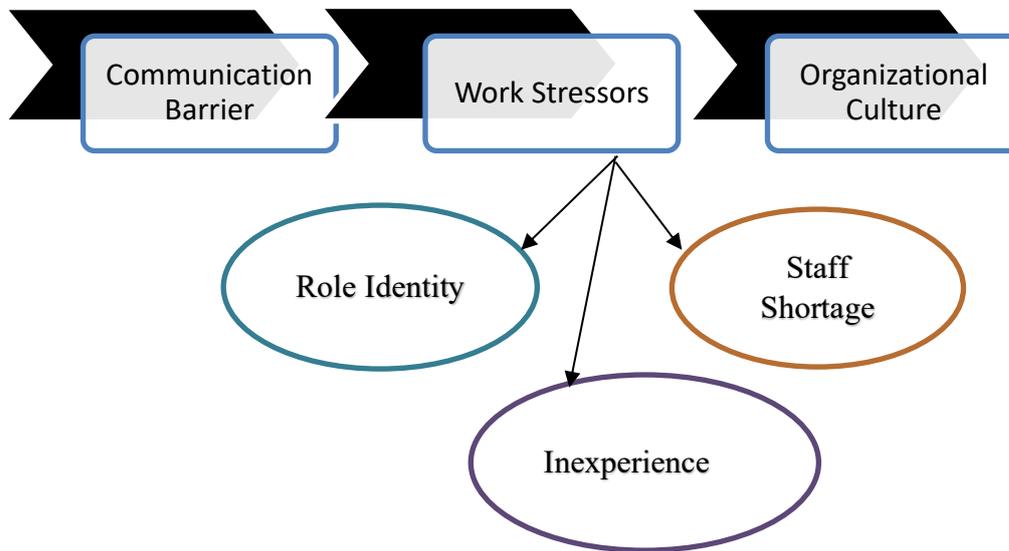


Figure 4: Inhibitors of nursing efficiency

### 7.2.1 Communication barrier

According to a study conducted by Kalisch.B.J.(2010), there are certain relative factors which can influence like the experience of the care givers , the level of communication and the extent of being loyal to the profession determines the job satisfaction

Language barriers when confronting the patients whom speaks a different language is one of the greater obstacle in providing efficient healthcare. It is one of the profound problems in achieving the desired quality of healthcare among nurse professionals. Pirkko(2017).

Pirkko (2010) concludes, Ineffective communication reflects in inducing the anxiety, moral distress, difficulty in achieving professional identity and which hinders ultimately in evolving an effective professional habit among nurses.

As stated by Shao et al (2018), In an elderly care perspective, communication problems are being recognized a major hassle when it comes to convey the prognosis and updates to the relatives. Ineffective communication often results the relatives distress and dis-satisfaction.

Guttormson (2015), communication problems among nurses predisposes psychologically like for instance they perceives themselves as de energized , weak , unreliable and utmost stress levels. Although it has been proves the nurse who communicate less, often end up getting less response from patients.

Kristian (2012); The quality of nursing care is relied on effective communication among the healthcare professionals in dealing with patients and their relatives, linguistic differences are rated as prime challenge in attaining a respectful treatment for the vulnerable clients in promoting an efficient health care delivery with prevention of any sort of adverse outcomes. In delivering efficient care, any kind of communication failure like diplomacy, stereotyping, racial prejudice attitude can wrongly impact the quality among nurses.

### **7.2.2 Work stressors**

Under the category of '*Work stressors*' three sub categories were found and which are Lack of role identity, Staff shortage and Organizational culture.

Work stressors have greater impact on nurses efficiency, there are many the factors derived as work stressors are mainly nurses lacking role identity, matter of experience in providing healthcare, inadequacies of staff in working settings. In elderly care , the nursing job are often demanding because of various factors like workloads , excess working hours because of staff shortage , it impacts as make oneself strained and eventually results increasing the stress level for the professionals , and the staffs end up in burnout , although a well-balanced emotional level is inevitable for a nurse professional to work in elderly care settings. Pelissier, (2015)

Woodhead (2013) explains , burnout is the peak level of being stressed at work , when a staff experience burnout , it results the person is no longer fit for the professional role , sometimes it is irreversible to bring them or restore the professional capacity.

#### ***Lack of role identity***

Winkens (2017), lacking of role identity is identified as one of the major problematic area of nursing care. The uncertainty related the role clarity remain unclear and the nursing role is being lost during their professional period.

It has been proven difficult that to attain a efficient quality level of a nurse professional, the nurse must be well aware of designated tasks to perform with a focused clarity and consistency. Yuvonne(2013)

Although , according to Micheal( 2015) explains, the efficient care delivery deteriorates with any sort of deviation from the patient centeredness because which is the base of professional nursing practice As a result the nursing staff gets emerged in being ended up in “forgotten identity”

### ***Inexperience***

The excellent aptitude in nursing have an effect on experience or related factors, according to the qualitative study regarding the peculiarities of novice to expert level nurses , the experienced nurse asks more doubts or tend to get them informs while comparing to inexperienced nurses , although certain need cues lagging for inexperienced nurses in their role performance. The anticipatory recognitions and understandings are lesser while comparing to an expertise nurses. Shao,( 2018)

Samel ,(2016) explains, thinking out of the boxes is being evolved whereas the experienced nurses tries to figure the thing out from the patient history, the resources and possible set of care rather than following just the orders and directives.

Nursing staffs, who experienced more than five years are recognized as well competent in dealing with patients with compound needs. Although the wellbeing regarding work related areas are greater while comparing to inexperienced staff. Also , majority of the nursing staffs are getting old and government compels to fill up the places with less expertise forces , so it eventually foresee the unavoidable facts like lacking of career-long learning , adequate implementing strategies and so on. Daghoffos (2012)

### ***Staff shortage***

According to Woodhead et al (2013) , the organizational factors are supposedly results a greater impact on stress and burn out among nurses like it predisposes emotional enervation and depersonalization. Although any inadequacies in maintaining the staff welfare result a high extent of heavy work load perception and professional exhaustion.

There can be various reasons for stress at job. It can be due to un co-operative colleagues or patients or due to physical strain or due to the heavy workload, long working hours, shortage of staff etc. Woodhead(2013)

Improved patient –nurse ratio and working relationship can enhance the efficiency of nurse professional and thereby alleviate burn out, any sort of job dissatisfaction and achieving the grater quality of care. Daghoffos (2012)

### **7.2.3 Organizational Culture**

According to Numminen et al (2016) organizational culture like in in allocating insufficient nurses to deal with patients are often deteriorates the quality of care to massive extent. It can influence the staff wellbeing, the professional performance especially in elderly care settings, the patients are with combined needs and which is more demanding in individualized care. Careful recognition of the demand y the authority is very much needed to avoid any compromises in healthcare delivery.

Pekkarinen (2011), organizational characteristics and improper administration predisposes the strain in elderly care and it affects the overall functional status, mental distress to the nurse professional.

The problems at work such as heavy workload, long working hours and shortage of staff are those which can be solved by the main leader of the organization. It is the responsibility of the leader to take care of the staff working in the organization in order to expect an efficient functional outcome from a nurse professional. Woodhead (2014)

### **7.3 Challenges in meeting nursing professional efficiency**

The third derived theme is challenges in meeting nursing professional efficiency. The emerged influencers and inhibitors of professional efficiency are the eventual challenges because influencing factors are difficult to make fully integrated into action and inhibiting factors are difficult to resolve. As evidenced by certain content in the article like for instance, Patterson ,(2011), mentions an interventional method to alleviate burn out and enhance professional efficiency as an inevitable approach to be integrated to the working area for that EI is an essential coping technique. It can be an attributed capacity, but it depends upon individual to individual, the way they urges the quality. Since, EI is an individual characteristic where it recognizes, empathizes and controls the emotion retrospectively within oneself or to the others. Additionally, the cases of emotional distress are more expected towards the beginning of the career than that of end time of the working life.

In an elderly care settings it is rather challenging to do a precise yet vigilant documentation on nutritional status, health deteriorations, specific symptoms, health inclinations, and level of mobility, any sort of delirium symptoms, muscular weakness, and difficulty in swallowing and so on. But in many situations, these are unrecognized and less concerned. Similarly to rectify the polypharmacy, the disciplined and deliberate attempts of the nurses by effective reporting and documentation are inevitable. Professional approach in taking a lead role and understanding the demands of elderly and document the essential. Kristian (2016)

According to Samel et al,( 2012)there are several problems encountered mainly in elderly care units regarding negligent documentation on incidence of falls, pressure sore prevalence and the degree of bedsores, bowel elimination status and so on.

Similarly, management of stress is a huge task. If stress is managed properly, burnouts can be prevented to a much higher level. One of the reasons for burnout is that the person experiencing stress is unable to share his/her stress with others or letting it out in some way. Usually when the stress is shared out, the person feels much better and thus it is the main management for stress. The encounters of burn out can result nurses turnover-the inclination of nurses to leave the job. Hence it impacts the nurses wellbeing at risk .there should be a forsee regarding factors which can contribute negatively in work related issues so it is rather challenging to create a work friendly ambiance. Woodhead, (2013)

Competence in professional role as a nurses requires consistent urge in learning new things like for instance to emerge as a cultural congruent nurse demands years of experience confronting different kinds of patients with unlike backgrounds and culture. It is a long process which needs utmost patience .Micheal,(2015)

Johnson et al ,(2011) the incorrect or inappropriate documentation is the result of a nurse's individual characteristics or the eventual challenges in the work place. Similarly, It is demanding to be informed or aware about the extrinsic professional factors and which holds closely to attain nursing professionalism. Also Kvist et al (2012) emphasizes, scientific evaluations also should be done in regular periods. Job satisfaction is often unparalleled because of many reasons like the working environment, the associated stress and burnout, individualized approach towards the care, work load and so on.

## **8 Discussion**

As this study's aim demands to get an understanding regarding various enhancing and inhibiting factors of nursing efficiency, the results justifies by encountering different type of

contributors which can influence the professional efficiency in nursing as well as those factors exists as eventual challenges in meeting an efficient professional nursing.

“Efficiency” *it is a state or quality being efficient or able to accomplish something with least wastage of time and effort, ultimately it is competency in performance.* Gordon,(1992) With regarding to nursing care it encompasses the same meaning. The term “competence” and “efficiency” need to be parallel, this study also gives a brief outlook for the future nurses towards their future working situations.

The theme 1, the enhancing factors of nursing efficiency, the categories identified were truly the essential qualities which justifies the background as the required competence as the professional behaviors identified were in well resonance with the background of the study. For instance, the emerged category “*Cultural competence*” could a prime criteria to be fulfilled or behavior should be attributed in attaining an efficient nursing professionalism. As Leininger (2002), emphasizes transcultural nursing is identified as an effective tool in meeting patients different perspective, understanding, way of believes and coping technique. It enables the patient to confront the misery by means of culturally meaningful ways.

As in Finland, because of the greater nursing staff requirement and retiring professional force (FNA, 2016), the governmental policy is to occupy more competent nurses from different nationalities. Although, internationalism in nursing professional field is inevitable because of the society has numerous immigrant people who seeks for the nursing care and service , the development of competence and cultural integration acquires only through confronting the contributors and hassles of nursing efficiency.

Similarly *Job satisfaction*, being able to perform the duties obliged with an inner satisfaction, as Lokcie,(2001) points out “*a pleasurable or positive state resulting from the appraisal of one’s job or job experiences*”.

Meanwhile as stated by Pron (2013), based on the evidenced based studies on nurses job satisfaction high rate of old age population have always demanded the quality of nursing care inclination and perfect care globally .Surprisingly the nurses who works in long term care settings have the greater job satisfaction level while comparing to the nurses who works in other institutions or hospital settings by certain wage factors and increased inter-professional relationship.

Also when it comes to the “*accountability*”, it is essential rather challenging to be accountable for the activities, working with a humanitarian spirit taken into consideration even facing under pressure and any sort of obstacles. As Clualfield, (2011) “*professional*

*accountability is an initial step in professional growth, it is a point where a professional identifies that he or she is answerable for all the trusted responsibilities would perform”*

Additionally, according to Mathews et al (2002) the area concerning “*Emotional intelligence*” for a healthcare provider is merely unrecognized by most of the research attempts, it is rather unfocused or not gotten the well-deserved attention, improperly defined and being criticized unintentionally. “*Emotional intelligence*” is very lacking among nursing staffs especially among elderly care areas, have been personally encountered addressing inappropriately when dementia , Alzheimer’s patients gets misinterpreted as they misbehaved being totally ignorant regarding the clients functional and cognitive impairments.

Also about “*Effective documentation*”, as Voutilainen, et al (2004) describes, there is a lack of reflective cross check on the documents and comprehensive description. Although, deliberate or unintentional exclusion happens in elderly care in many areas concerning the health status of the patient because of many reasons like comparatively longer stay in the care settings while comparing to the other care units, the unnecessary of documenting the same happenings, shortage of staffs and heavy work load or no such obvious changes in the health status. According to Jefferies et al, (2010) “*the quality of nursing documentation depends on various factors like whether the document is relevant and concerned to the patient fully, it gives a picture of the duty performed, was it written in the exact time, whether it concerns the actual work description and totally meets the legal authenticity*”.

Similarly, the factors inhibiting the efficient nursing performance are obviously the *communication barriers, Work stressors, unsatisfactory organizational culture* as evidenced by Woodhead (2013) emphasizes, *greater level of work stressors in working ambience predisposes burnout and when a staff experiences burnout it impacts an odd feeling of unfitness and which eventually de-capacitates their functional level in totality*”. Additionally cultural congruent care demands effective communication and any compromised levels of communication impacts the efficiency. Similarly the job satisfaction is varied in different settings and place to place and job satisfaction is a concept in which quality of care is evaluated in accordance to the different parameters like patient satisfaction, nurse to patient ratio, organizational characteristics, the expectations of the staff in delivering care and their experience

Similarly the challenges in meeting nursing professional efficiency are the eventual areas on behalf of our own experience being working in elderly care among multiprofessional team. There are many contributing factors of nursing efficiency which can possibly be the biggest challenges irrespective of any area of nursing. The quality of healthcare relies on the efficiency of professionals involved in it. Attaining an efficient quality nursing level always a complex task because of the existence of these factors

Also as Hood (2018) explained, *the inherited habit of professionalism of being an efficient nurse demands a period of time to practice, to make it in to an action so it is important for a nurse to have a self-assessment tool to evaluate the standards which makes an efficient professional.* As a personal perspective, even a small adaptation can bring a great level of change in the profession. The idea of efficiency differs for the nurses who come from different backgrounds and different set of care guidelines, different educational levels, so the perception or attitude differs in confronting a caring situation even though every initiated action of care leads to same goal. Non the less, It is equally important to give an idea to the nursing students about the eventual challenges in meeting the professionalism and set of adaptable guidelines from the curriculum and nursing educators to stablish professionally competent nurses to the future in order to have a pre concept regarding those areas.

As Hall's core-care-cure theory put forwards the impeccable relation between patient and nurse, these factors are very relevant as a matter of being competent and to expect the impedance to it in the working areas. Hall emphasizes the nurses are being an advocate in the cure process, the overall nursing process. The efficient functional level of being a professional nurse urges through the above discussed enhancing factors and rectifying the inhibiting factors and confronting all theses as a challenges.

## **9 Method discussion**

The choice of this study was literature review since it is a broad topic which can retrieve literature and simplified method to opt for. The literature selected were clearly gone through, analyzed and portrayed in the results. Notwithstanding the fact that, this study is a nutshell of certain assumptions on contributors of efficient nursing care with some scientific literature base since there is no universally formulated or accepted guidelines in making an efficient nurse professional except few random models in certain caring area like cultural congruence. This study is an outcome of consolidated idea derived from the selected data acquired. This topic is broad and compatible to any type of interpretations .The filtered and analyzed results not only applicable within the context of elderly care but in whole nursing care in general. It

is certainly a reflection of working encounters, an insight or a look within ourselves to have a better understanding, pre concepts throughout the journey in urging true professionalism. This method worked well enough to generate a result which can be useful for a reader to gain an understanding regarding the concerned areas of professional nursing. Also it is a well adaptable method to attain a simple idea rather than adopting any other method for deeper level. Moreover, the results emphasized the qualities required for a nurse to work efficiently being a mediator in the cure process which is described in the Hall's Core-Care-Cure theory.

## **10 Conclusion**

To sum up, nursing efficiency is a dynamic process and there, it is a lifelong process in learning new things, encountering new perspectives and interpreting own understanding and experiences of professional life. There are many factors which attributes in professional efficiency which is capacitates a nurse to gain an utmost level of professionalism. It is individual, retrospective and rather challenging which evolves time by time and challenges rectified upon expansion of carrier behaviors and skills.

As this study concise, there are numerous influencing and inhibiting factors easily identifiable in any care settings as the articles points out. During the gradual process in meeting efficient nursing level, certain core qualities are being learned and adapted like cultural competence, emotional intelligence and accountability. As per the definitions of nursing and Hall's theoretical concept, nursing is an evolutionary process and being a nurse is very integral as an advocate for the cure process these factors plays a crucial role. Having an insight on this factors gives much more a deeper understanding in confronting situation which demands a nurse to be enacted wisely on. These attributors remains as a building blocks in attaining nursing efficiency. Being nurses as the closest tool in healthcare deliverance, it is inevitable to have an understanding regarding these competencies in order to lead an efficient professional role. As personal point of view, these issues should be addressed frequently and rectified by giving in service education, frequent assessment of working efficiency by performance assessment, appraisal programs and so on.

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## 12 Appendix

5.Scrivener R et al (2011)	Accountability and responsibility: Principle of Nursing Practice B	To recognize the eventual issues associated with improper documentation	Narrative literature	Gaining an understanding of accountability and related issues is essential because these issues are fundamental to nursing practice	4.Voyer, P. (2014). Nursing documentation in long-term care settings: new empirical evidence demands pointing towards the need for effective documentation in certain characteristics like delirium in	3.Herlehy, A. M. (2012). Nurses' accountability in relation to nurse-led services	2.Kristin Halvorsen; Kjersti Sortland; and Kari Almenningen (2017) Documentation and communication of nutritional care for elderly hospitalized patients: perspectives of nurses	1.Karrienne et al(2017) Do nurses and other health professionals' in elderly care have education in family nursing?	Biographic Data
					Inadequate documentation and risk for nutritional problems	Study found out the participation in in-service educational programmes result the nurses to be updated with the current trends and information . It is also enabling			
					A qualitative study was conducted using a phenomenological-hermeneutic approach	Empirical cross sectional study			
					Concluded the fulfillment of nursing services attained through effective documentation.	Descriptive literature			
					Figured out the unparallel area of poor documentation and delirium symptoms.	Comparative study with the help of delirium assessing tool.			

9.Numminen.N et al, 2016	8.Safiye.T. et al(2016)	7.Hasson et al 2014	Biographic Data
Practice environment and its association with professional competence and work-related factors:	Factors affecting performance and productivity of nurses: professional attitude, organisational justice, organisational culture and mobbing	Long term nursing care of elderly people; identifying ethical problems	Name of the study
To explore newly graduated nurses' perception of their practice environment and its association with their self-assessed competence, turnover Intentions and job satisfaction as work- A cross-sectional descriptive correlation design	This study investigates the relationship of various factors which can influence or affect professional performance of nurses and the overall productivity To identify relationships among variables affecting nurses' performance and productivity, namely professional attitudes, organisational culture, organisational justice and exposure to mobbing	To give an outlook about the ethical issues in care delivery	Aim
The findings revealed strong and significant associations between practice environment and work-related factors.	Quantitative study -Cross sectional questionnaire	Qualitative study, interviews, data interpretation	Research Method
	Conclude the attitudes , organizational culture , justice and cases of mobbing can impact on nursing professionalism	Concluded that problems relating to the patients' psychological	Results

6.Charlotte et al 2011

The importance of professional accountability

To give a detail about the value of nurses accountability

Descriptive literature

Clearly explained and supported on nurses accountability matters.

Biographic Data			Method	Results
10. Carole Pélissier et al; 2010	Risk factors for work-related stress and subjective hardship in health-care staff in nursing homes for the elderly.	To find out any remedial measures to alleviate work stress and associated factors in elderly care	A cross-sectional descriptive survey	
11. Woodhead et al, 2014	Stress, Social Support, and Burnout Among Long term care settings and eventual stress factors	Narrative literature	Concluded that Long term care nursing staff are subject to considerable occupational stress and report high levels of burnout,	
12. Kristian. P et al; 2012	Communication between family carers and health professionals about end-of-life	To find out the relation between health care professionals role in delivering effective communication and thus quality healthcare.	Qualitative method, semi structured interviews	Pointed on the relationship, between professional perspectives, can help to improve communication between healthcare professionals and family carers of their patients
13. Dag Hoffos et al; 2015	Sufficient competence in community elderly care? Results from	To find out the competence level and staff age and experience. a competence measurement of nursing staff	cross-sectional survey	Found different age levels and attribution to professional competence.

23. Same I.A et al(2017)	Emotion al geriatric care: a health	The idea of this study is to define what is emotiona	Descript ive literature	Well defined and well explanat ory article which gives a better understa nding regardin
21.Nagel et al ;2016	' The emotional intelligenc e of registered nurse s commencing critic al care nursing' ,	To find the differenc e between emotional intelligence level a mong the staffs work ing in defferent depa rtments.	Quantitative descript ive survey	The staffs in differen t departments have t he different attribute to emotional intelligenc e.
20. Maye r.J et al 2008	Emotion al intelli gence: New abil ity or ecl ctic trait	Give am ulti dime ntional i dea about t emotio nal intell igence in professi onal nurs ing life	Descripti ve literat ure	Well por trayed on the inevit able emo tional int elligence and prof essional nursing .
19.Kvist, T., Mäntyne n;2012	The job s atisfactio n of finni sh nursin g staff: the devel opment	Compare tive stud y in order to deter mine the triggerin g factors of job sat isfaction in nursin g	Assesse ment too l study	Found de fferent re liable fac tors of jo b satisfac tion
18.Georg e J.M(200 0)	Emotion s and lead ership: the role o f emotio	Does emotio nal intellig ence pla y any rol e in prof essional l ife	Narrative literatur e	Well por trayed th e need of emotion al intelli gence in professio nal life.
17. Shao et al;2018	Nursing work env ironment , value c ongruenc e and the	To identi fy any co ntributin g factors in job sat isfaction	Cross- sectional data	Nurses w ork enviro nment p redicts jo b satisfac tion
16.Henn a Hasson;2 014	Nursing staff com petence, work stra in, stress and satis faction	The stud y is to compa re older people c are nursing s taff' s p erception s of their compet ence, wor k strain a nd work satisfacti	A cross- sectional question naire sur vey	Home c are staff experien ced signi ficantly l ess physi cal and emotio nal strain c
Pirkko.r; Arja.I (1998	Touchin g by Skilled Nurses in Elderly	The purpose of this study was to find out how skilled nurses in long- term care touch elderly patients who	Qualitati ve Intervie ws	Proven the caritative touch impacts in patients especiall y who
Biograph ic Data	Name of the study	Aim	Method	Results

<p>24. Winkens .B et al (2017)</p>	<p>Well-being of nursing staff on specialized units for older patients with combined care needs</p> <p>This study is to identify if the characteristics of the patients with combined health needs results in mental wellbeing of the staff who provides the care</p> <p>Explanatory/Observational cross sectional study</p> <p>Found out experience play a vital role, experienced staffs are being more competent , even though it can result in burn out.</p>
<p>25. Micheal. V et al (2015)</p>	<p>Risk factors for work-related stress and subjective hardship in health-care staff in nursing homes for the elderly:</p> <p>This study is to explore the possible risk of work related stress and work conditions</p> <p>Cross sectional study</p> <p>Result in exploring various factors of work stressors.</p>