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Assess the nurses perception of patient safety culture and safety control in patient safety management activities

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Abstract

Background: Patient safety has become a primary focus in worldwide for health care organizations, and a prerequisite for the provision of useful quality of care. Patient Safety refers reduce the error, prevent the patient fall, developing the knowledge about error that means prevention of harm by nurses' care. Nurses are the heart of the medical services to improve patient safety through prevention of nursing errors.

Aim: To assess the perception of patient safety culture, safety control, and patient safety management activities.

Methods: Non experimental, cross sectional design research design was adopted for the study with 100 samples which met the inclusion criteria were selected by Random sampling technique. Demographic variables data were collected by using a multiple choice questionnaire followed by assessing the nurse's perceptions on patient safety culture and safety control in patient safety management activities.

Result: The findings of the Out of 100 samples are 213 were female (95.9%), and the average age was 32.93 ± 8.13 years. Educational preparation was also solicited showing that 94 individuals (42.3%) had graduated from 3-year colleges. Most of the participants were unmarried. With regard to total clinical work experience, 79 (35.6%) nurses, the highest proportion, had worked less than 2~5 years.

Conclusion: The results revealed that the nurses had moderate level of perception. There was a statistically significant relationship between gender, working ward and perception on patient safety. These findings suggest that increase level of nurses' perception for patient safety and improved quality of life.

Keywords: Patient safety, safety control, safety management, nurses

Introduction

In globally Patient safety could be a first priority for health service system. Patient safety has become a primary focus in worldwide for health care organizations, and a prerequisite for the supply of useful quality of care. Patient Safety refers reduce the error, prevent the patient fall, developing the knowledge about error meaning prevention of harm by nurses' care. Nurses are the center of the medical services to enhance patient safety through prevention of nursing errors. Founded that 7.5% of patients attending acute healthcare facilities experienced a minimum of one patient safety event which 9,250 to 23,750 of the resulting deaths were preventable^[1]. A study conducted in, the UK and Australia they demonstrated those adverse events may occur in 3.7% to 16.6% of all hospital admissions; a big portion of them is also preventable. In between 2.9% to 16.6% of hospitalized patients are stricken by undesirable events like medication errors, healthcare-associated infections, or patient falls^[2] more than one-third of adverse events result in temporary (34%) or permanent disability (6%-9%). However 37%–70% of all adverse events are considered preventable harmful impacts on patients, like psychological trauma, impaired functionality or loss of trust within the healthcare system likewise as socio-economic costs may be avoided. In Korea, a recent study analyzed the annual insurance data provided by the National insurance Service. Through which, it reported that, on average, 9.2% of the 5,744,566 inpatients in Korea experienced an adverse event was hospitalized in 2010, among whom, 39,109 (7.4%) died from medical errors. Patient safety could be a new concept in Iranian hospitals. Nevertheless, from 2009 within the Iranian healthcare system, initiatives like hospital accreditation, clinical governance and patient safety friendly hospitals are introduced as frameworks to boost safety and quality in-hospital care^[3] "Nurses' perception of patient safety culture and its relationship with adverse events: a national questionnaire survey in Iran" Patient safety culture is a very important think about determining hospitals' ability to deal with and reduce

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the occurrence of adverse events (AEs). Results: Positive Response Rates of overall patient safety culture was 34.1% and dimensions of patient safety culture varied from 20.9 to 43.8%. Also, nurses estimated that the occurrence of six adverse events varied from 51.2–63.0% within the past year [4, 5].

Materials and Methods

A total of 100 samples who met the inclusion criteria selected by using sampling technique for the study. After selecting the samples the investigator introduced himself and explained the aim of the study to the staff nurse. Inform consent was obtained after assuring confidence. Each patient were assessed on the bedside. The demographic variables were collected by using multiple choice questionnaires. Self-structured questionnaire was accustomed assess the nurse perception of patient safety culture and safety management activities. The information were tabulated and analysed by descriptive and inferential statistics.

Results and Discussion

Of the participants who completed this survey, 213 were female (95.9%), and therefore the average age was 32.93±8.13 years. Educational preparation was also solicited showing that 94 individuals (42.3%) had graduated from 3-year colleges. Most of the participants were unmarried. With relevancy total clinical work experience, 79 (35.6%) nurses, the very best proportion, had worked but 2~5 years. Participants' perceptions of patient safety culture scored a mean average of three.08±0.30 out of a possible score of 5. Safety control scored a median of 4.07±0.79 of a spread of

1~6, and patient safety management activities scored a mean average of 4.02±0.45 of a possible 5. There was a major difference in total work experience at the current hospital associated with safety activities with those that had longest tenure engaging within the most activities (F=9.89, p<.001). Nurses who had experience with patient safety education were significantly more likely to have interaction during a higher number of safety management activities (t=2.31, p=.022). Finally, nurses who had experience with patient safety accidents were significantly more likely to have interaction in a very higher number of safety management activities (t=3.15, p=.002). Job satisfaction, number of patients usually assigned, energy unit and shift, years on electromagnetic unit, and dealing hours per week failed to show any relationship to Number of patient safety management activities among nurses during this sample. Participants' patient safety management activities had significant positive correlations with the following all six of the subcategories of patient safety culture: working environment in unit (r=.23, p=.001), attitude of supervisor/manager (r=.32, p<.001), communication (r=.42, p<.001), frequency of events reported (r=.20, p=.003), hospital environment (r=.33, p<.001), patient safety grade (r=.13, p=.049). Safety control scores were positively related to patient safety management activities (r=.54, p<.001). Participants' safety control also had significant positive correlations with the following five of the subcategories of patient safety culture: working environment in unit (r=.28, p<.001), attitude of supervisor/manager (r=.27, p<.001), communication (r=.37, p<.001), hospital environment (r=.35, p<.001) and patient safety grade (r=.18)

Table 2: Perception of patient safety culture, safety control, and patient safety management activities

Variables (number of item)	N (%) or M±SD	Min	Max	Range
Patient safety culture (44)	3.08±0.30	2.1	4.2	1~5
Work environment on unit (18)	3.14±0.36	2.2	4.9	
Attitude of supervisor/manager (4)	3.58±0.47	2.5	4.8	
Communications (6)	3.40±0.45	2.0	4.7	
Frequency of events reported (3)	3.17±0.76	1.0	5.0	
Hospital environment (11)	2.59±0.35	1.4	4.1	
Patient safety grade (1)	3.06±0.61	1.0	5.0	
Number of events reported (1) None	82 (36.9)			
1~2	86 (38.7)			
3~5	41 (18.5)			
≥6	13 (5.9)			
Safety control (7)	4.07±0.79	2.0	6.0	1~6
I am able to change unsafe nursing practices on my unit.	3.58±1.04	2.0	6.0	
I am able to modify work conditions in order to make them safer.	3.49±1.13	1.0	6.0	
I am capable of taking action to prevent injuries or accidents to myself at work.	4.39±0.98	2.0	6.0	
I am able to change the unsafe behaviour of other nurses at work.	4.26±1.04	2.0	6.0	
My nursing job allows me to control whether I am safe at work.	4.55±0.90	2.0	6.0	
I have control over whether I use safety equipment (e.g., protective eyewear).	3.88±1.14	1.0	6.0	1~5
I have control over whether or not I engage in safe work behaviors.	4.33±0.99	2.0	6.0	
Patient safety management activities (56)	4.02±0.45	2.7	4.8	
Medication (9)	3.97±0.48	2.7	5.0	
Transfusion (9)	4.40±0.57	2.8	5.0	
Patient care during transfers (8)	4.28±0.54	2.6	5.0	
Management of infection (12)	4.30±0.51	2.8	5.0	
Identification of patients (5)	4.23±0.54	2.6	5.0	
Communication (4)	3.47±0.80	1.0	5.0	
Management of pain (2)	4.24±0.92	2.0	5.0	
Management of bedsores (2)	4.20±0.71	2.0	5.0	
Management of falls (2)	4.25±0.69	2.0	5.0	
Management of the environment (3)	3.99±0.74	2.0	5.0	

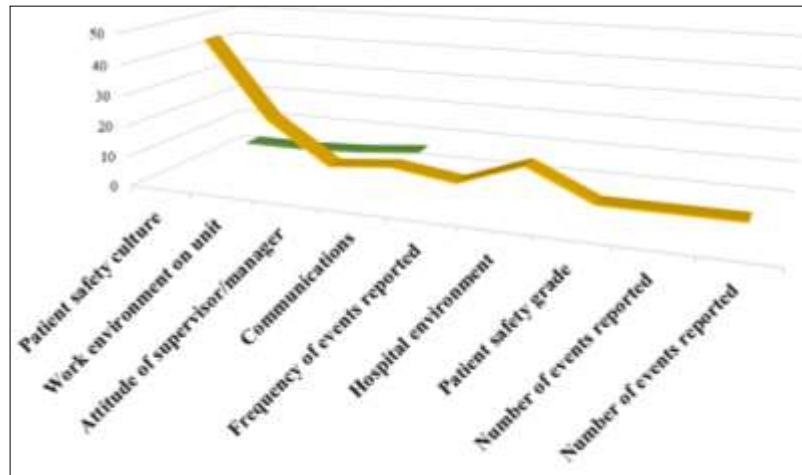


Fig 1: Show that the perception of patient safety culture, safety control, and patient safety management activities

Conclusion

The results revealed that the nurses had moderate level of perception (2.80 ± 0.46). There was a statistically significant relationship between gender, working ward and perception on patient safety ($t=2.14$, $p=.036$), and ($F=5.95$, $p=.000$) respectively. These findings suggest that increase level of nurses' perception for patient safety and improved quality of life.

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Conflict of interest

Authors declare no conflict of interest.

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