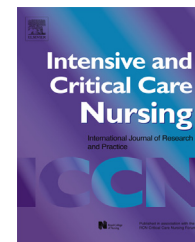




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ORIGINAL ARTICLE

The association between patient safety culture and burnout and sense of coherence: A cross-sectional study in restructured and not restructured intensive care units



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KEYWORDS

Burnout;
Organisational
culture;
Patient safety;
Restructuring;
Sense of coherence

Summary

Objectives: To study the associations between registered nurses' (RNs) perception of the patient safety culture (safety culture) and burnout and sense of coherence, and to compare the burnout and sense of coherence in restructured and not restructured intensive care units (ICUs).

Design: Cross-sectional study.

Participants/setting: RNs employed at seven ICUs in six hospitals at a Norwegian Hospital Trust. One to four years before the study, three hospitals merged their general and medical ICUs into one general mixed ICU.

Method: The safety culture, burnout and sense of coherence were measured with the questionnaires *Hospital Survey on Patient Safety Culture*, *Bergen Burnout Indicator* and *Sense of Coherence*. Participant characteristics and working in restructured and not restructured ICUs were registered.

Abbreviations: HSOPSC, Hospital Survey on Patient Safety Culture; ICU, intensive care unit; NICU, neonatal intensive care unit; RN, registered nurse.

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Results: In total, 143/289(49.5%) RNs participated. A positive safety culture was statistically significantly associated with a low score for burnout and a strong sense of coherence. No statistically significant differences were found in burnout and sense of coherence between RNs in the restructured and not restructured ICUs.

Conclusions: In this study, a positive safety culture was associated with absence of burnout and high ability to cope with stressful situations. Burnout and sense of coherence were independent of the restructuring process.

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Implications for Clinical Practice

Initiatives to develop and maintain a positive safety culture:

- Prevent burnout by reduction of stress.
- Support the personnel's sense of coherence with positive feedback and assistance in demanding situations.
- Avoid unnecessary restructuring.

Introduction

Efforts to improve patient safety have increased the focus on the patient safety culture (safety culture) (Kohn et al., 2000). In this paper, the understanding of the term safety culture is based on the definition of the culture of safety used by the European Society for Quality in Health Care as:

“an integrated pattern of individual and organisational behaviour, based upon shared beliefs and values that continuously seek to minimise patient harm, which may result from the processes of care delivery” (EUNetPaS, 2010, p. 4).

The World Health Organisation, has in a review listed safety culture as one of ten topics of human factors relevant to patient safety (WHO, 2009).

Intensive care units (ICUs) are units with critically ill patients, which, because of their situation and the complexity in care, may be vulnerable to patient safety incidents (Garrouste Orgeas et al., 2008; Rothschild et al., 2005; Seynaeve et al., 2011). The working environment in ICUs can be characterised as stressful, with a risk of burnout among health care professionals. A systematic review reported a variation of burnout among health care professionals in ICUs from 0% to 70.1% (van Mol et al., 2015). Burnout is described as a response to interpersonal stressors at work, characterised by *exhaustion*, *cynicism* and *inefficacy* (Maslach et al., 2001, p. 402–403). Previous research in hospitals have found an association between burnout and a low sense of coherence (Nordang et al., 2010; Tselebis et al., 2001). A strong sense of coherence describes a person's feeling of coping with stressful situations in life (Antonovsky, 1993). The association between safety culture and burnout has been questioned (Garrouste-Orgeas et al., 2015; Profit et al., 2014), but as far as we know, no knowledge is provided between the safety culture measured with the Hospital Survey on Patient Safety Culture (HSOPSC), and sense of coherence.

In a previous study among registered nurses (RNs) in ICUs, we found that restructuring had an unfavourable effect on the safety culture (Vifladt et al., 2016). Restructuring has been linked to burnout among nurses in the restructuring of hospitals and cancer units (Greenglass and Burke, 2001; Nordang et al., 2010). In an effort to seek a broader understanding of the safety culture, it was of interest to study the associations between the safety culture and individual and organisational factors.

In this study, the primary objective was to investigate associations between the RNs perception of the safety culture in ICUs, and burnout and sense of coherence. The secondary objective was to compare the scores for burnout and sense of coherence among the RNs in restructured and not restructured ICUs.

Methods

Study design and setting

The design was a cross-sectional study carried out from December 2012 to February 2013. RNs in seven ICUs in six hospitals for patients with somatic disorders in a Norwegian Hospital Trust were invited to participate. In 2013, the hospital trust had a catchment area of about 400,000 inhabitants. One to four years before the study, three of the hospitals merged their general and medical ICUs into general mixed ICUs (restructured). The other three hospitals maintained their structure unaltered (not restructured). The number of beds in the hospitals that had restructured and not restructured the ICUs ranged from 126 to 176, and from 47 to 144 respectively.

Participants

Included in this study were RNs working in the ICUs for a minimum of three months and with patient contact in their

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