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Nurse manager risk information management for decision-making: A qualitative analysis

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ABSTRACT

Background: Nurse managers enact changes to practice based on information collected from the local ward environment with the aid of electronic risk management and incident reporting systems. Despite being key users of electronic risk management and incident reporting systems, little knowledge exists on nurse managers' use and communication of information derived from these systems.

Aim: This qualitative study aimed to explore nurse manager information requirements, risk management practices, and influences on decision-making when interacting with an electronic risk management and incident reporting system.

Methods: Focus groups with eight nurse managers were conducted at a teaching hospital in Melbourne, Australia.

Findings: Decision-making and information management approaches varied depending on whether the nurse manager investigated a single incident report or viewed summarised incident reports. Thematic and content analysis produced three themes: navigating the system, relying on data, and communication and feedback.

Discussion: Nurse managers faced individual and organisational barriers preventing them from using the risk management and incident reporting system to its full potential.

Conclusion: The findings from this study will assist nursing and health care administrators in identifying ineffective practice and meeting nurse manager information requirements.

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Problem

The experiences of nurse managers when interacting with electronic incident reporting and risk management systems is not well understood.

What is already known

Previous research has identified general barriers and facilitators to optimal use of information systems in sociotechnical health care environments.

What this paper adds

Insight into the key challenges faced by nurse managers when using electronic risk management systems in an acute care context.

1. Background

In the context of health workforce shortages, limited resources and ageing populations, improving patient safety is a priority for health care organisations. Approximately 1 in 10 hospital patients experience harm due to adverse events or errors (World Health Organisation, 2016). Nurse managers (NMs) undertake risk management as part of their pivotal roles in the delivery of safe and high-quality health care in clinical settings, linking strategic and operational patient safety goals (Paliadelis, 2013). Risk management involves integration of culture, structures and processes to prevent, identify and manage adverse events (Standards Australia/Standards New Zealand, 2009). NMs are usually responsible for the investigation of reported clinical incidents (also known as patient safety events), analysis of incident report [IR] data, and dissemination and feedback of investigation findings to frontline staff, first line management and leadership (State of Victoria, 2011). Electronic risk management and incident reporting systems are widely used to enable and facilitate risk management and local clin-

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ical governance activities. They serve as decision-making tools to identify safety risks at the ward level.

Previous research has identified a range of contextual influences on user engagement with electronic risk management [ERM] systems and IRs, such as user demographics, skills, attitudes and organisational support (Brubacher, Hunte, Hamilton, & Taylor, 2011; Hwang, Lee, & Park, 2012). However, despite being key users of ERM systems, the experiences of NMs interacting with these systems are not well understood.

The study's aims were:

1. To identify NMs' risk information management processes and requirements in acute care settings
2. To explore the influences on NMs' decision-making when interacting with an ERM system.

2. Method

2.1. Research design

A qualitative exploratory research design was employed to allow participants to share their experiences and perceptions of factors influencing their interactions with an ERM system. The qualitative approach is well-suited to research on personal experiences and contextual factors, and increases the body of practice-based evidence in complex health care environments (Barbour, 2008; Leeman & Sandelowski, 2012).

2.2. Risk management software

In Australia, the most widely used ERM system is RiskMan (Lederman, Dreyfus, Matchan, Knott, & Milton, 2013). It is currently used in 74% or private hospitals and 75% of public hospitals nationwide (RiskMan, 2016). RiskMan is an enterprise risk management system which spans the incident reporting process from the point of data entry to formal investigation of particularly severe clinical incidents (RiskMan, 2012). The ERM system provides health services with a standard reporting format that allows for minor modification and tailoring. It is used by NMs to investigate their ward's reported clinical incidents and view summarised incident reports (SIRs) containing data on previously finalised clinical incidents.

2.3. Setting, sample and recruitment

The study was conducted at a major metropolitan public teaching hospital in Melbourne, Australia. Participants included NMs, associate NMs, and clinical nurse specialists (collectively referred to as NMs). All had responsibility for investigating incidents and reporting aggregated findings to various organisational groups. NMs from fourteen medical and surgical wards were invited to participate. Participants were recruited using a combination of purposive and chain-referral sampling. Correspondence with potential participants was conducted via email, phone calls, or in person. They were provided with a written description of the study including a statement that participation was optional, the study's purpose, duration, participant requirements, and administrative contacts.

2.4. Data collection

Prior to focus group discussions, participants were asked to complete a questionnaire consisting of fourteen questions and statements relating to participant demographics, NM perceptions of SIRs, and data contained within them. Perceptions were placed on a five-point rating scale (ranging from 'very poor' to 'very good').

Table 1
Focus group interview questions.

Semi-structured focus group interview outline
How do you retrieve information to help you make decisions about patient safety and risk management?
Please tell me about how you access summarised data and reports. Describe any issues you may have experienced during this process.
How did you learn about the risk management system and its functions? Tell me about the training that you received.
Were there other sources of information that you could use, apart from your own staff, if you could not locate it in the ERM system?

Two sixty-minute focus group interviews were conducted, with four NMs participating in each. All participants gave consent for audio-recording. Focus group questions are outlined in Table 1.

2.5. Procedure

Ethics approval was obtained from the university and hospital's human research ethics committees. One researcher moderated focus groups, and a second researcher took field notes for verification and to enhance credibility. Recordings were transcribed using a 'clean verbatim' style of transcription, whereby fillers and repeated words are removed and speech errors corrected for clarity (Barbour, 2008).

2.6. Data analysis

Transcribed text and field notes were managed with NVivo qualitative data analysis software (QSR International Pty Ltd. Version 10, 2012). Inductive analysis of focus group data involved content analysis, consisting of open coding, axial coding and categorisation (Elo & Kyngäs, 2008). Qualitative rigor was established by keeping audit trails, triangulation of content analysis using multiple analysts, and engaging in reflexivity with an awareness of the researchers' backgrounds as registered nurses.

3. Results

NMs accessed and utilised IR data in different ways depending on whether they were investigating an individual IR or generating SIRs with aggregated data on multiple incidents. In the following sections, demographics and attitudes towards SIRs are described, followed by a description of themes that emerged from the inductive thematic and content analysis: navigating the system, relying on data, and communication and feedback.

3.1. Demographics and attitudes towards SIRs

Participant demographic and self-reported attitude findings are displayed in Table 2. The majority of participants worked on medical wards. All participants were under forty-five years of age and had occupied their current management positions for fewer than ten years. The majority of participants held postgraduate qualifications. Questionnaire data indicated perceived confidence with using information technology did not increase with experience. None of the NMs considered themselves experts at interacting with data in electronic formats. All participants felt SIRs were relevant to NM work, but perceived accessibility of risk management systems, levels of detail and comprehensibility of SIRs was variable. NMs did not believe accessibility, level of detail or comprehensibility of SIRs was adequate.

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