



## Research Article

# Clinical Experiences as Related to Standard Precautions Compliance among Nursing Students: A Focus Group Interview Based on the Theory of Planned Behavior



Kyung Mi Kim, RN, PhD, ICAPN,<sup>1, †</sup> Hyunjin Oh, RN, PhD<sup>2, \*</sup>

<sup>1</sup> Department of Nursing, Semyung University, Jecheon, South Korea

<sup>2</sup> College of Nursing, Gachon University, Incheon, South Korea

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## SUMMARY

**Purpose:** During clinical placements, nursing students who come into close contact with patients and provide nursing interventions may be exposed to harmful pathogens. However, little is known about nursing students' experiences with standard precautions (SP) in clinical settings.

**Methods:** We conducted interviews with six focus groups of nursing students ( $n = 38$ ) from two universities in South Korea. The focus group interviews each took 90–120 minutes and included 6–7 participants from two different universities. The meetings used semi-structured interview protocols. Qualitative content analysis was employed.

**Results:** Four themes and 9 subthemes were identified: (a) attitudes (knowledge deficit, sensitivity), (b) subjective norms (negative role models, classroom and in-field gaps, blind spots), (c) perceived behavioral control (psychological barriers, physical barriers, lack of information), and (d) intention (changes in compliance awareness).

**Conclusions:** These focus groups revealed that many nursing students worked in vulnerable environments and risked pathogen exposure. Nursing students expressed the importance of SP but reported witnessing many instances of failure to comply with established measures. Several barriers were explored as reasons of SP noncompliance. By removing the barriers presented in this study, nursing students would be able to perform their duties in a safe clinical environment.

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## Introduction

Healthcare-associated infections are a concern for healthcare workers as well as their patients [1]. There are two tiers of Healthcare Infection Control Practices Advisory Committee/Centers for Disease Control and Prevention isolation precautions to prevent transmission of infectious agents, standard precautions (SP) and transmission-based precautions [2]. In SP, all blood and body fluids of a patient are considered potential pathogen transmitters, regardless of the suspected or confirmed presence of an infectious agent [2]. Major components of SP include hand hygiene, using

personal protective equipment (PPE), respiratory hygiene or cough etiquette, safe injection practices, and infection control practices for special lumbar puncture procedures [2]. Among healthcare workers, the reported causes of SP noncompliance were related to the lack of knowledge or time, forgetfulness, skin irritation, discomfort when wearing protective equipment, and lack of training [3].

Several studies have been conducted to explore facilitators of and barriers to SP compliance for healthcare workers by applying behavioral science theory which would explain and predict human behaviors [3–6]. The Theory of Planned Behavior (TPB), developed by Icek Ajzen in 1985 [24], explains that attitudes are influenced by intention and perceived control, and intentions are influenced by psychosocial determinants such as attitudes and subjective norms [7,8]. Unlike other social cognitive models in infection control area (e.g., Health belief model, Health locus of control, protection motivation theory), the TPB emphasizes predictors related to individual intention for behaviors [9–11]. Since the TPB

\* Correspondence to: Hyunjin Oh, RN, PhD, School of Nursing, Gachon University, 191 Hambakmoero, Yeonsu-gu, Incheon 406-799, South Korea.

E-mail address: [hyunjino@gachon.ac.kr](mailto:hyunjino@gachon.ac.kr)

† Current affiliation: College of Nursing, The Catholic University of Korea, Seoul, South Korea

tests intentions towards specific infection control measures, such as understanding compliance with hand hygiene recommendations or physicians' intention to wear gloves during patient care, it is perceived as the best theory for explaining why healthcare workers do not follow SP compliance even though they have greater knowledge and cognitive awareness about the importance of it (Pittet). In addition, the TPB considers the individual intention as a strong determinant in behaviors such as compliance. Recent studies have tried to explore influential factors to infection control compliance using this theory.

The theory of planned action is widely used as the theoretical framework in behavioral studies and has successfully explained a variety of human behaviors and their determinants [8]. However, most current studies in evaluation of TPB [1,6,7,9,10] adopt quantitative approaches to identify specific behaviors and the related concepts in infection control areas. Glanz et al. proclaimed that "open-ended elicitation interviews" is the vital step in applying TPB when exploring the related factors of a certain behavior (Glanz et al., p. 82) such as related behavioral outcomes, facilitator and barriers. They also suggested example questions to ask of study participants emphasizing the importance to explore both negative and positive responses to questions. Using TPB the formulation of the questions and the categorizations of the answers regarding certain behaviors and its various influential factors would be provided.

Nursing students in long-term clinical placements may find themselves coming in close contact with patients and providing nursing interventions, both of which may lead to exposure to harmful pathogens. In order to minimize risk, nursing students should receive training on SP and have competence prior to their clinical rotations. There have been a few quantitative studies investigating SP compliance among healthcare workers and nursing students. However, there have been few studies exploring specific facilitators and barriers guided by TPB. In order to develop an intervention program, qualitative study dealing with specific contents perceived and experienced by participants is needed. This study attempts to explore clinical experiences of SP compliance by using TPB among nursing students in clinical practice settings in South Korea.

## Methods

### Study design

A qualitative descriptive study using focus group interviews was implemented. A focus group interview involves purposively selecting participants to gather opinions on a given topic within an in-depth group interview framework [12]. Participants are recruited based on criteria including similar experience on research topic, age range, similar socio-characteristics, and comfortableness with the interviewer and each other in the interview environment [13].

### Setting and sample

Six focus groups including 38 senior nursing students were carried out. The focus groups were all homogenous with respect to grade and clinical settings experience. All students from the two universities involved had similar experiences academically (participating in a 4 year university-level course offered at two local cities). Students had also finished 1 year of clinical experience in tertiary hospitals in South Korea. Those who agreed to take part were assigned to focus groups depending on personal schedules and availability.

### Ethical consideration

This study was approved by the Institutional Review Board of the Semyung University Oriental Medicine Hospital, and all participants provided written consent. All participants were fully informed about the purpose of the study and that the discussions would be recorded. For confidentiality, all interview data, related descriptions, and record files were stored on the hard drive of a password-protected computer shared by only the authors; backup files were secured in locked file cabinets.

### Data collection

The focus group interviews each took 90–120 minutes and included 6–7 participants from the two participating universities. A moderator and an assistant led three focus group interviews at each study site. The research team created a structured interview guide for this study and utilized the theoretical framework of TPB to guide the focus group interviews (Table 1). Based on reviews of the literature [1,14], questions were developed to explore analysis with attitudes, subjective norms, perceived behavioral control, and intention. All students were asked to describe various experiences related to their observations and compliance of SP. All questions were open-ended.

### Data analysis

Qualitative content analysis was used to code and analyze the data from the focus group interviews. Qualitative content analysis guides analysis with least interpretation, and offers a comprehensive summary [15] that proves to be a good fit for the purpose of focus group interview methods.

All interviews were conducted and transcribed verbatim by research assistants in attendance. Analysis followed the general approach of content analysis put forth by Krueger and Casey [12] and Nyamathi and Shuler [16]. The unit of analysis was done on the participant's response per question. Two researchers read each transcript several times to familiarize and get a sense of the entire interview, and fully understand the content. During this stage, researchers noted key ideas and recurrent codes. Initial coding was given to break the text into meaningful segments. Primary coding was performed with a low level of inference by each author and initial codes and preliminary codebook was created during this

**Table 1** Focus Group Discussion Topics.

Topics	Questions
Attitudes	Have you ever heard of SP? What is the SP? Is it necessary to follow SP at the clinical practice as a nursing student? How much valuable is it to follow standard precaution in clinical practice? What do you think of the risk of infection exposure when nursing students did not comply with SP?
Subjective norms	What was your experience of nurses' SP compliance during clinical practice? Have you received direct or indirect SP education from nurses or head nurses? Do the nurses in clinical practices think that nursing students should always follow SP?
Perceived behavioral control	What was the situation in which you did not follow SP? Does anything prevent nursing students from following SP? Have you experienced difficulties in following SP due to the clinical settings (facilities, goods)?
Intention	Do you intend to always follow SP during clinical practice?

Note. SP = standard precautions.

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