



Re-finding the ‘human side’ of human factors in nursing: Helping student nurses to combine person-centred care with the rigours of patient safety



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SUMMARY

In this paper the authors explore the centrality of both patient safety and person-centred care when preparing student nurses for their role. By examining these two goals against the understanding of human factors, the concept of risk and the interpersonal elements of patient centred, compassionate care, the authors identify the challenges that nurse educators must recognise in preparing the nurses of the future who must achieve both. The authors introduce the notion of human factors and their role in promoting safe environments. Thereafter the authors explore the development of the student nurse in coming to understand that optimal patient care must primarily be safe but must also have the wishes of individual patients at its core. Finally the authors raise the challenge for nurse educators of supporting students' growing understanding of safety, risk and how these must be balanced with individual needs and wishes.

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Introduction

Nurses have always had their patients' safety at the forefront of their decision making. Increasingly this concern for safety has been formalised and researched under the scientific discipline of human factors. Grounded in safety science and bringing together such diverse subjects as engineering, biomechanics, industrial design, psychology and statistics, the notion of human factors addresses the complexity of human engagement with the environment and seeks to analyse the interactions which structure behaviour in the workplace. This discipline demands both an understanding of how people make decisions and behave and how to design safe and effective systems within which individuals work, whereby performance can be enhanced and the risk of error: poor decisions, poor performance is minimised.

In health care, the evidence of adverse events has been salutary (Vincent et al., 2001; DH, 2012) and great efforts have been made to enhance patient safety by the establishment of various patient safety agencies, boards and programmes. The complexity of achieving optimal outcomes has not gone unrecognised and is encapsulated in Alexander Pope's (1688–1744) truism that “to err is human...” In nursing education, the notion of patient safety has run like a red thread through all aspirations for best practice. However, there is now a real opportunity to include the understanding of human factors in to both pre and post registration educational curricula whereby awareness of the reality of human factors will facilitate the finding of best solutions or, as so

often pithily stated, ‘make it easy to do the right thing’. Often the answer is seen to lie in standardisation and simplification (Norris, 2012) but the question arises as to whether this can also allow for the heart of nursing to be fully expressed: the provision of holistic, individualised patient centred care. In this paper the focus is on the needs of the student nurse learning the skills of ‘best practice’ and how to enhance both patient safety and compassionate patient centred care.

When potential nursing students are asked why they want to be nurses, many will say that they want to help people, care for people and have patient contact. Patients also value the human touch and personal contact of nurses, wanting to be cared for as individuals and looked after by nurses who care about their specific stories and situations. In addition, and as part of their caring ethos, the student nurse's concern is for their patient's wellbeing and safety. This is evident from their earliest encounters and can be a source of ongoing student nurse anxiety. They openly fear that they might do something wrong that could cause harm, reflecting so clearly the words of Florence Nightingale (1859) “the very first requirement in a hospital, that it should do the sick no harm.”

Arguably, one of the challenges in nursing today is bringing together these two approaches into a style of nursing which ensures safety within a large organisation such as the National Health Service (NHS), whilst at the same time ensuring the integrity of the nurse and the person-centred care of the individual patient.

Human Factors and Patient Care

On first hearing the expression, it is easy to believe that ‘human factors’ merely reflects all those things about being human that affects what we do, but this would deny the truly theoretical underpinnings

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of human factors' research. However, at a practical level, it is helpful to have a succinct definition, for example: the things that enhance or reduce human performance in the workplace. To understand fully the importance of the interaction between the human element and the other elements of environmental systems and processes, is the business of ergonomics (HFES, 2000). Human factors is more than just understanding about people, their capacities, attributes and frailties; it is also about using what is known about people to design safer and more effective systems and processes within safer and more supportive environments. So to understand the achievement of harm free care of patients requires both thinking about people and thinking about systems (Noble et al., 2012).

Understandably in patient care, although health care professionals are always looking to enhance care, there needs always to be the recognition and understanding of any form of human frailty that might reduce the performance of best care. Indeed, more recently this has been closely examined in relation to such as information processing, memory, the quality of clinical decisions made, situation awareness, the type of clinical leadership employed, teamwork and, fundamentally, the quality of the communication (Reason, 1990; Flin et al., 2008). Factors that are well known to impair performance are fatigue, any form of stress and distress, and role uncertainty and ambiguity. However, this reality in relation to ensuring optimal care, is often compounded by a reluctance to speak up when poor care is observed for fear of some sort of retribution or it being seen as not being 'their place' in the hierarchy so to do. These factors are often identified as the nontechnical skills affecting performance, factors that, notably, can affect both the novice and the expert (Reason, 1990; Flin et al., 2008).

Against this is the recognition that patient care is set in increasingly complex systems and if the known risks of human error are to be minimised, systems in all their complexity must be designed to be safe, effective and efficient (Norris, 2012). Equally when problems occur and safety is compromised, there is a need to learn from this and find solutions. In this way mistakes are not condoned but are recognised in a constructive way in order to understand, find means to minimise, and thereby improve care.

Entering the Arena of Nursing

It is a great privilege, as educators, to witness the growth, sometimes transformation, of many nursing students undertaking pre-registration education. In their early days the students often bring naïve enthusiasm for the nurse's role and a refreshingly unchecked, sometimes indignant, view of what high quality care might look like and how patients' rights should be upheld. By graduation and registration these individuals have developed a sense of their own approach to the nursing role and have gained knowledge and skills which help them to grow into the role of qualified nurse. The students' learning experiences necessarily temper the initial naïve enthusiasm. However this is replaced with a more considered optimism and, in many cases, a much more in depth understanding of the opportunities and challenges posed by a nursing career in the twenty first century. The move from 'novice to expert', much heralded in nursing (Benner, 1984), is truly personified in many of those students who pass through the doors of nurse education. However, knowledge and skills are not all that they gain within nurse education. The cultures and expectations, rules of the workplace both written and unwritten, values and ideals are all part of the education offered, often tacitly, to our students.

Learning About Patient Safety

Some of the dominant themes which are introduced to students prior to their first patient contact are necessarily those surrounding patient safety and risk. For example, early manual handling education highlights the importance of efficient movement for the safety of both patients and staff. Legislation surrounding this important topic is

discussed and students are left with clear guidelines about moving patients in a way which ensures safety as well as maintaining dignity and comfort. These guidelines and others like them, are designed to help nurses practise well and strongly demonstrate the importance of adhering to protocols to ensure safety. They can, however, also prove daunting and unfamiliar to the novice nursing student.

In early placements a multitude of new and unfamiliar roles bombard the student nurse and it is easy to become overwhelmed. New students are constantly encouraged to ask for help, not to tackle tasks with which they are unfamiliar, and to observe practice by mentors before undertaking procedures on their own. This advice is offered in a supportive manner and is designed to ensure that students take time to 'find their feet', observing those more experienced and putting their academic knowledge together with their practice observations before starting to act on their own. However, the prevailing culture of risk can also lead to a degree of paralysis. Students sometimes feel that they dare not do even the simplest of tasks without reference to qualified staff or more senior student colleagues. Fear of making a mistake, however small, can be a powerful motivator for a student and can lead to restricted performance and progress, particularly in early placements (Steven et al., 2014). All too often mentors describe students who will not undertake even relatively simple roles unaccompanied, preferring instead to observe the mentor for fear of making a mistake. Wrongly this may be perceived as lacking motivation or worse, avoiding care responsibilities. However, when asked, these students are more often very aware of the importance of their new role and the most conscientious individuals who want to do the very best for their patients. Indeed many of these students speak with huge commitment about patient care and approach the start of their nursing career with a wholehearted desire to care effectively and with full compassion for individuals and their families.

Safety and Person-centred Care

Further into their education, students can struggle to reconcile notions of person-centred care with the standardised care pathways and paperwork encountered in practice. They are well aware of the importance of putting the patient first, becoming effective advocates for their patients, supporting families and designing care to take account of individual patient needs. However, they are faced with the day to day challenge of a myriad of required activities all of which, to ensure patient safety and wellbeing, must be fully and effectively documented. These come to shape a busy day in a hospital ward. Indeed, student nurses preparing to work in the 'real' world of nursing today must experience the challenges and constraints of the system in which they will work. The study of human factors offers much to these situations and has helped hospitals to develop systems which seek to ensure safe and efficient practice within the constraints of the busy hospital system. Indeed, simple notions such as the 'surgical pause' a brief pause before surgery to enable safety checks to be made (Chariton, 2004; WHO, 2008) can be translated to good effect into nursing care. Documentation, guidelines and continuing professional development arguably all help to make it 'easy to do the right thing'. Nurses are urged to ensure that practice is 'safe, effective and patient centred', an aim with which nobody would disagree. Student nurses learn that safe and effective practice is their goal and this is at the forefront of their learning throughout their education.

The challenge facing both student nurses and educators is the potential dichotomy between ensuring patient safety whilst always seeking to give care that is truly person-centred. Fear of making mistakes, a need to follow guidelines and the desire of a new student to 'follow the rules', as Melia (1987) identified as long ago as the 1980s, are still powerful determinants of practice. However, as students develop they start to encounter challenges where guidelines may not suit individuals and patients' wishes may differ from the recommended course of action. Person-centred care starts to sit uncomfortably with the rigours of

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