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Undergraduate baccalaureate nursing students' self-reported confidence in learning about patient safety in the classroom and clinical settings: An annual cross-sectional study (2010–2013)



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ABSTRACT

Background: Given the increasing incidence of adverse events and medication errors in healthcare settings, a greater emphasis is being placed on the integration of patient safety competencies into health professional education. Nurses play an important role in preventing and minimizing harm in the healthcare setting. Although patient safety concepts are generally incorporated within many undergraduate nursing programs, the level of students' confidence in learning about patient safety remains unclear.

Objectives: Self-reported patient safety competence has been operationalized as confidence in learning about various dimensions of patient safety. The present study explores nursing students' self-reported confidence in learning about patient safety during their undergraduate baccalaureate nursing program.

Design: Cross-sectional study with a nested cohort component conducted annually from 2010 to 2013.

Setting and participants: Participants were recruited from one Canadian university with a four-year baccalaureate of nursing science program. All students enrolled in the program were eligible to participate.

Methods: The Health Professional Education in Patient Safety Survey was administered annually. The Health Professional Education in Patient Safety Survey captures how the six dimensions of the Canadian Patient Safety Institute Safety Competencies Framework and broader patient safety issues are addressed in health professional education, as well as respondents' self-reported comfort in speaking up about patient safety issues.

Results: In general, nursing students were relatively confident in what they were learning about the clinical dimensions of patient safety, but they were less confident about the sociocultural aspects of patient safety. Confidence in what they were learning in the clinical setting about working in teams, managing adverse events and responding to adverse events declined in upper years. The majority of students did not feel comfortable speaking up about patient safety issues. The nested cohort analysis confirmed these findings. In particular, confidence in acquiring basic clinical skills, learning about adverse

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events, and managing safety risks improved between Year 1 and Year 2, and confidence in managing safety risks declined in upper years.

Conclusions: These findings suggest nursing students are confident in what they are learning about clinical aspects of patient safety, however, their confidence in learning about sociocultural aspects declines as they are increasingly exposed to the clinical environment. This suggests a need to address the impact of the practice environment on nursing students' confidence in what they are learning about patient safety.

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What is already known about the topic?

- The lowest self-reported confidence in learning about patient safety was previously identified in upper year nursing students (cross-sectional data).
- Newly registered nursing graduates report lower levels of confidence working in interdisciplinary teams compared to newly registered physicians and pharmacists.
- Deficiencies in learning about patient safety culture in clinical training environments affect confidence amongst health professional trainees.

What this paper adds

- Overall, nursing students were relatively confident in what they were learning about patient safety concepts.
- Nursing students confidence in sociocultural aspects of patient safety declined as they were increasingly exposed to the clinical environment.
- From Year 3 to Year 4, nursing students' confidence in managing safety risks declined (longitudinal data).

1. Introduction

The incidence of adverse events in healthcare is currently on the rise (World Health Organization, 2011). Within Canadian hospitals alone, there are between 9250 and 23,750 annual deaths that result from adverse events that could have been prevented (Baker et al., 2004). Patient safety in the clinical setting can be greatly improved through training of healthcare professionals on this topic (Maddox et al., 2001; Wakefield et al., 2005; World Health Organization, 2011). It is therefore essential to provide education on the fundamentals of patient safety to future healthcare practitioners during their professional training to reduce the risk of unnecessary harm to patients, and to advance and sustain a culture of safety within a complex and evolving healthcare environment (World Health Organization, 2009b, 2011). Patient safety is broadly defined as the prevention of unnecessary harm to patients (World Health Organization, 2009a). Patient safety can be achieved by reducing and mitigating unsafe acts within the healthcare system through the explicit use of best practices that have been shown to lead to optimal patient outcomes (Frank and Brien, 2008). Worldwide, increasing emphasis is being placed on the importance of integrating patient safety principles and factors that contribute to patient safety into curricula for healthcare students (American Association of Colleges of Nursing, 2008; Frank and Brien, 2008; National Steering Committee on Patient Safety, 2002). Recently, the Canadian Patient Safety Institute (CPSI) developed the Safety Competencies Framework as a method to accelerate the development of patient safety curricula across Canada for the education of healthcare professionals, including physicians and nurses, to assess the knowledge of healthcare professionals on patient safety principles, and to foster a culture of patient safety within diverse healthcare settings that will help to ensure safe practice and improve the quality of care (Frank and Brien, 2008).

Nurses play a vital role in improving the safety and quality of patient care (Canadian Association of Schools of Nursing, 2011; Hughes, 2008). It is therefore important to ensure that nurses are confident in what they are learning about patient safety during their undergraduate education. Previous studies have shown that nursing students perceive patient safety, patient-centered care and evidence-based practice to be present within their nursing curricula (Attree et al., 2008; Duhn et al., 2012; Miller and LaFramboise, 2009; Sullivan et al., 2009). Importantly, students' confidence in their knowledge and skills related to patient safety improved with the implementation of safety education into both the classroom and clinical settings (Ardizzone et al., 2009; Miller and LaFramboise, 2009). However, students generally reported that more attention should be paid to incorporating safety processes into clinical education (Sullivan et al., 2009). Given the increasing emphasis being placed on patient safety education worldwide and that patient safety and patient outcomes are dependent on the educational preparation of nurses (Canadian Association of Schools of Nursing, 2011), it is pivotal that nursing curricula include patient safety as a central concept. Canadian nursing regulatory bodies, such as the College of Nurses of Ontario (2009), state that nursing students are recognized as being accountable for their practice and are obligated to respect the safety and well-being of their clients (College of Nurses of Ontario, 2009). Therefore, as efforts continue to increase the presence of patient safety within undergraduate nursing curricula, the confidence levels that students have in what they are learning about patient safety should also be assessed to obtain a comprehensive understanding of the extent to which patient safety concepts have been integrated and actualized within the curriculum. It is also important to consider whether students at varying stages in their education differ in their perceptions of what they have learned about patient safety. One method of evaluating the effects of changing patient safety training within the curriculum is to assess alterations in students'

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