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Original research article

Ensuring a sufficient number of personnel as part of the safety culture in medical facilities

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ARTICLE INFO

Article history:

Received 18 July 2017
 Received in revised form
 4 September 2017
 Accepted 16 October 2017
 Available online xxx

Keywords:

Patient safety
 Adverse event
 Safety culture
 Personnel insurance

ABSTRACT

The goal of the research was to find the way medical employees in acute and later care services perceive the safety of patients at their workplace. The article is focused on partial results associated with personnel issues. The opinions were obtained with the quantitative research method using a standardized questionnaire: the Hospital Survey on Patient Safety Culture (HSPSC) of the Agency for Healthcare Research and Quality (AHRQ). The research group consisted of 331 medical employees and did not include doctors. The composite score, which expresses the aspects of a certain phenomenon with a single number, was calculated by averaging all of the positive answers using the methods of the AHRQ. Low values show the possibilities for improvement. The learned values of the composite score in the researched domain of Personnel insurance were 47.82%, and the anticipations and acts of a superior supporting patient safety was 72.78%. Compared to other studies, these values are equal or slightly higher. However, they do not reach the level presented in referential values of the AHRQ, i.e. 63% and 75%. The assessment of safety enables the managing staff to find out the outline of individual aspects and help to improve safety and the quality of care based on the identification of the problem.

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Introduction

Quality and safety are essential in medical care. A strong institutional environment is an important factor for the identification of risks that can endanger a patient or cause them harm [1].

The studies that associate personnel issues in medical facilities with the negative results of care have intrigued the system of medical care. Many studies were carried out in the 1990s and at the beginning of 2000. During this period there was a lack of nursing staff, and the occurrence of burn-out syndrome and work dissatisfaction. When the fact that the situation was associated with the increased mortality of

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<https://doi.org/10.1016/j.kontakt.2017.10.002>

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patients was pointed out, the media and the public started to show interest in the results of such studies [2].

Nursing staff represents the largest group of medical workers. In the USA, such staff makes up 54% of the total number of medical workers [3]. According to the Institute of Health Information and Statistics of the Czech Republic (IHIS) [4], medical workers with no expert supervision make up 56% of the total number of medical workers in the Czech Republic.

The lack of nurses creates strong competition. The work overload of nursing staff negatively influences the safety of patients and can have other consequences as well. The satisfaction with the job of a nurse is negatively influenced by the expectations of the organizational system, which means nurses do work, which does not require qualifications as well, such as preparing food, cleaning, patient transport, coordination or other activities. These factors are one of the causes of changes and a lack of employees [3,5].

Many stressful situations at a workplace can cause illness or harm to the staff, which in turn decreases the safety of patients. Numerous factors contribute to the development of stress. A large group of these factors are associated with immediate work, work pace, technological innovations, and the organization of work, such as working in shifts, overtime, decreasing the number of employees or using nurse rotation. Stress factors also include the aspects of direct care, such as physical labour – lifting patients, greater requirements from the patients and the length of care, ageing population, risk of injuries, possible violence, etc. [3].

Bártlová [6] published a study which was supported by the Internal Grant Agency of the Ministry of Health of the Czech Republic No. NR/7960-3. 1040 nurses from the whole of the Czech Republic were included. They were selected randomly using quotas. More than 50% of the nurses shared the opinion on the most frequent causes of dissatisfaction at work, which were: (1) low wage (80%); (2) non-appreciation of their work by their superiors (60%); (3) nursing personnel deficit (59%); (4) bad relationships at work (57%); (5) too much administration (57%); (6) bad organization of work (53%). The nurses considered good relationships at their work place as the most important factor for satisfaction at work. They perceive their work as physically more difficult than psychologically.

The research carried out in 2008 and presented by Buriánek and Malina [5] included 355 nurses. It showed that the relationship between work that requires lower qualifications (24%) and work that requires higher qualifications (11%) was more than one third. Meanwhile, the relationships with superiors appeared relatively good. The nurses appreciated fairness and feeling like they were being stood up for. In assessing the style of work at the work place, nurses felt the emphasis on the quality of work and efficiency, as well as the effort to save finances. The advantage was the professional level of care and the interest in training the personnel. The greatest weakness was the alleged lack of interest in the opinions of ordinary workers and the distrust in their abilities. Nurses state various specific problems as negative factors, such as overloading qualified workers, personnel deficit, the quantity of administrative work, a lack of appreciation from doctors, changes in instructions, and work base or tool equipment.

The system of medical care is complicated. To establish the ideal number of medical workers it is necessary to consider many factors, including the difference in competences of workers of each profession. The Royal College of Nursing (RCN) [7] considers using different tools for the planning of the nursing personnel to be most effective. It recommends comparing the learned data and supplementing it with a professional assessment, because the personnel must be able to respond to the patients' needs. It also recommends revising the monitored indicators of personnel sufficiency every 2 or 3 years.

In the Czech Republic, the method of quantification of nursing care was proposed under the grant assignment of the Internal Grant Agency of the Ministry of Health of the Czech Republic No. 3192-3. The result of this assignment was the establishment of the average time spent on one patient in 24 h. The calculated number of the necessary nursing personnel can be applied in standard departments of nursing care of adult patients. The method includes the techniques of establishing the number of nursing personnel and the workload (including qualifications) [8]. Minimum requirements are established by the regulation no. 99/2012 Coll., on the requirements for the minimum insurance of the number of personnel in medical facilities [9].

As stated by Amalberti et al. [10], the unusual level of stress results from the fact that the demand for medical care cannot be restricted. The influence of beginners and students is significant (e.g. the risks arising in surgeries are higher in faculty hospitals, and given the seriousness and the existence of human error, the occurrence of mistakes is obvious). Safety in medical care depends on a dynamic harmony among the participants rather than reaching the optimal level of excellence at every department or work place. An open dialogue and explicit training among medical workers are crucial factors in creating a shared safety culture.

The research was focused on learning the opinions of medical workers, with the exception of doctors, on the issue of personnel safety at a department in relation to ensuring patient safety.

Materials and methods

The opinions were learned with the quantitative research method using the standardized questionnaire: the Hospital Survey on Patient Safety Culture (HSPSC) of the Agency for Healthcare Research and Quality (AHRQ), which was issued in 2006 [11]. The questionnaire was used in the facilities of bed care and it is freely available. It was translated to Czech by two independent translators, reviewed by a group of medical experts who focus on quality and safety, and then translated back to English. It contains 42 items arranged into 12 domains of safety culture. Of these, seven aspects relate to the level of safety culture: expectations and measures of a superior manager, organizational skills – constant improvement, team work in units, open communication, feedback and communication about mistakes, non-exaggerated reactions over mistakes, and personnel safety. Three aspects are related to safety culture in hospitals: support of managing patient safety, teamwork among departments/units, and transferring and

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