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Research Article

Exploring the Influence of Nursing Work Environment and Patient Safety Culture on Missed Nursing Care in Korea

Kyoung-Ja Kim,¹ Moon Sook Yoo,² Eun Ji Seo^{2, *}, ☆¹ Department of Nursing, Hannam University, Daejeon, Republic of Korea² College of Nursing and Institution of Nursing Science, Ajou University, Suwon, Republic of Korea

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ABSTRACT

Purpose: This study aimed to explore the influence of nurse work environment and patient safety culture in hospital on instances of missed nursing care in South Korea.**Methods:** A cross-sectional design was used, in which a structured questionnaire was administered to 186 nurses working at a tertiary university hospital. Data were analyzed using descriptive statistics, t test or analysis of variance, Pearson correlation, and multiple regression analysis.**Results:** Missed nursing care was found to be correlated with clinical career, nursing work environment, and patient safety culture. The regression model explained approximately 30.3% of missed nursing care. Meanwhile, staffing and resource adequacy ($\beta = -.31, p = .001$), nurse manager ability, leadership and support of nurses ($\beta = -.26, p = .004$), clinical career ($\beta = -.21, p = .004$), and perception on patient safety culture within unit ($\beta = -.19, p = .041$) were determined to be influencing factors on missed nursing care.**Conclusion:** This study has significance as it suggested that missed nursing care is affected by work environment factors within unit. This means that missed nursing care is a unit outcome affected by nurse work environment factors and patient safety culture. Therefore, missed nursing care can be managed through the implementation of interventions that promote a positive nursing work environment and patient safety culture.© 2018 Korean Society of Nursing Science, Published by Elsevier Korea LLC. This is an open access article under the CC BY-NC-ND license (<http://creativecommons.org/licenses/by-nc-nd/4.0/>).

Introduction

Patient safety at medical institutes is a matter that continues to need quality improvement. Medical institutes have made considerable efforts and implemented systemic improvements to prevent accidents. Despite these efforts, however, two out of seven hospital inpatients still experience accidents, and approximately 44% of accidents in the United States are deemed preventable [1]. The quality of nursing is an important factor in ensuring patient safety, as substandard nursing care directly leads to negative patient outcomes [2]. Accordingly, as a sensitive performance measure for quality of nursing, missed nursing care that occurs while nurses are performing routine work should be managed effectively [3,4].

Missed nursing care, also known as implicitly rationed care, nursing care left undone, unmet patient needs, and unfinished

nursing care, refers to necessary nursing care that is delayed, partially completed, or missing in a clinical, emotional, or administrative aspect or for any number of possible reasons [4]. Missed nursing care reduces the quality of nursing, causes accidents and inpatient complications, and ultimately results in negative patient outcomes such as dissatisfaction and readmission [3,5,6].

A primary cause of missed nursing care is limited resources in the work environment, such as insufficient workforce, time, and peer support [7]. These factors result from problems with organization and the nursing system rather than individual nurses. Several studies conducted in European nations support this, reporting that missed nursing care is closely related to the practice environment [3,6–8]. These studies explained that work environment factors such as resource level, communication among staff, working system, and the leadership of head nurses has the greatest effect on the occurrence of missed nursing care although the clinical and academic career of each nurse also has a certain degree of impact [4]. Thus, it is clear that a specific strategy is needed to address the work environment factors and ultimately reduce missed nursing care.

* Correspondence to: Eun Ji Seo, RN, PhD, Ajou University College of Nursing and Institution of Nursing Science, 164, Worldcup-Ro, Yeongtong-Gu, Suwon 16499, Republic of Korea.

E-mail address: silbia98@ajou.ac.kr

☆ ORCID: <https://orcid.org/0000-0002-6565-0093>

The patient safety culture of medical institutes also has a significant influence on missed nursing care, along with the nursing work environment. It refers to an organizational culture related with the attitudes, norms, and beliefs of the members about patient safety [9] and is identified as a factor of various safety behaviors [3]. When an organization has a positive patient safety culture, the engagement of its staff in safety behaviors is enhanced. The nursing staff can cope with unexpected circumstances or unsolved problems more effectively when they perform routine tasks, contributing to better patient safety and patient outcomes [9]. Furthermore, it creates an environment where nurses respond to repeated incidents of missed nursing care, report such incidents immediately, and discuss them together, which contributes to resolving matters that may have led to major incidents if left unaddressed. A practical example of the effectiveness of this approach is shown in previous study, determining that the more positive the patient safety culture in a hospital, the lower the occurrence of missed nursing care [6].

Intensive management of missed nursing care in a nursing organization is essential in improving the quality of nursing care and patient outcomes. Missed nursing care was affected by organizational factors, individual nurse characteristics such as clinical career, and patient status such as severity of illness [7]. Among them, organizational factors have more influence on missed nursing care than individual ones [4,5,8]. The studies cited above also suggested improving the nursing work environment and building a patient safety culture as a critical factor to manage missed nursing care. However, evidences are still far from convincing because nursing work environment and patient safety were studied separately in previous researches [3,5,6,8]. Besides, large-scale studies identified related variables, but there were insufficient studies in individual hospitals that perform practical interventions. Therefore, the study was carried out to verify the significance of nursing work environment and patient safety culture in individual hospital that should be taken into account to develop and apply various programs to reduce frequency of missed nursing care in each hospital. This study specially focuses on the relationship between the organizational factors and missed nursing care under clinical career control.

Hence, this study aimed to (1) describe the levels of the nursing work environment, perception of the patient safety culture, and missed nursing care and (2) identify the influence of the work environment and patient safety culture on missed nursing care.

Methods

Study design

The current study used a cross-sectional design, and the sample consisted of nurses working in a tertiary university hospital with over 1,000 beds, which is located in a province of South Korea.

Setting and samples

The nonprobabilistic sample chosen for the study comprised 188 nurses who worked at a single hospital. The ratio of beds to nurses in the hospital is ranged from 2.0 to 2.5. The study included nurses who directly cared for patients and who worked in the general ward or intensive care unit (ICU). Nurse managers were excluded because they were not assigned directly to patients. Nurses with no more than 3 months into their clinical career were also excluded to control for possible exogenous variables that could be influenced by new nurses' adaptation process.

To determine the appropriate sample size for this study, a power analysis was performed using G*power 3.1 [10] based on a previous study on missed nursing care [11]. It was determined that 147 patients were needed for a two-tailed analysis using multiple regression with a .05 α -level, 90% power, 15 predictors, and 0.18 effect size from 0.15 coefficient of determination; therefore, our sample size was sufficient.

Ethical considerations

The content and methods of this study were approved by the institutional review board of Hannam University (Approval no. 16-05-01-1221). Informed written consent was obtained from all participants before they took part in the study. Participants were informed that they could leave the study at any time without penalty, and all personal information was kept confidential.

Measurements

All instruments used in this study were validated in previous studies. Korean versions of each instrument have also shown acceptable validity and reliability [12–14].

Nursing work environment

The nursing work environment indicates an organizational feature of working conditions that expedite or interrupt the professional work of nurses [15]. The study applied the Korean version of the Practice Environmental Scale of Nursing Work Index, whose reliability and validity was verified after it was developed by Lake [15] and translated by Cho et al [12]. The instrument, used with the author's approval, consists of five subscales and 29 items: nurses' participation in hospital affairs (nine items) (i.e., staff nurses are involved in the internal governance of the hospital); nursing foundations for quality of care (nine items) (i.e., an active quality assurance program); nurse manager ability, leadership, and support of nurses (four items) (i.e., a supervisory staff that is supportive of the nurses); staffing and resource adequacy (four items) (i.e., enough staff to get the work done); and collegial nurse–physician relations (three items) (a lot of teamwork between nurses and doctors). Nurses were rated on a 4-point Likert scale, from 1 (strongly disagree) to 4 (strongly agree), with higher scores denoting a more positive nursing work environment. In this study, the Cronbach α of the instrument was .89.

Patient safety culture

The safety culture of an organization is the confluence of individual and group values, attitudes, perceptions, competencies, and patterns of behavior that determine the commitment to, and the style and proficiency of, an organization's health and safety management [16]. In this study, we used a total of 28 items of psychosocial domain regarding organizations' patient safety culture of the "Perception of Patient Safety Culture Scale." The scale, based on a hospital survey of patient safety culture developed by the United States Agency for Healthcare Research and Quality [16], was translated and validated in a previous study [13]. This instrument consists of the following three subdomains: (1) the perception of patient safety culture within a work area/unit (18 items); (2) supervisor/manager (four items), representing expectations and actions of supervisor/manager in each unit to promote patient safety; and (3) perception of communication on patient safety (six items), representing how open and active the communication about patient safety is. Nurses were rated on a 5-point Likert scale, from 1 (strongly disagree) to 5 (strongly agree), with higher scores indicating more positive perceptions of patient safety. The Cronbach α of this study was .92.

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