



Perceptions of nursing staff regarding the existence of best practice standards in selected private hospitals in eThekwin district, South Africa[☆]



Jamila Chellan^{a,*}, Maureen Nokuthula Sibiyab^b

^a Joint Medical Holdings, PO Box 48143, Durban 4000, South Africa

^b Faculty of Health Sciences, Durban University of Technology, PO Box 1334, Durban 4000, South Africa

ARTICLE INFO

Keywords:

Quality
Best practices
Patient care
Patient rights
Support services

ABSTRACT

In South Africa, the National Core Standards (NCS) are advocated as the cornerstone for improving quality and patient safety in health care organisations. To align to the Department of Health's legislative and policy mandates, the Office of Health Standards Compliance developed the NCS for Health Establishments in South Africa that provide a benchmark of quality of care against which the delivery of health services can be monitored. Through the implementation of the NCS, an assessment of a health facility's compliance to service standards can be measured. The aim of the study was to assess the perceptions of nursing staff regarding the existence of best practice standards in relation to the NCS and Batho Pele Principles. Batho Pele can be viewed as an approach which places the people first. It can be also stated that Batho Pele is a framework which guides healthcare organisations to be more focused on patient needs (Republic of South Africa, 1997). An exploratory descriptive study using a quantitative design was used to conduct the study at a group of four private hospitals in eThekwin district coded as Hospital A, B, C and D. The total population of nurses was 569 of which 270 were sampled for the study. A total of 270 questionnaires were distributed. The total number of questionnaires that were received and included in the data analysis and interpretation was a total of 234 from all four hospitals. The results of the study showed that the overall return rate in the quantitative phase of the study was measured at 86.66%. There was significant agreement by the nursing staff across the four hospitals in the group that best practice standards for patient care existed in selected private hospitals in eThekwin district, related to the Patient Rights, Patient Care and Support Services domains. A follow up phase of documentation review of policies, procedures and directives as identified by the participants was undertaken to validate the findings of the results. The goal now is for ongoing education and training to ensure best practice standards are consistently applied for safe patient care. This requires management commitment and responsibility in the form of education and training, at operational and unit level. It is important that these levels of hierarchy co-operate to implement and sustain best practice standards and processes within the group of hospitals to conform to the National Quality Framework of the NCS and Batho Pele principles.

1. Introduction and background

This study offers new knowledge of the current quality and patient safety initiatives undertaken at private hospitals in eThekwin district. There is a two-tier health care system in South Africa with a large public sector and a small but very high quality private sector. In an attempt to narrow the gap between the two sectors, the South African government is trying to phase in a new National Health Insurance system across South Africa, which promises greater funding for various forms of healthcare (Republic of South Africa, 2017a). South Africa is confronted with a quadruple burden of disease because of HIV and AIDS

and TB; high maternal, neonatal and child morbidity and mortality; rising disease burden of non-communicable disease; and high levels of violence and trauma. According to census figures, TB is the biggest contributor to years of life lost followed by pneumonia and influenza; intestinal infectious diseases; other forms of heart diseases, cerebrovascular disease; diabetes mellitus; HIV and AIDS; hypertensive disease; chronic lower respiratory tract disease and lastly other viral diseases (Republic of South Africa, 2017a). According to the National Health Act 61 of 2003, "quality of care is the safe, effective, patient-centred, timely, efficient and an equitable provision of healthcare services to achieve desired health outcomes" (Republic of South Africa,

[☆] We certify that the article is original work, has not previously been published, and is not currently under consideration by another journal.

* Corresponding author.

E-mail addresses: jchellan@hotmail.com (J. Chellan), nokuthulas@dut.ac.za (M.N. Sibiyab).

2003). The National Health Act takes into account patient safety, meaning the prevention of harm to patients and advocates clinical governance processes to assure quality. Leaders in healthcare agree that evidence-based practices are becoming the new norm by introducing guidelines to improve patient safety, streamline methods of care, lower costs and increase efficiency. Guidelines are especially useful for refining methods of care for high-volume, high-cost or high-risk conditions (Rizzo, 2013). The Office of Health Standards Compliance in South Africa coordinated the development of a comprehensive set of National Core Standards for health establishments for both the public and private sectors (Republic of South Africa, 2017b, 2011). Detailed tools for measuring compliance with the NCS and Batho Pele principles have been developed and health establishments in the public sector have begun to self-evaluate quality standards using these tools. To date and five years since its implementation in the public sector, very little is known about the national quality framework and the method used to evaluate quality and patient safety standards in private hospitals in eThekweni district.

Implementation of quality, patient safety and infection control at private hospitals has thus been left to the discretion of each hospital, with the establishment of elaborate structures and committees and other initiatives based on the World Health Organization (WHO) surveillance and other quality models. The Department of Health is the custodian of health care delivery in South Africa. The regulation pertaining to licensing and control of private hospitals is Regulation 158 (R158) (Republic of South Africa, 1996). Private hospitals will only be licensed if they show a high level of compliance with R158 which is a structural audit tool. This tool is inadequate in the assessment of clinical practice standards and its outcomes. The National Health Act of South Africa, 61 of 2003, section 47 emphasises the need to foster good quality health services by developing structures and processes to implement and monitor the compliance of health establishments and agencies in relation to health care standards (Republic of South Africa, 2003). The main purpose of the NCS is to develop a common definition of quality care which should be found in all health establishments in South Africa.

Nursing as the key to improving quality through patient safety has clearly been concerned with defining and measuring quality long before the current national and state-level emphasis on quality improvement. Florence Nightingale analysed mortality data among British troops in 1855 and accomplished significant reduction in mortality through organisational and hygienic practices. She is also credited with creating the world's first performance measures of hospitals in 1859 (Burns & Grove, 2011; Mitchell, 2008). In the past, nursing responsibility in patient safety was viewed within narrow aspects of patient care, for example, avoiding medication errors and preventing patient falls. While these dimensions of safety remain important within the nursing purview, the breadth and depth of patient safety and quality improvement are far greater. The most critical contribution of nursing to patient safety, in any setting, is the ability to coordinate and integrate the multiple aspects of quality within the care directly provided by nursing and across the care delivered by others in the setting.

Quality in health care also refers to the extent to which an organisation meets its client's needs and expectations. It is a complex, multifaceted concept which can be assessed and measured against predetermined standards (Whittaker, Shaw, Spieker, & Linegar, 2011). Many view quality health care as the overarching umbrella under which patient safety resides. For example, the Institute of Medicine (IOM) report, considers patient safety "indistinguishable from the delivery of quality health care" (Kohn, Corrigan, & Donaldson, 1999). Patient safety practices have been defined as "those that reduce the risk of adverse events related to exposure to medical care across a range of diagnoses or conditions" (Mitchell, 2008). Despite the many definitions of quality and patient safety, the bottom line is that the need for quality and safety of care is at the heart of all best practice standards. To this end the Batho Pele Principles were developed by the South African

Government in order to improve quality of public services and to ensure that all citizens are treated fairly. 'Batho Pele', which is a Sesotho expression meaning, 'people first', is a document on the transformation of public service delivery that was published in October 1997, notice 1459 of 1997. These principles sought to address two issues: putting people first, and viewing the recipients of services as customers. (Republic of South Africa, 1997). Quality and patient safety is therefore the responsibility and accountability of national government, all healthcare providers, clinicians, managers and leaders in healthcare organisations.

The NCS and the Batho Pele principles takes into account evidence-based best practices to ensure safe quality care to users of health services (Republic of South Africa, 2017b). The aim of the study was therefore to assess the perceptions of nursing staff regarding the existence of best practice standards in relation to the Patient Rights, Patient Care and Support Services domains of the NCS and Batho Pele principles. This was the first study in eThekweni district to assess the perceptions of nursing staff in a comprehensive way. A follow up phase of documentation review of policies, procedures and directives as identified by the participants was undertaken to validate the findings of the results.

2. Research methodology

2.1. Study design

Quantitative research methodology guided the research process. The study used a non-experimental exploratory research design, using a structured survey to collect data. Survey research is often used in nursing research as exploratory, descriptive or explanatory research (Creswell, 2014). Surveys are generally used with much larger populations, using probability sampling techniques. The results may then be generalised to the larger population that the sample was drawn from. The survey was divided into 4 sections which explored and measured various themes; namely section: (a) biographical data, (b) The evidence of policies and procedures related to (1) Patient Rights domain, (2) Patient Care domain (3) Clinical Support Services domain (c) Assessment of the quality of care (d) Assessment of the reporting culture (e) Assessment of incident reporting (f) Recommendations. The documentation review consisted of secondary data which was derived from documents such as the organisational specific policies, procedures and directives.

2.2. Study setting

The research setting was a group of four private hospitals situated in the eThekweni district. The group comprises 650 beds with average bed occupancy of about 80%. It has 17 operating theatres and 60 adult intensive care unit (ICU) and 20 neonatal ICU beds. The group has an average intake of 5700 inpatients and 2000 outpatient visits per month. The clinical governance of the hospital is supported by a well-established Quality System, Health and Safety Committee, Infection Control Committee, Pharmaco-therapeutics Committee and an Ethics Committee. The hospitals are regulated by the eThekweni Department of Health and seek relicensing on an annual basis.

2.3. Sampling and sampling technique

A purposive, non-probability sampling strategy was employed to recruit nurses to participate in the study. The study included nursing staff in direct contact with the patients. The total population of nurses across the 4 hospitals was 569 of which 270 were sampled for the study. Consenting professional nurses, enrolled nurses and enrolled nursing assistants registered with the SANC and able to speak English were included in the study. The researcher had obtained the advice of an expert statistician on population and sampling. Exclusion criteria included agency staff, nurses that were not registered with the South

Download English Version:

<https://daneshyari.com/en/article/8584063>

Download Persian Version:

<https://daneshyari.com/article/8584063>

[Daneshyari.com](https://daneshyari.com)