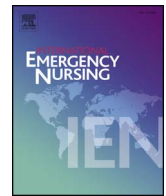




Contents lists available at ScienceDirect

## International Emergency Nursing

journal homepage: [www.elsevier.com/locate/aaen](http://www.elsevier.com/locate/aaen)

## The attitudes of emergency department nurses towards patient safety

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## ARTICLE INFO

## Keywords:

Nursing  
Emergency nursing  
Emergency department  
Patient safety  
Culture safety  
Attitude

## ABSTRACT

This research was planned to identify the attitudes of emergency department nurses towards patient safety.

The study was performed as descriptive. The universe of the research the universe comprised hospitals defined as 3rd level according to Turkish health care classification, which provides service to all health disciplines in Istanbul. The sample consisted of emergency department (ED) nurses who work in those hospitals. The data was collected by using tools such as the “Information Questionnaire” and the “Patient Safety Attitudes Scale”.

In this study, the attitudes of ED nurses towards patient safety were found to be average and was not related to age, gender, education level, nursing experience, ED experience, ED certification, patient safety training, nurse’s self sufficiency perception of patient safety, hospital’s quality certification or ED quality certification.

The attitudes of nurses towards patient safety were compared by age, gender, marital status, education level, ED experience and there was no meaningful difference. However, a meaningful difference was found between the age groups and the “defining stress” sub-dimension of the Patient Safety Attitudes Scale. ED nurses’ status of certification for emergency care, patient safety training, training of quality, hospitals’ or ED’s quality certification status had no significant statistical difference.

## 1. Introduction

Health care is a priority for all countries, and medication errors have a negative impact on healthcare workers and patients [1]. According to one of the principles of basic human rights and ethical principles – ‘first, do no harm’ – patient and caregiver safety is the primary focus when providing health care. It is the main priority for the health system to ensure patient safety and prevent malpractice while providing quality health care [2]. At a conference supported by the European Commission, the World Health Organization (WHO) stated that approximately 10 million people are injured or die every year worldwide as a result of preventable medication errors [1]. In 2010, the slogan ‘Safe surgery saves lives’ was used to draw this matter to the attention of healthcare workers, and called for focused attention and further measures on this issue [3]. The Institute of Medicine (IOM) has described patient safety as the prevention of harm to patients caused by errors of commission [4].

The emergency department is the fastest-paced, most intensive and most complicated unit in a hospital. The purpose of an ED is to save lives, assess patients’ need for urgent interventions, and to provide treatment and care. The uncontrollable workload, unpredictable and large numbers of patients, and involvement of numerous caregivers from different disciplines are all risk factors in the ED. ED patients are

undiagnosed individuals from different age groups, and the nature of the urgent care required is multifunctional and multidisciplinary. These factors increase the risk of malpractice. Malpractice in the ED and related complications are extremely serious problems, and the rate of preventability is significantly higher for the ED compared with neonatal wards, operating rooms and similar units [5,6]. A report released by IOM [7] indicates that 18 in every 100 patients consulted to emergency departments of hospitals are injured as a consequence of malpractice. A further report by IOM [8] stated that overcrowding in EDs increases the risk and rate of potential mistakes. However, in spite of existing data related to malpractice, there is very little information about its incidence.

The number of medication errors has increased by 40–120% in Turkey in recent years [9]. Healthcare workers are reluctant to report any incidents in which a patient suffers from malpractice [10,11]. Past studies have reported that providers at all levels have noted problems with organizational commitment to establishing patient safety [12]. Reform movements in health care began in the 1990s, and healthcare services have improved since 2000. Accreditation and quality studies conducted by a few private hospitals have become widespread within both public and private hospitals. For nurses and other healthcare professionals, sensitivity to patient safety has increased in recent years [13]. Knowledge and skills of nurses, along with a constructive attitude

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<https://doi.org/10.1016/j.ienj.2017.11.001>

Received 8 August 2016; Received in revised form 23 August 2017; Accepted 13 November 2017  
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towards patient safety, are extremely important to fulfil their responsibilities [14,15].

This study aimed to determine the attitudes of ED nurses towards patient safety, and to investigate whether the attitudes of ED nurses towards patient safety differ based on their sociodemographic characteristics.

## 2. Methods

### 2.1. Sample

The sample ( $n = 321$ ) of this descriptive study comprised of nurses working in tertiary hospitals in Istanbul, Turkey; these hospitals provide services for all health disciplines. In total, a sample size of 164 nurses was calculated for this study, with the number of nurses per hospital calculated using the randomized stratified sample method [16,17]. The sample was increased by 20% to avoid an effect of any possible loss of data, bringing the total to 196 nurses. However, seven questionnaires were not completed, so 189 nurses participated in the study.

### 2.2. Data collection

An information questionnaire and the Patient Safety Attitude Scale were used to collect data.

The information questionnaire was developed by the researcher and includes 14 items on the participant's sociodemographic features and thoughts on patient safety. Items included age, gender, marital status, education level, years of nursing and ED experience, emergency care certification status, patient safety training status, self-sufficiency perception for patient safety, hospital quality certification status and ED quality certification status [18–20]. Participants' thoughts on patient safety were measured using the Numerical Rating Scale (NRS), where '0' indicates no importance and '10' indicates very important.

The Patient Safety Attitude Scale was first developed by Sexton et al. [19], and was translated into Turkish and modified by Baykal et al. [20]. The scale consists of 46 items including work satisfaction (11 items), teamwork (12 items), safety environment (five items), management comprehension (seven items), defining stress (five items) and work conditions. This Likert-type scale rates answers from 5 = strongly agree to 1 = strongly disagree. Some items are rated as negative (Items 21, 36, 37, 38, 39, 40, 41, 42, 43 and 45). The Turkish version of the Patient Safety Attitude Scale had total correlation of 0.35–0.58, total Cronbach's alpha of 0.93, and Cronbach alpha values for the sub-dimensions as follows: work satisfaction, 0.85; team work, 0.86; safety environment, 0.83; management comprehension, 0.77; defining stress, 0.74; and work conditions, 0.72. The total score for the Patient Safety Attitude Scale reflects the participant's attitude towards patient safety, and ranges between 46 and 230. Scores found by Baykal et al. [20] indicated that nurses' attitudes towards patient safety were improving. In the present study, total Cronbach's alpha was 0.92, and the sub-dimension values were as follows: work satisfaction, 0.91; team work, 0.80; safety environment, 0.81; management comprehension, 0.86; defining stress, 0.71; and work conditions, 0.67.

### 2.3. Data analysis

The data were analysed by psychometric analysis (internal consistency coefficient), descriptive statistics [number, percentage, mean and standard deviation (SD), parametric Pearson's Chi-squared test,  $t$ -test, one-way analysis of variance and non-parametric tests (Chi-squared test, Kruskal-Wallis test and Mann-Whitney  $U$  test)], comparative statistics and an advanced analysis method in multiple comparison Tukey's honest significant difference test using SPSS for Windows 15 (IBM Corp., Armonk, NY, USA). Significance was set at  $p < .05$ .

**Table 1**  
Distribution of socio-demographical characteristics of nurses ( $n = 164$ ).

Characteristics	n	(%)
Age (Mean: 28.41 ± 6.53 years)	≤ 21	82 43.4
	22 ≤ x ≤ 30	41 21.7
	≥ 31	66 34.9
Gender	Female	133 70.4
	Male	56 29.6
Marital Status	Married	80 42.3
	Single	109 57.7
Educational level	Nursing High School	57 30.2
	Vocational School	39 20.6
	Undergraduate	82 43.4
Experience as a nurse (Mean: 81.95 ± 79.33 months)	Post graduate	11 5.8
	< 1 year	38 20.1
	1 ≤ x < 5 year	54 28.6
	5 ≤ x < 10 year	42 22.2
Experience in ED (Mean: 44.66 ± 49.85 months)	≥ 10 year	55 29.1
	< 1 year	69 36.5
	1 ≤ x < 5 year	65 34.4
Certification of ED nursing status	≥ 5 year	55 29.1
	Yes	38 20.1
Patient safety training status	No	151 79.9
	Yes	129 68.3
Self perception of sufficiency for patient safety	No	60 31.7
	Yes	134 70.9
Quality training status	No	55 29.1
	Yes	139 73.5
Hospital's quality certification status	No	50 26.5
	Yes	159 84.1
ED's quality certification status	No	30 15.9
	Yes	120 63.5
	No	69 36.5

## 3. Findings

### 3.1. Descriptive characteristics of nurses

The mean age of nurses was 28.41 years (SD 6.53), 70.4% were female, 57.7% were single, and 43.4% had a diploma-level education. The mean duration of ED experience was 44.66 months (SD 49.85), 79.9% were not certified as ED nurses, and 68.8% had undergone patient safety training (Table 1).

### 3.2. Attitudes of nurses towards patient safety

The mean (SD) scores for the subdimensions of the Patient Safety Attitude Scale were: work satisfaction, 36.67 (SD 9.02); teamwork, 31.71 (SD 6.67); safety environment, 13.51 (SD 3.48); management comprehension, 18.76 (SD 5.47); defining stress, 15.80 (SD 3.84); and work conditions, 16.67 (SD 4.01). The mean total score was 133.12 (SD 23.56) (Table 2). The importance of patient safety perceived by nurses was assessed using the NRS; the mean score was 8.54 (SD 1.74), and ranged from 2 to 10.

**Table 2**  
The overall and sub-dimension mean scores of patient safety attitude scale of nurses ( $n = 164$ ).

Dimension Scores Sub-dimension	Item number	Minimum score	Maximum score	Mean	Standard variation
Work Satisfaction	11	11	55	36.67	9.02
Team Work	12	16	56	31.71	6.67
Safety Environment	5	5	24	13.51	3.48
Management Comprehension	7	7	35	18.76	5.47
Defining Stress	5	6	24	15.80	3.84
Work Conditions	6	6	27	16.67	4.01
Scale Total	46	51	221	133.12	23.56

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