"A Study To Assess Knowledge Regarding Patient Safety Goals Among Nurses Working At Hospitals In Selected Areas In View To Develop Information Booklet"

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Abstract

Background of study:-A study to assess knowledge regarding patient safety goals among nurses working at hospitals in selected areas in view to develop information booklet was conducted in partial fulfilment of requirement of award MSc.Nursingat Sinhgad college of nursing narhe,pune.Maharashtra affiliated to Sinhgad university Pune.**Purpose**:-study to assess knowledge regarding patient safety goals among nurses working at hospitals in selected areas in view to develop information booklet.**Methodology:-**100Sample size.**Study approach:**Quantative research approach.Non experimental descriptive study design**Duration of study:** 28 days. Non-probability convenient sampling technique will be used for the study. In this study, it refers to the facts, information acquired by staff nurse regarding patients safety goals prevention of coronary artery disease.**Principle Result:-** Percentage distribution of socio demographic characteristics of nurses(n = 100).Description of mean,SD of Knowledge Score about Patient safety goal among staff nurses was Mean was 15.6, SD was 3.53 and Maximum score From Respondent was 22.Frequency and percentage wise distribution of knowledge score of staff nurses of selected hospitals that highest percentage of Good Knowledge score 67(67%), 10(10%) of them had Excellent knowledge.Association Between the knowledge score and demographic variables of Staff Nurses.Chi square values were calculated to find out the association between the knowledge score and demographic variables of Staff Nurses.A significant association was found between the knowledge score and Area of Experience.

INTRODUCTION

The most important knowledge in the field of patient safety is how to prevent harm to patients during treatment and care. The fundamental role of patient safety reporting systems is to enhance patient safety by learning from failures of the health care system. Adverse events and errors reporting should be examined to learn from mistakes.The goal of a reporting system is to analyse the information gathered via errors reporting and identify ways to prevent future errors from occurring. The goal is not data collection. Through reporting systems we can learn for the benefit of future patients. Collecting reports and doing nothing with the information serves no useful purpose.[2]

      Patient safety is defined in many ways, but the IOM report,"To Err is Human"(2000) produced the most widely accepted definition of patient safety,stating"freedom from accidental injury;ensuring patient

safety involves the establishment of operational systems and processes that minimize the likelihood of errors and maximize the likelihood of intercepting them when they occur".Patient safety is conceptualized as the avoidance, prevention, and amelioration of adverse outcomes or injuries stemming from the processes of health care[4]. Furthermore,patient safety is defined as the avoidance and prevention of patient injuries or adverse events resulting from the processes of health care delivery.[5]

Background of the Study:-As healthcare organizations seek to enhance safety and quality in a changing environment, organizational leaning can help to improve existing awareness and skills and provide opportunities to discover better ways of working together.Healthcare has never been simple, but the complexity of health care has increased along with demands for greater value and expectations for predictable safety.The economic and ethical burden of preventable injury resulting from medical management failures is immense.Preventable injuries to patients are begim1ing to be understood in terms similar to adverse events in other complex,risky industries that have learned to rely on the language of systems and causal analysis to create a foundation for continuous quality improvement and high reliability.[7]

Patient safety is a serious global public health issue and in developed countries 10 percent of patients is harmed while receiving hospital care.However in developing countries the probability of patients being harmed in hospitals is higher than in industrialized nations.In some developing countries the risk of health care associated infection is as much as 20 times higher than in developed countries. In recent years,countries have increasingly recognized the importance of improving patient safety.In 2002,WHO Member States agreed on a World Health Assembly resolution on 10 patient safety issues consisting of improving patient safety, harm caused by a range of errors,risk of health care associated infection, hand hygiene to reduce health care associated infection, safety of medical equipment, infection due to reused needles,surgical safety, the economic benefit of improving patient safety, perceived higher risk industries had better safety record compared to health care and patient experience and their health.[9]

Need for the Study:-A survey found that 96% of nurses and 90%of physicians,pharmacists, and administrators believe that nurses have the primary responsibility for the prevention of harm to patients in the hospital setting.It is significant to note that nursing constitutes 50% of health care manpower,and most of the health care services provided at any health care organization are provided through nurses.Patient safety has always been important for registered nurses. Nurses have a significant contribution to make in protecting and improving patient safety.Nurses are involved in the provision of health care in every area of the health care system,24 hours a day,and seven days a week.As the principal health care providers with the patients,overseeing, coordinating,and providing care and nurses are ideally positioned to strengthen the safety net for patient care.The nursing perspective on reducing errors and improving systems must be part of a collaborative approach involving the public,other professions, employers, and governments.[10]

VariablesoftheStudy:-DependentVariable:-knowledge regarding patient safety goals among **nurses working at hospitals in selected areas.IndependentVariable:-**Information Booklet.

Assumptions:-Thestudyassumes that:**-1.Knowledgeisthebaseforpractice.2.Knowledge regarding patient safety goals among nurses working at hospitals in selected areas.**Research **Methodology:- Study approach:**Quantitative research approach.**2.Type of study design:-**Non experimental descriptive study design.**3.Duration of study:**28 days**4.Method of selection of study subjects:-a.Inclusive criteria:-** Nurses working at selected ICU"s.-Infection control nurses working at selected hospitals.-Nursed working at day care workers.**-**Biomedical waste department workers.- Willing to participate in the study.**b.Exclusive criteria:-**Nurses who don't understand Marathi,hindi,English.-Staff nurse who have age above 60.**c.Withdrawl criteria:-**Sample can withdraw from research at any point of time during the data collection.**Sampling Technique:-**Non-probability convenient sampling technique will be used for the study.**Reliability:-**The inter-rater reliability of Modified Vein Assessment Scale will determine. Two ratters independently observe the patients for assess knowledge regarding patient's safety goals.**Pilot study:-**Pilot study will be conducted on 10% of samples of actual data collection excluded from original study.

Plan for statistical analysis:-1. Organize the data in master sheet.2.Demographic data will be analysed by using frequency distribution.3.Association will be found with selected demographical variables by using one way ANOVA.

DESCRIPTIONOFTHETOOL

TheStructuredQuestionnaireconsistsofthreesections:
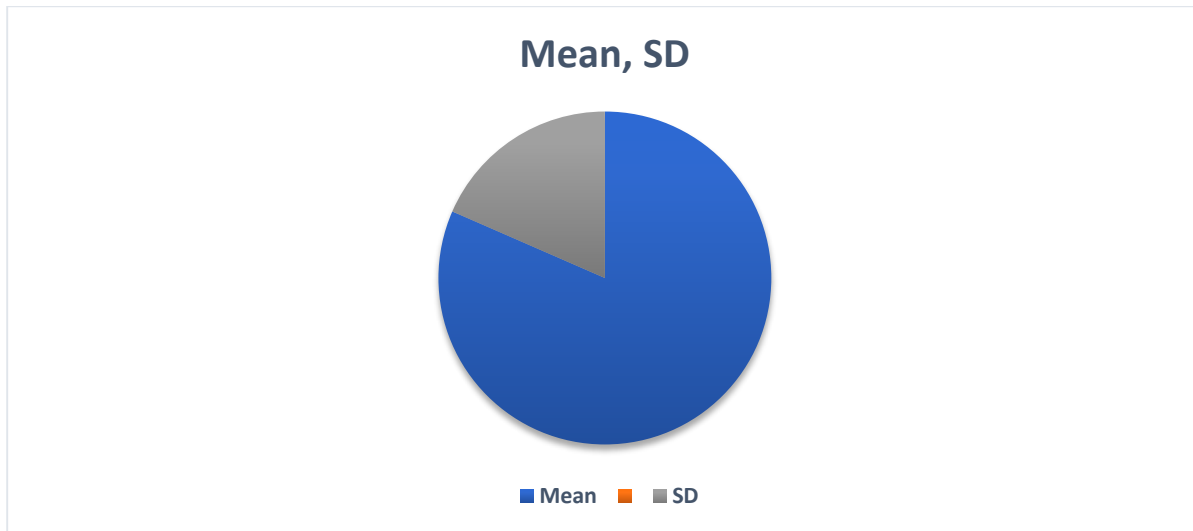
SECTION-A:DEMOGRAPHICVARIABLES

Description of samples based on their personal characteristics in terms of frequency and percentage.

Table1. Percentage distribution of socio demographic characteristics of nurses (n = 100).

Characteristics	N (%)
Age.	
a) 25 -34 Years	73 (73%)
b) 35-44 years	15(15%)
c) 45-54 years	11 (11%)
d) 55 & above	1 (1%)
2. Gender:	2. Gender:
a) Male	34(34%)
b) Female	66(66%)
3. Marital status	
a) Married	55 (55%)
b) Unmarried	45(45%)
4. Educational qualification:	
a) B.Sc. Nursing	25 (25%)
b) ANM	1 (1%)
c) GNM	60 (60%)
d) M.Sc. Nursing	14 (14%)
5. Area of experience:	**5. Area of experience:**
a) MICU	32 (32%)
b) SICU	13 (13%)
c) OT	10 (10%)
d) General ward	45 (45%)
6. Year of experience:	. Year of experience:
a) 1 to 2 years	42 (42%)
b) 3 to 5 years	18 (18%)
c) 6 to 8 years	24 (24%)
d) 10 & above	16 (16%)

SECTION-B: Table No: 2 Description of Knowledge of nurses regarding patient safety goal

(n=100)

Description of mean, SD of Knowledge Score about Patient safety goal among staff nurses was Mean was 15.6, SD was 3.53 and Maximum score From Respondent was 22.

Table No: 3 Frequency And percentage wise distribution of Knowledge Score among staff Nurses working in selected Hospitals.

(n=100)

Sn.No.	Knowledge Score	Frequency	Percentage
1	Poor (Below 7)	3	3%
2	Average (8-13)	20	20%
3	Good (14-19)	67	67%
4	Excellent (20-25)	10	10%

Table No. 4: Item Analysis of Knowledge Score Of Staff Nurses Working in Selected Hospitals. As per the correct and Wrong answers Given by the Respondents.

(n=100)

Items	Correct Ans		Wrong Ans	
	F	%	F	%
1) Two patient's identifiers should be used before	41	41	59	59
2) Transfusion verification process requires	39	39	61	61
3) High alert medication should be place	70	70	30	30
4) Before & after touching patients wash hand because	73	73	27	27
5) Following are the bundles of ICU to prevent infections …..	72	72	28	28
6) Identification of patients with the	76	76	24	24
7) To prevent infection follow	85	85	15	15
8) Preventing patient's falls	84	84	16	16
9) The correct way to conform	70	70	30	30

verbal order				
10) Which patient must be assessed for fall risk?	56	56	44	44
11) What is patient safety referring to	47	47	53	53
12) Effective communication should be	42	42	58	58
13) High alert medication include following	66	66	34	34
14) Always make sure before giving any medication to check the following	88	88	12	12
15) Ensure safe surgery	70	70	30	30
16) What does safety in health care setting not provide?	51	51	49	49
17) How we prevent repetition of drug dose?	72	72	28	28
18) Medical error	77	77	23	23
19) QSEN, developed to meet the challenge of preparing future nurses who will have the knowledge, skills, and attitude necessary to continuous improve quality and safety stands for what?	33	33	67	67
20) Patient's safety goal as	81	81	19	19
21) What are the cause of accident?	82	82	18	18
22) In which year were the patient's safety goals at work act enacted?	41	41	59	59
23) Where would you go if your fire alarm was activated?	64	64	36	36
24) Who should report unsafe working practice at work?	35	35	65	65
25) Hazard signs are identified by which colour?	50	50	50	50

Section III: Description of Association between study findings and selected Demographic Variables.
Table No: 5

SN	Variables	P Value	Level Of Significance
1	Age	1.19	Not Significant
2	Gender	3.43	Not Significant
3	Marital Status	5.3	Not Significant
4	Education Qualification	2.94	Not Significant
5	Area Of experience	**0**	**Significant**
6	Year of Experience	1.35	Not Significant

Association Between the knowledge score and demographic variables of Staff Nurses.

Chi square values were calculated to find out the association between the knowledge score and demographic variables of Staff Nurses. A significant association was found between the knowledge score and Area of Experience.

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