Empowerment Educational Program: Is it Effective on Improving Patient Safety Culture among Nurses?

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Abstract

The patient safety culture (PSC) focuses on the aspects of organizational culture that pertain to patient safety. It is defined as a pattern of individual and organizational behavior based on shared beliefs and values that continuously seeks to minimize patient harm that may result from the deliverance of care. Patient safety means no preventable injury to patients during health care and a low risk of unwanted harm. An acceptable minimum balances current knowledge, resources, and care context against the danger of non-treatment or other therapy. The ability to successfully motivate and mobilize oneself and others to attain favorable results in nursing practice and the workplace is referred to as empowerment. Nurse-perceived patient safety and quality of care were poor, and patient and professional nurse adverse occurrences were underreported in a cross-sectional survey. Hospitals can improve patient safety and quality of care by fostering a culture of patient safety and communicating adverse events. As per the review which provides empirical evidence on current initiatives in patient safety education to establish a culture of safety among health-care professionals and patients, the patient safety education program has the potential to enhance the PSC of those working in the health-care industry.

Keywords: Educational program, empowerment, nurses, patient safety culture.

INTRODUCTION

Patient safety refers to the avoidance and prevention of patient injuries or adverse events that are the direct or indirect outcome of the procedures or processes involved in the delivery of health care. An effective patient safety culture (PSC) is associated to a lower rate of the occurrence of adverse events as well as a lower rate of the difficulties that are encountered by patients.[1]

Since it demonstrates the significance of patient-related security in the workplace, concerns that are now associated with PSC are receiving a greater amount of attention from both society and a great number of the organization.[2]

The study of patient safety is increasingly a crucial issue for healthcare organizations because it provides them with the opportunity to fix specific problems in the system, which can help prevent harmful patient safety incidents. The culture of patient safety, also referred to as the PSC, is one of the most important aspects that determine whether or not patients are safe in the health-care sector. In healthcare organizations, the PSC can be evaluated at a variety of stages and reflects the fundamental nature of the organizations in question. In addition, the PSC is able to highlight both the strengths and the shortcomings that are inherent in the practice that health-care practitioners employ to carry out their jobs.[3]

An institution's PSC serves as a guide for how employees are expected to perform in the workplace and how they learn from their mistakes. As a result, strong and proactive PSC can ensure that leadership learns from and records errors, motivates and practices teamwork, overcomes potential threats, employs methods for reporting and analyzing adverse

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events, and celebrates workers as heroes working to improve safety rather than villains committing errors.[4] It is essential to conduct patient safety assessments and establish a culture of safety among staff members. Because it is the foundation of the ongoing fight to improve both the quality of care and the safety of patients in organization that provide healthcare.[5]

Patient safety is the avoidable injury to a patient during the course of medical treatment and the acceptable minimization of the risk of avoidable harm connected with medical treatment. The term "acceptable minimum" refers to the collective judgments made in light of the information now accessible, the resources at hand, and the environment in which care was provided, all of which were contrasted with the risk of either non-treatment or other forms of care.[6]

PATIENT SAFETY GOALS

The international patient safety goals in the joint commission international Accreditation Standards for Hospitals aim to improve patient safety and outcomes by focusing on six key areas, ingraining them in everyday practices, and making them safer [Figure 1].

NEED OF PATIENT'S SAFETY

Building a leadership capability that encourages open communication, a blame-free atmosphere, teamwork, and continual organizational learning should be the primary focus of strategies designed to cultivate a culture of patient safety.[7]

When it comes to creating a culture of patient safety among healthcare workers, professional practice should be a top focus. It is vital to raise knowledge about patient safety among health-care staff and motivate them to engage in the service if one want to achieve a culture of patient safety that is consistent across all health-care professionals. This will allow for the establishment of a homogenous PSC.[8]

The nurses at Jordanian hospitals felt that the one area in which the hospitals excelled was in their ability to work together as a team within the various unit dimensions.

Figure 1: Six key goals of patients safety

This received a very positive response. According to the nurses' perceptions, there were several areas that needed to be improved on, including open communication, staffing, handoff and transition, non-punitive responses to errors, and teamwork across different units. An analysis based on regression indicated the elements that, from the point of view of the nurses, influenced the patients' safety culture in the Jordanian hospital. Age, total years of experience, working at university hospitals, utilizing evidence-based practice, and working in facilities that consider patient safety to be a priority were all factors that were taken into consideration. The present study gives an insight into how nurses view the culture of patient safety. According to the findings of this research, there is a pressing need to move away from the conventional culture of blame and shame and toward a culture that does not engage in punishing behavior.[9]

NURSES VIEWS ON PATIENT'S SAFETY

An investigation was carried out in a hospital in Saudi Arabia with the purpose of determining the variables that nurses believe to be contributing to a culture of patient safety there. It was shown that nurses' evaluations of PSC varied significantly depending on factors such as gender, age, length of shift, number of years of experience, whether or not they spoke Arabic, and whether or not they did not speak Arabic.[10]

There were statistically significant differences between the hospitals in Iran with regard to the following three aspects of PSC: The frequency of occurrences recorded, organizational learning, and staffing. According to the findings of the study, educational hospitals face the difficulty of having a PSC that is lacking. As a result, the topic ought to be incorporated into the deliberations of all of Iran's health system's policymakers and all administrative endeavors.[11]

Another study was done to investigate how nurses in Jordan perceive the safety culture of hospitals there, as well as to determine the connections between various characteristics of hospital safety culture and a variety of safety outcomes. Data from The Hospital Survey on PSC were used to measure several aspects of hospital safety culture as well as the consequences of these measurements. The part of hospital culture pertaining to safety that got the highest average percentage of favorable responses was the one pertaining to teamwork within individual units (49.8%). In addition, participants indicated deficiencies in other components of safety culture, in particular in staffing and no punitive response to errors, with average percentages of positive answers ranging from 30.4% to 30.7%, respectively. Participants identified these inadequacies. The findings of this study can help policymakers and health-care administrators identify the weaknesses and strengths of hospital safety concerns to propose effective methods to improve patient safety and quality of treatment.[12]

The perceptions of nurses on the PSC, as well as to identify the variables that need to be emphasized to establish and maintain the culture of safety among nurses in Oman.

The overall opinion of patient safety was higher among nurses who felt that their supervisors or managers had higher expectations of them, that they received feedback and communications about errors, that there was more teamwork across hospital units, and that there were more hospital handoffs and transitions. The number of errors reported by nurses increased proportionally with their perception of increased levels of teamwork within their units, as well as increased levels of feedback and discussions about errors. In addition to this, nurses who had been practicing for a longer period of time and who were employed in teaching hospitals had a better understanding of the PSC.

Major PSC predictors were identified to include learning and continuous improvement, hospital management support, supervisor/manager expectations, feedback and communications concerning error, teamwork, and hospital handoffs and transitions. It is conceivable that the culture of patient safety in hospitals in the Sultanate of Oman and other places like them will improve if investments are made in practies and systems that focus on enhancing these characteristics.[13]

More than half of the nurses at Mansoura university hospital under study have unawareness of the PSC. It is recommended that policy makers and leaders should develop acceptable standards for patient safety system. This can be achieved through initiated and supported an effective safety culture assessment among all working nurses, Staff development programs are needed for all nurses to understand the values, beliefs, and norms about what is important in an organization and what attitudes and behaviors related to patient safety are expected and appropriate for achieving a culture of safety.[14]

AN OVERVIEW ON IMPACT OF NURSE'S EMPOWERMENT EDUCATIONAL PROGRAM

The findings of the study reveal that a relationship exists between the PSC and the work environment and structural empowerment, which together explain 55% of the variance in PSC perceptions.

There was a correlation between the work environment and the PSC, and the work environment and structural empowerment explained 55% of the variance in PSC perceptions. Significant factors included "support for optimal patient care," "nurse/physician relationships," and "staff involvement in organizational affairs," respectively. It is possible for health care institutions to strengthen PSC s by enhancing the working environment and offering access to various structures that promote empowerment.[15]

The possibility of an interaction impact between the two attitude constructs on PSC was investigated and evaluated; however, the study did not find any evidence of such an effect. According to the findings of the study, there may be opportunities to improve PSC in health-care organizations by fostering affective commitment and structural empowerment. This study provides additional empirical evidence for Kanter's theoretical postulate that structural and organizational support together serves to create the perceptions of PSC. This is demonstrated by the identification of positive relationships between the two variables and PSC.[16]

While determining the relationship between structural empowerment and patient's safety culture among the staff members of a public hospital in Ahvaz. The value that is ascribed to the safety culture among the midwives is the highest, while the value that is attributed to the sitters is the lowest. That is to say, midwives give a heightened level of attention to the safety of patients as well as the safety culture of patients. One of the variables that affects patients' safety culture and ultimately contributes to an increase in patients' safety is structural empowerment. When the staffs are structurally empowered, their accuracy and performance will improve, and they will give more safe services to the patients. This is why focusing on structural empowerment enhances the culture of patient safety. Therefore, hospital administrators are urged to pay attention to the topic of structural empowerment in order to develop the patients' safety culture, and to offer the required training and equipment to increase the structural empowerment of their staffs, particularly nurses. This is because the structural empowerment of nurses has been shown to have the greatest impact on patient safety.[17]

A systematic review and meta-analysis were conducted to investigate the effect of patient safety education interventions on the PSC of health-care personnel. The random-effects meta-analysis reveals that the studies that evaluated PSC either as a mean percentage of positive replies or as a mean score on a scale of 1–5 differ significantly from one another. (I2 equals 91%, and 77%, respectively). In addition, there was a statistically significant difference between the experimental group and the control group in the overall pooled effect of PSC in the studies that used the mean percentage of positive response (mean difference = 5.24, 95% confidence interval [1.32, 9.16], $Z = 2.62$; $P = 0.009$) or the mean score (mean difference = 0.08, 95% confidence interval [0.01, 0.15], $Z = 2.26$; $P = 0.02$), respectively. After removing the studies that produced low-quality scores, the difference in the mean score studies was no longer statistically significant. Our review the purpose of this article is to provide empirical evidence on current initiatives in patient safety education to establish a culture of safety among health-care professionals and patients. The patient safety education program has the potential to enhance the PSC of those working in the health-care industry.[18]

Interventions to increase patient safety in long-term care facilities: An overview of the research. In the end, ten different studies were taken into consideration for the analysis. They focused on fostering a culture of safety, reducing the amount of professional stress and burnout, and boosting the safety of medication use. These were the three primary areas they

addressed. The following are examples of promising methods that have an impact on increasing patient safety: Preventing occupational burnout of medical staff by, for example, utilizing mindfulness-based interventions; preventing incidents resulting from improper administration of medications by, for example, utilizing structured methods of patient transfer; and the utilization of information technology that is more effective than the traditional (paper) method or preventing nosocomial infections by, for example, utilizing programs to improve the quality of care in hospitals. It is necessary for each long-term care facility to individually implement interventions aimed at continuous improvement of the quality of care and PSC at the level of medical staff as well as management staff. This is because it is necessary to take into account the scientific evidence that has been found as well as the guidelines that have been established by institutions that deal with patient safety.[19]

CONCLUSION

The researcher, after looking through the results of past studies, has come to the conclusion that the empowerment educational program could be effective in its mission to improve the practice of patient's safety culture among nurses.

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CONFLICTS OF INTEREST

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