Clinical Literature Review - Problem Statement sample work

The Impact of Educational Intervention on Enhancing Perceptions of Patient Safety Culture among Operating Theatre Nurses in Operating Room

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PROBLEM STATEMENT

ISSUES PRESENTED BY THE CURRENT SITUATION

Literature reveals that many people have damages or injury as a result of the healthcare they get, and that there are significant safety concerns that are pervasive in the healthcare industry. It is possible to carry out investigations to determine the cause of death, but it is frequently challenging to conclude whether the death was preventable—that is, whether it happened as a result of avoidable mistakes or a lack of proper safety measures or as a result of unavoidable physiological or pathological causes—despite the availability of statistics regarding mortality rates due to safety issues or errors. Nevertheless, a number of experts are of the opinion that the annual mortality rates, due to lack of safety measures may be in hundreds or thousands, with an increasing number of patients getting injured due to avoidable or preventable causes. This is a disturbing statistic and researchers have been trying to improve the circumstances, in an attempt to avoid preventable occurrences in hospitals, by encouraging an improvement in the patient safety culture in healthcare systems [(1)].

Numerous studies on safety culture in healthcare have been conducted in recent years. The medical community is acknowledging the difficulty of guaranteeing safety in healthcare systems in the wake of reports of an increase in preventable adverse occurrences. In this scenario, the emphasis on a culture of patient safety is being promoted, owing to the fact that research has established lack of or inadequate patient safety culture as a factor which contributes to the occurrence of adverse events. Safety culture, which can be considered as a part of an organisational culture in healthcare systems, involves the welfare of patients and healthcare professionals[(2)].

As providers of healthcare, the personnel face situations and perform procedures, which are time bound and sensitive and require concentration and skills, especially in the operating room. Although a surgical procedure follows established protocols with defined roles for each involved personnel, surgery is still a risky procedure for many patients and the inherent risk is enhanced by the added possibility of adverse events due to lack of optimal safety culture [(3)]. The nurses' responsibilities in the operating room include preoperative, perioperative, and postoperative patient care, as well as adhering to the doctors' and surgeons' orders, continuously monitoring the patient, multitasking throughout the procedure, performing surgical time outs in conjunction with the doctors, and keeping an eye out for count errors.

Hence, the nurses in the operating room are in a unique position to detect and prevent the occurrence of adverse events and should be the focus of research involving the development of safety culture in the operation theatre. However, improvement is possible only after the acknowledgment of a problem and recognition of the current standing. Thus, the initial step towards an ideal safety culture should involve an assessment of the level of safety culture at present. Subsequently, training and educational interventions, aimed at improving the safety culture among healthcare professionals is necessary to avoid the occurrence of preventable events and to enhance the attitude towards safety [4].

PERSPECTIVE OF NURSES

A vital and essential component of the medical community is the nursing profession. They are involved in every stage of medical therapy, from diagnosis to research to treatment to follow-up care. Particularly in the intensive care or critical care unit, they are in regular touch with the patients and have a unique perspective to evaluate the circumstances of a patient and take appropriate action or alert the physicians. The job is demanding in regard to the continuous concentration and skill required, especially in the operating rooms, where the margin for error is minimal. Several studies have studied the attitude of nurses towards patient safety culture and reported that although some nurses feel that the safety culture in their hospitals are acceptable or good, with good teamwork, the situation is far from ideal. Nurses had problems like lack of cooperation from doctors, lack of support from the management, fear of being held responsible for errors, lack of the opportunity to learn from errors, lack of a favourable environment to learn from errors, fear of the error being recorded in their files and lack of communication. Moreover, difference in perceptions and professional hierarchy and domination can lead to poor perception of safety culture among nurses.

NEED FOR RESEARCH

Preceding research has analysed the association between various aspects of the work conditions and safety and organisational culture and personnel and patient outcomes. An adapted questionnaire bases on industrial research was used by Hofman and Mark, to examine the safety culture of nurses in the USA. The result showed that safety culture is related to nurse back injuries, satisfaction level in the subjects and adverse events including infections and medication errors and patient satisfaction. A study of 723 nurses, by Taylor et al, reported that poor safety culture can impact patients and nurses.

A study of the literature revealed that organizational culture can affect patient outcomes like infections and treatment mistakes while also affecting nurse outcomes including volatility,

exhaustion, and discontent. Because the authors claim that the results are contradictory, it is important to interpret them carefully. Moreover, all the studies reported on the subject have utilised the self-reporting questionnaires or interviews for data collection, using available scales or questionnaires; which vary from study to study. For the purpose of consistency, a common, standard questionnaire, which is reliable and easily applicable, should be developed, after evidence based research [5]. Hence, although literature establishes that safety culture has an impact on patient outcomes and professional environment, further research is necessary to understand the nature of the problem and the correlation between the variables.

Another issue identified by earlier research is the divergence in views between physicians and nurses on the importance of teamwork in the culture of patient safety in operating rooms. The doctors' perception of good collaboration scores is not shared by nurses. Focus must be placed on this difference, and workable solutions must be adopted. The situation might have stemmed from the fact that both groups of healthcare professionals interpret teamwork in different ways. Nurses consider teamwork as getting respect on their input and cooperation. Doctors interpret teamwork as the nursing staff anticipating their needs and responding accordingly. The hierarchy in professional aspect also might affect the lack of communication and inadequate safety culture. Endeavours to improve safety culture must also involve addressing of this hierarchy. Training sessions involving all the operating room personnel, with interactive sessions and multidisciplinary approach, may bring about a change in the situation.

SUGGESTED MEASURES

Although the healthcare system has started to draw on systematic and scientific approaches to face the challenge of safety issues, emerging problems within the purview of patient safety culture demand innovative and safe solutions. Based on the aforementioned problems faced by nurses, namely lack of communication or a positive environment to learn from mistakes, should be resolved by the hospital managements. Adequate policies and awareness programmes should be implemented to create a positive environment, conductive for learning. Another difficulty that nurses confront is a lack of managerial support, which should be addressed at the organizational level. The circumstance points to the fundamental issue of hospital management's lack of understanding or commitment to implement a patient safety culture. The solution is to involve administrators and policymakers in resolving the situation by raising awareness and initiating steps such as providing continuous learning opportunities in hospitals, changing nursing curricula to include the importance of safety culture, and avoiding a blame culture in professional settings. The primary objective of hospitals should be to provide quality healthcare and minimise the risk due to lack of safety measures and prevent avoidable events.

ANTICIPATED EFFECT OF THE PRESENT STUDY

The current study aims to analyze the impact of an educational intervention on patient safety culture among operating room nurses. The study can have an impact on the development and improvement of safety culture perceptions, not just among nurses, but also on an administrative level, based on the outcomes, which can be either positive or negative; that is, educational intervention may or may not show an impact on the perception of safety culture among nurses in the operating room. If the outcomes indicate that the educational intervention has a significant impact on patient safety culture among nurses in the operating room, it can pave the way for evidence based change in policies at the personal, professional and organisational levels. Nurses can be provided with adequate training and education on the safety culture, risks involves, attention to errors, gain the ability to multitask and perform their duties skilfully, in the operating room. On the contrary if the outcomes indicate that the educational intervention does not have a significant impact on patient safety culture among nurses in the operating room, it can pave the way for innovative research for other alternative solutions to the predicament. The study can instigate future research in the field, regarding the attitudes towards safety culture and measures to enhance the same. The long-term impact of the study can aid in the improvement of the healthcare provided and enhance patient safety.

References

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