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## Investigating the Status of Respect Patient's Safety from Nurse's View in Imam Sajad Educational and Therapy Hospital, Yasuj in 2015

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### ABSTRACT

Health care organizations in Iran, should always strive to improve patient safety and quality of their health care. The aim of this study was to assess the status of respect patient's safety from nurse's view in Imam Sajad Educational and Therapy Hospital, Yasuj in 2015. This cross-sectional study and the study population consisted of all nurses of Yasuj Imam Sajad Hospital were 189 nurses were selected through census sampling. Collection data tool was demographic, safety questionnaire was Kodo and its content validity, and reliability of 0.827 was calculated. Data using descriptive statistics tests and comparison of mean, Mann-Whitney and Kruskal-Wallis was used. The mean score was 60, which represents the average patient safety and patient safety climate in the Imam Sajad hospital in Yasuj. 49.8 percent of participants believed the decision by qualified individuals is done in the hospital. Using the Mann-Whitney test between men and women was no significant difference in the average dimensions of patient safety climate ( $p=0.000$ ). There was no significant relationship between work experience and patient safety. Using the Mann-Whitney test between married and patient safety climate significant relationship was observed ( $p=0.035$ ). the Imam Sajad Hospital safety climate is moderate, the need for greater efforts to improve the level of patient safety is felt, and it is important that appropriate measures are respected authorities Imam Sajad hospital personnel to meet to adopt aspects of patient safety and how to increase its important.

**Keywords:** Hospital, Patient Safety Climate, Nurse

### INTRODUCTION

Patient safety, accidental damage and ensure patient safety was established, including operating systems and processes to minimize the risk of errors and to maximize the likelihood when it is happening. In fact, patient safety is the avoidance, prevention and better health care is undesirable outcomes or damage caused by process and in the meantime, safety, culture, quality and management together are effective [1]. The pressure and speed of care is done in an environment where there are a range of technology and the use of personal decisions and judgments that require daily personal and healthcare workers [2].

Under these conditions, things are not going well. Sometimes unintended injury during surgery resulting in clinical or clinical diagnosis to the patient [3]. In recent years, the increased recognition of the importance of patient safety in various countries and progress has been achieved but to achieve the appropriate care of patients and not add them of the problem in the course of hospitalization in the way many medical centers must be overcome. It is estimated that in the advanced countries of every ten patients admitted to various health centers are a traumatized people. Damage caused could include a series of errors or incorrect treatment or is in the hospital-borne infections. Serving the patients and achieve their health is at the heart of all health centers [4,5].

Incorrect diagnosis or inappropriate treatment for a serious disease and may be a risk of serious health and safety or even death to be followed. Economic benefit to improving patient safety is undeniable. Several studies have shown that long-term financial cost of hospitalization in patients, the cost of legal claims, infections acquired in hospitals, loss of income, illness, disability and increased health expenditures in some countries about 6 to 29 billion per year [6]. Safety climate, means the employees' impression of safety and safety in the workplace impact their motivation for behavior defined [7].

Results of Wollaston and partners with the aim of influencing factors of safety climate at the hospital showed that management support, there is a proper reporting system and adequate component of an impact on the atmosphere are considered safe [8,9].

According to research seen in other parts of our country as well as other parts of the world to reduce the level of patient safety in hospitals and medical centers found and also stressed the Minister of Health on the principle of patient safety as well as the inclusion of this in the form of accreditation of hospitals. We decided to first in the city of Yasuj Imam sajad hospital patient safety measures and as a result the base, the result put at the disposal of respected authorities Imam sajad Hospital all necessary measures to further increase the level of patient safety conducted.

#### **MATERIALS AND METHODS**

In this cross - sectional study, we studied all nurses Imam sajad Hospital in Yasuj and sampling was random. Number of samples considering the confidence level of 0.95 percent and 0.80 percent statistical power and the absolute error was 0.25% and 189. 21 nurse due to lack of desire or not to participate in the study or lack questionnaire were excluded and finally 203 questionnaires were returned and analyzed.

Data collection tools are standardized two-part questionnaire on demographic information and patient safety climate which was designed by kodo et al. In addition, by Mohamed Sabahi Bigdeli et al in a similar study was carried out in the Kashan city [10]. The validity of the Farsi translation of content validity and reliability of the pilot study carried out by Mohamed Sabahi Bigdeli et al. and using the alpha test Cronbach (0.89 percent) was approved. The questionnaire included 20 questions. The status of patient safety in the hospital over the next seven (educational opportunities, reporting, refreshment, supervisors attitude, nursing condition, relation with doctors, and relations between nurses) measured. Status of the seven items related to patient safety in terms 5-point Likert scale was established based on class responsive evaluated from the perspective of the situation. The options Likert scale (strongly agree, etc.) score of 1 to 5 was considered. 5 and was totally disagree totally agree 0. The lowest total score on the questionnaire was 20 and the highest total score 100. 20 to 46 indicate poor safety climate score, score 47 to 73 average and 74 to 100 good condition in compliance with safety climate was considered. The data was analyzed using SPSS software, using descriptive statistics and for comparison of the Mann-Whitney and Kruskal-Wallis test used.

#### **RESULTS**

The average age of study participants was 29 years. 82.5 percent of the participants in this study were female. The average duration of 5 years and 80.8% of participants were satisfied with their jobs. The average score was 51.24, which represents the average patient safety and patient safety climate in the Imam sajad hospital in Yasuj, so overall safety situation in the Imam sajad hospital in Yasuj average. 52.9 percent of participants believed the decision by qualified individuals is done in the hospital. 53.4 vision percent of study participants believed that patient safety programs, a series of commands apply to a particular order. Using the Mann-Whitney test between men and women was no significant difference in the average dimensions of patient safety climate ( $p = 0.000$ ). Using the Mann-Whitney test between married and patient safety climate significant relationship was observed ( $p = 0.012$ ).

**Table 1: Distribution of Average some items of patient safety climate**

Patient safety climate items	Average	Condition
Mistakes in the field of patient safety	68.1	Average
The analysis carried out in the event of error	78.3	Top
Enjoy comfortable solution for error correction	31.4	<b>Weak</b>
Fear of job loss	52.4	Average
Fast action as soon as the fault	39.7	<b>Weak</b>
Create positive change in the event of an error report	72.2	Average
Fear of losing status among colleagues in case of fault	73.9	Top
Fear of tracking error, if error reporting	67	Average
High safety when working out	67.9	Average
Addressing medical errors	50	Average
Education and raising awareness about error	78.3	Top
Ask for help from others to do error correction	63.6	Average
Ordering the right tools for patient safety	65	Average
Sponsored by the authorities when an error	25.7	<b>Weak</b>
Fear of disciplines	66.1	Average
When an error is encountered no discrimination between staff	49.2	Average

## DISCUSSION

How to maintain the safety of patients in hospitals has become a global concern in the field of health that all health care settings in developed countries or the developing affected. Several studies and reports have shown that worldwide, the World Health Organization on average 10 percent of patients who are admitted to form with an event and damaged to varying degrees, while 50% mentioned this can be prevented. More than 50 percent of participants believed that people in hospital who do not have the competence to decide Mahfoozpoor et al (2011) take decisions. Based on the actions and expectations of management, regarding patient safety is consistent and it is necessary that the managers competent in the hospital to increase patient safety as well as relief nurses to provide the best service and better care are essential. 72.2 percent said they would create problems for the patient in a way that no and non-observance of safety expressed by nurses to be ashamed which results from a sense of responsibility and conscience of what can be with a study on patient safety and medical errors was conducted in 12 hospitals were in rural America in 12 US [6].

In this study, 66.3% felt that the hospital management track it would be a mistake and Baghaee et al research in 2011 in Urmia consistent [11]. Fear of job loss in more than 50 percent of nurses in the study of factors affecting patient safety and study participants reported that job insecurity has had an impact on the quality of nursing care and patient safety by studying Mahfoozpoor reserved et al (2011) gained. Only about 26 percent of the study participants said in case of patient safety problem in their hospital managers support and this can imply that their lack of trust in each other's personnel and managers which in turn can interfere with the safety of patients by staff Moghery et al studied to prioritize the needs of nurses not consistent.

65% of staff said they would like designed hospital environment that patient safety is a priority that gained by studying Henrikson et al. In small hospitals because less pressure on staff and personnel feel safe, more patient safety compliance, but it's important to consider changes in major hospitals. In the overall evaluation it is found that the Imam sajad Hospital safety climate is moderate with the study Mahmoodi Rad et al. (2013), Asefzadeh et al (2013), Mahfoozpoor et al (2011), Bigdeli et al (2011) as well as Baghaee et al (2011) studied the match. However, with Abdi et al ambivalence and confirms the need for more effort in this area is needed for building [10].

## CONCLUSION

The results of this study indicate safety climate is the average of the Yasuj Imam sajad Hospital, which is almost parallel with the safety climate of the country. Moreover, the urgent need to upgrade hospitals increase patient safety climate in the hospital felt indices, which depends on continuous planning, training and recognition of patient safety in climate index for nursing staff. The findings of this study indicate that the leader of a vital element in the issue of patient safety is a priority as well as regular monitoring patient's safety climate indices by various nursing managers to increase this amount help. Response to errors, determining safety culture in hospital so managers need to carefully monitor personnel mistakes and to correct mistakes and plan to reduce these errors to help increase patient safety climate in this dimension. As well as enhance and create a favorable safety culture in hospital and fear of blame for errors in an atmosphere of open communication and continuous learning remove and landed in the hospital.

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**Conflict of interest**

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**REFERENCES**

- [1] Smits M, Christiaans- Dingelhoff I, Wagner C, Wal G, Groenewegen PP. The psychometric properties of the "hospital survey on patient safety culture" in Dutch hospitals. *BMC Health Serv Res* 2008; 8:230-9.
- [2] Brennan TA, Leape LL, Laird NM, Hebert L, Localio AR, Lawthers AG, et al. Incidence of adverse events and negligence in hospitalized patients: Results of the Harvard Medical Practice Study I. 1991. *Quality and Safety in Health Care*. 2004; 13(2) 145-51.
- [3] Kudo Y, Satoh T, Kido S, Watanabe M, Miki T, Miyajima E, et al. A pilot study testing the dimensions of safety climate among Japanese Nurses. *Industrial Health*. 2008; 46(2) 158-65.
- [4] Safari person AA, Patient Safety, tens of fact, the World Health Organization, pp. 1 to 13
- [5] Stratton KM, Blegen MA, Pepper G, Vaughn T. Reporting of medication errors by pediatric nurses. *Journal of Pediatric Nursing*. 2004; 19(6) 385-92.
- [6] Institute for Safe Medication Practices. Assessing where you stand: Pathway for patient safety. Health Research & Educational Trust. 2008.
- [7] Walston SL, Al-Omar BA, Al-Mutari FA. Factors affecting the climate of hospital patient safety: A study of hospitals in Saudi Arabia. *International Journal of Health Care Quality Assurance*. 2010; 23(1) 35-50.
- [8] Colla JB, Bracken AC, Kinney LM, Weeks WB. Measuring patient safety climate: A review of surveys. *Quality and Safety in Health Care* 2005; 14(5) 364-6.
- [9] Hall LM. Nursing Intellectual capital: A theoretical approach for analyzing nursing productivity. *Nursing Economics*. 2003; 21(1) 14-9
- [10] Sabahi Saad M, shahri and colleagues, examined the immune status of patients in treatment centers, the city of Kashan in 1389, *Iranian Journal of Nursing Science*, Volume I, Number 1, Winter 1390, pp. 62-72
- [11] Negarandeh R, Ghobadi S. A Survey of Knowledge and Attitudes of Zanjan Hospitals Nurses and Midwives towards Ethical Issues. *Journal of Zanjan university of medical Sciences* 2001; 36(9): 55-9 .
- [12] Haj Bagheri A, Azizi Ismail Finney M. Information nurses and nursing students of Kashan University of Medical Sciences, professional etiquette, 1389. *Forensic Science Journal* 2011; 17(1): 14-7.
- [13] Henriksen K, Dayton E, Keyes MA, Carayon P, Hughes R. Understanding Adverse Events: A Human Factors Framework. In: Hughes RG, editor. *Patient Safety and Quality: An Evidence-Based Handbook for Nurses*. Rockville (MD): Agency for Healthcare Research and Quality (US); 2008 Apr. Chapter 5.
- [14] Moghery J. Accreditation of questionnaire of atient safety culture from health care ersonnle viewpoint. [MS Dissertation]. Tehran University of Medical Sciences; Health School, 2010.
- [15] Gh. Mahmoudi Rad, R. Esteki. Patient safety assessment in Valiasr Hospital of Birjand in 2012. *Modern Care, Scientific Quarterly of Birjand Nursing and Midwifery Faculty*. 2013; 10 (3):192-201
- [16] Baghaei R, nouraei D, Khalkhali H, pirnegad H, assessment of patient safety culture among employees of hospitals affiliated with the University of Medical Sciences, Urmia, in 1390, *Journal of Faculty of Nursing and Midwifery*, 2012, Issue 2
- [17] Jahanpour F, Khalili A, Ravanipour M, Nourouzi L, Khalili M, Dehghan F. Investigating Awareness Amount of Nursing Students of Medical Sciences University of Bushehr about Ethic in Nursing Profession -2013. *Armaghane-danesh, Yasuj University of Medical Sciences Journal (YUMSJ)*.2014;19(3):223-32
- [18] Jahanpour F, Khalili A, Pouladi S , Zoladi M, Dehghanian H . Construction and Evaluation of Nursing Ethics Questionnaire. *Armaghane-danesh* 2014; 19(9): 788-796.