

## Role of Nurse in Patient Safety

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### Abstract:

*In current scenario, a portion of hospitalized patients die during or after hospitalization. So, there is need to increase the quality enhancement actions and role of nurses in these efforts. In year 2004, the Institute of Medicine (IOM) reported in 'Keeping Patients Safe': Altering the Work Atmosphere of Nurses that nurses play a very significant role in patient safety, therefore, nurses are always considered at the "sharp end" of error. Therefore, safety of patient is one of the crucial and significant component of nursing care and calls for global solutions. Improving the patient safety has been therefore primary concern for health services globally as today's its one most challenging issue. Here in this paper an effort has been put to understand the role of nurse in patient safety. This paper has reviewed about the different researchers work and tried to put highlights on what nurses have already incorporated to enhance the safe care and positive outcomes from patients.*

**Keywords:** Patient Safety, Role of Nurses

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## Introduction

In World Health Organization, the safety of patient is defined as the “*the decreasing of risk of unnecessary harm linked with healthcare to an acceptable minimum. An acceptable minimum refers to the combined ideas of given recent information, resources available and the context in which care was delivered, compared against the risk of non-treatment or other treatment*” (<https://www.sidiief.org>). The Medical institute also defined patient safety as “*To prevent the patients from harm*” and this definition has been emerged from the health care quality movement. The AHRQ Patient Safety Network Web site elaborated the prevention of harm as the “*medical care produce the freedom from unintended or avoidable injuries*”. Further, the National Quality Forum defined patient safety in its report *Standardizing a Patient Safety Taxonomy* as effect and severity of procedure of care failure: “*temporary or permanent injury to function of body physiologically and psychologically*” but this arrangement gives the negative results of absence of patient safety; it is not a positive arrangement. The problems of patient safety are categories into type (error), patient management, communication, and medical performance. Further this type of errors and harm are categorized into hidden failure, dynamic failure, administrative system failure, mechanical failure (<https://www.ncbi.nlm.nih.gov>).

Council of European Union and World Health Organization in 2009 and 2010 respectively has broadly abstracted the prevention of avoidable patient harm or possible harm and further defined patient safety as the searching for the reduction and modification of harmful acts in healthcare system. (Vaismoradi, *et al.* 2011).

In current health care environment, determining the factors related with the provision of patient safety is critical. Majority of medical errors can be reduced if an efforts has been put to determine the factors related to patient safety (Al-Awa, *et al.*, 2011). In today’s healthcare environment patient care is most challenging inspite of numerous alertness and healthcare provided, therefore safety of patient most important component of healthcare feature. It always requires feedback with the intention of its implementation for better improvement on the

identification of specific problem. Patient safety culture must be examined at various stage of healthcare organization in which they determine how the views, actions, and abilities of person and groups regulate the organization’s promise, style, and ability in health and safety organization. In the same qay it is also used by organizations to determine the objectives what are the challenges in improving the patient’s safety (Al-Doweri, *et al.* 2015).

Hofoss in 2008 gave an idea for improving the patient safety where he told that one can investigate on basis of specific cases like adverse actions, culture of caregiving organization and the strategy of healthcare delivery systems. After the reserach, it was concluded that progressive trend and the three approaches discoursed should not be essentially taken for taking one step in the evolution as each method does have its advantages.

In January 2003, Malaysia established a Patient Safety Council of Malaysia to make sure that the “*rakyat*” take safe health care. Dr. Lucian Leape wrote in Journal of the American Medical Association issue that, “*The altering insight for medicine from human factors research is that errors are occurred due to the person mistake, insufficiencies and inaccuracy. And the outcomes may be occur due to the defects in design and situations relating to the medical work which proceed to the careful, capable, caring doctors and nurses for making the mistakes. Errors are the outcomes of faculty systems and not from faulty people. So, there is a need to fix the system with errorless as Errors are justifiable; ignoring them is not*” (<http://patientsafety.moh.gov.my>)

According to the American Nurse Today, advocacy is very important as patient safety completely depend on nurse advocacy. In TO Err is Humans, the Institute of Medicine (IOM) reported: *Building a Safer Health System* because 100,000 deaths occurred due to medical errors. Further in year 2004, the mediacI institute reported in *Keeping Patients Safe: Altering the Work Atmosphere of Nurses* by which nurses can play a very vital role in the safety of patient. In hospitals, there are less chances of error by nurses due to the closeness and permanency with patients. They only have the opportunity to stop any

type of error occurs (https://www.americannursetoday.com).

The medical institute in *The Future of Nursing: Leading Change, Advancing Health* report released in October 2010 reacts to the need to evaluate and alter the nursing occupation with following four key messages:

- Nurses must complete their schooling and instruction.
- The high level education must be provide to nurses through the improved education system.
- Nurses must work cooperatively with doctors and other healthcare experts for improving the healthcare in the United States.
- There is need of better data collection and information for workforce planning and policy (Schmidt, *et al.* 2013).

Nursing is basically an understanding and practical-based profession. Nurses must be a good thinker and must use their skills in the care of the patient. Previously, Florence Nightingale encouraged for safe care and suggested that patient should be put in safe condition by nurses. According to ANA, important characteristics of nursing is the facility of a caring relationship that enables fitness and curing. Nurses are abide the laws, rules, and ethics of the profession and standards procedure of the issuing authority (Ballard, 2003).

Kieft, et al. in the article “*How Nurses and their Work Environment affect Patient Experiences of the Quality of Care: a Qualitative Study*” discussed perspective of nurses. In which eight points are basics elements in a work atmosphere for delivery high quality nursing care:

- Adequate Staffing
- Autonomous Nursing Practice
- Clinically Competent Nurses
- Control over Nursing Practice
- Culture that Values Concern for Patients
- Nurse–Physician Relationships
- Support of Nurse Manager
- Support for Nursing Education

Table 1: According to Nurses following are the factors influencing patient safety

Category	Description
Patient Factors	Effect of one patient on other patient
Individual Staff Factors	It basically refers to different personal features of the nurses and other health caregivers.
Team Factors	It refers to different features of the contact between nurses and other health caregivers.
Factors of Task and Technology	Attention on the workplace equipment and the procedures involved in storing and distribution of material.
Factors of Work Atmosphere	Related to workplace situations
Factors of Organizational And Management	Deal with the situations of the health care group.
Factors of Institutional Context	Refer to the situations of the outer context of the health care group.

(Source: Ridelberg, *et al.*, 2014)

Since early 1990, United States have been continuously trying to understand and improve the patients safety in health care instead of this also harm from healthcare remnants due to which approximately 400,000 deaths occurred and over \$1 trillion charges per years. It was found that the errors in healthcare are mainly due to the defective schemes, procedures, and situations that ultimately force the person to do the error or fail to save them. For modifying the safety factors in healthcare, a proper outline is required which includes power, cooperation and interaction effective error-prevention policies fixed, and patient/family involment in care, etc. Yet, we don't had any effective policies for searching the patient safety (Federico and Billett, 2017).

Patient satisfaction with nursing care give an indication about the quality and competency of the health care scheme. Many studies have been conducted regarding patient satisfaction in different countries concluding that nursing facilities cannot

fulfill the needs of patient for example, according to the research conducted in Iran's university hospitals showed that there are only 39.7% satisfied nursing services. Effective and continuous communication and interaction are different factors that relate to patient satisfaction (Negarandeh, *et al.* 2014).

### International Agencies

Various international agencies working to improve the patient safety level are as follows:

- **World Health Organization**

Patient safety is the primary and global priority of the world health organization. World Health Organization estimated that one out of ten patients is effected by preventable mistakes that ultimately effect the health of an individual. Supporters of WHO had effectively working in controlling the cost of non-quality and at the same time also enhancing the capabilities of professional to fulfill the healthcare needs. World Health Organization in collaboration with other countries governments took the initiative to ensure the access to high-quality, safe and well-organized healthcare services. World Health Organization in 2004 launched the Patient Safety Programme also.

- **Patient Safety measures by World Alliance**

It recommended the system-wide interferences and alterations in administrative nation juts to enhance and recover the patient safety. For the developed and developing countries, different research and action priorities were published in 2008 by the World Alliance for Patient Safety to moderate all risk related with unsafe care.

- **Economic Co-operation and Developmental Organization**

Unwarranted intervention, failure to administer appropriate care and medical error are the three types of problem encountered by Economic Co-operation and Developmental organization.

- **International Council of Nurses**

It mainly focusses on the lack of skilled nursing team due to which patient safety and care is at risk. Therefore, International Council of Nurses focus on

the early instructions that fulfill the needs of nursing rehearsal as well as the education plans. International Classification for Nursing Practice Programme was launched by International Council of Nurses for developing a classification which are used by the specialists to demonstrate the nursing practice globally.

- **West African Health Group**

West African Health Group recommended to improve the quality of health care systems and focused on the improved education system for health professionals.

- **Alliance francophone pour la qualité et la sécurité des soins**

Alliance francophone pour la qualité et la sécurité des soins main objective is to approve nation and health development advantages to French-language health care organizations and health care specialists (<https://www.sidiief.org>).

### Review of Literature

**Alfredsdottir and Bjornsdottir (2007)** studied about the role of nurses in operating room. For the study, a partial organized interviews were accompanied in 2004 with 8 nurses which was continued by two groups in 2005. In the study, the author concluded that maintaining the patient safety and stopping mistakes were key components in operational room. During interviews, the nurses found that the ongoing methods of control and safety that describes operating room nursing as essential in improving safety. Conclusively they said that nurses need intrusion to improve patient safety in operational room.

**Vaismoradi, *et al.* (2011)** studied about the 'Iranian nursing students' viewpoints about the patient safety and to provide patient safety how efficiently nursing education play its role in development. For the study, they selected 17 junior and senior nursing students and conducted qualitative and semi-organized interviews. Conclusively, the author found that 'safety as patient comfort', 'is not only being experienced or skilled enough' but also being helped to adopt the ethics and standards of patient safety' were three main themes. Nursing education must

focuses on practical education in comparison to theoretical concepts of patient safety.

**Wilson, et al. (2012)** studied about the changes in opinions of patient safety nation between charge and non-charge nurses and found that the non-charges nurses are more positive about patient safety in comparison to charge nurses.

**Magalhães, et al. (2013)** examined the possible relationship between nursing capability and patient safety in the medicinal and clinical inpatient parts of a training hospital and found that there will be an increment in the numbers of patients to each nursing team with the increment in the rates of misconduct related to patient safety.

**Blignaut, et al. (2013)** studied about the vision of professional nurses about the safety of patient and level of caution in South Africa and connection between these vision and nurses expert qualification. For study purpose, 1117 expert nurses were taken from medicinal and clinical divisions of 55 private and 7 government hospitals. The author identified the problem related to nurse-perceived safety and level of care but failed to report adverse events in patients and skilled nurses and concluded that qualification of nurses had no relation with opinions of patient safety and level of care.

**Kirwan, et al. (2013)** explored the connection between the ward surroundings where nurses practice and patient safety results on the basis of ward level variables and nurse level variables. Among the European FP7 project (Nurse Forecasting), research was carried out. For study purpose, 108 general medicinal and clinical zones were selected from 30 hospitals of Ireland and the survey was conducted by the help of questionnaire. The survey outcomes that positive rehearsal atmosphere improves patient safety results therefore, nurse education level and the work atmosphere must be recognized and improved.

**Negarandeh, et al. (2014)** studied about the effect of regular nursing with the patient fulfill the satisfaction level through nursing care or not. For the research, patients were selected from 100 medicinal clinical zone by authors and found that the regular nursing series had a positive impression on patient fulfilment. Therefore, it can be concluded that the

regular nursing round can improve the patient-nurse connections and also endorse the excellence of nursing care and patient satisfaction.

**Kieft, et al. (2014)** done a qualitative study to understand what factors of nurses and their work atmosphere affect patient practices of the quality of care, focusing mainly on the views of Dutch nurses. For research purpose, four groups were selected, each group having 6 or 7 registered nurses. In their study they observed that clinically capable nurses, independent nursing training, suitable recruitment, control over nursing training, etc. are the basic elements that should be incorporated in everyday nursing training which would definitely result in positive response at patient ends.

**Jarrar, et al. (2015)** goals to estimate the effect of patient to nurse ratio on level of care and patient safety in Malaysian private hospitals. For study, the author collected data from questionnaire from 652 nurses and found that nurses with higher ratio of patients have greater negative connotation on excellence of care and patient safety. Nurses carrying care for 11-15 patients and nurses carrying care for more than 15 patients comparatively had major bad effect on both excellence of care and patient safety.

**Choi (2015)** examines about the role of nurses in patient advocacy and its associated goals. In this article the author put the highlights on how nurses practice patient support in healthcare sceneries and even how they improve this role by arranging the schools, workplace learning, and encouraging an organizational nation in favor of patient encouragement.

**Kowalski and Anthony (2017)** conducted a content examination of AJN articles to discover the role of nurse in encouraging the safety of patient. After going through the different articles published AJN, the author concluded that patient safety must be given more importance as getting more complex day by day. Infection anticipation, medicine safety, and reaction to new skill were the three major subjects that relates to patient safety. In 1999, the IOM put a highlight on patient safety and marked it as serious problem. Efforts made by nurses in encouraging patient safety that motivate the nurses to take

essential steps that modify the safety techniques in today scenario.

**Sonğur, et al. (2017)** identified the effects of nurses' patient safety views and their evidence-based nursing approaches in the hospital on the patient safety level and worker presentation. For the study, nurses employed in a state hospital in Burdur, Turkey were selected and found that the evidence-based practice and service excellence must be enhanced to attain the positive results from patients.

## Conclusion

After studying the different opinions of different researches, it can be concluded that to achieve positive outcomes from safety, nurses play a very significant role. This article has studied what nurses have already incorporated to enhance the safe care and also suggested few additional activities for future. For improving the patient safety, different initiative must be taken in the form of short training or courses so that people dealing with patient can improve their interaction and communication level.



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