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Research Article

A STUDY TO ASSESS THE EFFECTIVENESS OF PLANNED TEACHING PROGRAM ON PATIENT SAFETY GOALS AMONG STAFF NURSES IN DR. L H HIRANANDANI HOSPITAL, MUMBAI

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ABSTRACT

Objectives

1. To assess the knowledge of staff nurses regarding patient safety goals.
2. To determine the effectiveness of a planned teaching program on the staff nurses regarding patient safety goals.

Research Method

In this study one group pre-test and post-test design was used .Non- probability convenient sampling technique was used for the study. A structured questionnaire was used to collect the data.

Result

Patient safety goals are an integral part of the hospital setup. Knowledge and awareness of the staff nurses regarding the same is very essential to ensure patient safety. A structured questionnaire was given to collect the data after which planned teaching was given to the staff nurses regarding patient safety goals was found to be only 10% and after the post test it was found to be increased up to 64%. Z score was found to be 8.4 which indicated that null hypothesis is rejected. P value was found to be zero. Thus, establishing that patient safety is a discipline that emphasizes safety in health care through the prevention, reduction, reporting and analysis of error and other types of unnecessary harm those often lead to adverse events

Conclusion

A mature health system takes into account the increasing complexity in health care settings that make humans prone to mistakes. Therefore focusing on the system that allows harm to occur is the beginning of improvement, and this can only occur in an open and transparent environment where a safety culture prevails. Every year, millions of patients suffer injuries and die because of unsafe and poor- quality health care. Many medical practices and risks associated with healthcare are emerging as major challenges for patient safety and contribute significantly to the burden of harm due to unsafe care. Nurses are the crucial part of any hospital's effort to improve patient safety.

Nurses have the most direct interaction with patient's conditions, administer medications and communicate self-care and discharge information. Because nurses are directly involved in the patients on a day to day , often hourly level , improving their ability to provide accurate, high quality care is paramount to the success of any holistic safety strategy .

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INTRODUCTION

An incident is just the tip of the iceberg, a sign of a much larger problem below the surface.

- Don Brown

“Health is a state of complete harmony of the body, mind and spirit. When one is free from physical disabilities and mental distractions, the gates of the soul open. Health is an integral part of the overall development which is considered as an

evolving concept. WHO definition of health emphasizes on wholeness and positive quality of health. [1]

Patient safety is a fundamental principal of healthcare. Every point in the process of care giving contains a certain degree of inherent unsafely. Adverse events may result from problems in practice, products, procedures or systems. Patient safety improvements demand a complex system – wide effort, involving a wide range of actions in performance improvement environmental safety and risk management, including infection

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control, safe of medicines, equipments. Therefore, if hospitals want to improve patient safety, it is important to know more about the culture regarding to patient safety. [2]

Patient safety culture, which is also called patient safety climate, is an overall behavior of individuals and organizations, based on common beliefs and values. Reduce possible harm of patient at the lowest level in the service procedure through hard efforts.[3] It is reported that in most of the countries medical equipments have been found to be unusable or partly usable which has resulted in increased risk for patient .[4]

A cross- sectional study was conducted by Hall, Kendall K, Lim Andrea in September 2020 on the use of rapid response teams to reduce failure to rescue events. The single studies were both observational and investigational in design. Patient outcomes included hospital mortality (8 studies), in- hospital cardiac arrests (9 studies) and intensive care units (ICU) transfer rates (5 studies). There was a variation in the composition of RRTs and 4 studies conducted subanayyses to examine the effect of physician inclusion on patient outcomes. All of studies reported a range of patient outcomes including overall hospital mortality in- hospital rates has reduced comparatively.[5]

A retrospective, cohort study was conducted by Graber, Mark, Siegel Dana, Riah Heather, Johnston Doug in September 2019. The database contains more than 300000 cases from more than 500 hospitals and 165000 physicians . 248 cases of these 147 were derived from cases. In total, 280 of the cases in the database coded over the proceeding period of 2 years were identified as having 1 or more contributing factors relating to HIT. Out of these 280 cases, a subset of 248 cases, those specially associated with EHR – related factors are reported here .The 32 cases excluded from this study included HIT events not related to HER. A quantitative summary of the first 147 has been published. The 101 cases identified most recently represented just less than 1% of the 12,012 cases coded during that period. [6]

Patient safety is a global priority. 10% of people who receive healthcare will suffer because of preventable harm and adverse events. [7] Unsafe medical care cause substantial morbidity and mortality rate. Harm from medical care leads to a substantial burden to the world’s population. [8] A s per 4 studies, a lower limit of 210000 deaths per year was associated with preventable harm in hospitals. The epidemic of patient harm in hospitals must be taken seriously if it is too been curtailed. [9]. The resolution at the 55th world health assembly in 2002, the WHO has recommended the member states to make systemic amendment to improve the culture of patient safety and quality of health care. In 2014, World alliance considered patient safety as one of the common tasks and identified main action area globally. In 2010 South Korean society demanded the enactment of the patient safety act which was finally enacted on January 28th 2010. This act has been in force since 2016. [10]

Hypothesis

1. There will be no significant difference in the pre and post test knowledge of the staff nurses regarding patient safety goals. (H0)

2. There will be significant difference in the pre and post – test knowledge of the staff nurses regarding patient safety goals. (H1)

METHODS

Sample: - A total of 50 nurse by non – probability convenient sampling technique was used. Staff Nurses were selected from all departments of the hospital.

Tool:- A structured questionnaire consisting of 25 questions was used as a tool to assess the knowledge of staff nurses regarding patient safety goals . Demographic data included gender, age and years of experience of the staff nurses.

Data collection: - Researcher informed the participants about the objectives of the study at the start of the research and that the research would be kept anonymous. Pre-test was given and a post test test was given after the planned teaching.

Data analysis: - Data analysis was done using Descriptive statistics.

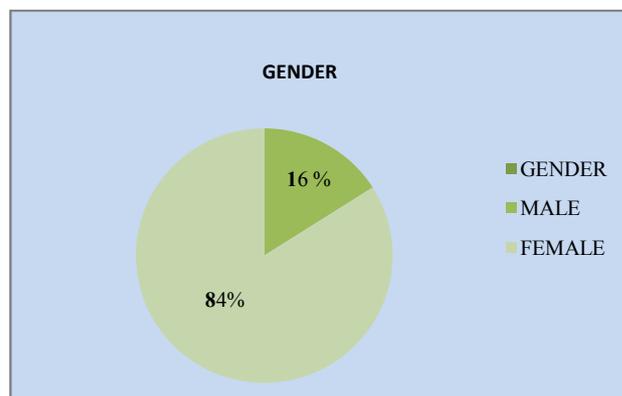
RESULT

Table no.1 Frequency and percentage distribution of demographic variables

N = 50

Gender	Frequency	Percentage
MALE	8	16
FEMALE	42	84
AGE		
20- 25	43	86
25-30	6	12
30-35	1	2
35-40	0	0
EXPERIENCE		
FRESHER	20	40
0- 1YRS	10	20
1YR - 2YRS	8	16
2YR - 3YRS	12	24
MORE THAN 5YRS	0	0

Table no 1 describes the frequency and percentage of demographic variables. Total 50 samples were collected out of which 8 were male nurses and 42 were female nurses. Among the samples 43 nurses were in the age group of 20-25 years, 6 nurses were in the age group of 25-30 years, 1 nurse was in the group of 35-40. None of the samples came in the category of 35-40 years. Among the selected samples 20 nurses were fresher’s , 10 had 0-1 year of experience , 8 had 1-2 years of experience and 12 nurses had 2-3 years of experience . None of the nurses had more than 5 years of experience.



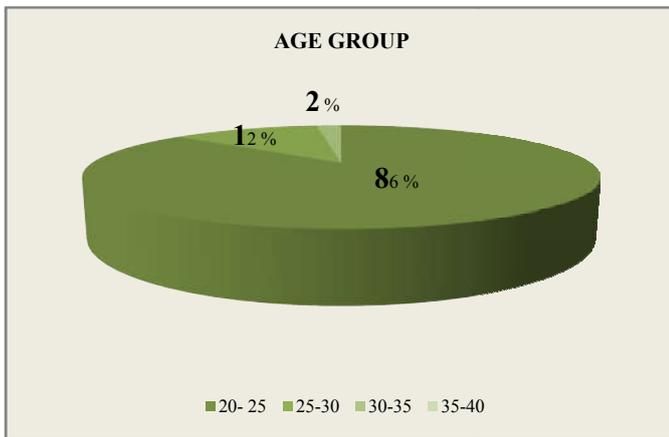
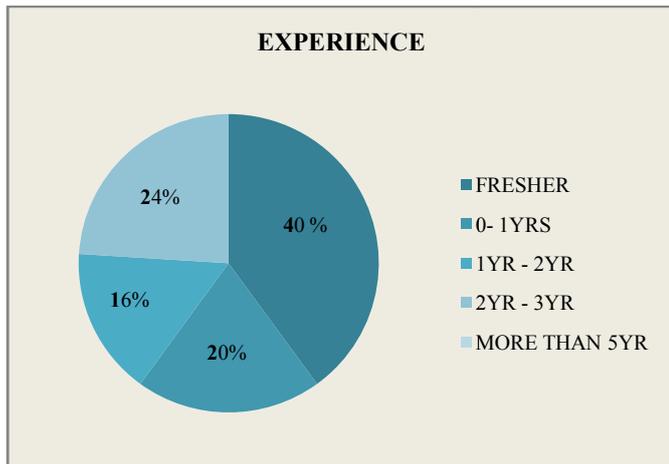


Table no 2 Frequency and percentage distribution of pre-test knowledge among staff nurses regarding patient safety goals among staff nurses

N=50

Pre-test	Frequency	Percentage (%)
Excellent	5	10
Good	8	16
Average	17	34
Poor	20	40

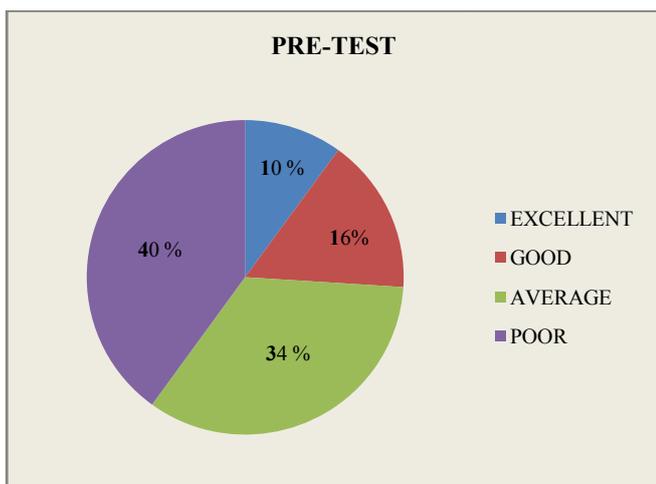


Table 3 Frequency and percentage distribution of post -test knowledge among staff nurses regarding patient safety goals among staff nurses

N=50

Post-Test	Frequency	Percentage (%)
EXCELLENT	32	64
GOOD	13	26
AVERAGE	5	10
POOR	0	0

Table 2 and 3 shows the frequency and percentage distribution of pre- test and post- test knowledge levels of the staff nurses regarding patient safety goals. In the pre-test, 5 nurses were in the excellent category , 8 nurses in the good category , 17 in the average category and 20 nurses in the poor category .Whereas , in the post-test we see an increase in the numbers . 32 nurses were in the excellent category, 13 were in the good category, 5 in the average category and none in the poor category.

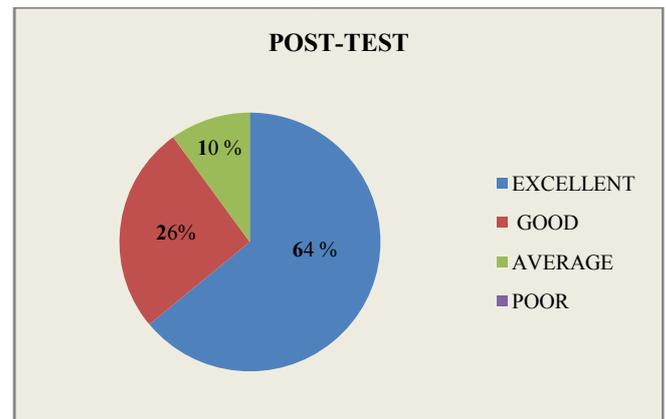
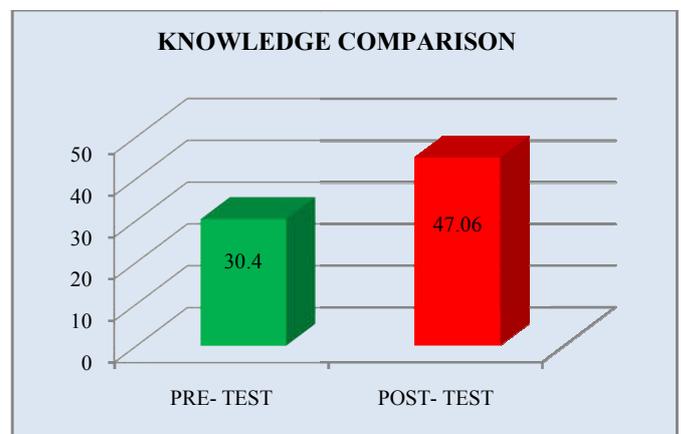


Table 4 Knowledge comparison of pre – test and post – test regarding patient safety goals among staff nurses

N=50

Knowledge Comparison	Mean	S.D	Z score	P VALUE
PRE- TEST	30.4	5.41		
POST- TEST	47.06	10.43	8.2	0

Table 4 shows the knowledge comparison between pre-test and post test scores of the staff nurses. The mean in pre- test is 30.4 and post test mean value is 47.06. Standard deviation for pre-test is 5.41 and post-test 10.43. Z score was found to be 8.2 which indicate null hypothesis is rejected. P value is 0.



DISCUSSION

Patient safety is the avoidance, prevention and amelioration of adverse outcomes/ injures stemming from the process of health care. The goal of patient safety is institutionalized as a fundamental principle of the health care delivery system in improving health outcomes .In these research 50 samples were taken by non – probability sampling technique. A pre –test was conducted to assess the pre-existing knowledge and a planned teaching was given to the selected samples. Thereafter a post-test was conducted on the same group. A structured questionnaire was used to collect the data. Data was analyzed using descriptive analysis. The pre – test scores and post-test scores were analyzed and was compared. A significant increase was seen in the post-test knowledge of the staff nurses. Z score was calculated which showed that null hypothesis was rejected.. Therefore, patient safety is the total absence of preventable harm to a process of health care. Since nurses are involved in direct patient care it is important to educate them about patient safety goals and ways to prevent any breach in the protocols.

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