

The Effect of Quality Accreditation Programs on Patient Safety Experiences in Nursing Services

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Abstract

Introduction: Ministry of Health has initiated Quality Accreditation studies with Transformation Project in Health in 2003. These studies have gained extensive momentum especially in the last decade, and have composed Quality Accreditation Programs (Quality Standards in Healthcare, associated guidelines), which are applied in all healthcare institutions and institutes. The status of achievement in applying the criteria, laid down by Quality Standards in Healthcare, is significantly affected by physical locations of institutions and institutes, technical facilities, and knowledge levels and experiences of personnel.

Purpose: This study has been conducted to assess the contributions of Quality Accreditation Programs to patient safety knowledge and practices in nursing services and to measure the effects of different variables on these practices.

Methods: The study has been conducted with 175 nurses in different age groups, at different educational levels, and working in hospital clinics, and having different durations of work experience. Data has been obtained by a questionnaire of 12 questions (two questions have sub-questions). Descriptive statistical methods have been used in data analysis, and Chi square test has been used in required sub-group analysis.

Findings: The half of the participants was in the age group of 25-34 years. 98.9% of nurses stated that they received patient safety training. 90.9% of participants thought that these trainings were sufficient. The ratio of the ones, indicating that they needed training on this subject, was 22.3%. The ratio of the participants, reporting on patient safety, was detected as 78.3%. The ratio of nurses, reporting on this subject, was found significantly high in the age group of 25-34 years ($p=0.012$). The rate of receiving training was low in nurses with work experience of less than one year ($p=0.038$). The rate of reporting on patient safety was significantly low in participants with work experience of less than one year and with work experience of more than 10 years ($p=0.049$).

Conclusion: Although the rate of receiving training on patient safety is high, the rate of participants, practically reporting on this subject, is low. This has led to the thought that training is not always fully effective in attitude change. We think that the implementation of short-term reminder trainings may be useful.

Keywords: Patient safety; Patient safety experience; Nursing services; Quality

Login

The Quality Accreditation Programs (Quality Standards in Health, linked guidelines) that have been established by the Ministry of Health with the Health Transformation Project in 2003 and the Quality Accreditation activities that have gained momentum in the last 10 years are being implemented in all health institutions and organizations. Success in implementing the criteria set forth by Health Quality Standards; The physical locations of the institutions and organizations, the technical possibilities and the level of knowledge and experience of the personnel are significantly influencing.

It is important that the staff reflect their level of knowledge, especially their knowledge, on their experience. Patient safety is one of the most important aspects of quality programs in health care. Patient safety is all the measures taken by healthcare organizations and employees in order to prevent damage to health care services, and constitutes the primary and indispensable condition of qualified health care. The purpose of patient safety is to provide safety by creating an environment that physically and psychologically affects patient and patient relatives and hospital employees positively. The main goal here is to prevent errors during service delivery, to protect the patient from possible damage due to errors, and to eliminate the possibility of error.

It is important that the staff reflect their level of knowledge, especially their knowledge, on their experience. The most important quality programs in health services The topic of patient safety is a

subject that should be taken up by all personnel working in health services [1]. Although it is not possible to reduce the medical errors caused by the health workers while providing health services, it can be seen that these errors and risks can be reduced to a minimum with the adoption of patient safety culture in hospitals and at the same time by all employees. The first goal in ensuring patient safety is to reduce risks

The development of patient safety culture will also be significantly reflected in the experience. To protect patients from harm and to increase patient experience in the organization and to improve patient safety within the organization.

Patient safety-related events can cause harmful consequences for hospitalized patients and can bring an additional cost to the hospital. The damage suffered by the patient can cause serious injuries, prolonged hospital stay, disability, even death of the person. Human-

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induced problems such as fatigue, inadequate training, communication problems, timelessness, wrong decision, and argumentative personality can cause medical errors. The reasons such as workplace structure, policies followed, administrative structure, wrong distribution of personnel, inability to solve problems constitute institutional problems. Technical factors such as inadequate automation, inadequate equipment and missing equipment also affect the staff experience and may be the cause of medical error [2-4].

Implementation of event reporting activity in health services provides a better service for the patient by revealing the missing side of the worker involved in the organization, recognizing their strengths, developing their creativity, leading the organization in determining the responsibility and duty to be assigned within the organization Kohn et al. [5], Dursun et al. [1], Altindish and Kunt [6,7].

The main objectives of error reporting are to collect qualitative information that can be used for the development of the student as well as the collection of epidemiological data. Because the goal here is to ensure that the whole organization can learn from the experiences of people about mistakes and unwanted events.

Nurses carry out a large part of the patient care phase and medical activities in patient safety. Due to the fact that the nurses are a group of health personnel with the highest number of patients and the most number of patients, the establishment of patient safety culture in nursing practice has a big precaution [8-10]; Nurses are nested with patient safety in all aspects of care. In order to talk about the culture of patient safety in an institution, it is necessary to increase the patient safety experience and the adoption and continuity of patient safety applications by the nurses.

Goal

This study was conducted to evaluate the contribution of Quality Accreditation programs to patient safety knowledge and practice in nursing services and to measure the effects of different variables on these applications.

Research Questions:

- What are the conditions for receiving patient safety training? What are the training requirements?
- What is the status of nurses reporting incidents related to patient safety?
- Is there a relationship between nurses' status of patient safety education and patient safety practices at the institution?

Methods

Type of study

The study was carried out in a descriptive design.

Sample of the study

The study was conducted with 175 nurses working in different age groups, different education levels, hospital clinics and with different work experience periods.

Data collection tools

“Survey Form” was used to collect research data. The data were obtained through a questionnaire consisting of 12 questions (there are subdivisions of the two problems).

Collection of data

The research was conducted on April 2016. The questionnaire forms were distributed from the hands after the necessary explanations were made to the nurses by the investigator. The nurses were given 3 days to fill out the forms and after this time the questionnaires were collected again and collected from the hand.

Data analysis

The data obtained from the nurses participating in the study were transferred to the computer environment and evaluated in the SPSS 16.0 program. In the analysis of the data, descriptive statistical methods and square test in necessary subgroup analyzes were used. Analysis was made by CO Medical Research Consulting Company.

Results

When the distribution of nurses according to their personal and professional characteristics was examined (Table 1); 49.1% of them were between 25-34 years of age, 90.9% of them were associate and undergraduate graduates and 41.1% were 2-5 years in the institution. The rate of receiving education in nurses who had less than one year of working time was low ($p=0.038$). The rate of reporting on patient safety was significantly lower ($p=0.049$) in participants with less than one year and more than 10 years of study time.

When the findings of nurses regarding patient safety were evaluated (Table 2); Nurses reported that 98.9% had received patient safety training, 90.9% thought this training was sufficient. The rate of those who stated that they need education in this subject is 22.3%. 14.3% ($n=25$) and 8.6% ($n=15$) of those who stated that they were in need of training expressed their need for medical device safety training. The rate of participants reporting on patient safety was 78.3%. 62.9% ($n=110$) reported that they reported on “falling”. The proportion of nurses who report in this issue between 25-34 age group was found to be significantly higher ($p=0.012$). In the study, 76.0% of the nurses stated that patient safety applications were adequate and 79.4% of the nurses said that quality programs contributed to their experience in Patient Safety [11].

Discussion

This research was carried out in a descriptive design to determine the factors that affect the patient's experience in patient care in nursing services.

When the distribution of nurses according to their personal and occupational characteristics was narrowed, it was determined that 49.1% of the nurses were between 25-34 years of age, 90.9% of them were associate and undergraduate graduates and 41.1% were 2-5 years of institutional work. The rate of receiving education in nurses who had less than one year of working time was low ($p=0.038$). The rate of reporting on patient safety was significantly lower ($p=0.049$) in participants with less than one year and more than 10 years of study time.

It was determined that 98.9% of the nurses stated that they had been educated about the patient safety and 90.9% of the training areas were sufficient. The training needs of employees for patient safety were 22.3% and they were found to have the most and the same (22.9%) training needs in terms of Radiation Safety and medical device safety. These findings show that the nurses in the investigated hospital are given trainings for patient safety but there are still training needs in some cases. In line with these findings, the training needs of the nurses

		Sıklık	%
Age	20-24	11	6.3
	25-29	44	25.1
	30-34	42	24.0
	35-40	36	20.6
Education	High school	11	6.3
	Pre-license	82	46.9
	License	77	44.0
	Graduate	5	2.9
Department that works	Emergency	16	9.1
	Operating room	14	8.0
	Cardiology	13	7.4
	Infection Service	12	6.9
	Neurology	11	6.3
	Internal medicine	10	5.7
	General Surgery	10	5.7
	KBB - Eye	10	5.7
	Chest Hst.	9	5.1
	Orthopedics	9	5.1
	General intensive Care	8	4.6
	Hemodialysis	8	4.6
	Female Birth	7	4.0
	Plastic surgery	5	2.9
Other*	33	18.9	
Total working time at the institution	Less than a year	6	3.4
	2-5 years	72	41.1
	6-10 years	44	25.1
	Over 10 years	53	30.3

*Child services, neonatal intensive care unit, remote treatment unit, child emergency, child surgery, coronary intensive care, intensive intensive care, neurology intensive care, diabetes education, ekk nursery, quality unit, psychiatry, dialysis, education,

Table 1: Personal and Occupational Characteristics of Nurses (n=175).

and nurses should be assessed with certain intervals and the training programs should be arranged and the training should be repeated

In the study, the reporting rate for patient safety practices was low (78.3%) and the reporting of the highest decrease was reported, the percentage of nurses reporting this issue between 25-34 age group was significantly higher (p=0.012) (P=0.049) at a significantly lower level during the study period of less than 10 years. Is a subject that needs to be emphasized. Reporting of faults is considered one of the most important indicators of patient safety culture in an institution. Although the rate of nurses receiving training on patient safety practices was high, the reporting rate was low. This shows us that the attitudes and behaviors of the nurses regarding the safety reporting system are inadequate or have problems. Authority managers should take care of this issue, organize short-term reminder trainings other than the routine trainings related to the safety reporting system, make employees aware of the problems, produce solutions for the problems experienced in implementation and strive to reflect the trainings given to practice. In the study, 76.0% of the nurses stated that patient safety

practices were adequate and 79.4% thought that quality programs contributed to their experience in Patient Safety, but the inadequate level of reporting suggests that patient safety culture has not developed sufficiently and that studies have to be done in this regard

Conclusions and Recommendations

In this study, 49.1% of the nurses stated that they were in the age range of 25-34, 90.9% of them were associate and bachelor graduates, 41.1% were 2-5 years in the institution, and 98.9% 90.9% of the respondents were satisfied that these trainings were adequate. In addition, 22.3% of the respondents indicated that they need education in this area. In the study, reporting on patient safety was reported at 78.3% and reporting of the highest falls was reported. It was determined that the rate of education in nurses who had less than one year of working time was low (p=0.038) and the rate of reporting of patient safety was significantly lower (p=0.049) in participants who had less than one year and more than 10 years of study time.

As a result;

- Despite the high rate of patient safety training, the low proportion of participants reporting in this regard in practice suggests that education is not always fully effective in changing attitudes.

Are you trained in patient safety?	Yes	173	98.9
Hasta güvenliği ile ilgili aldığınız eğitim sizce yeterli mi?	Yes	159	90.9
Is your education safe enough for your patient safety?	Yes	39	22.3
On what issues do you need training?			
	Safe drug applications	11	6.3
	Transfusion safety	11	6.3
	Safe surgical applications	10	5.7
	Reducing the risks of falling	8	4.6
	Contact	14	8.0
	Radiation safety	25	14.3
	Medical device safety	15	8.6
	Proper identification of patients	6	3.4
Do you report on patient safety practices?	Yes	137	78.3
On which issues are you reporting?			
	Identification	104	59.4
	Fall	110	62.9
	Drug Safety	103	58.9
	Surgical Safety	103	58.9
	Transfusion Security	106	60.6
Do you think that quality programs contribute to your experience in Patient Safety?	Yes	139	79.4
	No	5	2.9
	partially	31	17.7
Is it enough for you to apply patient safety?	Yes	133	76.0
	No	12	6.9
	partially	30	17.1

Table 2: Distribution of nurses situations related to patient safety (N=175).

- We believe that the implementation of short-term reminder training may be beneficial.

As a result of the research findings;

- Regular control tactics on patient safety experiences in institutions and evaluation of the current situation and the realization of the improvements in this way,
- As a result of these evaluations, it is necessary to organize training programs and raise awareness of employees,
- Emphasizing that in the trainings given for reporting on all aspects of patient safety, error reporting should not be regarded as punishment and should be regarded as an important part of the system,
- In order to improve the patient safety experience in the institution, it is recommended that the patient safety culture should be placed in the institution first and the administrators should continue their beliefs and attitudes in this subject with determination.

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