Survey on perception of patients about safety

INTRODUCTION:

Clinical Safety is a quality key component and it is recognized as a patient's right by bodies such as the WHO, the PAHO and the European Health Committee of the Council of Europe, all of which recommend to different governments to put patient safety at the centre of all health policies. (1) (2)

The WHO Programme of the World Alliance for Patient Safety establishes six strategic areas, one of which is “Patients for Patient Safety “- among its recommendations is the fostering of patient involvement in their own safety as one of the key elements for improving quality. Actions are set out in no.8 strategy within the NHS Quality Plan.

Patient participation in the management of their own clinical safety arises nowadays as an increasing need within health institutions. Assessment of patient safety programs should be based on the patient’s opinion as the main protagonist. Patients can provide information that serves to be triangulated with that obtained from other health information systems related to clinical safety, such as incidents during the stay, the agility of the health system to detect a security breach, the degree of information received (3,4) etc (5) the patient’s trust in the professionals, and their perception of risk (6).

Taking into consideration the patients' opinion about the services offered and provided to them is an important step towards the evaluation, from the perspective of management, of long-term health care both for them in particular and for the community (7, 8).

In this context, studies on the patients' perceived safety acquire a great value,
because they are an indirect way for patients to participate in clinical safety issues within health care policies set by health institutions.

The Alicante University General Hospital (HGUA) launched several initiatives to ensure patient safety related to health care, such as:

- Implementation of a monitorization of nursing care key indicators, the four-monthly follow-up ATENEA Project (ATENEA standing for Atención Enfermería Notificación Eventos Adversos, "Nursing Care and Adverse Event Reporting")
- Information to the patient about the care provided
- Identification of patients at risk in order to measure safety indicators of the care provided.

In addition to the measurement by nurses there was a need to triangulate the data obtained from audits, but it was also necessary to know the degree of information that patients and relatives had about the initiatives implemented or whether they felt safe with the care provided. Therefore, a safety perception survey was carried out with patients and relatives in 2011 (9.10)

Our aim was to know the determinants of the patient’s perception of safety in order to evaluate safety programs implemented in the HGUA. The survey carried out was voluntary, anonymous and confidential.

STUDY HYPOTHESIS:

The degree of safety perceived by the patient regarding nursing care during the hospital stay depends on:

- Degree of pain perceived by the patient.
- Satisfaction with pain management.
- Information received on admission about the ward rules and functioning
- Presence of adverse events during the patient's stay (falls, infections, skin lesions, allergic reactions, identification errors).
- Nursing Unit where the patient is admitted.
- Socio-demographic variables: patient's gender and age.
**STUDY OBJECTIVES:**

- Identify the nursing care related variables that influence the patient's perception of safety.
- Assess the safety perceived by the patient regarding nursing care in hospitals.

**MATERIAL AND METHODS:**

Cross-sectional study of patients discharged after hospitalization, using a survey designed *ad hoc*. Formerly a study of validity and reliability test was conducted to evaluate the homogeneity of the questionnaire (questions and different scales, to measure different dimensions). (11, 12)

*The questionnaire:*

The questionnaire was designed *ad hoc* with 20 items with dichotomous responses (yes-no) and likert scales with 5 and 7 points. The questionnaire explored the following dimensions of the safety felt by the patient: information received about admission and safety procedures, adverse events related to care occurred during the stay, and perceived pain control during the hospital stay.

This consisted of a series of sociodemographic variables:

1. Age (16 to 80 and older).
2. Gender (male and female).
3. Educational level (none, basic, high and college).

Six items with scale 1-5 (1 meaning "I disagree", and 5 "I completely agree"):  
4. Whether the patient was informed on admission about hospital rules.  
5. Whether the patient was informed on admission about the importance of wearing an ID wrist label.  
6. Whether the patient's wrist label had a colour code and if it was the case, which preventive measures had to be implemented.  
7. If the type of information received about care was sufficient.  
8. Whether the patient was asked to become involved in his/her own care.  
9. Whether confidentiality and privacy were assured.

Seven items with dichotomous responses (yes / no) about adverse events:

10. If the patient had a fall during his/her hospital stay.  
11. If it was the case, whether the patient informed the nurse.  
12. If the patient had an infection during his/her hospital stay.  
13. If the patient had skin problems from being bedridden.  
14. If the patient had an allergic reaction.  
15. If the patient's identity was confused with that of another patient.  
16. If the patient was given the wrong medication.
17. Pain intensity from 0 to 10 measured according to VAS (Visual Analogical Scale).

Two variables measured using a likert scale:

18. Satisfaction with pain control (scale 1-5 where 1 meant "not at all satisfied" and 5 = "very satisfied")

19. Safety felt by the patient regarding care given by nurses and nursing assistants (scale 1-7 where 1 meant "very insecure", 4 "neither safe nor unsafe", and 7 = "very confident")

**Variables studied:**

- Sociodemographic: age, gender and educational level.
- Qualitative variables about perception of safety regarding care:
  a. To assess the degree of information received by patients about: hospital rules, the importance of wearing the ID wrist label and the meaning of the colour codes that identify their vulnerability.
  b. To detect adverse events perceived by patients such as falls, infections, pressure sores, allergies and misidentification.
  c. To assess the degree of pain perceived by patients by means of the VAS, and the satisfaction with pain management.

**Subjects studied:**

For the selection of participating subjects, a non-probability systematic sampling was used. Inclusion criteria were defined as patients discharged during the dates of the follow-up periods set to assess the quality of care of hospitalized patients and patients who were able to understand and respond to the questionnaire. Exclusion criteria were patients younger than 16 and patients with reading comprehension limitations.

**Period of study:**

The study was conducted during 2011, 2012 and the first quarter of 2013.

**DATA COLLECTION AND ANALYSIS:**

We elaborated an Access database and used SPSS 19.0 for data analysis. Descriptive and inferential analysis of the study variables was performed. A descriptive analysis was carried out using frequencies and percentages for qualitative variables. Comparison between continuous variables was performed with Student’s t-test for two independent samples with a 95% CI. For qualitative variables, we used the Pearson chi-square test, with a confidence level of 95%. For all analyses significance level of 0.05 was used.
LIMITATIONS OF THE STUDY:

- The questionnaire is self-filled in, thus the possibility of professionals handling it to the patients without all the necessary previous explanations.
- The response rate and accuracy in the answers may be affected by the beliefs of patients regarding potential retaliation from the professionals.

SURVEY RESULTS:

Results of the descriptive analysis of the questionnaire:

The sample included N = 3,451 patients (1,759 in 2011, 1,581 in 2012 and 111 in 2013) from all hospitalization units in the HGUA when they were discharge coinciding with the four annual cross sections for monitoring quality of care.

The response rate was 57%.

PROFILE OF RESPONDENTS:

Of the 3,451 patients surveyed, 41.3% (1,432) were male, 53.8% (1,857) were female and 4.7% (162) did not answer the gender item.

The level of education of respondents was: 7% of patients (242) had no schooling, 52.6% (1,815) had basic studies, 14.2% (490) had higher education, 18.8% (649) had a university degree and 7.4% (255) did not answer this item.

The age variable was not grouped into sections. The mean age in both men and women was 60 years (60.35 for men and 60.41 for women).

INFORMATION RECEIVED, PARTICIPATION AND PRIVACY

In the set of items on the information received, participation in their care and respect for privacy the results were:

Regarding information received, the percentage of patients who agree or strongly agree was:

- about hospital rules, 83.7% (2,88).
- about the importance of wearing ID wrist label, 69.4% (2,394).
- about the meaning of the colour code identifying vulnerability risk, 32.7% (1,127).
- about information provided about their care, 94.6% (3,265).
- about involvement in their own care, 68.5% (2,36).
- about respect for their privacy, 91.9% (3,171).
**ADVERSE EVENTS DURING HOSPITAL STAY:**

Patients reported having suffered:
- Fall 2.4% (84) and when it happened they all reported to the nurse.
- Infection 6.3% (217).
- Pressure sore 5.3% (184).
- Some kind of allergy 3.4% (117).
- Declare that they were confused with another patient 2.9% (100)
- Declare that they were given the wrong medication 1.8% (62)

Figure 1: Adverse events reported by patients

41.4% (1,429) patients reported that they agree or strongly agree with the information given by nurses about the incident.

**PAIN:**

44% (1,429) said that they had pain according to VAS:
- Moderate pain 24.8% (856)
- Intense pain 16% (551)
- Very intense pain 3.2% (111)

Satisfaction with pain management: 75.7% (2,612) are satisfied, quite satisfied or very satisfied and 1.8% (62) little or not at all satisfied. Figure nº. 2
GLOBAL PERCEPTION OF SAFETY -RELATED CARE:

94.3% (3,255) felt safe with the care they received and from them 61% (2,106) felt very safe, and 33.3 % (1,149) quite safe.

5.7% (196) felt somehow not safe, of which 3.5% (121) felt only slightly safe, 1.4 % (47) neither safe nor unsafe, and 0.8% (28) unsafe.

DISCUSSION:

This research has attempted to relate the explanatory variables in the perception of patient safety regarding nursing care, and especially to get a quick and easy measurement tool both for the patient and the hospital, without a high cost in terms of time and technical and material resources, with the aim of knowing the level of safety perceived by the patient in relation to nursing care and implementing the necessary strategies or interventions for improvement, thus increasing the safety perceived by our patients in the Alicante University General Hospital.

Each of the dimensions that we have addressed in this study (information received and patient involvement, adverse events during their stay, pain management ) as predictors of patient safety feeling in relation to care have been explored in other studies without clear relationships being established among them (5, 6).

As for the hypothesis of the study, the perceived safety on nursing care showed no statistically significant relationship with the nursing unit/ward where the patient was admitted, his/her education level, gender, age, or variables such as information received, patient involvement in own care, or confidentiality and privacy assured. The study hypothesis is confirmed in the sense that the perception of safety by patients regarding nursing care is related to the level of pain suffered and the adverse events occurred during their stay.
Many studies (5, 13, 14) show the importance of the information given to the patient and its relation with patient satisfaction but not with his/her perception of safety towards health care.

The questionnaire aims to explore the views of patients about the information on nursing care they receive, because such feedback helps us when developing possible strategies for improvement in health care. It cannot be forgotten that clinical safety - along with satisfaction and efficient use of resources, among others - is one of the aspects that are closely linked to quality of care.

For other authors, real and effective communication between professionals and patients is one of the key aspects to assess the level of patient safety (5.12).

In the patients studied, feeling unsafe was related primarily to the degree of perceived pain, secondly to the occurrence of an adverse event and only 15% was related to lack of information.

Therefore, if we want to change the perception of safety related to nursing care and thus gain trust by our patients, planning actions to prevent adverse events and manage pain will become essential.

In our hospital, a year and a half ago we started monitoring pain intensity (VAS) in all patients admitted, given the results of the above mentioned survey which showed the relationship between pain and safety perceived. We as nurses can then have an influence on our patients’ trust in the care we provide by working on PAIN MANAGEMENT and PREVENTION OF ADVERSE EVENTS.

**IMPLICATIONS FOR PRACTICE:**

Thanks to this initiative (survey on perception of patients about safety) adverse events that were not reported by nurses have come to our knowledge by means of other information sources (patient / family).

It is very important for us to triangulate data obtained from information systems with the patients’ view since we are then closer to the reality of clinical practice. Furthermore, this initiative has resulted in an increase in the reporting of falls and other adverse events by professionals. Patients and relatives have been incorporated into the culture of patient safety.

The perceived level of pain during the patient’s hospital stay and satisfaction with the care they received for pain management are very important variables in the perception of patient safety. Therefore protocolized assessment of pain intensity as if it was a vital sign will make nurses be more alert towards early manifestations of pain and provide care at an early stage before the pain becomes more difficult to control.

The prevention of adverse events is the foundation of clinical safety programmes - a
patient suffering an adverse event will feel unsafe towards care and health professionals, and this will have an influence on his/her trust in professionals and in patient-professional relationship and consequently in patient satisfaction. In addition, adverse events cause additional comorbidity within the care process, becoming a preventable economic and health burden. It is necessary to place more emphasis on the awareness of nurses and patients towards clinical safety, as it is EVERYBODY’s issue.

With the questionnaire, the patient’s perceived safety can be monitored and plans to improve safety can be evaluated as well as whether they influence the level of trust and safety felt by patients in relation to nursing care.

REFERENCES:


