

## Patient safety practices among nurses - perspectives from Islamabad and Rawalpindi

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Patient safety is the foundation of finest health care. Patient safety majorly focused on various aspects of patient care; for instance, professional appraisal, medication precisions, reporting of errors, and information sharing during the transition of patients from one department to another department of the hospital. Generally, nurses role in patient care and safety is considered in a narrow perspective.<sup>1</sup> Nevertheless a major contribution of nursing to patient safety is the ability to amalgamate the multiple aspects of quality within the care directly provided by nursing and across the care delivered by others in hospitals.<sup>2</sup> However, in Pakistan, there is scarcity of studies that explored patient safety practices among nurses.<sup>3,4</sup>

A convenience sample of nurses working in government hospitals of Rawalpindi and Islamabad was obtained. A cross-sectional survey was employed to explore perceptions of patient safety practices in hospitals. Information was collected by using Hospital Survey on Patient Safety Practices with predetermined response options during the period of June-September, 2016. Informed consent was acquired from the respondents and also assured of confidentiality of personal information.

Overall, 415 nurses were approached; with 352 (85%) female and 63 (15%) male respondents. The summary of frequencies and percentages obtained on each dimension are shown in the Table. Results showed that cumulatively, highest favourable responses were attained on overall practices of safety practices (75%) followed by reporting of mistakes which actually harmed the patients (67%) and hospital handoffs and transitions (46%). On the other hand, the least favourable perceptions were expressed on punitive response to error; where 80% expressed their concern for personalizing the errors and making it as part of their personal profiles. Similarly, 52%

**Table:** Responses obtained from 415 study participants.

Dimensions	Agree f (%)	Undecided f (%)	Disagree f (%)
Overall Practices of Safety	310 (75%)	11(2%)	94 (23%)
Communication Openness	161 (39%)	38 (9%)	216 (52%)
Feedback and Communication about Error	135 (32%)	18 (4%)	262 (64%)
Punitive Response to Error	331 (80%)	35 (8%)	49 (12%)
Reporting of Mistakes	276 (67%)	21 (5%)	118 (28%)
Hospital Handoffs and Transitions	189 (46%)	16 (4%)	210 (50%)

Note.  $\chi^2 = 376.23$ ,  $p < 0.00$ .

indicated inhibitions on communication openness and only 32% endorsed the provision of feedback and communication about errors.

Inferences drawn from the findings concluded that there is dire need to design comprehensive strategies for nurses to enhance feedback and communication on errors to acquire more clarity in procedures. This would ensure patient safety. Moreover, stringent, yet, effective non-punitive actions would enlighten the nurses to exercise better patient safety practices. Similarly, active participation in decision making's advisable along with liberty to discuss ways to prevent errors from happening again which can negatively affect patient care should be encouraged.

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