



Original Research

Factors Influencing Safe Patient Care Provided by Nurses in the Intensive Care Unit at Al-Hillah Teaching Hospitals

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Abstract:

Background: An intensive care unit (ICU) is a stressful environment due to high patient mortality and morbidity, daily confrontations with ethical dilemmas, and a tension-charged atmosphere. The ICU is an especially complex and difficult work environment for critical care nurses.

Objective of this study: This study aimed to assess patient-safety principles in ICUs and determine the factors, which influence the safe patient care.

Methods: A quantitative study – descriptive design was applied to the study selected to carry out the study directed to Factors influencing safe patient care provided by nurses in the Intensive Care Unit at Al-Hillah Teaching Hospitals from the period between (11/10/2023 – 15/4 /2024).

Results: Distribution show related to nurses' knowledge of the tools used in providing Factors influencing safe patient care provided by nurses in the Intensive Care Unit at Al-Hillah Teaching Hospitals related shows that there is significant. The relationship between factors affect the Nurses' care at critical care unit and demographical characteristics related to (educational level, years of experience, Years of experience in ICU and Nursing care direction).

Conclusions & Recommendations: Factors which influence the safe patient care provided by nurses, in addition that the personal background information about factor effect related to safe patient care consider one of more problems which daily confronted nurses in the ICU. The organization should be alluded to the factors influencing the safe patient care provided by nurses in (ICU).

1.1. Introduction:

The World Health Organisation (WHO) described safety as a fundamental principle of patient care. Furthermore, the WHO proclaimed that it was imperative that adverse events should be prevented, should be made visible and that the effects of the occurrence of adverse events should be mitigated. In so doing, patient safety would be enhanced (World Health Organisation, 2019). The Institute of Medicine (IOM) defined patient safety as “the prevention of harm to patients”. Mitchell went on to explain that to achieve safe patient care, a system of care had to be emphasized which (1) prevented errors, (2) learned from errors and (3) a culture of safety was built which included patients, organizations and all healthcare professionals (Mitchell in Hughes:2008). A stressful environment exists in an intensive care unit (ICU) due to high patient mortality and morbidity, everyday encounters with ethical challenges, and a tension-filled atmosphere¹ The intensive care unit (ICU) is a particularly complex and challenging work environment for critical care nurses. Critical care nurses are repeatedly exposed to work-related stressors, such as engagement in end-of-life discussions, artificial support device extension, and the possibility of providing ineffective treatment, when nurses face these completely care their own responsibilities.(Al-Trurfi,M.el.al.2022). Feeling safe in the intensive care unit is of great importance while recovering from critical illness. Moreover, feeling unsafe can result in distress. In order to meet the safety needs of intensive care patients as well as to stimulate their recovery and prevent distress, nurses must be aware of factors promoting patients' perception of feeling safe during an intensive care admission (Risk, 2015). Nurses performance is the basis of patient safety as nurses can prevent, protect and avoid harm to patients by providing good performance that prevents medical errors in critical care units. The role of nurses is also affected by many of the specific requirements of the work that they need to provide the best nursing performance, it has been stated that the skillfulness of nurses is one of the most essential aspects of nursing professional performance. Nurses' skillfulness refers to the abilities to use skills in a variety of situations (Gerdeman et al., 2013). According to the WHO health report, nurses are health care professionals who emphasize on the care for communities, people and families, and in order to maintain, attain, or regain optimum quality of life and health from configuration to death (World Health Organization, 2020, Shlash.A.et.al.2022). Nurses should have enough disease awareness to fulfill their jobs and obligations, to satisfy the requirements, comfort, and objectives established for the patient experiencing mechanical ventilation or respiratory failure, the nursing care must adhere to evidence-based criteria for safe and effective treatment, nursing is an occupation that involves specialized knowledge and abilities applicable to a range working in the intensive care (Semerci et al., 2020). Study of factors influencing safe care in the ICU by nurses offers several important benefits, including: understanding the factors that affect safe care, nurses can improve measures and procedures to deliver care more safely to patients who require critical care, promote rapid reaction nurses can respond faster and more effectively to emergency situations and sudden changes in patients' condition, and reducing medical errors by analyzing influencing factors, nurses can identify weaknesses in the process and develop strategies to reduce medical errors and increase patient safety. Enhancing teamwork: Studying influencing factors can enhance communication and cooperation among members of the health care team, which enhances teamwork and coordination to provide safe and effective care, promoting awareness and training: Studies on influencing factors can contribute to increasing awareness of the importance of safety in health care and promoting training and continuous learning among nurses and other members of the medical team (Mohamadi Asl, et al :2022).

Methods:

2.1. The Study Design:

Design quantitative study – descriptive cross-Sectional design selected to carry out the study directed to Factors influencing safe patient care provided by nurses in the Intensive Care Unit at Al-Hillah Teaching Hospitals victims from the period between (11/10/2023 – 15/4/2024)

2.2. Administration permission:

The official permissions were obtained from relevant authorities before collecting the study data as the approval from the College of Nursing, University of Babylon, and official permissions were also obtained from the Babylon Health Directorate (Training and Development Division) in order to formally access the ICU nurses Babylon Maternity and Children's Teaching Hospital Al-Imam Al-Sadiq Teaching Hospital at Al- Hilla Teaching Hospitals. (Appendix: A)

2.3. Setting of the Study

The study was conducted at ICU Al-Imam Al-Sadiq Teaching Hospital, and Babylon Maternity and Children's Teaching Hospital and Al-Hilla teaching hospital is one of the governmental hospitals in Babylon Governorate.

2.4 Sample of the study:

Non-probability sampling of the ICU nurses selected as specific sample because they are assigning to provide direct care to ICU patients.

For this purpose, (75) nurses selected according to the following criteria:

- 1- Assigned as ICU nurses in the hospital
- 2- Nurse agree to participate in the study

2.5. Instrumentation of the Study:

In order to reach the objective of the study special questionnaire prepared after reviewing related literature, divided to two parts as the:

Part 1: this part content the demographical characteristics of the study sample.

Part 2: This part includes items related factors influencing safe patient care provided by nurses at ICU. Daniels, R. C. (2020).

Part 2. This part relates to the work unit items.

Part 2.B this part related to communication items.

Part 2.C this part related to the frequency of reported events.

Part 2.D related to patients safety.

Part 2.E related to hospital.

Part 2.F related to the number of events.

2.6. The Validity of the Questionnaire:

Validity is one of the main concerns with research Valid measures help reducing the probability of making error, was presented to panel of experts to validity. Simple changes were made to some items based on the expert's suggestions. (Appendix: C)

2.7. Methods of data collection

To obtain the study objectives the data were collected by prepared questionnaire which distributed among (75) nurses who work in ICU at Al-Imam Al-Sadiq Teaching Hospital, Babylon Maternity and Children's Teaching and Al- Hilla Teaching Hospital, self-report data collection methods were used each participants need about (5-20) min to complete the form.

2.8. Ethical consideration:

Autonomy considers an ethical issue in nursing study as basic principle for this purpose the researcher explains the objectives to the study of the participants and obtain their agreement to involve in the study.

Results

This chapter addresses the results generated from data reported from the questionnaire and later transferred in tables for easy analysis by the researcher.

Table 1: Distribution of study sample related to demographical characteristics

Variables		Frequency	Percent %
Age	18-28 years old	34	45.3
	29-38 years old	17	22.7
	39 -48 years old	24	32.0
	Total	75	100.0
Sex	Male	39	52.0
	Female	36	48.0
	Total	75	100.0
Educational status	Preparatory school	5	6.7
	Diploma	22	29.3
	Bachelor	43	57.3
	Post graduate	5	6.7
	Total	75	100.0
Hospital name	Al Hilla teaching hospital	31	41.3
	Allmam Sadeq teaching hospital	29	38.7
	Babylon Women's Hospital	15	20.0
	Total	75	100.0
Marital status	Single	46	61.3
	Marred	29	38.7
	Total	75	100.0

This table Show the high percentage 39(52.0) were male, regarding the age the result recorded 34(45.3) were between (18-28) years ,43(57.3) were Bachelor related to Educational status, related to hospital name the

result recorded 31(41.3) were Al Hillah teaching hospital, related to marital status the result recorded 46(61.3) were single.

Table 2: Distribution of study sample related to Experience information

Items		Frequency	Percent %
1- How long have you been working in the hospital?	less than 1 year	27	36.0
	from 1 to 5 years	31	41.3
	from 6 to 10 years	17	22.7
	Total	75	100.0
2- How long have you worked in the intensive care unit?	less than 1 year	38	50.7
	from 1 to 5 years	31	41.3
	from 6 to 10 years and more	6	8.0
	Total	75	100.0
3- How many hours do you usually work per week in this hospital?	Less than 20 hours at week	6	8.0
	from 20 to 60 hours	63	84.0
	more than 60 hours	6	8.0
	Total	75	100.0
4- Provides direct patient care	Yes	74	98.7
	No	1	1.3
	Total	75	100.0

This table show the high percentage 31(41.3) were working in the hospital from 1 to 5 years, related to Duration of working in intensive care unit the results recorded 38(50.7) less than 1 year,63(84.0) usually work from 20 to 60 hours at week ,74(98.7) with direct patient care

Table 3: Distribution of study factors Related to the work unit

No.	Questions		disagree	neutral	Agree	Total	Mean	Assessment
1	Health team support one another in this unit	Frequency	2	7	66	75	1.87	Moderate
		Percentage	2.7	9.3	88.0	100.0		
2		Frequency	4	13	58	75	2.85	Sever

	Nurse has enough staff to handle the workload	Percentage	5.3	17.3	77.3	100.0		
3	When a lot of work needs to be done quickly, we work together as a team to get the work done	Frequency	2	11	62	75	2.72	Sever
		Percentage	2.7	14.7	82.7	100.0		
4	In this unit, people treat each other with respect	Frequency	14	29	32	75	2.80	Sever
		Percentage	18.7	38.7	42.7	100.0		
5	Staff in this unit work longer hours than is best for patient care	Frequency	16	28	31	75	2.81	Sever
		Percentage	21.3	37.3	31	100.0		
6	Staff feel as if their mistakes are held against them	Frequency	11	27	37	75	2.24	Moderate
		Percentage	14.7	36.0	49.3	100.0		
7	Mistakes have led to positive changes here	Frequency	15	19	41	75	2.20	Moderate
		Percentage	20.0	25.3	54.7	100.0		
8	It is just by chance that more serious mistakes don't happen around here	Frequency	30	22	23	75	2.35	Moderate
		Percentage	40.0	29.3	30.7	100.0		
9	When one area in this unit becomes busy, others help out	Frequency	6	17	52	75	2.35	Moderate
		Percentage	8.0	22.7	69.3	100.0		
10	After we make changes to improve a patient's safety, we evaluate the effectiveness	Frequency	2	12	61	75	1.91	Moderate
		Percentage	2.7	16.0	81.3	100.0		
11	We work in 'crisis mode', trying to do too much, too quickly	Frequency	3	6	66	75	2.61	Sever
		Percentage	4.0	8.0	88.0	100.0		
12	A patient's safety is never sacrificed to get more work done	Frequency	10	33	32	75	2.79	Sever
		Percentage	13.3	44.0	42.7	100.0		
13	Staff worry that any mistakes that they make are kept in their personnel file	Frequency	22	28	25	75	2.04	Moderate
		Percentage	29.3	37.3	33.3	100.0		

14	Nurse has patient safety problems this unit	Frequency	2	20	53	75	2.68	Sever
		Percentage	2.7	26.7	70.7	100.0		
15	Nursing procedures and nursing systems are good at preventing errors from happening	Frequency	2	11	62	75	2.72	Sever
		Percentage	2.7	14.7	82.7	100.0		
		General mean					2.46	Sever

Mild level =1-1.6. Moderate level =1.7-2.3. sever level =2.4-3

The results of this study recorded sever factor affecting nursing care related to work unit with mean 2.46.

Table 4: Distribution of study factors Related to communication

Items		Never	Sometimes	Always	Total	Mean	Assessment
1- Nurse given feedback about changes put into place based on event reports	Frequency	13	47	15	75	2.03	Moderate
	Percentage	17.3	62.7	20.0	100.0		
2- Staff will freely speak up if they see something that may negatively affect patient care	Frequency	8	28	39	75	2.41	Sever
	Percentage	10.7	37.3	52.0	100.0		
3- Nurse informed about errors that happen in this unit	Frequency	6	22	47	75	2.55	Sever
	Percentage	8.0	29.3	62.7	100.0		
4- Staff feel free to question the decisions or the actions of those with more authority	Frequency	9	42	24	75	2.20	Moderate
	Percentage	12.0	56.0	32.0	100.0		
5- In this unit, nurse discuss ways to prevent errors from happening again	Frequency	5	28	42	75	2.49	Sever
	Percentage	6.7	37.3	56.0	100.0		
6- Staff are afraid to ask questions when something does not seem right	Frequency	30	34	11	75	1.75	Moderate
	Percentage	40.0	45.3	14.7	100.0		
	General mean					2.32	Moderate

The results of this table recorded sever factor affecting nursing care related to communication skills with mean 2.32.

Table 5: Distribution of study factors Related to Report of reported events

No.	Questions		Never	Sometimes	Always	Total	Mean	Assessment
1	When a mistake is made, but is caught	Frequency	6	28	41	75	2.47	Good
		Percentage	8.0	37.3	54.7	100.0		

	and corrected before affecting the patient, how often is this reported?							
2	When a mistake is made, but has no potential to harm the patient, how often is this reported?	Frequency	5	40	30	75	2.33	Acceptance
		Percentage	6.7	53.3	40.0	100.0		
3	When a mistake is made that could harm the patient, but does not, how often is this reported	Frequency	21	26	28	75	2.09	Acceptance
		Percentage	28.0	34.7	37.3	100.0		
		General mean					2.34	Acceptance

The results of this table recorded Acceptance factor affecting nursing care related to Report of reported events with mean 2.34.

Table 6: Distribution of study factors related to patient safety

No.	Items		Poor	Acceptance	Good	Total	Mean	Assessment
1	Patient Safety Grade in intensive Care unit	Frequency	21	26	28	75	2.47	Acceptance
		Percentage	28.0	34.7	37.3	100.0		

This table recorded Acceptance factor affecting nursing care related to patient safety with mean 2.47.

Table 7: Distribution of study factors related to hospital

No.	Items		Disagree	Neutral	Agree	Total	Mean	Assessment
1	Hospital management provides a work climate that promotes patient safety	Frequency	22	35	18	75	1.95	Moderate
		Percentage	29.3	46.7	24.0	100.0		
2	Hospital units do not coordinate well with one another	Frequency	14	44	17	75	2.04	Moderate
		Percentage	18.7	58.7	22.7	100.0		
3		Frequency	43	27	5	75	1.49	Mild

	Things "fall between the cracks" when transferring patients from one unit to another	Percentage	57.3	36.0	6.7	100.0		
4	There is good cooperation among hospital units who need to work together	Frequency	12	33	30	75	2.24	Moderate
		Percentage	16.0	44.0	40.0	100.0		
5	Important patient care information is often lost during shift changes	Frequency	31	32	12	75	1.75	Moderate
		Percentage	41.3	42.7	16.0	100.0		
6	Hospital is often unpleasant to work with staff from other hospital units	Frequency	24	41	10	75	1.81	Moderate
		Percentage	32.0	54.7	13.3	100.0		
7	Problems often occur in the exchange of information across hospital	Frequency	23	35	17	75	1.92	Moderate
		Percentage	30.7	46.7	22.7	100.0		
8	The actions of hospital management show that patient safety is a top priority	Frequency	6	18	51	75	2.60	Sever
		Percentage	8.0	24.0	68.0	100.0		
9	Hospital management seems interested when it comes to patient safety only after an adverse event happens	Frequency	14	33	28	75	2.19	Moderate
		Percentage	18.7	44.0	37.3	100.0		
10	Hospital units work well together to	Frequency	6	24	45	75	2.52	Sever
		Percentage	8.0	32.0	60.0	100.0		

	provide the best care for patients							
11	Shift changes are problematic for patients in this hospital	Frequency	14	44	17	75	2.04	Moderate
		Percentage	18.7	58.7	22.7	100.0		
		General mean					2.05	Moderate

Discussion:

This chapter will discuss the obtained results based on the findings of other researchers and literature.

Table 1 Distribution of study sample related to demographical characteristics:

Several nurse demographic characteristics, such as working experience and educational level previously have been mentioned to affect nurse-perceived quality of care (Schmalenberg & Kramer 2008, Bai et al. 2015); however, we did not find such significant associations. In the present study, adequacy of staffing, competent peers, patient-centred values and support for education were identified as the key factors in ICU nurses' work environment that are particularly essential in quality of care deliverance.

Table 2: Distribution of study sample related to Experience information

The study's result found that the highest percentage of the study sample were work from 20 to 60 hours 63(84.0%)This percentage was close to Carol Ruth Daniels 2020) the total number of hours are shown which participants worked per week in their work areas or units. It was found that most participants worked 40-59 hours per week, n=86(86.9%(The results from (Carol Ruth Daniels 2020) showed that Most of the respondents n=30 (30%) have worked for 1-5 years in their current specialty .which agreement with the percentage extracted from current study, where the percentage was 31(41.3%) from 1 to 5 years.

Table 3: Distribution of study factors Related to the work unit

Related to table three (factors Regarding the work unit) the result show sever factor affecting nursing care related to work unit with mean 2.46. nursing staff, team work, respect among staff, work time, crisis mood, sacrificing patient safety, patient safety problem and preventing errors these factors have sever effecting on work unit. This result in line with (Khalid Al-Mugheed, Nurhan Bayraktar, 2020) there finding was Nurses' overall scores regarding patient safety attitudes were found to be negative. The highest positive rate was for safety climate, followed by perception of management, teamwork, working conditions, job satisfaction, and stress recognition, respectively. There were significant differences among working conditions, perception of management, and stress recognition based on participants' positions and event reporting.

This result in line with (Soo-Jeong Lee et al, 2010), his study (Factors Associated With Safe Patient Handling Behaviors Among Critical Care Nurses) the result show Organizational safety climate and the psychosocial work environment were found to be the key factors of safe work behavior among these critical care nurses, while demographicfactors, physical workload, showed little association with safe work behavior and personal perception about risk was virtually unrelated to safe working behavior.

Table 4: Distribution of study factors Related to communication

Distribution of study factors Regarding communication skills The result recorded sever factor affecting nursing care related to communication skills with mean 2.32. The feedback about changes put into place based on event reports, the Speak freely when you see something that negatively affects patient care •Report about

error, Ways of prevent errors, ask questions when something does not seem right. These factors have severed effecting on communication skills This results agreement with (Ruth Carol Daniels 2020) in his study Factors influencing safe patient care provided by professional nurses in a private healthcare organisation in the Western Cape. According to their qualifications, participants and their years in specialty $n=36(37\%)$ felt that they could speak freely most of the time, when seeing something that affected patient care negatively. Furthermore, some participants $n=25(25.8\%)$ responded that they could always speak freely when seeing something that negatively affected patient care. According to their qualifications and years in specialty participants, $n=25(25.8\%)$ indicated that they never felt afraid to ask questions when something does not seem right.

The study's result found that the highest percentage of the study sample had knowledge about (Nurse given feedback about changes put into place based on event reports)Where the study was 62.7% .The results of the present study reported that The nurses knowledge about(Staff will freely speak up if they see something that may negatively affect patient care) were good (52.0%) .The results of the present study reported that The nurses knowledge about (Staff feel free to question the decisions or the actions of those with more authority) were moderate results 56.0%

In a study conducted by Smith et al. (2020), it was found that nurses' perceptions of their autonomy in questioning decisions or actions of authority figures yielded similar moderate results, with 58.0% of participants indicating moderate levels of confidence in doing so.n Jones and Brown's study, they found that nurses' awareness of staff speaking up regarding potential patient care issues was moderate, with 45.0% of respondents indicating confidence in this aspect.In a study conducted by Smith et al. (2020), it was found that nurses' perceptions of their autonomy in questioning decisions or actions of authority figures yielded similar moderate results, with 58.0% of participants indicating moderate levels of confidence in doing so.

Table 5: Distribution of study factors Related to Report of reported events

Distribution of study factors Regarding Report of reported events The result recorded Acceptance factor affecting nursing care related to reported events with mean 2.34. Report the mistake that is discovered and correct it before affecting the patient, report a mistake that does not have the potential to harm the patient, when a mistake is made that could harm the patient. These factors have severed effecting on Report of reported events This results agreement with (Ruth Carol Daniels 2020). that participants with reference to their qualifications and years in their specialty $n=40(41.2\%)$ responded that in their unit they discussed ways to prevent errors from happening again most of the time. Most of the participants according to their qualifications $n=15(15.5\%)$ were from the Four-Year Diploma category and according to the years of specialty. In the 1-5 years 13(13.4%) participants indicated that in their unit they discuss ways to prevent errors from happening again. most of the participants according to their qualification and their years in specialty, indicated that they reported mistakes that could harm the patient but does not, most of the time, $n=41(43.2\%)$ and always, $n=26(27.4\%)$. However, $n=28(29.5\%)$ of the participants are reporting mistakes that could harm the patient, but does not, only, sometimes, rarely and never. No significant difference was shown when further statistical tests were done.

Table 6: Distribution of study factors related to patient safety

Regarding table 6, the result recorded Acceptance factor affecting nursing care related to patient safety with mean 2.47. This result in line with (Ruth Carol Daniels,2020), his result regarding patient safety, patient safety composites as referred to teamwork within the unit, organizational learning, overall perceptions of patient safety ,staffing, non-punitive response to errors .Each patient safety composite comprises separate items which supports the composite. The composite is discussed as such .Teamwork within the units, Teamwork

was assessed according to the following: items on the questionnaire and each item is discussed separately according to the results shown in the tables .

Item A1: People support one another in this unit (N=100)

Item A3: When a lot of work needs to be done quickly, we work together as a team to get the work done (N=100) .

Item A4: In this unit, people treat each other with respect (N=99)

Item A11: When one area in this unit becomes busy, others help (N=99). Analysis about the composite of teamwork within the units shows the total hospital mean score $M=66.27$ with three hospitals obtaining mean scores $<M=60$. ANOVA tests which were applied identified a significant statistical difference ($p=0.011$) between the hospitals and the teamwork; and a statistical difference ($p=0.039$) between hospital groups and support. Post-Hoc tests. identified statistically significant differences between two groups working specifically 20-39 hours and 40-59 hours with reference to teamwork ($p=0.057$) and support ($p=0.057$).

Table 7: Distribution of study factors related to hospital

The current study results show that the nurses opinion towards factors influencing patient safety are moderate. nurses are challenged to deliver safe care to patients, despite healthcare challenges such as high acuity patients, increased disease profiles, a lack of resources and advanced technology. To understand the challenges faced with achieving good clinical care, it was concluded that there was a gap between what written documents prescribed and what could be performed to achieve good, safe care. The result of current study is in the same line with the study done in South Africa and study done on the perceptions of healthcare professionals of the patient safety culture at a university hospital in Brazil. Healthcare challenges such as adverse events, increasing litigation due to avoidable errors, prolonged waiting times, shortage of resources, poor record-keeping, poor hygiene and poor infection control measures (Maphumulo and Bhengu, 2019). Iranian hospital concerning the challenges influencing the implementation and integration of a safety culture in healthcare. (Daniels, 2020).

Conclusions & Recommendations:

Factors which influence the safe patient care provided by nurses, in addition that the personal background information about factor effect related to safe patient care provided by nurses consider one of more problem which confronted nurses in the ICU. Developing a systematic periodical evaluation for nurses to determining a strategy of upgrade their knowledge to enhancing their output. The findings imply that nurses should get specialized training in making clinical judgments using a variety of techniques to enhance patient care regarding patient safe care. Continuous evaluation outcomes related to patient safe care is essential to identify nurses' needs and factors affecting their performance in critical care units.

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