

Hospital Survey on Patient Safety Culture

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Description

Nursing handoff is defined as a communication process for transferring pertinent patient information from one nurse to another during patient care transition. Synonymous terms such as handover, shift report, or sign-out have been interchangeably used in a wide variety of clinical settings and studies across countries. Hereafter, the term handoff is used but represents such synonyms. High quality of handoff communication among health care professionals is critical for ensuring the continuity and safety of patient care.

Patient Safety Culture

The importance of optimal handoff communication has been recognized internationally with reports of poor handoff consequences and recommendations for effective and structured clinical handoff communication. Studies across countries over the years have reported that incomplete, delayed, or misinterpreted information in poor handoff communication increases the risk of diagnosis errors, treatment errors, patient misplacement, delayed patient care and patient harm. The Joint Commission reported that an estimated 80% of serious medical errors resulted from miscommunication between caregivers during the transfer of patients. In 2016, the joint commission explicitly documented communication failure as the third leading cause of unexpected severe but preventable events (sentinel events) in U.S. healthcare settings. Also, in the hospital survey on patient safety culture conducted by the agency for healthcare research and quality, 56% of respondents stated that critical patient care information was lost during shift changes. The Australian commission on safety and quality in health care has emphasized timely, purpose-driven and effective communication with the communicating for safety standard.

However, the process of teaching and learning handoff communication skills in pre-licensure nursing programs has not been well reported. Students are likely to rely on handoff experiences in clinical sites and experience challenges in handoff training due to variations in handoff practice across clinical settings, leaving new graduates poorly prepared. It is valuable to review the existing literature to identify the state of nursing handoff education and students' handoff experiences. The study findings will facilitate nurse educators to improve handoff

education to effectively prepare the future nursing workforce to competently perform the clinical nursing handoff.

Safety Education of Nurses

'Communication' has been emphasized as a key featured concept interwoven within the domains and core competencies of professional nursing education. The Quality and Safety Education in Nurses Institute (2020) has emphasized appropriate handoff communication skills as an essential competency of baccalaureate nursing students to maintain patient safety and prevent adverse events. The need for handoff education in pre-licensure nursing programs is highlighted by research findings that handoff failures were implicated in seven out of eight novice nurses' near misses and adverse events. It is critical that students have opportunities throughout the curricula to practice effective nursing handoff communication skills. Various tools and systems for nursing handoff have been developed and implemented in clinical settings.

Nurses may struggle to provide competent nursing care to lesbian, gay, bisexual, transgender, and queer plus individuals without foundational training guided by best practices. Seminal work underscores the urgency for nursing programs to codify the integration of LGTBQ+ content throughout undergraduate and graduate curricula. Such curricular work would ensure that students are: Competently prepared to provide care for these populations in alignment with best practices, and able to challenge negative perspectives, stigma, and discrimination of LGBTQ individuals seeking health care. Approximately 4.5 % of the United States population identifies as LGBTQ and LGBTQ health inequities are well documented. As such it is imperative that nursing students are prepared to provide competent health care to LGBTQ individuals, families, and communities.

The American Nursing Association (ANA), the National Institutes of Health (NIH), and the national academy of medicine have reached consensus urging academic institutions to establish national standards for training health professional students to provide competent care to LGBTQ individuals. These recommendations remain largely unrealized, however. Although troubling, this presents an opportunity for the nursing profession to develop and launch a national strategy to educate nursing students to provide comprehensive, culturally responsive, evidence-based health care to LGTBQ individuals,

families and communities. Data supporting the need for such a strategy is compelling. For example, a series of studies has found that nurses lack the confidence and knowledge to effectively care for LGBTQ individuals. Experts assert that hostile treatment and discriminatory behaviors towards LGBTQ individuals by nurses and other health care providers further perpetuate LGBTQ health disparities. Such behavior could be lessened through systematic educational training at the undergraduate and graduate levels. Given that nursing is the largest health care profession and that nurses are generally recognized as health care providers who spend significant time with individuals seeking health care, the need for nursing education to incorporate best practices for the care of LGBTQ individuals is paramount.

Misperceptions of nursing students are another crucial concern identified in the literature. Lim and Hsu found that the majority of studies before the year 2000 identified that students

enrolled in nursing programs had misperceptions about gender and sexual activity, harbored negative attitudes towards LGBTQ people and reported that they felt unprepared to provide inclusive and affirming care to LGBTQ people. However, their study also identified that literature published after the year 2000 may point to positive changes in nursing student attitudes towards LGBTQ people. Despite these advances, gaps remain. For example, while LGBTQ populations report significantly poorer mental health, including higher rates of depression and suicidality than cisgender or heterosexual populations, almost 25% of nursing students surveyed did not perceive suicide assessment to be important when evaluating the health of LGBTQ individuals. Such findings underscore the critical need for schools of nursing to strategically prepare nurses who understand the deleterious impact of discrimination and stigma on the health and well-being of LGBTQ individuals.