Contents lists available at www.innovativejournal.in

INTERNATIONAL JOURNAL OF NURSING DIDACTICS

homepage: http://innovativejournal.in/ijnd/index.php/ijnd

ISSN: 2231-5454

Didactic Strategies Used By Department Heads with the Nursing Staff That Have Worked Best for Patient Safety.

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DOI: http://dx.doi.org/10.15520/ijnd.2016.vol6.iss6.159.12-15

Abstract: **Aim:** The aim of the study was to recognize the didactic strategies used by department heads with the nursing staff that have worked best for patient safety.
Methods: This is a qualitative content analysis study. Data were collected through in-depth semi-structured interviews and field notesbetween March April 2016. The resulting data were analyzed by Graneheim's method of conventional content analysis. The study was carried out in the years 2014 and 2015 in Iran. The total population was 12department heads nurses from second and third level healthcare institutions in Uruguay. The selection of subjects and their rich experiences related to this issue were based on a search criterion that added significant relevance to the study. The research defined the limit of participants when all inquiries of the researchers were fully responded. It was continued from semi-structured interviews to data saturation.
Results*:* Themes obtained in the present study were posited in three main categories of "face-to-face training", "promote participatory teamwork" and " analysis of clinical cases".
Conclusions: The study was able to identify the main didactic strategies that the department heads used to improve patient safety.Relevant issues regarding the need to empower human resources, with emphasis to the teamwork and continuing education. Results allow for the visualization of an opportunity to put interventions into practice, aiming at contributing to a safer care system. It completing this study concludes that the active use of systematic training activities with nursing staff collaborates with the quality of health care.

Keywords: Patient safety. Nursing care. Nursing staff. Quality of health care. Supervisory time.

INTRODUCTION

Patient safety is an issue of current agenda of all health systems. One of the major goals of healthcare quality is the patient safety, as pointed out by the World Health Organization (WHO, 2008).

Several aspects related to this issue, such as the organizational context, diagnostic techniques, an environment and a culture of safety, and healthcare-based human resources stand out as quite relevant issues to be addressed. These aspects are all links of a chain that may ultimately generate damages to patients receiving sanitary care. (Ferreira et al., 2015) In a healthcare team, nursing professionals are very closely related and directly connected with patients.
Department heads play a key to empower nurses providing direct care role patients.

For this reason, given the relevance of the nursing human resource in sanitary services, teaching strategies used by department heads are of special interest in strengthening staff capacity and become quite a significant study object. The perspective of those who oversee and direct the provision of services should call the attention of researchers concerned about patient safety (Lake et al., 2010).

Aligned with these thoughts, some studies show a growing number of nurses committed to the creation of safer systems, taking over leading positions toward providing patients with risk-free quality care. (Martínez, Hueso, Gálvez, 2010)

In Uruguay, authorities are constantly concerned about the safety of patients. Nonetheless, the country still lacks comprehensive research in this area. Hence, we can affirm that the generation of contextualized knowledge in this area allows for the exploration, comprehension and dissemination of results. Combined with other studies, such results will be crucial toward correct decision-making processes (Ferreira et al., 2015).

Bearing this in mind, the aim of the study was to recognize the didactic strategies used by department heads with the nursing staff that have worked best for patient safety.

METHODS

Study design:

In face of the need for more deeply understand the experience of the community head department nurses, the authors of the present study decided to undertake a qualitative method, as this kind of research allows to acknowledge the perceptions, expectations and feelings of those undergoing such singular situation. The present study has been carried out in March April 2016.

Setting of study:

It was carried out in the field of second and third level healthcare institutions in Uruguay, among the community head department nurses.

Sampling and sample size:

None Probability convenience sampling technique of 12

head department nurses at health care institutions of Uruguay. Sampling started in March 2016 and continued until data saturation, according to authors (Trotter, 2012). Semi- structured interviews and notes were taken in the field. Inclusion criteria were nurses middle management positions of health care institutions for at least one year. Participants in the study included 12 nurses, 11 female and 1 male, 10 have expertise in health services managementand 2 were pursuing a graduate degree in management. Their mean age was 36 and half years.

Data Collection:

Interviews lasted on average for 60 minutes each and were recorded by a special dispositive, written, read for several times, and then encoded. These were established in agreement with the participating subjects and occurred in their office, in a space free of interruptions, ensuring privacy and confidentiality of the information provided.

The interview started with some pre-determined questions like "What is the policy of patient safety in this hospital?", "What teaching strategies do you consider are effectives to improve patient safety?" and "What strategies do you implement?" and other questions were raised during the interview.

The first encoded interview was listened by the research collaborators and the encoding trend was reformed and continued.
The interviews were labeled with codes to respect the anonymity of the subjects, identifying them with the letter I (for interview), followed by a sequential number from 1 to 12.

Data Analysis:

The study was conducted using conventional content analysis, which is part of a broader research. Conventional content analysis is one of the methods of qualitative research and data analysis. Content analysis helps the researchers to uncover the hidden and underlying layers of the phenomena related to research subject (Vaismoradi et al., 2013).

Such method allows for the study of contents in a given context, as well as for the interpretation of resulting materials (Lessard et al., 2013).Data were analyzed in classification order and final analysis, which generated common sense groups. The careful, thorough reading of each interview generated the following results: the apprehension of the global meaning of the experience of each subject; the organization of meaningful aspects into group categories, aiming at producing common sense clusters; the constitution of concrete categories, named in such a way that they could represent the addressed issue; the construction of each category; analysis of each category, seeking the real experience expressed by the head department nurses; member check was used in the form of using partners' complementary ideas and review of manuscripts by the participants, and for this end the discussion about the results in the light of the elected methodology and all produced evidences(Ferreira et al., 2015).

Ethical considerations:

The principles of confidentiality and informed consent for interview and recording were observed and the right to withdraw from the study at any time of the participant will was told to them. All ethical issues regarding research with human subjects established by the country's decree number 379/008 (Uruguay, 2008)were complied with, and participants were informed on the objectives and the reach of the study.

RESULTS AND DISCUSSION

Themes obtained from the participants' answers to the research questions were classified in three categories of "*face-to-face training*", "*promoting participatory team work*" and "*analysis of clinical cases*".

Face-to-face training is the first themes that were emerged from interviews of subjects. Same participants stated that: "… work with the operating staff is one of the best strategies" (I4); "It is necessary to build a face to face relationship with nurses who provide direct care, detect faults, teach beside the patient's bed" (I8); "... our staff training policy includes the supervisor stays with the operating staff most of the time, that's the best way to teach and reduce errors in care" (I12).

The presence of the chief health services is an aspect of nursing staff highly values. The teaching-learning process using different techniques with the presence of the coaching strengthens the communication system of the health team. This evidence suggests the importance of the dedication of the supervisor to train their staff and stop being absorbed by the administrative tasks.

According to Ranking et al. (2016) designated supervisory time is essential for senior charge nurses to provide effective clinical leadership. Nursing staff should be supported to maximize supervisory time through the provision of an induction program, formal coaching and ongoing training and development. Andreasson, Eriksson &Dellve (2016) expresses that implementation models for improving care processes require a coaching leadership built on close manager–employee interaction, mindfulness regarding the pace of change at the unit level, managers with the competence to share responsibility with their teams and engaged employees with the competence to share responsibility for improving the care processes, and organizational structures that support process-oriented work. Implications for nursing management are the importance of giving nurse managers knowledge of change management.

However, in general, the leaders spend much of their time to administrative tasks and remain too long in their offices. Supervisors should be leaders who promote healthy working conditions for staff and patients safe environments. They should be able to achieve qualified and trained personnel, promoting conditions such as teamwork.

In relation to the above, the next theme that emerged was *promoting participatory teamwork*, which is based on the participants' statements. Some excerpts of interviews that resulted in this category were: "The strategy of promoting teamwork is essential for preventing errors in care" (I2); "We have conducted several workshops on the strengths of teamwork to provide a safe and timely care" (I5); "…

everything works better when each team member trusts the other and participates others of what you are doing with the patient... I promote the operating staff does not work alone, I promote supportive and share their work experiences" (I10).

Several studies have shown that teamwork is a protector factor for patient safety. Schwendimann (2016) considered that the quality of nursing leadership, at both the unit supervisor and the executive administrator level, was strongly associated with care workers' job satisfaction. Therefore, recruitment strategies addressing specific profiles for nursing home leaders are needed, followed by ongoing leadership training. Supervisors interviewed indicate that the workshops on the synergy of the team have been very successful. When members of a health team are connected, the failures decrease (Duarte e al., 2015). This is not only a teaching strategy, but also a strategy of collaborative work. Many times it happens that people work on their own, without communication with the rest of the team. This represents a weakness that must be worked by supervisors. They should sensitize health personnel about that working alone impoverish the care provided to patients.

The last theme that emerged was *analysis of clinical cases*. Participants stated that: "When an adverse event happens we have to analyze in detail and share that analysis with all involved" (I3); "We have worked in workshops analysis of complex cases, studying in detail all parts of the process of care and where was the fault detecting" (I6); "We have worked in care groups. That has allowed us to analyze each case and visualize that failures occur in more than one place. There is more than one responsible" (I7).

The case analysis is a method that provides very good results in health care. It has been used to study and understand different pathologies. It has also been used to solve clinical problems (Maldonado et al., 2010). However, their use to analyze in detail the flaws in the safety of health care is still little used in our country. In the aircraft this is a more commonly used method. When a crash occurs, a chain system is deployed to carefully analyze the case (Sanchez, 2008). A starting point of the analysis results of the case, a protocol of action so that does not happen again is made. Two are the tools used for analysis and evaluation of health risks: The failure mode and effects analysis, also known by its acronym FMEA and caused Root Analysis (Muiño et al., 2007).

It´s necessary to understand fundamental concepts and principles of quality improvement in health care, describe basic tools and resources available to the clinician for implementing quality improvement initiatives, and explain how quality improvement methodologies can be used to improve clinical care and reduce adverse events (Leonard &Schriefer, 2012), which are in line with results of the present study.

CONCLUSIONS

This study identified relevant aspects regarding the need for strengthening didactic strategies used by department heads with the nursing staff that have worked best for patient safety. It´s necessary to train the nursing staff and strengthening human resource system of the nursing practice, as well as its selection process. The department heads highlighted the emergence of categories such as face-to-face training; promote participatory teamwork and analysis of clinical cases, as quite significant aspects. Related data allow for the visualization of a pathway toward the practice of health interventions aimed at collaborating with a safer care system.

REFERENCES

[1]. World Health Organization/World Alliance for Patient Safety. (2008).Summary of the evidence on patient safety: implications for research. The Research Priority Setting Working Group of the World Alliance for Patien Safety. Geneva: World Health Organization.

[2]. Ferreira, A., Fort, Z., Chiminelli, V. (2015).Adverse events in health and nursing care: patient safety from the stand point of the professional's experience. Text Context Nursing, Florianópolis, 24(2), 310-5.

[3]. Lake, E., Shang, J., Klaus, S., Dunton, N. (2010). Patient falls: association with hospital magnet status and nursing unit staffing. Res Nurs Health, 33(5), 413-25.

[4]. Martínez, A.A., Hueso, C., Gálvez, G. (2010). Fortalezas y amenazas en torno a la seguridad del paciente según la opinión de los profesionales de enfermería. Rev Latino-Am Enfermagem, 18(3), 42-9.

[5]. Rankin J., McGuire C., Matthews L., Russell M. &Ray D. (2016). Facilitators and barriers to the increased supervisory role of seniorcharge nurses: a qualitative study. Journal of Nursing Management, 24, 366–375.

[6]. Andreasson J., Eriksson A. & Dellve L. (2016). Health care managers' views on and approaches to implementing models for improving care processes. Journal of Nursing Management, 24, 219–227.

[7]. Trotter, R. (2012) Qualitativere searchs ampledesign and simple size: resolving and unresolvedissues and inferentialimperatives. Preventive Medicine, 55 (5), 398-400.

[8]. Vaismoradi, M., Turunen, H., Bondas, T. (2013). Content analysis and thematicanalysis: Implications for conducting a qualitativedescriptive study. Nursing & health sciences; 15(3), 398-405.

[9]. Lessard-Hérbert M, Goyette G, Boutin G. (2010). Investigação cualitativa, fundamentos e prácticas. 4a ed. Portugal: Stória Editores, Instituto Piaget.

[10]. Uruguay. Decreto de Ley n. 379/008. (2008). Investigaciones con seres humanos. Diario Oficial no 4573/08.

[11]. Schwendimann, R., Dhaini, S., Ausserhofer, D., Engberg S. & Franziska Zúñiga. (2016). Factors associated with high job satisfaction among care workers in Swissnursinghomes – a crosssectional survey study. BMC Nursing BMC series. DOI: 10.1186/s12912-016-0160-8.

[12]. Duarte, S., Queiroz, A., Büscher, A &Stipp, M. (2015). Human error in daily intensivenursing care. Revista Latino-Americana de Enfermagem, 23(6), 1074-1081. https://dx.doi.org/10.1590/0104-1169.0479.2651.

[13]. Allen, D.,Weinhold, M.,Miller, J.,Joswiak M.E.,Bursiek,

A., Rubin, A., O'Hara, S.,Grubbs P. (2015). Nurses as Champions forPatient Safety and Interdisciplinary Problem Solving. Autor source Medsurg Nurs; 24(2), 107-10, 2015 Mar-Apr.

[14]. Maldonado Rojas, M., Vásquez Rojas, Ma., & Toro Opazo, C. (2010). Desarrollo metodológico de "análisis de casos" como estrategia de enseñanza. *Educación Médica Superior*, *24*(1), 85-94. Recuperado en 28 de junio de 2016, de http://scielo.sld.cu/scielo.php?script=sci_arttext&pid=S0864-21412010000100010&lng=es&tlng=es.

[15]. Sánchez, R., Lina, M. (2008). Medicina aeroespacial y factores humanos en aviación: la importancia de una aproximación transdisciplinaria a la salud. *Revista Med*, *16*(2), 249-260. Retrieved June 28, 2016, from http://www.scielo.org.co/scielo.php?script=sci_arttext&pid=S0121-52562008000200014&lng=en&tlng=es.

[16]. Muiño A., Jiménez, A. B., Pinilla, B., Durán García, M. E., Cabrera, F. J., & Rodríguez Pérez, M. P.. (2007). Seguridad del paciente. *Anales de Medicina Interna*, *24*(12), 602-606. Recuperado en 29 de junio de 2016, de http://scielo.isciii.es/scielo.php?script=sci_arttext&pid=S0212-71992007001200010&lng=es&tlng=es.

[17]. Leonard, S., Schriefer J. (2012) Patient Safety and Quality Improvement. Pediatrics in Review, 33 (8).