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Research Article

Fourth Year Nursing Students' Perception of Communication and Safety Reporting In Clinical Settings in Governmental Universities - Khartoum State (2018)

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Abstract: ***Background***: Clinical settings provides a real-world environment in which students can safely translate theoretical nursing knowledge into practical nursing care, while simultaneously developing the attitudes and skills that are essential to the profession (Galletta, M. *et al*., 2017).   Since perception of students is an influential factor in determining safety in clinical settings and in any educational value in clinical settings, students must follow educationally sound behaviors such as participation, interaction, communication, feedback, and transparency that our true religion has urged this study aimed to determine nursing students' perception of communication and safety reporting. ***Methodology***: This is a descriptive exploratory cross-sectional study conducted in Khartoum state at five recognized governmental universities, total coverage sampling method was used, included 470 nursing students in the 4th year 2017-2018 that met selection criteria, data collected by the researcher using published self administered survey then the collected data were analyzed included 470 respondents. ***Results***: Among 519 nursing students included, a total of 470 students responded at a rate of 90.5% and responses showed that one third of them 162(34.5%) reported that students and nurses in the clinical settings sometimes discuss ways to prevent errors from happening while, 153(32.6%) never feel free to speak up if they see something that may negatively affect the patient safety and (34.9%) perceived that nurses were not appear free to speak up if they see something that may negatively affect the patient safety , hence near to half 232(49.4%) stressed that clinical instructor never discuss patient safety including the use of reporting tools, although 153(32.6%) of respondents perceived that they aware about errors made by themselves, other students or nurses but 148(31.5%) perceived that sometimes they are afraid to ask questions if something does not seem right. Furthermore, around 384(81.7)   which represent majority of respondents stressed that they were not informed about errors that happened during their semester. ***Conclusion***: This study concluded that under reporting of the errors and near miss errors and barriers exist for the nursing student to communicate and report errors and near miss errors.
Keywords: Communication, safety reporting.

INTRODUCTION

It has been pointed out that the communication between trainers and students in the clinical environment and the support of the trainer are of importance, Poor communication with personnel in clinical settings is an element also negatively affecting students' learning. Students require the support of nurses working in the clinic because students are stressed when they do not feel like a member of the team and the failure to relate theoretical knowledge to practice is also a significant problem in terms of clinical learning. In many studies, it is pointed out that the gap between theory and practice affects students' learning negatively (Arkan, B . *et al*., 2018).

When clinicians are afraid to report patient safety problems, a key pathway to reducing morbidity and mortality from medical error fails (Castel, E. S. *et al*., 2015).

Errors are shared to learn and change, as without them improvement is not possible (Paradiso, L. A., & Sweeney, N. 2018). After release of the IOM report "*To Err Is Human*", numerous health care

organizations have called for increased reporting and analysis of adverse events and near misses as a means of improving systems of care and making health care safer, for this to happen, adverse events and near misses need to be identified, reported and analyzed effectively and lessons learned need to be translated into practice and systems improvements (Martinez, W. *et al.*, 2017).

Advancing the science of safety and moving us closer towards the IOM goal of creating learning health systems (Makary, M. A., & Daniel, M. 2016). In addition successful translation of incident reporting to improvement measures depends upon four basic activities applied in an iterative quality loop, these include (i) data input; there should be a non-punitive, independent learning culture, (ii) data collection; the way in which information is gathered and handled is extremely important in determining the quality of the report, (iii) data analysis; incident report data should be analyzed to determine lessons learned, improvement measures and trends, (iv) feedback; feedback should address specific vulnerabilities and should disseminate the lessons learned and improvement measures to individuals and organizations, furthermore, the effects of these measures should be monitored and can contribute to the change of attitude and knowledge of staff involved, this will result in a continuous quality cycle in which the monitoring of the effect of the improvement measures on incidents will contribute to improvement of patient safety (Brunsveld-Reinders, A. H. *et al.*, 2015).

In studying strategies to increase error and near-miss reporting in a school of nursing show that health care institutions, error reporting is expected to monitor and improve patient safety so procedures should in place for reporting errors, however multiple barriers lead to low use of reporting methods and creating a reporting system that leads to transparency could positively affect the health care system also introducing nurses to error reporting at the beginning of their educational experience could lead to a reduction in barriers to error reporting and promote error reporting (Cooper, E. E. 2012). an understanding of students' perception and its evolvement during the baccalaureate programme's 4 years can assist nurse educators in evaluating the educational programme's strengths and weaknesses and what needs to be incorporated and adopted to bring a safe novice Practitioners arming them with the culture of safety and transparency.

The finding from this study will help in identifying 4th year nursing students' perception of safety in clinical settings and student nurses' use of error reporting tools in the clinical settings which will guide the educators for development and instituting the quality and safety education for nurse (QSEN) initiative in nursing educational programs in our country.

However provide baseline data help in creating and implementing an errors and near miss events reporting system which is one example of increasing transparency and safety in schools of nursing and health professions (Cooper, E. E. 2017).

SUBJECT AND METHODS

To clarify types of errors and near miss errors those are encountered by nursing students in clinical settings, an exploratory cross-sectional study design using published self administer survey with 470 nursing students in the 4th year 2017-2018 that met selection criteria, The students based their responses on their clinical experience, data collected by the researcher then the collected data were analyzed included 470 respondents. Agreement was obtained from the dean of faculties of nursing sciences of the study settings and participants were informed about the purpose of the study clearly without any enhancement or convincing to participate voluntarily then written consent was obtained from the participants. Also permission by email was taken from the author for the use of published questionnaire

RESULTS

In this descriptive survey in which a total of 519 of nursing students were included from five governmental universities located in Khartoum state. Among these 49 did not take part in the survey for either refusal of participation or submitting largely incomplete questionnaires. This resulted in a final sample size of 470 with a response rate of 90.5%.

In the students' perception regarding communication and safety reporting using a 5-point Likert scale, from the students perception one third of them 162(34.5%) reported that students and nurses in the clinical settings sometimes discuss ways to prevent errors from happening while, 153(32.6%) never feel free to speak up if they see something that may negatively affect the patient safety and (34.9%) perceived that nurses were not appear free to speak up if they see something that may negatively affect the patient safety , hence near to half 232(49.4%) stressed that clinical instructor never discuss patient safety including the use of reporting tools, although 153(32.6%) of respondents perceived that they aware about errors made by themselves, other students or nurses but 148(31.5%) perceived that sometimes they are afraid to ask questions if something does not seem right. Furthermore, around 384(81.7) which represent majority of respondents stressed that they were not informed about errors that happened during their semester as in **(Table.1)**
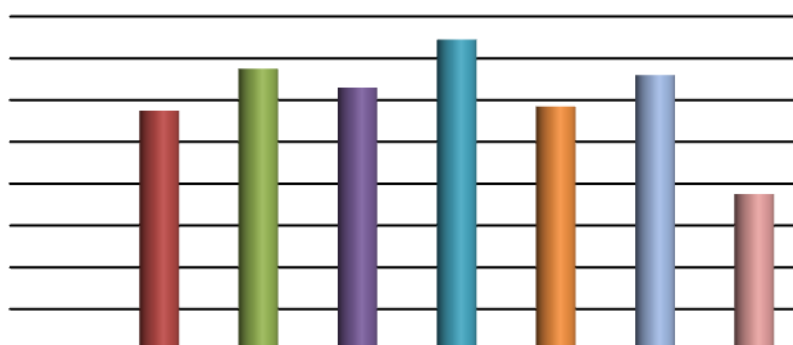
Table 1: Shows communication & safety reporting perception. (n=470)

Safety	Never	Rarely	Sometimes	Most of the	Always	Mean	SD

	n (%)	n (%)	n (%)	time. n (%)	n (%)		
Students and nurses in the clinical setting discuss ways to prevent errors From happening.	119(25.3%)	121(25.7)	162(34.5%)	36(7.7%)	32(6.8%)	2.44	1.148
Students feel free to speak up if they see something that may negatively affect the patient.	153(32.6%)	87(18.5%)	124(26.4%)	51(10.9%)	55(11.7%)	2.506	1.350
Nurses appear free to speak up if they see something that may negatively affect the patient.	164(34.9%)	104(22.%)	117(24.9%)	49(10.4%)	36(7.7%)	2.338	1.2622
Did your clinical instructor discuss patient safety including the use of reporting tools?	232(49.4%)	69(14.7%)	57(12.1%)	45(9.6%)	67(14.3%)	2.246	1.491
I am aware of errors made by myself, other students or nurses.	39(8.3%)	47(10%)	153(32.6%)	130(27.7%)	101(21.5%)	3.440	1.1734
Students are afraid to ask questions if something does not seem right.	126(26.8%)	61(13%)	148(31.5%)	84(17.9%)	51(10.9%)	2.729	1.321
Students are informed about errors that happened during their Semester.	384(81.7)	27(5.7%)	33(7%)	17(3.6%)	9(1.9%)	1.38	0.90

Table 1.1 Shows Perception of Discussing and reporting errors using the mean score.

Discussing and reporting errors	mean score (of 5)
We discuss prevention of errors	1.15
Students speak freely about -ve pt management.	1.35
Nurses speak freely about -ve pt management..	1.26
Were you instructed to discuss and report safety?	1.49
I am aware of errors that I did or witnessed.	1.17
Students are afraid to ask questions if something does not seem right.	1.32
Students are informed of errors done in their semester.	0.75

Figure1: Discussion and reporting errors:Mean score (of 5).

DISCUSSION

Evidence emphasizes that learners, educators, clinicians, programs and organizations share the responsibility for establishing and maintaining safety throughout undergraduate nursing education so increased knowledge about students' perceptions of threats to safety in the clinical setting may guide educators' efforts to promote the development of safe novice practitioners while preserving patient safety

(Montgomery, P. *et al.*, 2014).In this study the main objective was to determine nursing students' perception of communication and safety reporting in clinical settings.

Concerning communication & safety reporting perception in this study revealed that students and clinical nurses in the clinical settings sometimes discuss ways to prevent errors from happening. While 153(32.6%) never feel free to speak up if they see something that may negatively affect the patient safety. Hence 34.9% perceived that nurses were not appear free to speak up if they see something that may negatively affect the patient safety. Which is disagree with same study done in San Francisco, reported that the student perceives that the clinical nurse and student discuss multiple ways to prevent errors for their patient. Also 49% of nursing students report that they feel free to speak up to their nurse or clinical instructor, if they see something that may negatively affect the patient and the students' reported that the clinical nurses also feel they can speak freely in the healthcare environment (Cooper, E. E. 2017).

So proper treatment and establishment of a communication with students are an important item for nursing teachers to be a role model for students. Training that involves value and respect facilitates the teaching-learning process and socializes the students into the nursing profession. Moreover the clinical instructor, as a leader, needs to encourage communication among the students, clinical nurse and themselves. However clinical instructor can help to bridge the gap between the nursing student and clinical nurse, in order to increase communication (Jamshidi, N. *et al.*, 2016; Cooper, E. E. 2017).

In addition, near to half 232(49.4%) stressed that clinical instructor never discuss patient safety including the use of reporting tools. Although 153(32.6%) of respondents perceived that they aware about errors made by themselves, other students or nurses. Which is consistent with study done in San Francisco, reported that the majority of students are aware of an error made by themselves, other students, or by the clinical nurses.

Moreover 148(31.5%) perceived that sometimes they are afraid to ask questions if something does not seem right. Also previous research done in United States exploring how nursing schools handle errors and near miss errors documented that there is abundant evidence that creating a fair and just culture in a given environment promotes open communication, transparency, a commitment to safe practice, and improved outcomes.

For nursing schools, some essential first steps are to understand the tools and policies a school has in place; the school's philosophy regarding errors and near misses; the resources needed to establish a fair and just culture; and how faculty can work together to create learning environments that eliminate or minimize the negative consequences of errors and near misses for patients, students, and faculty (Disch, J. *et al.*, 2017).

Furthermore, around 384(81.7%) which represent majority of respondents stressed that they were not informed about errors that happened during their semester. Also the present study revealed that by 401(85.3%)of the respondents reported that a nursing school specific error reporting tool and an incident report to addressing the error is not completed in the clinical settings by 391(83.2%). This is because it is not available to be completed.

The perception of reporting an errors & near miss errors through the school's error reporting system is very low at 85,3%. The researcher revised hospital and faculties authorities and find that no tool available for the nurse students. This is consistent with study done in United States aimed to determine whether prelicensure nursing programs have a policy for reporting and following up on student clinical errors and near misses, a tool for such reporting. Also showed that 245 (50%) of respondents reported having no policy for managing students following a clinical error or near miss. And 272 (55%) reported having no tool for reporting student errors or near misses (Disch, J. *et al.*, 2017).

In comparison with the previous study done in San Francisco this survey finding is completely different in their conclusion that 88% of their respondents were reported that they were oriented to the reporting tools. The error reporting tools are located in myriad locations to enhance availability, the perception of reporting an error through the school's error reporting system is high at 81% (Cooper, E. E. 2017). Although more than half 283(60.2%) of respondents in this study perceived that they are concerned about errors. While 138(29.4%) of respondents perceived that nurses sometimes are concerned about errors.

In addition 152(32.2%) of respondents perceived that clinical instructors never support them when errors are committed on the other side. In addition 109(23.2%) of respondents reported that clinical instructors sometimes support them when errors are committed.

In another work noted that the most common reported barriers for reporting errors and near miss errors by nursing students were "perceived personal safety of speaking up (consequences, intimidation, and hierarchy concerns), individual barriers (communication skills and confidence), perceived efficacy of speaking up (feeling powerless), and contextual factors (high workload) (Barnsteiner, J., & Disch, J. 2017).

Hence leaders are accountable to develop a supportive environment for error disclosure, and break down barriers that impede safe care, direct care nurses, in turn, are responsible to share information and experiences encountered in error. Create an atmosphere where error reporting is not stigmatized or considered incompetence, errors are shared to learn and change, as without them improvement is not possible (Paradiso, L. A., & Sweeney, N. 2018).

Limitations

This study included upper-level students (4th year), from a research perspective, it would be interesting to compare perception from the different levels of nursing students regard safety in clinical settings, moreover the lack of literature in national settings for comparing the results of the study should be considered and this study is hoped to be an input to this regard.

CONCLUSION

The safety-reporting tool is not available to be completed hence under reporting of the errors and near miss errors and barriers exist for the nursing student to report errors and near miss errors. So reorganization of the educational framework is needed with an emphasis on innovation. Also open communication should be established between student and faculty as well as clinical instructors and clinical nurse and students should be informed about errors that happened during their semester. Which is very important in order to create and maintain a positive safety culture and encourage voluntary disclosure of near misses which may help to improve students' outcome and increase transparency that need to developed it in our nursing students . Planning and implementing educational programs for supervisors of nursing students for the enhancement of supervisors' pedagogical competencies in supervising students in the clinical practice also involve clinical nurses in order to increase their responsibility in supporting student nurses during their practical attachment stay in hospitals.

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