



Nurses' Patient Safety Competencies in Korea

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Introduction

- “To Err is Human: Building a Safer Health System” (Institute of Medicine, 2000)
- A sustained renovation of healthcare field to enhance patient safety
- Growing Importance of healthcare profession’s patient safety competency

Introduction (con't)

“How should nurses prepare for patient safety?”

No definitive answer in Korea

Purpose

- Investigate nurses' patient safety competencies in Korea

Methods - samples

- 346 nurses
- Three high-level general hospitals, in Metropolitan area, South Korea

Methods - instrument

- Patient Safety Competency Self Evaluation Tool
 - Originally developed for nursing students by Lee(2012)¹⁾
 - Self-report questionnaires (5-points Likert scale)
 - Attitude, Skill, Knowledge
 - Cronbach's alpha .90 (Lee, 2013)²⁾ → .95 in this study

1) Lee, N. J. (2012). *Development of questionnaires to measure baccalaureate nursing students' patient safety competencies*. The 11th International Congress on Nursing Informatics, Montreal, Quebec, Canada.

2) Lee, N. J. (2013). *Validity and Reliability Test of Korean Patient Safety Competency Assessment for Nursing Student*. The 16th East Asian Forum of Nursing Scholars (EAFONS), Bangkok, Thailand.

Methods - instrument (con't)

- Content Validity with four experts
 - 3 team leaders in quality improvement departments
 - 1 professor in college of nursing
- Construct Validity
 - Experimental Factor Analysis
(principal component analysis, varimax rotation)

Methods - instrument (con't)

- Patient Safety Competency Self Evaluation Tool

Categories	Original Study	Current Study
Total	45 items (Cronbach's alpha .90)	41 items (Cronbach's alpha .95)
Attitude	18 items	14 items (except for no.1,10, 11, 12)
Skill	21 items	21 items
Knowledge	6 items	6 items

Methods - instrument (con't)

- 7 factors (the results of EFA)

Domain	Factor
Attitude	<ul style="list-style-type: none">• Patient safety culture• Denying response for errors• a Standard system utilization & voluntariness
Skill	<ul style="list-style-type: none">• Communication & coping with an error• Resource utilization• Practice based on guidelines
Knowledge	<ul style="list-style-type: none">• Patient safety concepts

Methods – hypothesis test

- Based on Benner’s model of skill acquisition
“Nurses’ patient safety competencies would differ by their length of clinical career and working units.”

Methods - data collection & analysis

- Pilot survey (11 nurses), Main survey (346 nurses)
 - Jan.~ Feb. 2012
- Analysis
 - Descriptive statistics
 - t-test
 - One way ANOVA
 - Chi-squared test

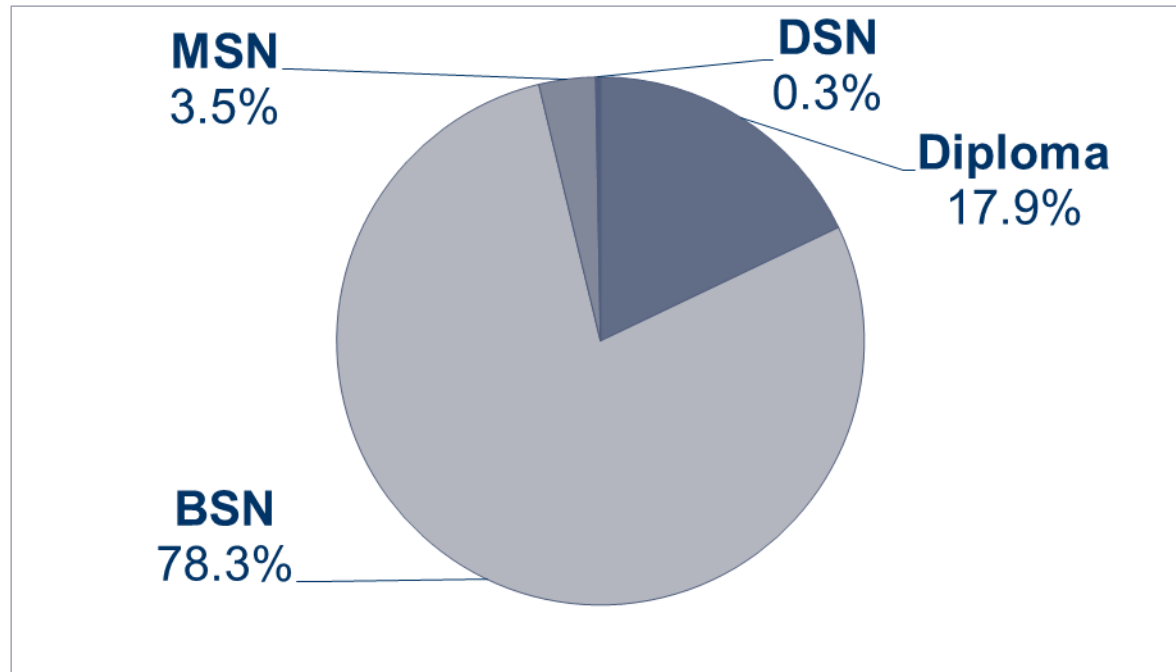
Results – general characteristics

(N=346)

Variables	Categories	<i>M (SD)</i>	n (%)
Hospital	A		50 (14.5)
	B		100 (28.9)
	C		196 (56.6)
Sex	Male		6 (1.7)
	Female		340 (98.3)
Age (years)		27.72 (4.98)	

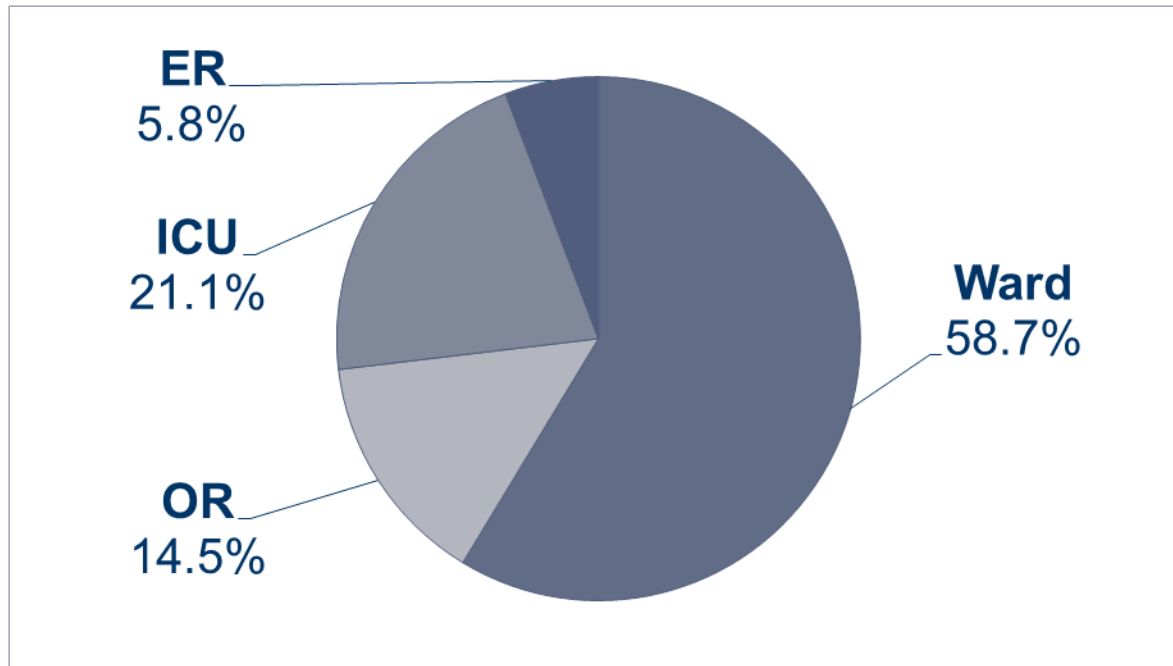
Results - general characteristics (con't)

- Educational level



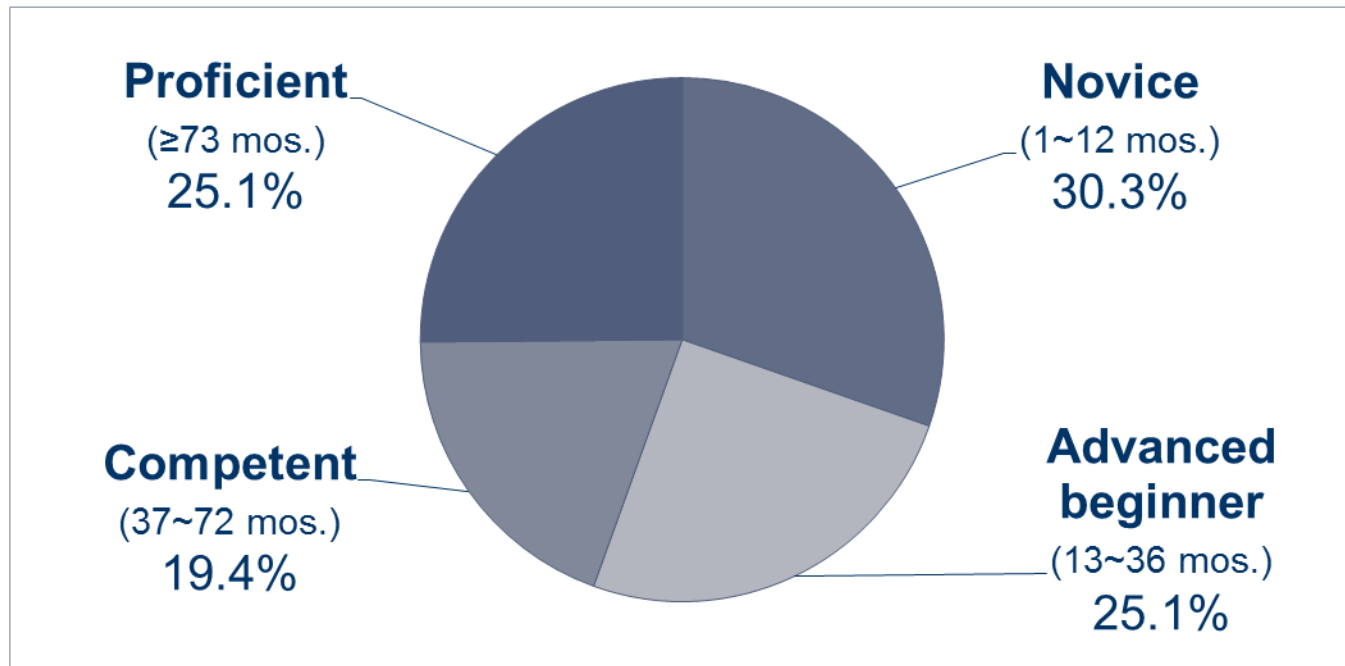
Results - general characteristics (con't)

- Units



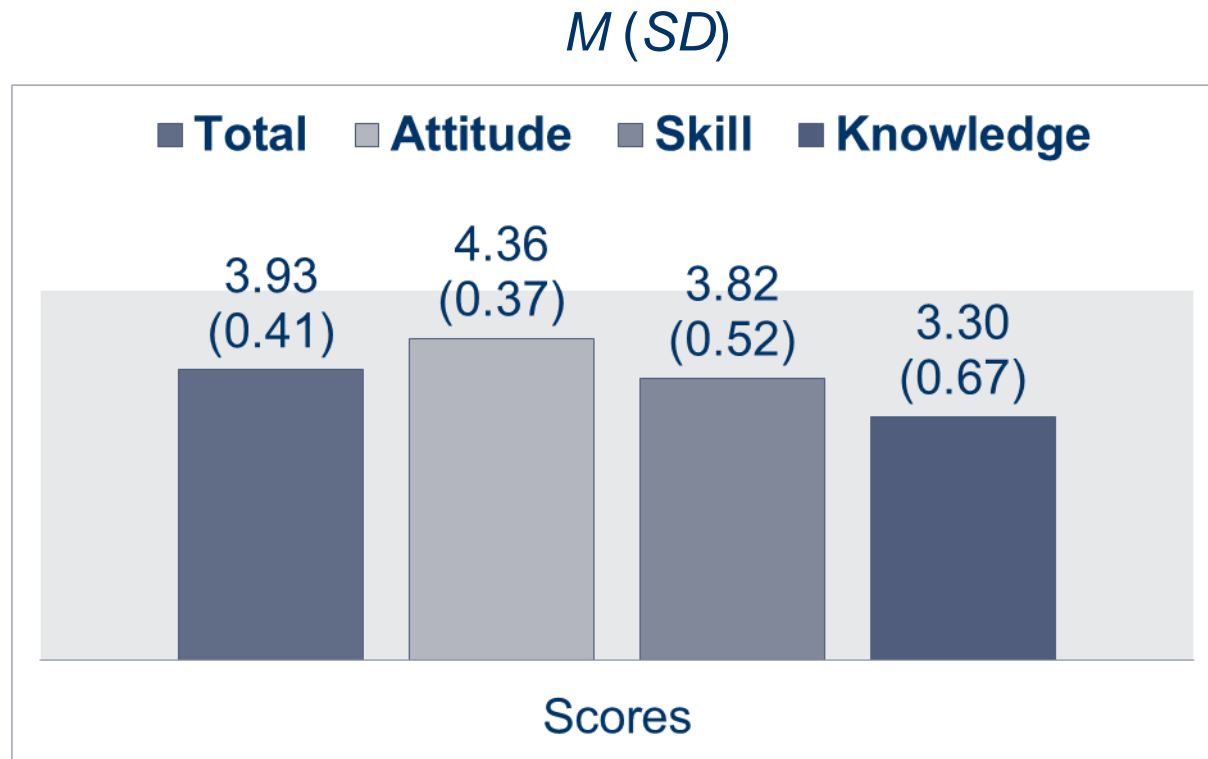
Results - general characteristics (con't)

- Total career : $M (SD) = 54.38 (61.26)$ months



Results - PS competency

(N=346)

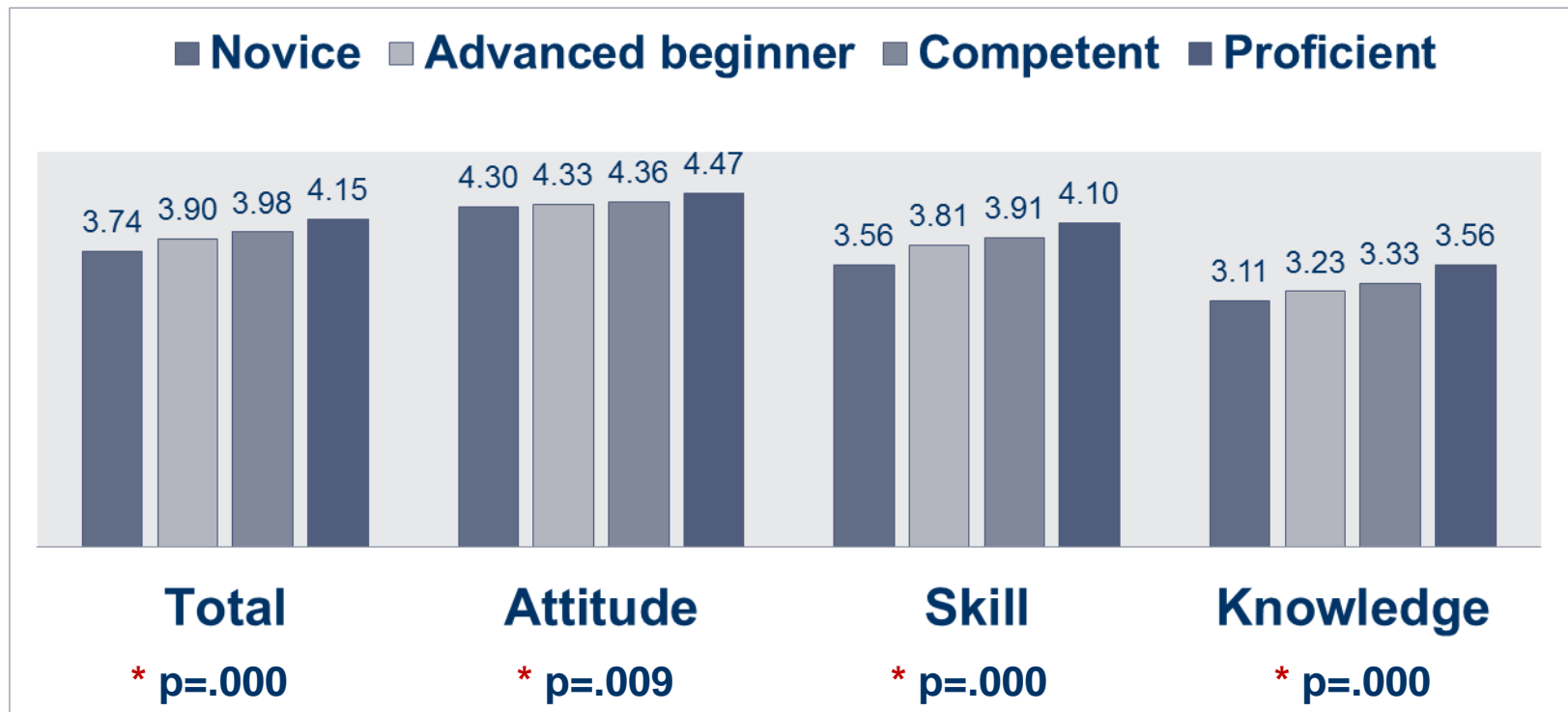


Results - PS competency (con't)

- Variables related to PS competency
 - Patient safety education
 - Patient safety related role
 - Length of clinical career
 - Working units
 - Hospital

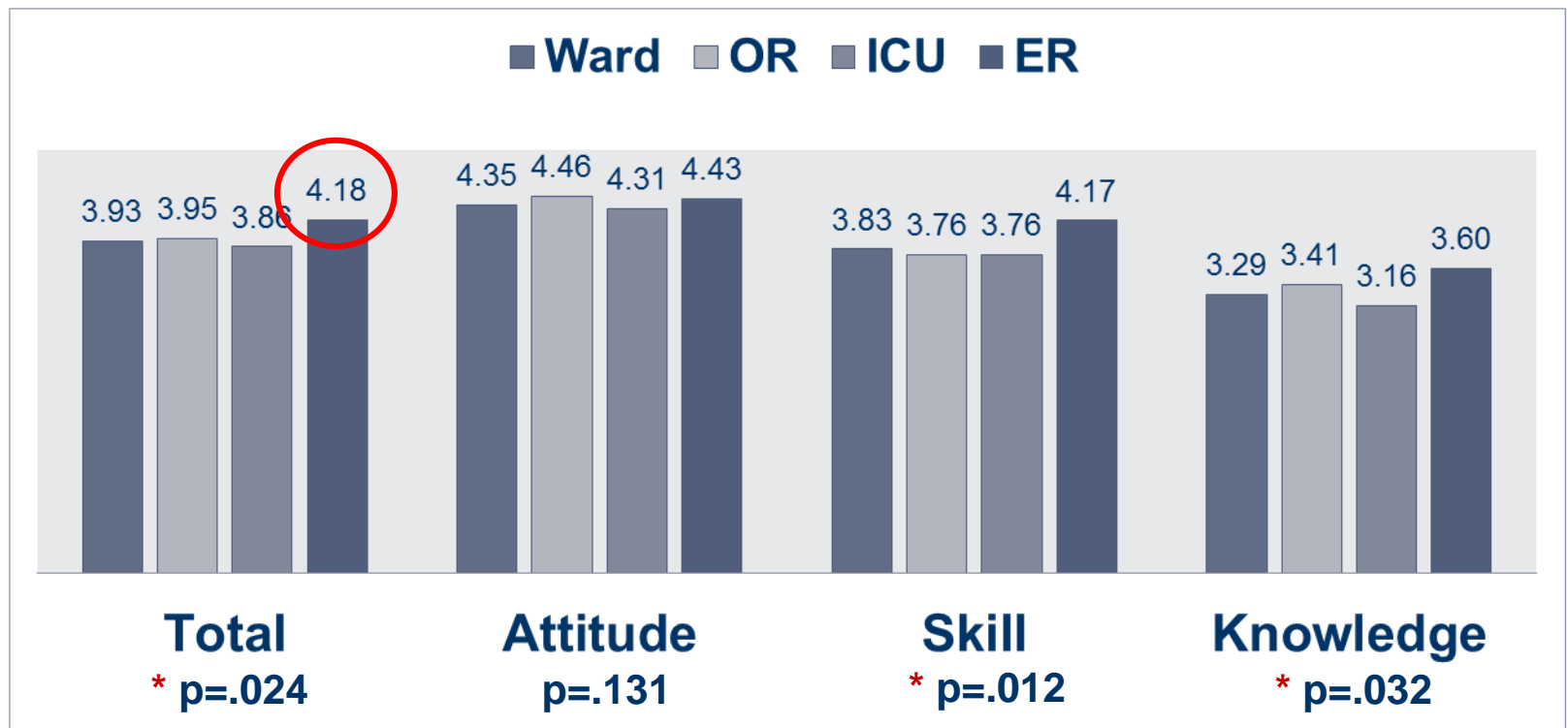
Results - by total career

(N=346)



Results - by working units

(N=346)



Conclusion

- Consider the length of clinical career and working units in applying interventions to improve patient safety
- Investigate the factors affecting PS competency differences among working units
- Continuously assess nurses' patient safety competencies in accordance with clinical career progress
- Fill out the lack of competency thorough development of systematic patient safety curriculum

Thank you for listening 😊

Questions

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