

Patient involvement for safer care?—nurses perceptions.

Kristina Schildmeijer¹, Janna Skagerström¹, Carin Ericsson², Per Nilsen¹ and Mirjam Ekstedt¹

¹Linköping University, Sweden

²Center of Heart- and Medicine, Region Östergötland

Background: Patient safety has progressed in 15 years from being a relatively insignificant issue to a position high on the agenda for health care providers, managers and policy-makers. In the quest for safer care, the patient remains largely ignored as a source of experience and expertise. There is growing interest in involving patients in safety-related initiatives, premised on the assumption that their interaction can improve the safety of health care.

Aim: To explore nurses perceptions and experiences with regard to patient involvement of relevance for patient safety.

Method: The study was set in Sweden from May 2015 to February 2016. Individual interviews with 19 nurses, (11 registered nurses and 8 nurse assistants) were performed. They were employed in five different work units: (1) pulmonary medical unit in a university hospital (600 beds); (2) surgery unit in mid-sized hospital (350 beds); (3) ear nose and throat unit in a mid-sized hospital (500 beds); (4) one maternity care unit and (5) one nursing home. Data were analysed using content analysis according to Hsieh and Shannon.

Results: Four categories related to patient involvement emerged: Health care providers ways of influencing patient participation for safer care; patients ways of influencing patient participation for safer care; Barriers to patient participation for safer care; and Impact of patient participation.

The nurses described that they can facilitate patient participation by providing conditions to this participation, including taking the time to listen to the patients and inviting them to ask questions and be active in the dialogue. Patients need to receive and understand given information. Continuity of health care staff is a factor that influences the opportunity to establish a trusting relationship. Patients who are active and question aspects of their treatment or care, such as long waiting times or old medical aids, could gain advantages compared to patients who not raise any complaints or concerns.

Patients who perceive that the providers are stressed are unwilling to ask questions or start a dialogue, they don't want to disturb or interrupt more important tasks. Lack of privacy is a problem at clinical wards where patients often share rooms with other patients.

Conclusions: Patient involvement does not happen by itself. Both patients and care givers must take responsibility if patient participation for safer care is going to be realized.

Biography:

Kristina Schildmeijer, RN, PhD and senior lecturer at the Institution of Health and Caring Sciences, Linnaeus University in Kalmar, Sweden.

Kristina Schildmeijer has many years of experience working both as a Registered Nurse and as Head of Division.

She defended her dissertation in 2013 and the name of the thesis was Retrospective record Review- A Matter of Patient Safety.

She is a part of several research teams and is also participating in a national collaboration by the Swedish Association of Local Authorities and Regions for the development of a manual for the identification of Adverse Events in Swedish home care settings.

At the Linnaeus University Kristina Schildmeijer is working as a senior lecturer and is teaching subjects as Patient Safety, Caring Leadership, Lifestyle- and Health subjects and System Theory.