

# Knowledge and Practice of Healthcare Workers Regarding Patients' Physical Safety at Mbarara Regional Referral Hospital.

Diana Nakayenga<sup>a,1</sup>, Jane Kasozi Namagga<sup>a</sup>

<sup>a</sup> Department of Nursing, Faculty of Medicine, Mbarara University of Science and Technology

## Abstract



### Background:<sup>a</sup>

Patients' physical safety is one of the most crucial elements considered during the provision of patient-centered healthcare. It entails the prevention of physical harm to a patient. The overall purpose of this study was to describe the knowledge and practice of healthcare workers regarding patients' physical safety. The aims of the study were to determine the knowledge of health workers regarding patients' physical safety and describe the practice of health workers regarding patients' physical safety at Mbarara Regional Referral Hospital.

### Methodology:

The target sample for the study was 70 respondents and these were selected using convenience sampling because of the ease in assembling the sample. Frequencies and percentages were conducted to analyze quantitative data using SPSS version 25.

### Results:

The study showed most healthcare workers had knowledge about patient's physical safety, most got this knowledge from their colleagues on ward, and they always considered the mental health status while assessing the risk of falls daily.

### Conclusion and recommendations:

The study concluded that in stressful and often hazardous work environments, the health and safety of patients are the first priority. The study therefore recommends that the health care sector must make a fundamental shift to equate worker safety with patient safety. It must also make this shift a strategic priority if it is to deliver exemplary patient care and ensure the health and safety of patients. Failure to do so puts the sector at risk and makes it vulnerable to crises.

<sup>a</sup>submitted: 12th/05/2021 accepted: 23rd/05/2021 email: dmlcah15@gmail.com

## 1 Background to the study

Patients' safety consisted of protecting patients from harm as a result of adverse events in care such as medication errors, poor communication, insufficient staffing or inadequate education on new technologies (Sherwood, 2015). According to reports by Donaldson M.S, Corrigan J.M and Donaldson L; "To err is human", "Crossing the quality

chasm" and "Organisation with a memory," (Donaldson M *et al.*, 2000; Corrigan, 2005; Donaldson, 2002) a range of 3.7-16.6% of the patients in patient care (IPC) fell victim to an adverse event. Up to 50% of these could be prevented, yet they lead to avoidable injuries and even worse, death (Briner *et al.*, 2013). It raised concern noting that approaches to patients' physical safety were inconsistent and had

not evolved to meet increased patient demands (Douglas *et al.*, 2016).

In Europe, Conklin *et al.*, (2008) reported unexpected occurrences of serious physical injuries among patients. A study conducted in Sweden about nurses' perceptions regarding patients' safety in community health settings showed that patients' safety was understood as: support to people with serious illness in regaining and maintaining health. This was by providing good treatment, respecting self-determination and avoiding coercion (Sundin *et al.*, 2015). In India, patients' physical safety also constituted designing, planning and maintenance of hospital infrastructure (Madhok *et al.*, 2014). Wundavalli *et al.*, (2018) documented forty patients' safety incidents that included adverse and sentinel events. Medication administration errors were the commonest (30%) and falls the least (7.5%) documented. According to the Portuguese National Health Service, 4,200 accidents were registered between 2006 and 2008 (a total of 25 months). These were related to patients' falls from stretchers or beds. This study ascertained that, in 85 of these cases, the patients ended up dying (Abreu *et al.*, 2012). A study about patients' falls in UK hospitals revealed that over a quarter of a million falls were reported each year, predominantly harming patients whose vulnerability arose from a number of risk factors for example impaired mobility, dementia, delirium and medication. It further stated that treatment of the underlying cause could reduce falls by 20-30% (Healey *et al.*, 2012).

Keeping patients safe is considered as an issue of public health and human rights. In Sub-Saharan Africa, Uganda is one of the champions in advocacy for the rights of persons with disabilities. The 1995 constitution recognized the rights of persons with disabilities to attain full physical potential. (Katsui *et al.*, 2008) These commitments, however, did not clearly stipulate how patients' physical safety was maintained. Patients' physical safety should mainly focus on preventive health care interventions (Cook *et al.*, 2004).

At Mbarara Regional Referral Hospital (MRRH), health care workers were the front line staff who directly interacted with the patients and therefore played an important role in in-patients' physical safety through the health care provided. However, there was a paucity of published data at Mbarara Regional Referral Hospital in relation to health care

workers' knowledge and ability to promote patients' physical safety.

Patients' physical safety is, however, sparsely investigated in some areas of health care for example psychiatry (Slemon *et al.*, 2017). In Uganda, practices for ensuring patients' physical safety have been in place (Nabudere, 2014). However, Lindfield *et al.*, (2015) noted that up to 1 in 10 patients are harmed by adverse incidents in hospitals. Health-care errors have been documented and about 70% of the adverse events result in temporary disability of the patient (Nabudere, 2014).

Notably, little attention has been paid to near-miss situations (Jefferies *et al.*, 2012) that may be connected to patients' physical safety. Still, there is scarce information about knowledge and practice of ideal procedures that promote patients' physical safety by health workers at MRRH. Consequently, this might affect the quality of health care provided including patients' physical safety on various wards at the hospital. This study seeks to assess health care workers' knowledge and practice regarding patients' physical safety on selected wards at Mbarara Regional Referral Hospital.

## 1.1 Conceptual Model of Patients' Physical Safety

Being safe as a patient is about the broader context of the general atmosphere of feeling safe in the ward (Pelto-Piri V *et al.*, 2019). This study was guided by Milton Mayeroff's theory of caring as a basis for healthcare practice. This theory emphasizes that caring is primarily a process, not a series of goal-oriented services.

Mayeroff believes that caring entails devotion, trust, patience, humility, honesty, knowing the other, respecting the primacy of the process, hope, and courage. In his opinion, knowledge means being able to sense "from inside" what the other person experiences and requires to grow (Dyess *et al.*, 2010). In Mayeroff's vision, an organized curriculum can offer the environment of interaction in which healthcare workers could learn to care through their daily activities. He proposes that caring consists of various ingredients, two of which will be considered in this study. The first ingredient being 'knowing' emphasizes that knowledge can be implicit (cannot be verbalized) or explicit (can be put into words). It further elaborates that a healthcare worker must understand the patient's needs and be able to respond appropriately and must

also know what their powers and limitations are. The second ingredient being 'alternating rhythms' elaborates that a healthcare worker moves back and forth between the narrower and wider framework at times focusing on fine details and the wider picture. The healthcare worker is always watching and seeking feedback on the interventions made to promote physical patients' safety (Bailey, 2009).

Knowledge of patients' physical safety has been postulated and in some cases shown to influence the effectiveness of patients' physical safety practice, including contexts of comfort, detection of early changes in patient status, and the implementation process itself. Also, the potential for unexpected effects, which may be adverse, need to be considered (The Agency for Healthcare Research & Quality, 2011).

It actively illustrates the acquisition of knowledge regarding patients' physical safety through learning by enrolling in advanced programs about patients' safety, obtaining up-to-date information, professional development programs for health workers in the facilities and re-examination of basic knowledge about patients' physical safety. Owing to the presence of adverse events during in-patient care for example falls, healthcare workers implement their knowledge through care processes, the organizational structure, different clinical situations and defined roles and responsibilities.

Continued implementation of patients' physical safety measures leads to ideal practice by the health workers and this can be affected by preparedness of the health workers, willingness to adapt to up-to-date policies and nature of the work environment. Patients' physical safety is the desired outcome of the major steps in this process, from acquiring knowledge to practice which is a cycle that is dynamic and subject to change or upgrade as new evidenced-based practices are approved. In this study we will look at how caring is portrayed through close observation of the patient, identifying high-risk patients and setting up a safe physical environment as shown in the figure 1.

Figure 1.1: Adopted from the models of The Agency for Healthcare Research & Quality (AHRQ) 2011.

## 2 METHODOLOGY

### 2.1 Area of the study

The study was carried out on selected wards at Mbarara Regional Referral Hospital. These wards include psychiatric ward, emergency medical ward, emergency surgical ward, medical ward and surgical ward. Mbarara Regional Referral Hospital is located in Mbarara Municipality; Mbarara district. Mbarara district is situated in the western region of Uganda, 260 kilometers southwest of Kampala, Uganda's capital city. Mbarara Regional Referral Hospital was founded in 1940 and has a bed capacity of 350.

### 2.2 Study Design

Bell *et al.*, (2010) defined a research design as the overall plan or strategy for conducting research. The study adopted a descriptive design which enabled collection of quantitative data. This approach gave a broad understanding that led to a justifiable means of investigating the relationship between the health care workers' knowledge and practice regarding patients' physical safety on selected wards at Mbarara Regional Referral Hospital and sustained variables in the study. The descriptive research was conclusive in nature and it was concerned about the characteristics of the persons. The descriptive research gathered information that was quantifiable which could be in the form of tables along a continuum in digital form for the statistical inference on the target audience who helped to reveal and to measure the strength of the opinion and the behavior of a target group compared to a given subject. This helped to establish patterns, trends and relationships from the information gathered (Mugenda *et al.*, 1999). The quantitative methods were administered by the use of questionnaires.

### 2.3 Study Population

According to Amin *et al.*, (2005) a target population is the population to which the researcher ultimately wants to generalize the results. The study population was health workers from the selected wards who included; medical doctors, nurses and clinical officers on the selected wards at Mbarara Regional Referral Hospital.

### 2.4 Inclusion criteria

Health care workers at the selected wards who were willing to participate in the study were included.

## 2.5 Exclusion criteria

All health care workers who were not on duty at the time of data collection.

### Sample Size

A sample is a finite part of a statistical population whose properties are studied to gain information about the whole. Amin *et al.*, (2005) emphasizes that a researcher must determine the

sample size that will provide sufficient data to answer the research problem. A sample size of respondents was drawn from the targeted population using the Yamane formula of 1967.

Where,  $n = N / (1 + Ne^2)$

From Mbarara regional hospital records, there were 85 nurses and doctors in the selected wards;

$n = 85 / (1 + 85 * 0.05^2)$

$n = 85 / 1.2125$

$n = 70.1$ ; Therefore the sample size was 70 respondents

## 2.6 Sampling procedures

The researcher used convenience sampling because of the ease in assembling the sample. This method helped to give a chance to all health workers who were present at the time of the study to take part in the study.

## 2.7 Data collection tool

According to Abawi *et al.*, (2013), a questionnaire is a data collection instrument consisting of a series of questions and other prompts for the purpose of gathering information from respondents. Data was gathered using self-administered questionnaires for data collection whereby respondents got a chance to tick appropriately. The questionnaire consisted of three sections that is; Section A: looking at bio-demographic data of the respondents, Section B: looking at the knowledge of health workers regarding patients' safety and Section C: looking at the practice of health workers regarding patients' safety.

## 2.8 Data collection method

Questionnaire survey is the collection of data using data collection instrument questionnaires. The survey was based on the fact that data could be collected from a smaller representative set of the population (sample) to infer it on the entire population. The method was used because it was less expensive to use as it focused on a sample rather than

the entire element (population) and could attract a higher response rate (Amin, 2005). The method was also used because it had a potential of reaching out to a large number of respondents within a short time, it was able to give the respondents adequate time to respond to the items, it offered a sense of anonymity to the respondent and it was an objective method hence no bias resulting from the personal characteristics. This method was applied by self-administering questionnaires to collect data among health workers who were found on duty among the selected wards.

## 3 Data analysis.

In handling all the objectives of the study, the researcher used a computer package SPSS v 25 where data was entered, edited, cleaned and sorted. Quantitative data analysis involved use of descriptive statistics in the Statistical Package for Social Scientists (SPSS) version 25. Descriptive statistics entailed presentation of frequencies and percentages in tabular form.

### 3.1 Quality Control

#### 3.1.1 Validity

Validity refers to the extent to which an instrument measures what it is supposed to measure. Data did not only need to be reliable but also true and accurate. If a measurement was valid, it was also reliable (Mugenda *et al.*, 1999). To measure validity, the research instrument was presented to the research expert (research supervisor) for review. This helped to minimize any errors and allowed amendments where necessary.

#### 3.1.2 Reliability

Reliability refers to the consistency, stability, or dependability of the data. Whenever an investigator measured a variable, he or she wanted to be sure that the measurement provided dependable and consistent results (Cooper *et al.*, 2003). To measure the reliability of the data collection instruments an internal consistency technique using Cronbach's alpha was applied. Cronbach's alpha is a coefficient of reliability that gives an unbiased estimate of data generalizability. Pre-testing of the research instruments was done among 5 participants in MRRH who were not included in the study. No changes were made in the data collection tool following pretesting. This helped to test for consistency of the results upon analysis of the study findings.

### 3.2 Ethical Consideration

According to Silverman and Torode (2011) the main ethical principles in research included no harm to respondents, informed consent, privacy and confidentiality, cooperation, competence of research assistants and presentation of findings. The researcher ensured all these are upheld.

The researcher obtained an introductory letter from the department of nursing to the Hospital director of MRRH and approval to carry out the study from MRRH. The researcher ensured that a questionnaire was administered only after consent from the participants.

Questionnaires were delivered and collected by the researcher after being filled by the respondents to ensure confidentiality of the respondents. All research records and related information was handled with extreme confidentiality and all the hard copies related to the study were kept under lock and key.

#### Dissemination

Three copies of the study findings will be distributed to the department of nursing library, Mbarara University of Science and Technology main library and Mbarara Regional Referral Hospital administration. Presentations will be done in scientific conferences and published in peer reviewed nursing journals. The results of the study will be shared with the study subjects.

## 4 PRESENTATION, ANALYSIS AND INTERPRETATION OF RESULTS

### 5 Background characteristics of respondents

In order to understand the data characteristics and ensure that our sample covered the different dimensions of the study, the researcher explored the background information of the respondents. The data collected consisted of the gender classification, education level of respondents, age group and working experience. The results about the background of the respondents are presented in Tables 1 using descriptive statistics which were mainly frequencies and percentages.

#### Source: Primary data

The healthcare workers were asked about their age group. The results in table 1 indicated that

the majority (38.6%) were in the age group of 41-50 years while the least (18.6%) were above 50 years. The table also shows that the majority of the respondents who participated were 54.3% male while the female 45.7%. The majority (55.7%) of respondents completed diplomas and least (8.6%) completed masters as their level of education. Table 4.1 shows that the majority of the respondents had 6-10 years of experience while the least (12.9%) had more than 15 years of experience.

### 5.1 Healthcare workers' knowledge regarding patients' physical safety

The first study objective examined the healthcare workers' knowledge regarding patient's physical safety at Mbarara Regional Referral Hospital. The respondents' views and opinions were presented in the tables below;

#### Source: Primary data

The table shows that the majority 48 (68.6%) of the respondents defined patients' physical safety as the prevention of physical harm to a patient while the least 6(8.5%) defined it as keeping the patients and healthcare workers safe. The respondents were asked how they learned about patients' physical safety and the majority 25 (35.7%) learnt from colleagues on ward and least 7 (10%) learnt from continuous medical education (CMEs). The results from the table further show that the majority of the respondents stated that elderly patients (61.4%) are at the high risk of falling while the least(4.3%) stated that the patients with altered consciousness have a high risk of falling.

The majority 64 (91.4%) of the respondents thought that the history of falls should be taken while assessing the patients for fall risk while the least (8.6%) thought that the history of falls should not be taken while assessing the patients for fall risk. The majority of the respondents further explained that the history of falls should be assessed because previous falls indicate the need for close observation to prevent other falls.

The results revealed that the majority responded that the patient's diagnosis indicates the need for close observation of the patient to prevent patients falls are 68(97.1%). More so, all responded that the physical environment contributes to the prevention of patients' falls as indicated by 70 (100%). Finally, the majority of the workers who are responsible

**Table 1. Demographic characteristics**

Variables	Category	Frequency	Percent
Age group	18-30	15	21.4
	31-40	15	21.4
	41-50	27	38.6
	above 50	13	18.6
Sex of respondents	Female	32	45.7
	Male	38	54.3
Level of education	Bachelors	23	32.9
	Certificate	2	2.9
	Diploma	39	55.7
	Masters	6	8.6
Working experience	1-5 years	16	22.7
	6-10 years	34	48.6
	11 – 15 years	11	15.8
	More than 15 years	9	12.9

**Table 2. Healthcare workers' knowledge regarding patients' physical safety**

Variable	Fre- quency	Percent- age
What is patients' physical safety?		
Prevention of physical harm to a patient	48	68.6
Response to adverse events on the ward	16	22.9
Keeping the patients and healthcare workers safe	6	8.5
How did you learn about patients' physical safety?		
During training	18	25.7
From colleagues on ward	25	35.7
Continuous medical education (CMEs) on the ward	7	10
Personal reading	20	28.6
Which patients are at a risk of falls?		
Sedated patients	24	34.3
Patients with altered consciousness	3	4.3
Elderly	43	61.4
Do you think that the history of falls should be taken while assessing for risk of patients' falls?		
No	6	8.6
Yes	64	91.4
Does the patient's diagnosis indicate the need for close observation to prevent patients' falls?		
No	2	2.9
Yes	68	97.1
Does the physical environment contribute to prevention of patients' falls?		
No	0	0.00
Yes	70	100
Which health workers are responsible for promoting patients' physical safety?		
Nurses	37	52.9
Doctors	19	27.1
Physiotherapists	10	14.3
Others	4	5.7

for promoting patients' physical safety are nurses with 37 (52.9%).

## 5.2 Health care workers' practice regarding physical patients' safety

The second study objective investigated the health care workers' practice regarding patients' physical safety at Mbarara regional referral hospital. The respondents' views and opinions were presented in the tables below;

\*Multiple responses were given **Source: Primary data**

The respondents were asked whether they assess patients for the risk of falling and majority (77.1%) assess for the risks whereas least (22.9%) don't assess the risk of falling. The results show that the majority of the health workers who assess patients for the risk of falling on admission to the ward are 21 (38.9%) while the least (7.4%) are health workers who assess the risk on other occasions like ward rounds. The results from a multiple response question about what health workers consider in assessing risk of falling shows that the majority (26.7%) consider the mental health status of the patient while the least (11.5%) consider the type of ambulatory aid. The majority (57.1%) of the respondents closely observe patients to rule out the risk of falling while least (42.9%) do not closely observe patients to rule out the risk of falling. The majority of the respondents (57.1%) observe the blood pressure of the patients while the least (14.3%) observe oxygen saturation. For patients with high risk of falling, the majority of the respondents (27.6%) cleared and organized the environment on the ward while the least were providing assistive devices for example walking sticks (15.4%). The results show that the majority 68 (34.0%) of the respondents stated that a safe physical environment was maintained by proper flooring on the ward while the least had presence of handrails with 0.5%. The study further revealed that the majority who had suggestions towards future practice regarding patients' physical safety on the ward were 60(85.7%) whereas 10(14.3%) did not have any suggestions. The respondents suggested that there should be provision of more beds with rails and more meetings about patients' physical safety.

## 6 SUMMARY, CONCLUSIONS, AND RECOMMENDATIONS.

### 7 Discussion of findings

#### 7.1

##### 7.1.1 Knowledge of health workers regarding patents' physical safety

The study revealed that the majority of the respondents defined patients' physical safety as prevention of physical harm to a patient. This is in line with Ajalli *et al.*, (2017) who observed that health care workers must also be able to recognize patients' physical safety incidents and identify actions on how to prevent these incidents as a team.

The results also revealed that the majority of the health workers learn about patients' physical safety from colleagues on ward. This indicates that most workers at Mbarara regional referral hospital learn from the seniors who have experience about the safety of the patients' health. This is in agreement with Sundin *et al.*, (2015) who asserted that one important way of ensuring safe patient care was to hold regular staff meetings on wards where the registered nurses could share and educate other staff members. The findings are also related to El-Azzab *et al.*, (2018) who suggested that health workers with insufficient knowledge learn from their colleagues through more meetings, conferences and wards.

The study also revealed that the majority of the respondents thought that the history of falls should be taken while assessing the patients for fall risk. This indicates that the patient's history about the falls should be taken when assessing for the risk of falls at Mbarara regional referral hospital. This is in relation to Chow *et al.*, (2007) who asserted that in order to assist healthcare professionals in identifying and assessing fall risks, their understanding of patients' falls must be improved by use of tools for example the Morse Fall Scale which assesses for history of falls, diagnosis of the patient, type of ambulatory aid, gait and mental health status. The findings are also in line with Luzia *et al.*, (2019) who says that improvement of the understanding of the history of falls and their consequences can assist professionals in identifying and assessing risks and in establishing preventive measures.

The study found that the majority of the respondents believed that a patient's diagnosis indicates the need for close observation of the patient to

**Table 3.** Health care workers' practice regarding physical patients' safety.

Variable	Frequency	Percent
Do you assess patients for the risk of falling?		
No	16	22.9
Yes	54	77.1
If yes, when do you assess patients for the risk of falling?		
On admission to the ward	21	38.9
Daily	20	37.0
Weekly	9	16.7
others (specify)	4	7.4
What do you consider when assessing for the risk of falling?(tick all that apply)*		
History of falling	65	24.8
Diagnosis of patient	61	23.3
Mental health status of the patient	70	26.7
Gait	36	13.7
Type of ambulatory aid	30	11.5
In your daily practice, do you closely observe patients to rule out the risk of falling?		
Yes	40	57.1
No	30	42.9
If yes, which observations do you make? (tick all that apply)*		
Blood pressure	28	57.1
Oxygen saturation	7	14.3
Pulse rate	14	28.6
What have you been doing for patients with high risk of falling?(tick all that apply)*		
Providing assistive devices for example walking sticks	39	15.4
Health educating the caretakers	56	22.0
Providing a bedpan/urinal	50	19.7
Clearing and organizing the environment on the ward	70	27.6
Sedation	39	15.3
How is a safe physical environment maintained on the ward?( tick all that apply)*		
Good placement of doorways	67	33.5
Presence of handrails	1	0.5
Proper flooring on the ward	68	34.0
Good drainage to prevent water logging	64	32.0
Do you have any suggestions for future practice regarding patients' physical safety on the ward?		
Yes	60	85.7
No	10	14.3

prevent patient's falls. This implies that one of the responsibilities of the health workers at Mbarara regional referral hospital is to keep an eye on patients' physical health to the best of their knowledge. This concurs with Ahmed *et al.*, (2014) who postulated that it is essential for health workers to exercise their professional judgment and apply skills in any given situation so as to act in the best interests of the patient.

### 7.1.2 Practice of health workers regarding patients' physical safety

The study shows that the majority of health workers assess the risk of falls among patients. This is in line with Luzia *et al.*, (2019) who pointed out that professionals should be able identify and assess risks in establishing preventive measures.

The results also revealed that the majority of the health workers, in assessing risk of falling, consider the mental health status. This is in line with Sundin *et al.*, (2015) who assert that mental disabilities

could differ from physical disabilities among patients and therefore enough knowledge is needed by health workers in assessing risk of falling.

The results show that the majority of the actions that have been done for patients with high risk of falling were clearing and organizing the environment on the ward. The results are in line with Sammer *et al.*, (2010) who postulated that providing a safe environment for employees and patients is the product of individual and group values, attitudes, competencies, and patterns of behavior which determines the commitment, the style and proficiency of an organization's health and safety programs. The results are also in agreement with Joseph *et al.*, (2012) who asserted that a clean and organized environment in patient care areas is essential for providing safe care. Furthermore, Khader *et al.*, (2016) elaborated that maintenance of a safe physical environment using appropriate placement of doorways, a good flooring type, handrails and toilets is important for a patient's physical health.

## 8 Conclusion

This study showed that most healthcare workers had knowledge about patients' physical safety and that most learned about it from their colleagues on ward. They always consider the mental health status in assessing the risk of falls on admission of the patient to the ward or sometimes on ward rounds. The health workers regularly prevent the high risk of falling by clearing and organizing the environment on the ward.

The study further revealed that in stressful and often hazardous work environments, the health and safety of patients is the first priority. This has long been the traditional focus of health care providers and one that has been embedded through education and reinforced throughout their careers.

### 8.1 Recommendations.

The study recommends that the health care sector must make a fundamental shift to provide up to date information regarding patients' physical safety to healthcare workers. It must also make this shift a strategic priority if it is to deliver exemplary patient care and ensure the health and safety of the patients. Failure to do so puts the sector at risk and makes it vulnerable to crises.

### 8.2 Areas for further studies

i. Assessment of Health Workers' Knowledge, Beliefs and Attitudes for Prevention of Patients falls in Mbarara Regional referral hospital.

ii. Perceptions and practices of healthcare workers regarding the use of protection Prevention of patients falls in Health center IV in Mbarara city.

## 9 Limitations of the study

This study was limited by the fear of some participants about its aim. The researcher assured respondents about confidentiality of their responses and emphasized that the purpose of the study was entirely academic.

## 10 Acknowledgement.

I would like to express my gratitude to various people who contributed to the completion of this work. It is not possible to mention all of you, but I am indebted to everyone. I also thank the respondents who accepted to avail me with the data that I used for this research study. Special thanks go to my friends and colleagues at MUST for their encouragement to go on throughout this Bachelor's degree. Above all, I thank the Almighty God for his mercies and grace that are always new.**Definition of key terms**

**Health worker:** A Health worker is a person whose job is to protect and improve the health of the patient.

**Know ledge:** These are facts, information, and skills acquired through experience or education. It can further be described as the theoretical or practical understanding of a subject.

**Patients' physical safety:** Patients' physical safety is a discipline that aims to prevent and reduce risks, errors and physical harm that occurs to patients during the provision of health care. This study will focus on patients' falls as one of the aspects of patients' physical safety.

**Patients' safety:** Patients' safety is the absence of preventable harm to a patient and reduction of risk of unnecessary harm associated with health care to an acceptable minimum (De Santis *et al.*, 2015; Salzmann-Erikson *et al.*, 2015).

**Practice:** This is the actual application or use of facts, information, or skills, as compared to the theories relating to them.

## 10.1 ABBREVIATIONS AND ACRONYMS

### ADRs Adverse Drug Reactions

**AHRQ** Agency for Healthcare Research & Quality

**BPMH** Best Possible Medical History

**FRC** Faculty Research Committee

**IPC** Inpatient Care

**MRRH** Mbarara Regional Referral Hospital

**MUST** Mbarara University of Science and Technology

**SOP** Standard Operating Protocol

**SOP** Standard Operating Protocol Medication Reconciliation

**WHO** World Health Organization

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