Vietnamese nurses´ conceptions of patient safety.

An empirical study about Vietnamese nurses´ conceptions of patient safety.

Vietnamesiska sjuksköterskors uppfattning om patientsäkerhet.

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Abstract

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Introduction: Building a safety net, leadership and containing quality, are some of many responsibilities that comes with the profession nursing. To maintain health care of highest quality knowledge about patient safety is important. Patient safety means prevent medical errors that may cause the patient physical or psychological damage or in worst case scenario, death.
Aim: To describe Vietnamese nurses' conceptions of patient safety.
Method: The study had a qualitative design. Data were collected from interviewing nurses at Hué University Hospital with open-ended questions. The collected data has been transcribed and condensed to categories through content analysis to find key sentences which explained Vietnamese nurses' conception of patient safety.
Result: Data analysis regarding Vietnamese nurse´s conception of patient safety resulted in seven categories which affect patient safety in Hue University Hospital, *Equipment effecting the patient safety*, *Knowledge to provide safer care*, *Procedures used to increase patient safety*, *Infections in relation to poor patient safety*, *Nurses´ conception of communication*, *Documentation effecting patient safety* and *Inadequate number of nurses.*
Conclusion: This study shows that lack of good hygiene, insufficient equipment and the great number of patients are the most common factors to affect the patient safety in a negative way in Vietnam. The study shows that the nurses are well aware of what factors affecting the patient safety as well as how to improve patient safety.

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1.Introduction

To be a nurse is more than taking care of patients. To be a nurse is to take on many different responsibilities such as leadership and building a safety net with quality care for the care takers (Richardsson & Storr 2010). For the care to be as safe, and of highest quality as possible the caregivers are relying on good teamwork and communication between each other (Barry 2015). When working in a care unit handoff between nurses when changing shift is a crucial part when it comes to patient safety. This is the moment when information is being shared between caregivers, information that concerns the patient's' current state of health. For this to be as efficient and reliable as possible good communication is important between the caregivers involved in the handoff (Maxson et al. 2012).

1.2 Patient safety

Patient safety according to the Swedish books of statutes (SFS 2010:659) means that health professionals gives the patient adequate care and prevent health care related injuries. Health care related injuries involves suffering both physically and psychologically, sickness or death that could have been avoided if precise and adequate care would have been given to the patient when and where the patient was in contact with the health care service. World health organization (WHO) (2011) explained that a large number of patients around the world are being harmed in connection to being treated in hospitals, resulting in various outcomes, such as increased length of stay (LOS), permanent injury, or in worst case scenario even death. WHO described this as a result of our complex health-care system, where the outcome for every patient is depending on a range of different factors, including different caregivers and various treatments.There are so many health-care providers involved in one patient's care that it's difficult to ensure a completely safe health-care without a clear-cut system that provides good information and understanding among all the caregivers and health professionals (doctors, enhanced nurses, nurses, midwives, dentists, psychologists, physiotherapists etc.) (WHO 2011). To be able to speak freely and to communicate well amongst coworkers is an important role when it comes to patient safety. This could be a complicated task due to the difference and professional spread of responsibility amongst care providers. This could also lead to asking the same questions to the patient and the patient needs to continuously repeat the same information to different caregivers throughout their hospitalized time (WHO 2011).

1.3 Nurses involvement in patient safety

Richardsson and Storr (2010) described the importance of the nurses as the ones who bears a key role in safety aspects and initiative, along with explaining the great responsibility that comes with the job. Important knowledge includes the ability to lead, the knowledge of evidence based knowledge and how to implement this knowledge to their colleagues. According to Clarke et al. (2012) within the time period for which the patient is treated at a hospital a variety of personnel will be in charge of the patient. In a change of shift the nurse in charge gives a report to the oncoming shift. This handoff involves information about the patient. This information is of great importance since this information provides the personnel with the state of the patient's health, health history, current state of health, and different medical procedures that may or have already occurred that affect the patients' well-being There is a possibility that some of this information can be mis-communicated or lost during these handoffs. These mistakes can in worst case scenario make the patient's condition worse. Therefore it is very important with communication during these handoffs, both between

nurses but also between the nurses and the assistant nurses. They may have information about the patient that the nurse in charge has missed (Clarke et al. 2012).

1.4 Teamwork as a contributing factor to better patient safety

Jahren Kristoffersen (2000), described teamwork as a word with great significance when it comes to health care, not only by its meaning to communicate within the different personnel groups, such as assistant nurse, nurse and doctor, but also to provide good patient safety. Barry (2015) explained that in the care environment as it looks today, there are several care providers included in one patient's care. In order for that care to be of the highest quality and to be as safe as possible, teamwork and cooperation are necessary. Every person and organization that participates in the patient care benefits from teamwork. Teamwork promotes communication, and errors that may occur can be reduced. Harris et al. (2006) stated that teamwork is of the utmost importance when it comes to patient safety, all team members including doctors, nurses and assistant nurses must be aware of all patients´ well-being and status. Communication among the team members is a critical component when it comes to increasing quality care and improving teamwork and to establish patient safety (Harris et al. 2006).

1.5 Communication as a contributing factor to patient safety

Gordon and Findley (2011) described communication as a multidimensional concept. Facts, emotions, personal values and the ability to express oneself are some dimensions in communication. Communication within the healthcare team means that all parts of the team are needed to contribute to the discussion by stating their opinion and observation about the patient and his or her care. This should be encouraged by the other members of the team so that facts or important information does not get lost in the handoff or report. Howe (2013) explained that hierarchy of power and authority often have a poor effect on communication, where coworkers do not feel safe to express their feelings and or observations if they are not in agreement with the personnel "higher" in the hierarchy. Gordon and Findley (2011) stated that communication and teamwork are two concepts which are connected. Without teamwork, good communication is lacking and without communication, good teamwork between different personnel groups is difficult to build and without teamwork or communication the patient safety will be unsatisfactory. Preferably there should not be any barriers between the different personnel groups when it comes to communication (Gordon and Findley 2011).

1.6 Patient safety from the patient's perspective

Wassenaar et al. (2015) described that a sense of feeling safe is an important part of health care. The feeling of being safe is grounded in trust between the caregivers and the care takers. Trust enables the patients to speak more with more confidence, state their own opinion, and to communicate with their caregivers more honestly if a strong bond of trust is present. Richardsson and Storr (2010) explained that patient safety from the patient's point of view is slightly different than from the nurse's view, although the aim is the same "freedom from accidental injury". As the patient you are the one with the actual experiences. It is the patient who either feels or does not feel both physically and emotionally. Wassenaar et al. (2015) also described when a patient is feeling safe they're also feeling the absence of the risk of being physically or emotionally injured. The feeling of not being safe can result in increasing nightmares and depression, feelings that might not be communicated to the caregivers if trust is absent.

1.7 Patient safety in developed countries in contrast to developing countries

Wilson et al. (2012) described research on patient safety as lacking due to its extent mainly on developed countries. There are many reviews and studies about how to implement and to develop patient safety in developed countries but regarding developing and emerging countries the studies and reviews are not as common. Wilson et al. (2012) described this gap as a limitation of understanding the problem of patient safety on a global level. Andermann et al. (2011) explained that the focus in developing countries is mainly on medication and the sickness itself, rather than seeing the whole patient and focusing on patient safety and all the aspects in the care of the patient. WHO (2011) also explained that there existed a different focus when it came to developed and developing countries. As for developed countries an issue was communication and assuring that every part and caregiver involved in one patient's care are well informed and no information was being lost when passing thru all the different professionals involved. For a developing country the patient safety could be lacking due to understaffing, overcrowding and structures that are inadequate. WHO (2011) also stated that there were many similarities between developed and developing countries but there is an interest and a need of better research when it comes to patient safety in developing and emerging countries. Salmon and Mc Laws (2015) explained that hospital settings in Vietnam are crowded, there are often two patients in one bed, and the rooms are small which leads to small spaces between the beds. In Vietnam hygiene, wound care and nutrition of the patients are taken care of by family members. Therefore there are many people in one room, moving in and out continuously throughout the day. Family members are not educated by the caregivers in hygiene or wound care and the care provided by the family members are not supervised by any hospital staff.

Poor communication between different professionals in the healthcare system, and between nurses and patient is a problem due to important information being lost. The important information concerning the wellbeing of the patients are not discussed and good quality care can be missed which could lead to extended length of stay, physical or psychological sickness or in worst case scenario even death. It is important to acquire a broader knowledge about patient safety and nurses conception of patient safety in a developing country. Many former studies are done in developed countries. The health care systems are different in many ways and therefore former studies about patient safety do not necessarily show the complexity of the healthcare systems in developing countries as much as for developed countries.

1.8 Aim

The aim of the study was to describe Vietnamese nurses' conceptions of patient safety

2. Method

2.1 Design of the study

The design of the study was qualitative. The appropriate approach with open-questioned interviews was the method for data collection. Data collection was based on interviews with the personnel in the care units, Emergency, ICU, Cardiovascular, General orthopedic surgical and Internal Medicine at Hué University Hospital. An overview of the care units and the opportunity to carry out observations was also a part of the analysis of our collected data for the field study. The study was a qualitative study and the greater part of the results in the study came from data collected in the interviews.

2.2 Sampling

The sampling included nurses working in the Hue University hospital, independent of sex or age, was interviewed. Information about the study and requests of participation were handed out at different care units at the same time at the University Hospital. The first nine nurses to respond to the request of being part of the study were interviewed. The study did not exclude anyone and the nurses were from different care units in the hospital in order to get wider sampling. Both English and Vietnamese speaking nurses were included.

2.3 Data collection

Data collection was conducted during February and March 2016. By having the opportunity to carry out observations a better insight within the care units which were in focus was attained. Being able to see how the nurses worked at the Hue University Hospital was a positive way to learn and to give ideas on how to easier approach the analysis for the interviews and collected data. Observing how the nurses worked and communicated in the care unit were helpful when interviewing. Also a pilot interview took place in advance, where the questions were tested on two nurses, to see if the questions were adequate. Some questions were modified in order to get a better response mirroring the work in the care unit. The authors had a chance to carry out observations both before and after the interviews were done, to help understand their report when changing personnel between shifts, and also to interpret what the interviewer really meant in the interview. The focus was on nurses´ conception of patient safety. The interviews were conducted in English.

The authors conducted nine interviews. The interviews took place individually with one person that was interviewed by an interviewer, an assistant and an interpreter of the interviewer and the whole interview was recorded. . The interviewer asked the questions, and the assistant took notes and observed the whole interview. The interviews took approximately 30 minutes and took place in the nurses´ staff room in the Hospital. An interview guide (appendix I), with open ended questions was used for the interviews and follow up questions were based upon the answer from the previous question. Demographic- questions included *gender, age, length of practicing* and *the care units specialty,* initiated the interviews. The open-ended questions were, *How do you describe patient safety* and *What is the nurse's role in patient safety.* Examples of possible follow-up questions were, *Do you feel that you have good patient safety on you care unit?* If the interviewees response was no, a follow up question was used. *If no, what would you like to do different?* The interviews were transcribed and a compilation of the result was made. The participants were given time to think and to respond, and was not interrupted until he/she was satisfied with his/her answer. The interviews were recorded, listened to and transcribed. Observations were made before and after the interviews were made, these observations were written down as field notes, as the

observations went along. The notes were written down discreetly. Polit and Beck (2012) suggested that field notes are important to write down immediately because of the lacking of correct memory when writing it post observations.

2.4 Data analysis

The method of analysis of the transcribed interview was performed by content analysis. The interviews mirrored how the nurses conceived patient safety within their care unit.

2.4.1 Content analysis

The method followed Graneheim's and Lundman's (2003) theory which is describing an analysis which contains categories, or meaning units. These meaning units followed the aim of the study. The transcribed text was reduced into sequences of material that were interpreted and lead to the meaning units as shown above. These sequences were each interpreted again and reduced to smaller sequences and lead to a condensed meaning unit. After this condensed meaning unit was once again interpreted and narrowed down, it lead to a code. The code explained a subject or a feeling connected to the meaning units as was explained in the beginning. It could be explained as a statement or a constellation of words that concludes to the same meaning. This code was then modified into a sub-category which reflected the aim. This sub-category along with similar sub-categories lead to a category (Graneheim & Lundman 2003). As shown below.

2.5 Ethical considerations

According to SFS 2003:460, the principle of autonomy should be used as a foundation for the interviews. Every nurse was asked, and information about the project and the project aim was given both verbally and in text in advanced before the authors and the interviewee´s met. The information was both in English, and the interviewee's native language Vietnamese. Every person that received the request had the right to decline any participation or accepted and became a part of the study. The statements from every participant were being treated with confidentiality, and no personal information was omitted in the study. Everyone had the right to withdraw the answers and the decision of being a part of the study could always be changed. The interviewees had the right to not respond to a question (Polit & Beck 2012). Some risk with this study were if the interviewers didn't feel safe not speaking their native language or if some misunderstanding would occur when an interpreter was used. Therefore an interpreter who was accustom to medical terms were used. The interviewers were also asked, in forehand if they were more comfortable with or without an interpreter.

The authors applied to the ethical board in Vietnam and got their approval for making the study. The care units that were involved in the study were also informed and consent was given to the authors to let them do observations and making the interviews at their specific care unit.

3. Result

Data analysis regarding Vietnamese nurse´s conception of patient safety resulted in seven categories, carried out from both interviews and observations. *Equipment effecting the patient safety, Knowledge to provide safer care, Procedures used to increase patient safety, Infections in relation to poor patient safety and Nurses´ conception of communication* were the five categories emerged from interviews. The results from the different care units were similar and the different nurses often talked about the same problems that could and are affecting the patient safety in the settings of Hue University Hospital.

Documentation and *Inadequate number of nurses* were the two categories emerged from observations. The observations were carried out on all the departments where the interviews took place. They strengthened the information the nurses had given but also showed aspects of the patient safety in Hué university hospital which the nurses have not mentioned in the interviews. From an analysis of the observations the following categories emerged.

> *"Nurse have an important role in keeping the patient safe. For example, patients have an operation the procedure is made by doctor but especially the patient's most important problem that the most of things are done by nurses. The nurse are the people that's directly take care of the patient. And that does the most nursing with the patient so they have an important role in keeping the patients safe." (Nurse V, head nurse emergency department)*

Information about the participants and the specialty of their care units is shown in Table 1.

Table 1. Demographic information

	Male(N=2)	*Female(n=7)*
Age	24-45, median 34,5	25-47, median age 32
Years of experience	5-17, median year of experience 11	1-16, median year of experience 6
Care unit speciality	2 Emergency,	3 Surgical orthopedic, 2 ICU, 2 Cardiovascular.
Position	1 Head nurse 1 General nurse	3 Head nurses 3 general nurse 1 office nurse

Table 2. Extract from the data analysis

Meaning units	***Condensed meaning units***	***Codes***	***Sub-categories***	***Category***
Patient safety is about the five rights. Right patient Right medicine Right dose Right way of administration Right time	Right patient Right medicine Right dose Right way of administration Right time	Following the five rights	Safe administration of medications	- Procedures used to increase patient safety
Using right techniques and procedures when taking care of patients wounds and when giving injections and infusions	Follow the right procedures and techniques.	Right procedures	Correct procedure	

3.1 Equipment effecting the patient safety

In the interviews many nurses talked about equipment, the effect on patient safety by their lack of equipment in the hospital but also the deficiency of the equipment.

-Lack of equipment

The nurses stated that a major problem in the Hué University Hospital is the equipment. There is not enough equipment and the standard of the equipment that are being used is lacking. For example the guideline says they are to use one sterilized set per patient but due to the amount of patients there is not enough sterilized set for each and every patient. The amount of patients also affects the beds. Many patients need to share beds. In one room there are between 4 to 6 beds, but there can be up to as many as 12 patients. According to the nurses this affects the patient safety in the matter of increased risk of infections.

-Insufficient equipment

Prevention of falling down was a common response from the nurses to the question what patient safety was, especially when it comes to transporting the patient from one department to another. The insufficiency of the beds makes it difficult to transport the patients safely. The beds that are in the patients rooms do not have wheels and the patients must therefore move to another bed when in need of transport. These beds for which the patient is being transported in are narrow, they are also very hard and not every bed has bed rails. They are also narrow, so the patient must be very still when being transported. Some nurses also mentioned the oxygen tubes. The oxygen provided for the patients are in big tubes which is standing beside

the beds in the room. The tubes are heavy and they are ungainly. There is a fear amongst nurses for making mistakes when handling the oxygen tubes. It would be both safer if the oxygen tubes were easier to access and easier to handle.

> *"Preventing the patient falling down, for example when transporting the patient. You must check the transport equipment, must have the nurse follow the patient. And also when the patient are moving around a lot, maybe the nurse can stop him/her form move and falling down. When they clean the floor, they must prevent patient for slipping. Must check the transport equipment before transfer." (Nurse II, general nurse surgical orthopedic department)*

3.2 Knowledge to provide safer care

The nurses responded to the question of what affect patient safety with the answer that they need increased knowledge to provide safer care, and to give education to the family members and the patient to achieve better patient safety on their department.

-Increased knowledge

The nurses stated that to be able to give the patients safer care they need to have more education. They are eager to learn more about new ways of treatment and better ways to take care for the patients. They say that learning is one of the most important things, to learn more about patient safety and to make the health care as safe as possible.

-Education for the family and the patients

In many of our interviews the nurses talked about information that needs to be given to the patients and their family member. In Vietnam the family takes a large part in the care of the patient. They are in the hospital almost every hour of the day. They are the ones who help the patients to the bathroom, take care for their hygiene as well as their nutrition. Therefore a lot of time is spent by the nurses to give information to the patients and their family members. The nurses said that it's common for the patients to smoke in the hospital and some of the patients don't know how serious it can be if they scratch their wounds with their hands. The patients are in need of a lot of information and education about their disease and their treatment as well as the importance of good nutrition and good hygiene.

> *" Different family members take care for the patient. One day it's you, another day me. You don't give me all the information you know from the nurse. I don't know the right way to take care for the patient. So we, the nurses must give a lot of information and education for the family almost every day." (Nurse VI, head nurse cardiovascular department)*

In Hué University hospital the nurses have responsibility for 20 to 30 patients every day, the lack of time to take care of the patient and to have full control over the situations make the family members of the patients an important factor.

> *"The patients in our hospital depends a lot on the family and the relatives of the patients. One nurse have to take care about 20 patients, they don't have enough time, so we depend on the family. Sometimes we don't know how to make it safe for the patients because it depends on the family so we have to teach, and to give more knowledge to the family so they can help us. One nurse can not do everything for the patient." (Nurse I, head nurse of the surgical orthopedic department)*

3.3 Procedures used to increase patient safety

To be able to administrate correct medicine and to take care for a patient's wound the nurses talked about safe administration of medicine and correct procedures to increase the patient safety on the departments.

-Safe administration of medicine

When first responding to the question "How would you describe patient safety?" The responses were very similar in many of the interviews. The nurses talked about following the five rights. How important it is to give the treatment for the patients in the right way. The five rights are as follows: Right patient, right medicine, right dose, right administration, and right time. The five rights works as a guideline for every nurse to follow. The observations show that their documentation of the medication for the patients are all in the same documentation book. Re written from the ordination the doctor has made in a separate patients journal. The doctor writes the information it in columns. The room number, the patient's name, age, ordination, administration and time. To make sure this is correct they all have in mind the five rights to reduce mistakes. If mistakes were made, the nurses are obliged to report these mistakes to prevent them from happening again.

> *"And they have to do safe in way of giving medicine to the patient. Like they have to to check the right patient, right medicine, right dose, right way and right time. We have five rights, in using medicine for patient. Five rights for everyone to follow for the the patient." (Nurse I, head nurse of the surgical orthopedic, department)*

- Correct procedures

The nurses lifted the importance of the right procedures when giving injections, infusions and treating the wounds for the patients. They said it's very important to use the sterile equipment to make sure the patients won't get infections. When observing, it clearly shows the nurses have a good method for cleaning wounds, and from what the observations showed, the nurses were using the same technique of washing the injection-site, and washing the wounds with sterile equipment and washes the wound by using circles that starts in the middle and going outwards.

> *"Patient safety is about having the total care of the patient by one nurse. The nurse need to have the right technique and to make the patient feel safe… I´m working in the emergency care and the most important thing is that I need to do everything so fast and exactly to make the patent feel safe." (Nurse III, general nurse emergency department).*

> *"Patient safety is when you give injections for the patients… When doing the therapy to make sure we make the sterilize process for the patient." (Nurse VI, head nurse Cardiovascular department)*

3.4 Infections in relation to poor patient safety

According to nurses the risk of patients getting infection constitutes greatest threat in patient safety. The fact that patients often share beds with one or two other patients increases the risk of infections. And the environment around the patient are a factor in infection risks.

-Venous catheter

The nurses reported that they did not give patients catheters if is not necessary. Instead they give patients injections with sterilized needles for single use and also give smaller amount of infusion with sterilized single use needles and after the infusions done they take the needle out

and therefore avoid the peripheral venous catheters, an infection risk and to make sure the patient safety is upheld.

-Sterilized and clean methods

The nurses at Hué University hospital stated that they have guidelines about prevention of infections. They need to wash their hands before and after any contact with a patient, which in the practice is not completely developed in the daily routines, because of the time limits, more than one patient in the same bed, and the lack of places to wash the hands.

> *"We safety for patient first in the infection control, like ehm, every nurse every medical staff have to wash hands before we contact with patient. To take care of patient, and after take care of patient. We wash hands is a first thing and that is very important for every medical staff to take care of the patient." (Head nurse I, Head nurse General orthopedic surgical department.)*

The nurses reported that they used sterilized equipment when changing wound bandage or taking out stitches, before sending the equipment to sterilization, they must clean it after using it on patient to prevent infection.

3.5 Nurses´ conception of communication

In the health care units communication between nurses, assistant nurses and doctors are one factor that affects patient safety, the nurses at Hué University hospital in general described the communication and the teamwork to be good.

-Communication between nurses and healthcare members

One nurse at the hospital have about 20-30 patients and in many cases they need to work together and ask each other for help. All the interviewed nurses talked about good communication and that they felt comfortable communicating with the other nurses at their care unit as well as with the doctors.

> *"We have good communication between nurse and nurse in this department because if you can't put the catheter in for the patient you can ask another nurse for help, one who is better than you, so you can give injection for the patient. If you don't, when it's difficult, you can ask for help."(Nurse VIII, General nurse Cardiovascular department)*

-Communication between nurses and patients

Nurses believed that communication between them and their patients are good, they describes that patients as happy after talking to them or explaining and teaching the patients about their illness or state of health. Nurses do not have a lot of time to talk with their patients but when they do, the communication is appreciated by the patients.

> *"Most of the patient like when the nurse education for them. It depends on the patient's family, if they don't know anything about the patient sickness we need to education a lot for the patient and family. "(Nurse VIII, General nurse Cardiovascular department)*

> *"And the patient is really happy when I take care of them and education and communication with them. For example when I but the catheter in before I give the injection, I ask the patient if they feel pain or no pain. Patient don't feel any pain I will continue…… So the patient really really what to communicate with the nurse when after the communication patient happy, sometime they say that to give me more information."(Nurse VIII, General nurse Cardiovascular department)*

3.6 Documentation effecting patient safety

For every patient there is one patient journal where all information about the patient is written down, previous illnesses, current illness, medicine, and doctors ordinations. The journals are placed in the nurses´ station and there is where all the documentation take place. The doctors conduct their round every morning followed by documentation. They write prescriptions for medication for every patient in their separate patient journal: what medication, what time, which dose, and which way of administration. There are some nurses every shift who works with documentation. These nurses rewrite the doctor´s ordination in one common medicine journal for all the patients on the department. The nurses have this medicine journal on their medicine-cart. The medicine-journal on the cart contains all patients at the care units, the room number, the patient's name and age, medication, dose, administration, and time. There were two different ways of administering the medication. In some departments one nurse checks in the common medicine journal and prepares the medication at the cart and writes her/his signature in the journal and then gives the medication to another nurse who administers the medication to the patient. In the other department, different nurses are in charge for different rooms, they go room by room, patient by patient, and prepare and administer the medication for “their own patients”. The way of documentation is the same for every department that was studied, but the way of administering the medication varied between the two different ways as described above.

3.7 Inadequate number of nurses

Nurses at the Hué University hospital take care of approximately 20-30 patients; they have responsibility for six rooms with four til six beds each, and with one till three patients in every bed. The nurses depend on the family members a lot, because of the lack of time to take care of all the patients. The nurses have the responsibility for the patient, but most of the time they are preparing and administering medication, taking care of the wounds, and documenting the important parts of what has happened to the patient during the day. Because of the great amount of patients the nurses do not have enough time to take care of the patients´ hygiene or nutrition. This is left for the family members to do.

4. Discussion

The aim of the study was to investigate the nurses' conception of patient safety in Hué university hospital. From the interviews in the study five categories of conceptions that effects the patient safety were identified: Equipment, knowledge, procedures, infections and communication. From the observations information about documentation and inadequate number of nurses was found.

4.1 Result discussion

When describing patient safety the most common response was to prevent patients from falling down, to prevent infections, and to spread knowledge to the family member of the patients. This response was expressed in every interview and there were no greater difference when it came to years of experience or if it was a general or a head nurse who was being interviewed. Errors that were stated in the interview which may occur and affect the patient safety had to do with what developed countries would call basics. Lack of hygiene, risk of patients falling down in relation to poor equipment, a need for more resources, both when it comes to materials as well as more staff members and better education. As Anderman et al. (2011) described there are different focus when comparing developing and developed countries. In developing countries the focus is on the medication, hygiene and procedures when taking care of a patient. These are all terms that affect patient safety due to its lack of efficiency. Hygiene is an issue because there is not necessarily time or enough clean water to uphold a good hygiene (Yang et al. 2011).

The result of the current study, based both upon the participators answer and the observations carried out by the authors, showed that equipment was one of the main problems when it comes to patient safety in Hue university hospital. Because of the lack of, and the deficiency of the equipment the risk of patients falling down, and the nurses to make mistakes are higher according to the participants in the interviews and the lack of equipment leads to the fact that sterilized sets are used on more than one person per set which increases the risk for infections. There is a greater risk of a patient falling down and becoming injured because of the poor beds. This was something the nurses used as a measurement for good patient safety in their department. The nurses perceived that few cases of patients falling down was an indication of good patient safety. According to Yang et al. (2011) the lack of equipment also leads to the fact that one sterilized set is used on more than one patient. This increases the risk of infection and could lead to harm and danger for the patient caused by the health care system in the hospital (Yang et al. 2011).

The participants in this study often mentioned family members as a great part of the patient's care. The family members are staying with the patients every hour of the day, every day. It was said during the interviews that it was both a help for the nurses but also it could affect the patient safety in a more negative way because of the family members´ lack of knowledge about health care. Donovan and William (2014) discussed that it is seen as a duty for the family members to take care of their sick relatives in Vietnam. It is not a question of when and why, it is merely a fact that this will be done. The participants of the study stated that it takes a lot of time to educate family members, and not always do they have the time to do so for every family member.

When talking about procedures the participators often talked about the five rights and the right ways of administrating medicine. In Hué university hospital they were using the "five rights" this was used as a guideline to prevent mistakes when administering medicine. Cloete

(2014) described that many mistakes causing damage to the patients are caused when administering medicine. There are several factors that can affect the safe administration of medicine. The great workload on the nurses, the risk of being interrupted and the inadequate adhere to the given guidelines and procedures (Cloete 2014). These five rights were something the nurses all knew and could easily repeat when asked which the five different rights were. It was observed that Hué University hospital has not a very developed system for documentation, especially when it comes to documentation of the doctors´ ordination. When using these five rights it made the procedure from nurse to right medication to the patient easier. They all knew what to look for and what to do in the right order to decrease mistakes that very well could occur if not following this guideline, as the nurses called the five rights. Cloete (2014) described that following guidelines and making the right procedures reduces the risks of making mistakes. The nurses stated in the interviews that if mistakes were made they are all obliged to report these mistakes to prevent them from happening again. They stated that this was of importance to do so because it may prevent the same mistakes from happening again. As Watcher and Shojania (2004) described, a good healthcare system is the one with guidelines and obligation to report mistakes to reduce future errors and to evaluate what may have caused the errors in the first place.

It was stated in the interviews that the increased risk for infections was due to the environment in the hospitals. The nurses said that to decrease this risk there should be as few peripheral venous catheters as possible. During the observations the nurses stated that when giving only one transfusion per day the patients should not have a peripheral venous catheter but a single use needle that will be removed after the transfusion to decrease the risk for thrombophlebitis and infections. Allegranzi et al. (2011) discussed the issues of infections in developing countries due to many contributing factors and not only the lack of good hygiene but also the hospital's environmental hygiene, overcrowding, understaffing and the absence of good guidelines and policies. Allegranzi et al. (2011) stated that the most common factor, to cause infections not only in catheters but also in operations wounds and treated wounds is the lack of poor hand hygiene by the medical staff and by the patient.

There was no discussion about communication or teamwork as a contributing factor to better or worsen patient safety. This was not a problem according to the participants. Communication between the different coworkers was stated as good, and in the information that was said about teamwork, all were positive. The participants stated that this was not an issue that affected the patient safety. Harris et al. (2006) described the promotion of an environment of safety due to the efficiency of teamwork and communication. When it comes to reducing errors and to improve patient safety teamwork plays an important role. Harris et al. (2006) stated that to improve communication and teamwork a change in behaviors, coping mechanism and attitudes amongst medical staff is needed. It was also stated that this is a long process and takes a lot of work and engagement to fulfill such teamwork that is needed to get an safe environment both for patients and nurses (Harris et al. 2006).

Nursing and patient safety goes hand in hand. To work as a nurse there are different nursing theories that affect work when taking care of a patient. McCamant (2006) described humanistic nursing that was developed by Paterson and Zderad, the theory describes nursing as a human response to a person in need. Interactions in nursing care are a part of the humanistic nursing theory which is about the relationship between the nurse and the patient. McCamant (2006) described that the nurses need ability to show empathy but still don’t provoke the patient's integrity and to be as open as possible so that the patients feel safe to talk freely and to explain how they are feeling. McCamant (2006) described interactions as a

communication between two persons in different states in their life, two persons who at the time of their meeting are opposites with one in need for care and one providing care in order to make the patient feel safe and to achieve as good patient safety as possible through communication, good care and trust. McCamant (2006) stated that there are external influences that can affect the nurse's ability to be fully present, for example, poor working conditions, such as insufficient equipment or great workload.

4.2 Method discussion

The aim of the study was to investigate nurses´ conception of patient safety in Hue, Vietnam, therefore a qualitative method was used. A qualitative approach is designed to understand individuals and to describe and explain their entire situation. In this study the authors used open-ended questions to be able to get a wider perspective and make the interviewees speak opened and freely about the topics. (Polit & Beck 2012).

The interviews were often conducted in a dressing room, at the hospital, the dressing room was a general space for all the nurses and the interviews where often interrupted and the dressing rooms did not provide a good environment for the interviews and the recording of the interviews. Polit and Beck (2012) stated that a good interviewing environment is important so that the interviewees feel safe to speak freely (Polit & Beck 2012). The dressing room was the most private room in Hué University Hospital and therefore provides the best opportunity for a private environment. Although the interviewers preferred a more quiet room, and a room which were more casual to the nurses, this was not available. Three of the interviews quality was lacking due to the noisy and interrupted environment, this might have affected the research and the data collection. According to Rosetto (2014) the result of an interview might be affected in a way that the interviewees did not feel comfortable to speak their mind and to describe the truth when other nurses were coming in the room at the time of the interview (Rossetto 2014). As said above the room of the interviews were not perfect, it could have affected the nurse to not speak freely because of the possibility of overhearing from other staff members. The interviews lasted approximately 25 minutes and during the interviews, both of the authors were present. One of the authors interviewed and the other took notes, the authors took turns interviewing. Lack of experience when it comes to the authors´ interviewing skills might have affected the studies data collection and results.

Eight of the nine interviews were conducted with an interpreter. The interpreter was a nursing student or a teacher at Hué University of Medicine and Pharmacy. This may also have affected the interviewees since the working rank of the interpreter were higher. Due to the interpreter's lack of time the research had four different interpreters. The interpreters were all accustom with medical terms and nursing work which strengthens the trustworthiness of the translation from the interpreters to the interviewer. The interpreter´s inabilities in obtaining a perfectly skilled level of English in some interviews affected the data collection. The authors had after several weeks with the four interpreters come to an understanding and the language barrier did not affect the understanding of the answers during the interviews. Shimpuku and Norr (2011) described the understanding between interviewers and interpreters as complex and important, with an understanding between the partners the result will become more trustworthy. The interpreter offered to sit down with the authors and transcribe the interviews together, in an attempt to avoid misunderstanding and misleading translations. This was not necessary since the authors had a good understanding of the context in the collected data.

Trustworthiness among the findings in this research is high but not perfect. The interviewees answered and gave similar description to all the authors´ questions and that indicates

trustworthiness in the data collection. After four interviews the authors could see a context and similarity in the answers and when all interviews were conducted the result was visible and easy accessible. Polit and Beck (2012) stated that similarity in the participant answers is a sign of trustworthiness, credibility, and dependability. The factors that might have affected the trustworthiness were the lack of private interview rooms for three interviews and the lack of experiences among the authors interviewing skills. Graneheim and Lundman (2003) described that interviewing skills and the lack of privacy during the interviews can affect the trustworthiness. The authors carried out two pilot studies which both gave them confidence in the questions, and gave them a better understanding in their own interviewing techniques as well as gave them an idea of how to better approach the following interviews.

Strengthening the trustworthiness in the research is the analyses of the data collection, and the approach to obtain a result. The authors one by one transcribed the interviews they had conducted, and then let the other author listen while reading the transcribed interview again to make sure that the transcribed text was correct. The authors then coded the transcribed data one by one by following the method as described, step by step. The authors shifted the transcription between each other and proofread the transcription, the authors compared together the independent codings and discussed together how to approach and to create the different categories, this was made to make sure that the reliability in the result was trustworthy and that the result was consistent. According to Polit and Beck (2012) two or more authors analyzing the data collection reduce the risk of interpretations and the risk of bias.

4.3 Clinical Value

This study is of clinical value because it lifts the problems about patient safety in a developing country and shows awareness to nurses and the importance of good care to contribute to a better healthcare system, not only in Vietnam but also globally. Mostly it is of clinical values to the countries that are developing their health care system, but also to the developed countries to show different ways of working with patient safety. The study shows both strength and weaknesses in the healthcare system of a developing country. It shows ways to improve patient safety and enlighten nurses to awareness and shows importance of good patient safety around the world to make the care as safe as possible for all patients no matter if they are depending on a healthcare system in a developed or undeveloped country. This study shows that patient safety is a global term and does not apply only to single countries.

4.4 Future research suggestions

It would be of interest to conduct the same kind of research in different hospital in both Vietnam and other developing countries to see similarity and differences in nurses´ conception of patient safety. Another interesting area to investigate could be to compare the differences and similarity between developing and developed countries, due to the lacking of research of patients safety in developing countries. Also to investigate what could be done to improve patient safety in developing countries as well as an intervention study to improve the patient safety in order to see what makes the best outcome for both patients and nurses.

5. Conclusion

This study shows that the patient safety is affected in many different ways in Vietnam. The lack of good hygiene, insufficient equipment and the number of patients is the most common factors to affect the patient safety in a negative way. The study shows that the nurses are well aware of what factors that are affecting the patient safety and they are aware of what work that's need to be done to increase better and safer care for the patient in Hué University hospital. The study shows that the nurses work together for better patient safety and are well enlighten about patient safety and its affects in both positive and negative ways.

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Appendix I

Interview guide

Demographic- questions:

- Gender?
- Age?
- For how long have you been working as a nurse?
- What is your care units specialty?
- Are you specialized in any field?

Open-ended questions:

- How do you describe patient safety?
- What is the nurse's role in patient safety?
- What do you feel affect patient safety?

Follow up questions:

- Do you feel you have a good patient safety in your care unit?
- What is not good about your patient safety?
- What would you like to do different?
- How would you implement these ideas to your care unit?

Appendix II

PHỤ LỤC 1

BỘ CÂU HỎI

1. Thông tin chung của đối tượng nghiên cứu:
   A. Giới tính:
   B. Tuổi
   C. Thâm niên công tác
   D. Trình độ học vấn
   E. Khoa phòng
2. Câu hỏi mở:
   a. Anh/chị hiểu như thế nào là an toàn người bệnh?
   b. Người điều dưỡng đóng vai trò gì trong việc đảm bảo an toàn người bệnh?
   c. Anh/chị nghĩ những yếu tố nào ảnh hưởng đến an toàn người bệnh?
   d. Anh/chị nghĩ công tác đảm bảo an toàn người bệnh ở khoa phòng của mình thực hiện như thế nào? Những điểm nào còn chưa tốt?
   e. Những điểm nào anh/chị nghĩ có thể tác động để việc đảm bảo an toàn người bệnh được tốt hơn?
   f. Những ý tưởng đó theo anh chị có thể áp dụng ở khoa phòng của mình bằng cách nào?

Cảm ơn anh/chị!

Appendix III

Regarding your participation in our empirical study "Vietnamese nurses conception of patient safety."

We are Ebba and Josephin and we are nursing students at the University of Karlstad, Sweden. We are on our last semester and are conducting our study as a part of our examination.

Our study's aim is to investigate Vietnamese conceptions of patient safety.
We will collect data by way of interviews with nurses' at Hué University Hospital. We'll interview nurses individually and we will both be a part in the interview, one as the interviewer and the other as an assistant. The interview will be recorded, but all recorded material will be destroyed after the study is done. The interview will approximately take 30 minutes.
Your participation is voluntary and in the results individual nurses will not be able to be identified. You have the right to decline any participation, or accept and be a part of our study. Your statement will be treated with confidentiality, and no personal information will be omitted in the study.
You have the right to withdraw your answers, and your decision of being a part of our study can be withdrawn at any time.

We hope that you would like to be a part of our study, and are looking forward to meet you.
If you have any questions don't hesitate to contact us.
Regards

Ebba Hagbom Josephin Ahlby
Ebba.Hagbom@gmail.com Josephin.Ahlby@gmail.com

Appendix IV – Consent Form

I have taken part of the giving information regarding the study ”*Vietnamese nurses' conceptions of patient safety*”. I am informed that participation is strictly confidential and that I have the right to withdraw my answers or end the interview at any time. I approve that an interpreter may be used during the interview if needed. With this signature I give my consent to be interviewed and that the interview will be recorded.

Signature of participant	Signature of student
_____	_____
Name of participant	Name of student
_____	_____
Date	Date
_____	_____

Appendix V- Ethical approval

Tillstånd för genomförande av examensarbete

(Permission for the implementation of thesis)

Ebba Hagbom, Degree project in nursing.....
Studerandes namn, kurs - Students name, course

Josephin Ahlby, Degree project in nursing.....
Studerandes namn, kurs - Students name, Course

Ovanstående studerande inom Karlstad Universitet, ämne Omvårdnad, erhåller tillstånd att genomföra examensarbetet benämnt:

The above students of Karlstad University, the topic Nursing, received permission to carry out the thesis entitled :

Vietnamese nurses' conception of patient safety.....

Vid klinik/enhet/motsvarande - at the clinic/unit/equivalent

Hué University Hospital.....

.....

ort och datum - date and place

Dr. Nguyen Thi Anh Phuong .....
Verksamhetschef/motsvarande - operations manager/equivalent

Obs! Efter underskrift lämnas en kopia av tillståndet till handledaren och tillståndet skall bifogas examensarbetet som bilaga.