Patients' experiences of safety in a hospital learning department

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Abstract English

Title: Patients' experiences of safety in a hospital learning department

Background: Learning departments are increasingly being set up to train students in realistic learning environments. In a hospital learning department, students under the supervision of a nurse are responsible for the entire patient care. It is unknown how patients' feelings of safety are during admissions in a hospital learning department.

Aim: To explore the experiences of hospital-admitted patients regarding feeling safe in a learning department.

Method: An general qualitative explorative study was conducted. Patients were purposefully sampled. Semi-structured individual interviews were conducted with patients admitted to a learning department in a University Medical Center in the Netherlands. Data was collected between February and April 2021. Thematic analysis was used to analyse the data.

Results: Four main themes emerged after interviewing patients (n=13): not being aware, have accountable nurses, feeling at ease by trust, and taking time to communicate. All patients indicated that they are feeling safe in a learning department.

Conclusion: Patients felt safe being admitted in a learning department and experienced no differences in feeling safe between nurses and students.

Recommendations: The results of this study are in line with other studies. Patients can feel safer on the department if they are informed in advance that they have been admitted to a learning department so they are aware of the presence of students.

Keywords: learning department, feeling safe, patients' experiences, patient safety, qualitative study.

Abstract Dutch

Titel: Ervaringen van patiënten over zich veilig voelen op een leerafdeling in een ziekenhuis.

Achtergrond: Steeds vaker worden leerafdelingen opgericht om studenten op te leiden in realistische leeromgevingen. Op een leerafdeling van een ziekenhuis zijn studenten onder toezicht van een verpleegkundige verantwoordelijk voor de volledige patiëntenzorg. Het is niet bekend of patiënten zich veilig voelen tijdens opnames op een leerafdeling van een ziekenhuis.

Doel: Ervaringen van in het ziekenhuis opgenomen patiënten onderzoeken met betrekking tot het zich veilig voelen op een leerafdeling.

Methode: Algemeen kwalitatief verkennend onderzoeksdesign. Patiënten werden doelbewust geselecteerd. Er zijn semigestructureerde individuele interviews afgenomen met patiënten die zijn opgenomen op een leerafdeling in een Universitair Medisch Centrum in Nederland. De gegevens werden verzameld tussen februari en april 2021. Een thematische analyse werd uitgevoerd.

Resultaten: Vier hoofdthema's kwamen naar voren (n=13): niet bewust zijn, verantwoordelijke verpleegkundigen, zich op hun gemak voelen door vertrouwen en tijd nemen om te communiceren. Alle patiënten gaven aan zich veilig te voelen op een leerafdeling.

Conclusie: Patiënten voelden zich veilig tijdens opname op een leerafdeling en ervaarden geen verschillen in veilig voelen tussen verpleegkundigen en studenten.

Aanbevelingen: De resultaten van dit onderzoek komen overeen met andere onderzoeken. Patiënten kunnen zich nog veiliger voelen op de afdeling als ze vooraf geïnformeerd worden dat ze zijn opgenomen op een leerafdeling, zodat ze op de hoogte zijn van de aanwezigheid van studenten.

Kernwoorden: leerafdeling, veilig voelen, ervaringen van patiënten, patiënten veiligheid, kwalitatief onderzoek.

Introduction

Learning departments are increasingly being set up to train students in realistic learning environments[1]. Since 2004, this innovative internship form has been used in Dutch hospitals to connect research, care, education, and innovation[1-2], for preparing students to their future work[3]. In a learning department students learn from and with each other[3-4]. Thereby creating a close learning relationship between students of vocational level and students of bachelor level[3]. Further, students under the supervision of a nurse have responsibilities with regard to the entire patient care[3]. Results show that students who are trained in a hospital learning department are able to work independently at a quicker pace[3]. Nurses who work in a learning department experience more time to guide students[3]. While learning departments show good results for students and nurses, it is unclear what influence a learning department has on patients. An especially relevant aspect is whether being admitted to a learning department has an influence on patient safety.

Definitions of patient safety were provided by numerous health-related organisations. For instance, World Health Organization defined patient safety as: ‘‘the absence of preventable harm to a patient and reduction of risk of unnecessary harm associated with health care to an acceptable minimum’’[5]. Patient safety was defined by the Institute of Medicine as: ‘‘avoiding harm to patients from the care that is intended to help them’’[6]. However, not much attention has been paid to patients’ emotional responses. Healthcare workers’ perceptions of safety might differ from patients’ perceptions about safety[7]. In this study patient safety is seen as the feelings of safety from the perspective of patients.

Patients are not asked if they want to be admitted in a hospital learning department and if they feel safe on the department. A study conducted in psychiatric patients describes that patients in departments compared to outpatients are expected to be more severely ill and, therefore, might experience student participation as more threatening[8]**.** In addition, students in learning departments are responsible for care and patients do not know whether students have sufficient knowledge. However, a study of patient comfort in teaching clinics found that patients generally enjoyed their experience with medical students and believed that the involvement of medical students improved the quality of their care[9]. These positive experiences with students can contribute to patients’ feelings of safety.

Patients’ feelings of safety are not mentioned explicitly in studies of patients who are admitted to a hospital learning department. A study about patient attitudes towards medical students

described 58.2% of patients expressing comfort with the presence of medical students[10]. The most important reason for the comfort and satisfaction of patients were the desire to get more attention, while the lack of students' experience was the main factor for discomfort with the presence of students[10]. By getting more attention from students in a learning department, patients can feel safer. The concept of feeling safe has been studied mainly in context of intensive care units[11-12] and haemodialysis treatment[7]. These studies show that proximity of the nurse and good communication were important to give patients a safer feeling[7,11-12]. Research by Mollon (2014) about patients' feelings safe during an inpatient hospitalization identified four main categories of feeling safe: (a) trust in the nurse; (b) feeling cared for; (c) presence of the nurse and family; and (d) knowledge of the healthcare provider or the provider's provision of knowledge to the patient[13]. It is unknown whether these factors also influence the feelings of patients who are admitted in a hospital learning department. Experiences of patients are important to improve daily patient care. Therefore, this study focuses on patients' feelings of safety during admissions in a hospital learning department. Patient experiences can help facilitate a learning department in evaluating and adjusting the role of their students.

Aim

To explore the experiences of hospital-admitted patients regarding feeling safe in a learning department.

Method

Design

A general qualitative explorative research design was selected. This design was chosen to gain more in-depth experiences directly from the patients who were admitted to a hospital learning department[14-15].

Population & Domain

Patients admitted to a learning department in a University Medical Center in the Netherlands were purposefully sampled. Patients were eligible to participate if they met all of the following criteria: were above 18 years of age, had been admitted to a hospital learning department for at least four days (to ensure the patient has enough time to experience students and nurses on the department), and understand, read and speak the Dutch language. Patients were excluded when they could not independently provide written informed consent.

Data collection

Individual, one-time, semi-structured interviews were conducted by the researcher to gain an in-depth understanding of patients' experience of feeling safe in a hospital learning department. These interviews lasted between 20 and 53 minutes. Data were collected between February 2021 and April 2021. Patients were interviewed during hospital admission and in a private room at the department. A topic list was used based on previous literature[16-17] and is shown in Table 1. Studies about patients' feelings of safety in a general hospital department were used to compile the topic list because there were no studies about patients' feelings of safety in a hospital learning department. The following key aspects of patients' experienced safety were included as topics for the interview guide: information, communication, trust, and empathy. The opening question was 'Can you tell me something about your experience of care in a learning department?' This question was intended to let the patients talk about their experiences in the department and create an opening for follow-up with other topics. To determine whether patients experience a difference in feeling safe between nurses and students, questions about experienced differences were added in the interview guide. The interview guide was peer-reviewed by the research team (F.T. Wolthuis, A.van Wijlen, P.D.D.M. Roelofs) to ensure feasibility and completeness of chosen topics. The interviewer took one test-interview to try out interview techniques and interview guide. Data collection stopped after saturation was researched and when the following three interviews also resulted in no new codes[18-19]. The interviews were audiotaped.

(Position of Table 1 in the text)

Procedures

The study was conducted in three learning departments: cardiothoracic surgery, lung disease, and rehabilitation. At start of admission patients should receive a folder stating information about the learning department. The researcher sent information by e-mail to the contact person of these departments. This e-mail contained a flyer for patients with an explanation of the study. Students or nurses from the learning department gave this flyer to potential participants and asked their willingness to participate in the study. The researcher was informed by the student or nurse if a patient wanted to participate, after which an interview was scheduled.
After signing informed consent, the patient was told to talk freely about their experiences and that they could not give wrong answers. Patients depend on the healthcare providers of the

learning department, it might be difficult for them to talk freely about feeling safe. The interview was therefore conducted in a closed room, where healthcare providers were not able to influence what the patient tells. After the interview, the individual results were not shared with students or nurses from the learning departments.

Data analysis

The data was analysed according to the six phases of thematic analysis of Braun and Clarke[20]. The analysis of the data started after two interviews were conducted. In phase one the interviews were transcribed verbatim and read and reread by the researcher (JvdS) to become familiar with the data. A content analysis was performed using Atlas.ti software (V.8)[21]. Two interviews were independently coded by the researcher and co-researcher (F.T. Wolthuis). These codes were compared and discussed until consensus about codes and their interpretation was reached. The transcripts were systematically coded in phase two by the researcher and assessed for similarities and differences by the co-researcher. In phase three the initial codes were collated and discussed into potential subthemes. Potential themes were developed in phase four by thorough analysis of the first five interviews. Each new interview was compared with existing codes and subthemes. If necessary, new codes and subthemes were added and main themes modified. These themes were reviewed in phase four by the researcher for consistency with the codes and entire data. In phase five the themes were refined and further developed, and naming and defining each theme by the researcher. These themes were discussed with the co-researcher. The report was drawn up in phase six and themes were supported with illustrative quotes. During the analysis, the researcher looked for differences and similarities between nurses and students in patients experience of feeling safe.

Trustworthiness

Different techniques were used to enhance the trustworthiness of this study[22]. Credibility of the data was enhanced by researcher triangulation during data analysis and peer review by the research team throughout the phases of the study. The member check was done by giving a summary at the end of the interview. The co-researcher peer reviewed the interview techniques of the researcher to enhance the quality of data collection. The transferability of the study was guaranteed by describing the diversity of the sample, the duration of the interviews, and the details for imitability. Confirmability was enhanced by the researcher by writing memos to record methodological issues and ideas about the development of main themes. It is important to address that the researcher also worked as a nurse, but not in a hospital setting. The researcher had experience with talking to patients to build trust. The co-researcher and the other

researchers from the research team were employed in the participating hospital as a researcher. The 15-point checklist of Braun and Clarke was used to confirm the correct application of the six phases of thematic analysis[20]. The 'Consolidated criteria for reporting qualitative studies (COREQ)' was used to facilitate reporting of the results[23].

Ethical issues

This study was conducted according to the principles of the Declaration of Helsinki (latest version WMA General Assembly 2013) and in accordance with the Medical Research Involving Human Subject Act (WMO)[24]. A non-WMO statement was provided by the Medical Ethics Research Committee of the University Medical Center Groningen for the entire project (File number: 202000768). All information was kept confidentially according to the principles of General Data Protection Regulation (in Dutch: Algemene Verordening Gegevensbescherming (AVG))[25]. To ensure the privacy and anonymity of the patients, a data management plan was developed according to the University Medical Center Groningen protocols.

Results

Of the 16 approached patients, 13 patients agreed to participate. The reasons for not taking part in the study included: having no interest (n=2) and having insufficient time (n=1). Two patients were women and the patients ranged in age from 56 to 76 years. Ten patients were admitted to the rehabilitation department. Two patients have previously been admitted to a learning department but did not notice any difference with this admission. Characteristics of the 13 patients are presented in Table 2.

(Position of Table 2 in the text)

All patients indicated that they are feeling safe in a learning department. Based on patients' experience of feeling safe the following four main themes are described: not being aware, have accountable nurses, feeling at ease by trust, and taking time to communicate. A summary of the themes, subthemes, and codes is provided in Table 3 and Figure 1.

(Position of Table 3 in the text)
(Position of Figure 1 in the text)

Not being aware

All patients did not notice that they had been admitted to a learning department and could not recall being informed by a folder. On the other hand, patients did not mind that students are doing their internship in the department and that they are not informed about being admitted in a learning department. They assumed that students are doing an internship in the hospital because this is a place to learn in a realistic learning environment. None of the patients saw a visible difference between a nurse and a student because they both wear the same uniform. Patients indicated that not all students present themselves as students, some patients asked if the person was a student or a qualified nurse. The patients treated students equally to nurses. This is presented in the following two quotes:

''I have not been informed that I am in a learning department… But you know, you go to a University Medical Center. Then you know that students are doing an internship.'' (P13)

''Sometimes I do not know who a student or a nurse is. If I do not know that person, I ask if that person is doing an internship. I would like to know who I am talking to.'' (P4)

Have accountable nurses

Most of the time, the student came to the patient with the nurse and received directions or advice from the nurse. This made patients feel safe because there is always a nurse above the student who bears the responsibility. In addition, a patient liked that the nurse communicated with both the patient and the student, which made the patient feel involved in his/her care.

''Directions are given by the nurse ... they [nurses (JvdS)] allow the student to have the action performed'' (P11)

''…if necessary, an experienced nurse will come along. … You can see from everything that it functions very well and that gives a safe feeling.'' (P8)

Feeling at ease by trust

Allowing patients to have control and make decisions (self-empowerment) was mentioned by all patients as part of having confidence in nurses and students in the learning departments. The approach, appearance, attention, and professionalism of nurses and students ensured that patients feel safe and trusted. Moreover, nurses and students regularly visited the patients and

they responded quickly when a patient pressed the button, causing patients to experience a sense of protection.

''…the fact that you press a button already helps because then you know that someone is coming and that makes me calmer. Then it gets better.'' (P6)

Some patients had more confidence in a nurse than in a student because students do not yet have enough experience in performing procedures and some patients still know the nurses from a previous admission. A few patients controlled whether the nurse and student had done their work well. This gave these patients a feeling of safety.

''I have noticed a number of times that I no longer received or suddenly received medication. … That was not communicated to me, but it was true. I always stay alert.'' (P13)

Taking time to communicate

All patients felt that nurses and students communicated well with them and with other healthcare providers. All healthcare providers around the patient were kept informed about the patient. Nurses were not always the first contact for the patient, this depended on who had time and was nearby to visit the patient. In addition, nurses and students were always friendly in their approach to the patient. They provided direct and complete answers and took time to answer the questions of the patient.

''They [nurse or student (JvdS)] just sat down at the table and took their time. They pressed the button to let their colleagues know they were busy.'' (P2)

Patients noticed that the amount of communication was already different between nurses and students. The further students came in their internships, the amount of communication further increased. The student asked the patient more questions than a nurse and inquired advice from a nurse if the student could not answer the question of the patient. This often allowed the patient to recognize whether the person is a nurse or a student. A patient also noticed that at times students speak more freely than nurses.

''…an experienced nurse who comes in and says Mr. [name] I am here to take blood samples. And a student who comes in and says Mr. [name] I am here to tease you, I am here to get some precious liquid.'' (P8)

Patients felt that they have received sufficient information from nurses and students. In addition, nurses and students took time to convey the information. This is presented in the following quote:

"…if you have anything to do with your medications or whatever. They [nurse and student (JvdS)] prefer to explain it three times until you fully understand it. … I am very insecure myself, but they take a lot of time for that." (P1)

A number of patients noted that students sometimes take longer to perform the procedure because they do not yet have the experience and knowledge of a qualified nurse. A number of patients indicated that if students do not immediately know the answer to the patient's question, they will investigate it. On the other hand, nurses do have that knowledge and can immediately answer the patient. Patients did not mind it because they understand that students also have to learn. Whether the student carries out certain care depends on their knowledge. The following two quotes to illustrate:

"…the blood pressure, normally it is 125 and then suddenly it is 108. … An hour later she [student (JvdS)] returns because she has been told that blood pressure must be measured again." (P3)

"I know that people who are going to do my wound are not generally students. I know a few [students (JvdS)] who do it, but they have been working on me for two weeks." (P5)

All patients felt reassured by nurses and students when they were admitted to the department because the atmosphere in the department was good. Moreover, patients noticed that nurses and students were able to listen actively, making patients feel understood and important. The feeling of being important was shared amongst patients, as the following quote illustrates:

"Nurses and students were all good listeners because of my illness I had to be able to tell my story. They made me feel comfortable and safe." (P11)

Discussion

This study explored the experiences of hospital-admitted patients regarding feeling safe in a learning department. Four main themes emerged: not being aware, have accountable nurses, feeling at ease by trust, and taking time to communicate. All patients indicated that they felt safe in a learning department. Patients felt safe because a nurse or student regularly visited them, a qualified nurse has final accountability for the care, and the nurses and students have

professional and good communicative skills.

Patients indicated that they feel safe because they feel there is always a nurse who has the final accountability and students would do nothing without consulting the nurse. Sayed-Hassan et al. (2012) stated that the feeling of safety and comfort is related to the presence of a supervisor and also indicated that privacy was the main reason for patients to feel uncomfortable with student involvement[10]. The results of this study did not indicate that patients feel more uncomfortable with student involvement because they understand that students have to learn. Öster et al. (2015) indicated that female patients felt less comfortable in male students and very young students[8]. In this study, the two female patients did not report feeling less comfortable.
All patients could not recall whether they had been informed about a learning department. In addition, patients could not see a visible difference between nurses and students because they both wear the same uniforms. Sadollahi et al. (2017) stated that there is a significant difference between patients who were informed about the presence of students and those who were not informed[26]. Patient satisfaction is increased by being aware of the presence of students[26]. As patient satisfaction increases, the feeling of safety will also increase. The patients in this study did not indicate that being informed about a learning department would increase feeling more satisfied and safer. Patients assumed that students do an internship in the hospital.
Patients indicated that they have no problem with students in the department. This is consistent with the study of Sayed-Hassan et al. (2012) and Ali et al. (2019)[10,27]. Sayed-Hassan et al. (2012) described the acceptance rate of medical students is high because patients want to contribute to medical education, they do not mind students spending extra time with them, and the opportunity to learn more about their medical problems[10]. Results of this study showed that patients get attention and time of nurses and students, which may made them feel safer in the department. The study of Shetty et al. (2021) found that patients believed that bedside education was a requirement for medical students to learn and become proficient[28], which is consistent with this study.
The themes from this study shared similarities with the four main categories in the study of Mollon (2014): trust, cared for, nurse and family present, and knowledge[13]. A difference between these results is that this study did not investigate whether the presence of family members provided a feeling of safety but whether the presence of students created a feeling of safety. Patients were interviewed during admission to the department, and in both studies Lasiter (2011) and Russel (1999) patients who were no longer admitted to the department were interviewed[11-12]. The difference in time when patients were interviewed can influence results.

How longer patients are discharged from the department, the more difficult it is to remember conversations and situations with healthcare providers.
Patients recruited for this study had to understand, read and speak the Dutch language. They were similar in cultural background. People from other ethnic groups and cultures may experience a different feeling of safety in the hospital. A research showed that immigrant patients feel misunderstood by healthcare professionals and express dissatisfaction with the treatment and care in their new country[29].

A strength of this study was that all interviews with patients took place face to face during the admission in the department so patients were able to recall recent events. Moreover, results were strengthened by researcher triangulation during data analysis. This increases the validity and reliability of the results. A limitation is that nurses and students had the possibility of only asking patients who were positive about the learning departments to participate. Therefore, it is possible that patients experiencing feeling unsafe were asked less to participate.

This study provided insight into the experiences of patients regarding feeling safe in a learning department. Patients who participated in this study indicated that they felt safe in a learning department and the results are in line with other studies. Patients can feel safer on the department if they are informed in advance that they have been admitted to a learning department so they are aware of the presence of students.

Further research is needed to find out whether these results similar to learning departments where more acute care is offered, with a broader cultural background or differences between multiple learning departments with different specialties.

Conclusion

Patients felt safe being admitted to a learning department and experienced no differences in feeling safe between nurse and student. There was always a nurse above the student who bears the responsibility, and nurses and students took their time for communication with the patient.

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Tables and figures

Table 1. *Topic list for the interviews*

- Patient experiences in a learning department
- Patient experiences of communication
- Patient experiences to get information
- Patient experiences in trust
- Patient experiences in empathy

Table 2. *Baseline characteristics of patients*

N	13
Male, *n*	11
Age in years, mean (range)	65 (56–76)
Education level[a], *n*	
Low	3
Medium	6
High	4
Length of Stay in days, mean (range)	22 (4-57)
Nursing department, *n*	
Cardiothoracic surgery	2
Lung disease	1
Rehabilitation	10
Previously been admitted to a hospital learning department, *n*	2

[a]Educational level: low = did not complete secondary school-completed low level secondary school; medium = completed medium level secondary school; high = completed upper level secondary school and/or university degree

Table 3. *Overview of main themes, subthemes, and codes*

Main themes	Subthemes	Codes
Not being aware	• Information • No visible distinction	• Informed • Assumed • Treat the same
Have accountable nurses	• Responsible	• Consultation • Instruction • Advice
Feeling at ease by trust	• Act • Care provision • Involvement • Control by nurse and student	• Own value • Committed • Approach[1] • Professional[1] • Alertness • Protected • Check by patients themselves • Take a look[1] • Experience[2] • Familiarity[2]
Taking time to communicate	• Time • Asking questions • Verbal communication • Receiving information • Empathy	• Consultation[1] • Approach[1] • Full answer • Direct answer • Students speak more freely[2] • Students ask more questions[2] • Experience[2] • First contact • Patient centered • Atmosphere department • Active listening • Helpful[1] • Professional[1]

[1]Similarities between nurses and students regarding feeling safe experienced by patients

[2]Differences between nurses and students regarding feeling safe experienced by patients

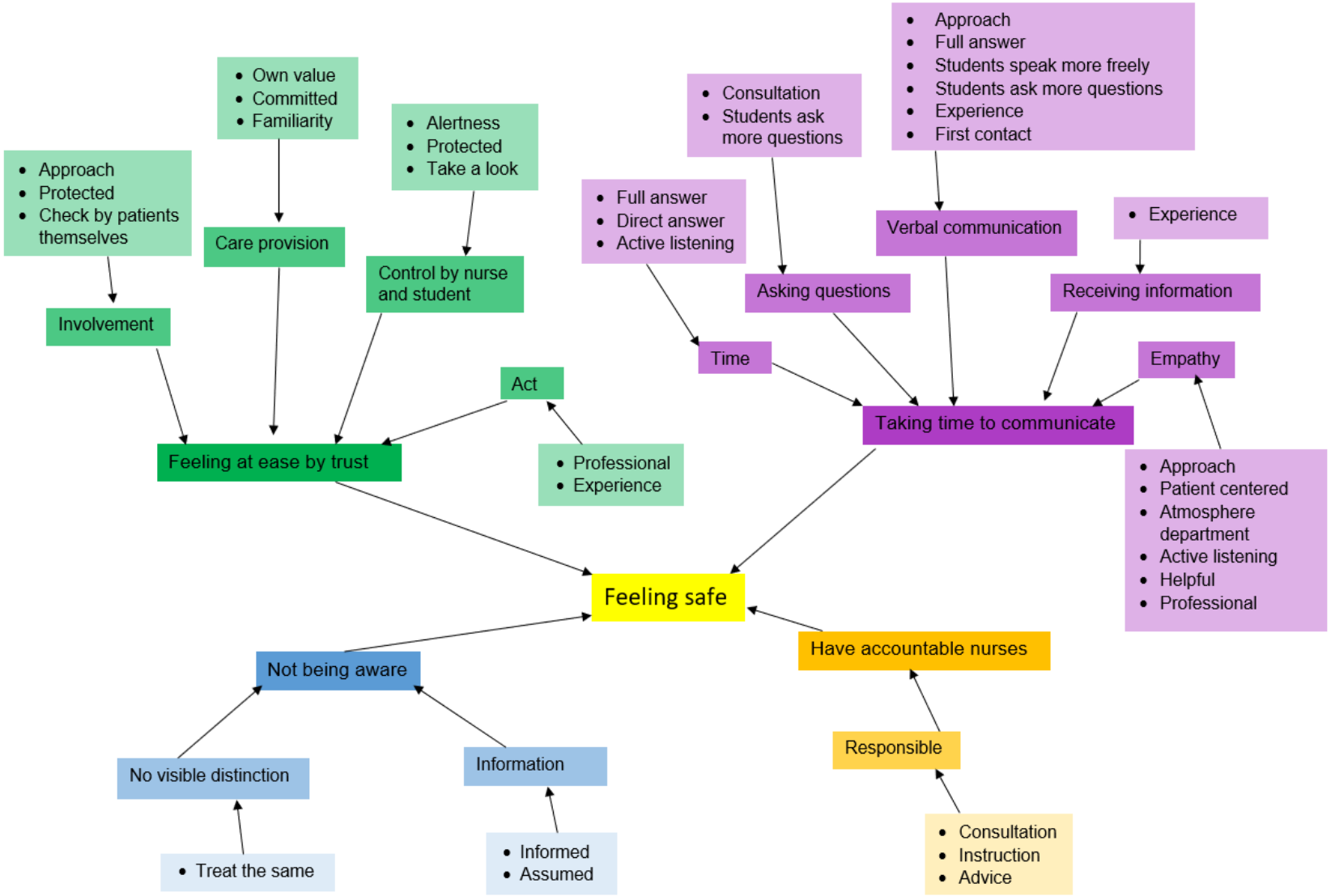

Figure 1. *Thematic map, showing main themes, subthemes, and codes*