

Chapter 20

Determinants of Patient Safety and Trust With Focus on Health Care Information Technology (HIT) and Physicians–Nurses Performance

Mosad Zineldin

Linnaeus University, Sweden

Valentina Vasicheva

Linnaeus University, Sweden

ABSTRACT

The purpose of this chapter is to assess and examine the impact health care information technology (HIT) on physician-nurse performance related to patient trust and safety. A considerable number of patients today are using different HITs to get access to healthcare services such as appointment scheduling and medication refills; communicate with physicians and nurses for different computerized tailored interventions to manage a chronic condition or to change a health behavior. Improving the quality and safety of care, and reducing the medical errors are of equal responsibility of all clinicians and all healthcare staff. Patient safety is the most critical factor of the medical and healthcare quality, where nurses can be invaluable in preventing harm to patients, reducing errors and improving patients' outcomes. The chapter shows that there are many advantages of Web-acquired healthcare related information. The main question is how will efficient use of HIT by patients improve healthcare quality, patient trust and safety.

INTRODUCTION

The purpose of this chapter is to assess and examine the impact health care information technology (HIT) on physician-nurse performance related to patient trust and safety. A considerable number of patients today are using different HITs to get access to healthcare services such as appointment scheduling and medication refills; communicate with physicians and nurses for different computerized tailored interventions to manage a chronic condition or to change a health behavior. Health care providers use remote monitoring devices such as blood pressure monitors and glucometers, etc. (Ahern et al., 2011).

Medical errors (MEs) are the most preventable factors for preventing patients from harms and according to Mortazavi et al. (2013), hundreds of thousands of people die and millions are injuring every year as a result of MEs, lack of appropriate treatment and other deficiencies in care. The annual cost of measurable US MEs is estimated about \$17.1 billion in 2008 (Van Den Bos et al., 2011). Some causes for the errors are incorrect drug prescriptions, lack of hygiene, late and incorrect diagnoses. In total, 75 percent of these harms and injuries are preventable. To increase levels of patient trust and satisfaction, hospitals must assure patient safety. Improving patient safety needs knowledge about parameters such as doctors and nurse competences and capabilities. Thus, healthcare quality, patient safety and satisfaction constructs are of vital concern for healthcare settings and wards. It is the responsibility of doctors, nurses and other supporting staff. The support of top management or chief executive officer is of essential importance to improve healthcare quality (Zineldin, 2015).

Doctor and nurses as well as other staff at any healthcare setting or ward should enable patients to use HIT to achieve high level of quality and safe healthcare. Competences and performance of physicians and nurses are the primary source of patient trust and safety.

A such triangle HIT, healthcare providers and patient relationship depends on confidence and trust in the skills and competences of doctors and nurse competences. Lack of trust can be one of the major reasons for patient dissatisfaction and unsafety feelings. One of the most important indicators for the evaluation of the healthcare quality is patient satisfaction and safety (Zineldin, 2006; Athanasopoulou and Kalokairinou, 2010). The influence of trust on quality and satisfaction is highlighted by many research and authors (Chang et al., 2013) and should not be ignored.

The academic and professional HIT education and training for the main actors of the health care system (e.g. physicians, nurses and patients) are different. They are trained to communicate differentially and they are using different HIT tools and terminology to explain similar events. This can lead to conflict, distrust, misunderstanding and friction (Arford, 2005; Shannon and Myers, 2012). A research conducted by Dingley et al. (2008), found that 40 percent of the communication time between nurses and physicians was problematic time. According to Zineldin (2015) and Aiken et al. (2012), different researches reveals that learning, training, good work environment at hospitals, nurse involvement in decision making and positive doctor-nurse relations are positively correlated with improved patient outcomes, patient trust and satisfaction.

An experimental study by Meade et al. (2006) of the impact of a specific nursing practice (such as assessment of pain, offering toileting assistance, assessment of need to reposition the patient, etc.) on patient falls and satisfaction observed a significant reduction in patient falls in relation to nurses hourly rounding and a significant increase in patient satisfaction. This study provides evidence that patient safety and patient satisfaction respond similarly to enhanced nursing activities and performance.

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