



Research BULLETIN

International Council of Nurses • Conseil international des infirmières • Consejo internacional de enfermeras

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ICN and Pfizer conduct Global Nurses' Survey

The survey "Nurses in the Workplace: Expectations and Needs" is a collaborative study by the International Council of Nurses (ICN) and Pfizer Inc. External Medical Affairs. It is an extensive global attitudinal survey, which asked more than 2,000 nurses about the opportunities and challenges that face their profession and themselves, individually. The study, conducted in April and May 2009, included a representative quota sample of 200 nurses in 11 countries around the world. The countries included in the study were Brazil, Canada, Colombia, Japan, Kenya, Portugal, South Africa, Taiwan, Uganda, the U.S.A., and the United Kingdom.

Key Findings included:

- Nurses are more likely to say the job of nursing is "better" (40%) rather than "worse" (30%) today than it was five years ago.
- Many aspects of working life seem to be improving, however, nearly half say their daily workload is worse now than it was five years ago.
- Ninety two percent of nurses said that they face time constraints that prevent them from spending as much time with their patients as they think necessary.
- The best part of nursing is seen as helping patients, reported by 37% of nurses.

- The worst part of nursing? Workload, compensation and recognition, reported respectively by 42%, 22%, and 15%.
- Nurses were highly likely to stay in the profession, reported by 53%.

Nurses in Brazil, Canada, Portugal, and the U.S. say they are very likely to stay in nursing for the next five years; while nurses in Kenya, South Africa, Taiwan and Uganda say they are less likely to do so. Eighty three percent of nurses indicated they are not allowed to prescribe medicines; however 70% say they favour giving nurses this authority.

For detailed information on the Survey visit the ICN web site:

http://www.icn.ch/Workplace_survey2009.htm

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**ICN publishes a new research book:
*Improving Health through Nursing Research***

Improving Health through Nursing Research is a practical guide to research and research utilisation in nursing which draws upon international expertise in nursing research in response to the worldwide demand for evidence-based practice. The book offers a global perspective on health and nursing and addresses the development of nursing knowledge and nursing theory. It makes a case for the underlying need for nursing research, focusing on improving patient care, enhancing care delivery and developing the profession of nursing, covering quantitative and qualitative research methods, their selection, use and interpretation. Key issues in research ethics, practical guidance as to how to prepare a research proposal, undertake research, present and publish findings, and translate research into practice are also addressed.

This publication is an essential resource for nurses seeking to understand research and research utilisation. The editor of the book is William Holzemer, when he was Professor and Associate Dean for International Programs and Director, WHO Collaborating Center, University of California. He is currently Dean, Rutgers University, School of Nursing, New Jersey, U.S.A.

ICU nurses handle medical errors differently than they say they do on survey

How nurses deal with medical errors on the intensive care unit (ICU) may differ broadly from what they report on surveys of patient safety culture, according to a study. ICU nurses at a group of hospitals who completed the Agency for Healthcare Research and Quality (AHRQ) Hospital Patient Safety Culture Survey replied that they usually or always reported errors and received feedback from their administrators. However, ICU nurses from the hospitals who participated in focus groups on error communication and reporting said that they often did not report errors that caused no harm to patients – in

contrast to the 55% of these nurses responding the AHRQ survey who said that they reported such mistakes. The nurses in the focus groups also said that they rarely received feedback from administrators regarding the errors that they did report – again, in contrast to the 56% of the nurse survey responses that said they did receive feedback.

Although most medical errors are understood to be caused primarily by system problems rather than individual mistakes, the nurses were reluctant to report errors that they were involved with because of a sense of failure or fear of punishment or blame. Nurses who witnessed an error were more likely to report to a supervisor than confront another nurse directly and nurses brought up physician errors to the doctor only indirectly, often in the form of a question about what the physician meant to do, the researchers found.

The researchers conclude that hospitals must understand the realities of error reporting and talking about errors to make headway in improving the safety and quality of the patient experience. (Source Elder, N.c; Brung, S.M; Nagy, M, et al. *Journal of Patient Safety*, Sept 2008. 4 (3),pp.162-168. abstracted in *Research Activities*, U.S. Department of Health and Human Services No.344, April 2009)

Sharps injuries and other blood and body fluid exposures among home health care nurses and aides

The objective of the study was to quantify risks of sharps injuries and other blood and body fluid exposures among home health care nurses and aides, identify risk factors, assess the use of sharps with safety features, and evaluate underreporting in workplace-based surveillance. The study used a questionnaire survey and workplace-based surveillance, collaborating with nine home health care agencies and two labour unions from 2006 to 2007.

The results showed that approximately 35% of nurses and 6.4% of aides had experienced at least one sharps injury

during their home health care career; corresponding figures for other blood and body fluid exposures were 15.1% and 6.7%, respectively. Annual sharps injuries incidence rates were 5.1 per 100 full-time equivalent (FTE) nurses and 1.0 per 100 FTE aides. Medical procedures contributing to sharps injuries were injecting medications, administering fingersticks and heelsticks, and drawing blood. Other contributing factors were sharps disposal, contact with waste, and patient handling. Sharps with safety features frequently were not used. Underreporting of sharps injuries to the workplace-based surveillance system was estimated to be about 50%.

The study concluded that sharps injuries and other blood and body fluid exposures are serious hazards for home health care nurses and aides. Improvements in hazard intervention are needed.

(Source: Quinn MM, Markkanen PK, Galligan CJ, Kriebel D, Chalupka SM, Kim H, Gore RJ, Sama SR, Laramie AK, Davis L. *Am J Public Health*. 2009 Nov;99 Suppl 3:S710-7)

Hand hygiene with soap and water is superior to alcohol rub and antiseptic wipes for removal of *Clostridium difficile*

The objective of the study was to evaluate common hand hygiene methods for efficacy in removing *Clostridium difficile*, using a randomised crossover comparison among 10 volunteers with hands experimentally contaminated by *nontoxigenic C. difficile*. Interventions included warm water with plain soap, cold water with plain soap, warm water with antibacterial soap, antiseptic hand wipes, alcohol-based handrub, and a control involving no intervention. All interventions were evaluated for mean reduction in colony-forming units (CFUs) under two contamination protocols: "whole hand" and "palmar surface."

Results were analyzed according to a Bayesian approach, by using hierarchical models adjusted for multiple observations.

The results showed that under the whole-hand protocol, the greatest adjusted mean reductions were achieved by warm water with plain soap, and warm water with antibacterial soap, followed by antiseptic hand wipes. Alcohol-based handrub was equivalent to no intervention.

Under the palmar surface protocol, warm water with plain soap, cold water with plain soap, and warm water with antibacterial soap again yielded the greatest mean reductions, followed by antiseptic hand wipes, when compared with alcohol-based handrub. The hump of the palm near the wrist areas were more likely than fingertips to remain heavily contaminated after handwashing.

The study concluded that handwashing with soap and water showed the greatest efficacy in removing *C. difficile* and should be performed preferentially over the use of alcohol-based handrubs when contact with *C. difficile* is suspected or likely.

(Source: Oughton MT, Loo VG, Dendukuri N, Fenn S, Libman. *Infect Control Hosp Epidemiol*. 2009 Oct;30(10):939-44)

Contribution from members of the Network

Spotlight on research

The Royal College of Nursing (RCN), UK Research & Development Co-ordinating Centre (R&DCC) works in partnership with its membership in the RCN Research Society to promote excellence in care through nursing and health R&D. As part of RCN's ongoing work, a new RCN Research Strategy was developed, and it is implementing the recommendations of this strategy under three broad themes: policy, networking and dissemination.

Policy: The RCN Research Society has produced several policy guidance documents on subjects ranging from research ethics to informed consent, user involvement to competencies for clinical research nurses.

Networking: The Research Society promotes local networking initiatives, and

RCN has 12 regional networks. RCN also supports a doctoral student network and is an active member of the Workgroup of European Nurse Researchers (WENR).

Dissemination: Outside its annual Congress, the RCN annual international nursing research conference (www.rcn.org.uk/research2010) is the largest event on the RCN calendar, and attracts up to 500 delegates from over 30 countries. The website and a weekly electronic bulletin are RCN's main conduit for information flow. For more information visit: <http://www.rcn.org.uk/research> . (Submitted by: Dave O'Carroll, Information Manager, Research & Development Co-ordinating Centre, Royal College of Nursing, c/o Vita Fitzsimons, Rm 411, RCN HQ, 20 Cavendish Square, LONDON W1G 0RN. Email: david.ocarroll@rcn.org.uk)

Conference and Events

International Clinical Nursing Research Conference

University of Ottawa, Canada, June 14-16, 2010

The conference aims to gather educators,

clinicians, researchers, decision-makers and administrators in order to exchange experiences and best practices. For more details visit:

<http://www.health.uottawa.ca/sn/se/conf2010.htm>. For questions please contact: fss-nsg@uottawa.ca

11th International ICNE conference

Clinical Ethics across the Lifespan

13th – 14th September 2010, University of Turku, Department of Nursing Science, Turku, Finland. The Conference is organised by University of Turku, Department of Nursing Science in collaboration with the International Centre for Nursing Ethics, University of Surrey, U.K. The conference places a special emphasis on clinical ethics across the lifespan. For further information contact: Professor Riitta Suhonen, University of Turku, Department of Nursing Science; e-mail: riisuh@utu.fi

For further information, please contact: icn@icn.ch

The **International Council of Nurses (ICN)** is a federation of more than 130 national nurses associations representing the millions of nurses worldwide. Operated by nurses and leading nursing internationally, ICN works to ensure quality nursing care for all and sound health policies globally.

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