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Patient Safety Assessment in a Maternity Unit: Caring Approach of Nurses

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Abstract

Maternity is a unique and high-risk environment where the safety of both mothers and newborns is paramount. Ensuring a safe and effective delivery of care is a critical responsibility for healthcare professionals in this setting. Despite significant advancements in medical technology and healthcare practices, patient safety remains a major concern globally, and maternity units are not immune to the challenges of the occurrence of adverse events. This study aimed to analyze the determinants of safety in patient care at the maternity unit, the study was a quantitative descriptive study using a clinical method with a sample size of 14 nurses. A self-administered questionnaire was used to collect data on the nurses' practices related to patient safety. The information collected was analyzed using SPSS, MS Excel and MS Word. The results were presented in the form of figures and tables. From this study it resulted that workload pressure (35.71%), competency assessment (42.86%), and communication breakdown (35.71%) were the main intrinsic determinants affecting safety in patient care in their unit, impacting staffing levels towards patient safety was rated at (35.71%), up to date technology (42.91%), physical environment (28.6%) as the main extrinsic determinants affecting patient safety in care. This study provided critical insights into the intrinsic and extrinsic determinants of safety in patient care delivery at the maternity unit. The findings highlight the need for targeted interventions to improve nurses' practices towards patient safety, address workload and staffing concerns, and enhance environmental and system-related factors to promote a culture of safety.

Subject Areas

Nursing

Keywords

Patient Safety, Patient Care, Assessment

1. Background to the Problem

Caring is a concept that is coined from different perspectives and perceptions as related to the caregiver as well as the one to be cared for. Nurses are human beings who spend their time beside the patients and adhere to the fact that caring is an innate concept to every person by virtue of their humanness, though expression, conception, perception, and expression about it vary among individuals [1]. According to Watson's philosophy and theory of transpersonal caring, nursing consists of knowledge, thought, values, philosophy, commitment, and action, with some degree of passion. In this light, Watson calls on nurses to apply each carative factor and clinical caritas processes to describe the caring process of how a patient attains maximal health or a peaceful death by going beyond procedures, tasks, and techniques used in practice settings [2] [3]. Caring is a virtue and depends on the components designed by the caregiver, which are very much based on his/her worldview of nursing.

Nurses working at the maternity unit are sometimes prone to challenges that could lead to unsafe happenings. Unsafe nature of the maternity setting could arise from poor assessment of either acute, potential, or actual problems. Absence of patient safety assessment has been recognized as sources of several errors in the maternity unit, given that most adverse circumstances leading to an increased rate of morbidity and mortality around the maternity could be prevented. The sustainable development goal (SDG) of 2016-2030 was set to decrease the global maternal mortality rate to less than 70 maternal deaths per 100,000 live births [4], however, every year almost 800,000 women die globally from pregnancy-related complications or 23 millions of all pregnant women develop life threatening complication especially in developing countries [5], added that the leading causes of death during pregnancy or cardiovascular conditions, bleeding, but infection is the leading cause from birth to 42 days later [5] [6]. Safety practice in the maternity unit is a global health priority and helping to support working teams in implementing best practices from research is important. Therefore, there is need for nurses to focus on making assessments of the readiness to ensure quality safe practice [7]. Childbirth is a transformative experience, but it also carries inherent risks for both mother and child. Ensuring a safe and positive experience for expectant mothers and their newborns is paramount, yet challenges persist in achieving optimal patient safety within maternity units.

Patient safety is defined as the reduction of the risk for unnecessary health care-related damage to an acceptable minimum. Based on this sense, it is considered the duty of any health institution to reduce the probability of patient damage deriving from health care delivery [8]. Emphasis is placed on the system of care delivery that prevents errors; learns from the errors that do occur; and is built on a culture of safety that involves health care professionals, organizations, and patients [9]. Patient safety is a universal issue that affects countries at all stages of health system development, with millions of people suffering disabilities, injuries, or death due to unsafe medical practices each year. Therefore, harm and risks to

patient safety should be predicted and prevented by nurses as protecting agents in healthcare settings [10].

2. Problem Statement

The maternity unit is a high-risk area where the safety of both mothers and newborns must be carefully monitored. The maternity unit is a unique environment where the safety of both mothers and newborns is paramount. Ensuring a safe and effective delivery of care is a critical responsibility for healthcare professionals in this setting. The safety of care in maternity units remains a critical issue. For example, a study conducted in several hospitals revealed that nearly 30% of patients reported adverse events related to their care during their stay. These events include complications due to medication administration errors, infections related to invasive procedures, and failures in communication among healthcare team members. These figures underscore the urgency of a thorough evaluation of current practices to ensure the safety of mothers and newborns because despite advances in medical technology and improvements in healthcare practices, adverse events still occur in maternity units that can have serious consequences for patients.

Some maternity units have integrated incident reporting systems, allowing teams to quickly identify problems and make corrections. The present study is to bring up light on safety in patient care delivery at the maternity unit, which focuses on the care of women during pregnancy, childbirth, and the postpartum period, as well as the care of newborns. A review of the literature reveals a consistent concern regarding patient safety in maternity settings. The study sort to determine the determinants of safety in patient care. Specifically, the researcher explored and determined the intrinsic and extrinsic determinants related to safety in patient care delivery at the maternity unit of a hospital.

3. Research Methodology

3.1. Design

This was a quantitative descriptive study using a clinical method. Clinical methods aim to understand the experiences, perceptions and behaviors of individuals related to their health. They are interested in the subjective, social and cultural aspects that influence health and illness. The sampling technique applied was a non-probabilistic convenient type. Sampling size was exhaustive as nurses working in the maternity who accepted to take part in the study and were involved in direct patient care at the maternity were included in the study. The research was carried out in a district hospital in Cameroon, Africa, with the view of determining the intrinsic and extrinsic determinants of safety in client care within the maternity unit.

3.2. Participants

The 14 nurses who answered the questionnaire were selected based on the selec-

tion criteria of nurses who were working in the maternity ward, especially in areas involving safety during labor, immediate post-delivery and late postpartum. Excluded from the study were those midwives or nurses recruited to work in the maternity unit of the hospital but refuse to take part in the study.

3.3. Data Instrument and Data Collection

We used a questionnaire as a data collection tool, enabling the researcher to interact with respondents in order to gather precise information. In the context of studying the assessment of safety in patient care, a questionnaire was designed to elicit in-depth insights from respondents, such as nurses or midwives. The questionnaire was a mixed questionnaire as it was comprising of open-ended questions and close ended questions so as to have the participant's perspective on patient safety.

The questionnaire had three important sections as follows: sociodemographic data with open and closed ended questions; questions related to intrinsic determinants of safety in patient care and the last section to determine the extrinsic determinants of safety in patient care. Questions were displayed in a scale of Linkert either as excellent, good, fair or poor; very effective, effective, neutral, ineffective, or very ineffective; or always, often, sometimes, rarely, or neutral, together with a yes or no questions. The independent variable of this study was assessment of safety while the dependent variable was patient safety in care.

Data collection took place over a period of 13 days after prior authorization was granted by the authorities of the hospital. After obtaining ethical clearance for data collection together with the permission from the hospital, the author presented it to the ward charge of the maternity unit and she later on presented us to her personnel. To collect the data, the researcher first explained our research project to the nurses/midwives by submitting our information leaflet, following which we gave the volunteer informants the informed consent form which we took the trouble to read with them before, until they sign and finally we started to carry out our investigation. The information was recorded on an A4 size paper.

3.4. Data Analysis Strategies

The data was analyzed using SPSS, MS Excel software and MS word. We used descriptive statistics on the one hand to describe the data. The results thus obtained were presented in the form of tables, diagrams and histograms.

3.5. Criteria for Scientific Rigor

Credibility was established through several strategies; we spend time at the maternity unit with the respondents to gain a deeper understanding of the context and develop trust with the participants. Confirmability in this study was assured through engagement in self-reflection, acknowledging assumptions, experiences, and potential influence on the research, grounded in the participants responses. Meanwhile Liability in the context of this research topic was assured by making

sure that all participants (nurses/midwives) understood the purpose of the study and provided their voluntary consent to participate.

4. Results

Socio-demographic factors included age, gender, level of education and position. The range of the ages of the respondents which varied from 29 to 50 years, 64.29% represented the youngest population of respondents by age and showed that majority of the respondents were between 29 or less, and 7.14% represented the oldest population by age. 85.71% of the respondents were females. This attributed to the fact that the society still considers nursing and midwifery as a female profession, which could justify the high number of females in the profession when compared with that of males. Majority of the respondents were in possession of a bachelor's degree. 57.14% represented nurses implying that majority of the personnel were nurses.

4.1. Intrinsic Determinant of Safety in Patient Care

Table 1. Respondents by experiences of adverse events in-patient care.

When often do you witness or experience adverse events or errors in patient care in your healthcare setting?	Frequency	Percent
Rarely	4	28.6
Occasionally	6	42.9
Frequently	3	21.4
Very frequently	1	7.1
Total	14	100.0

Note: Source: Investigator.

Table 1 shows nurses' perceptions of adverse events in patient care. The results show that 42.9% of nurses testify to have witnessed adverse events in patient care occasionally.

4.2. Established Protocols to Address Patient Safety Issues

Table 2. Respondents responses linked to established protocols to address patient safety issues.

Are there established protocols or guidelines in place to address patient safety issue in your organization?	Frequency	Percent
Yes	9	64.3
No	1	7.1
Uncertain	4	28.6
Total	14	100.0

Note: Source: Investigator.

Table 2 represents the perception of nurses on establishing protocols to address patient safety issues in the organization. 64.3% of the participants testified that there were established protocols to address patient safety issues at the Efoulan district hospital.

4.3. Communication Among Healthcare Team Members Regarding Patient Care

Table 3. Respondent responses linked to communication among healthcare team members regarding patient care.

How would you rate the communication among healthcare team members in your organization regarding patient safety?	Frequency	Percent
Excellent	1	7.1
Good	7	50.0
Fair	5	35.7
Poor	1	7.1
Total	14	100.0

Note: Source: Investigator.

Table 3 represents the evaluation of the communication network that existed between the nurses. 50% of the nurses testified that the communication was good enough.

4.4. Respondent by Training on Patient Safety Protocols and Procedure

Table 4. Respondent responses linked to training on patient safety protocols and procedure.

Have you received adequate training on patient safety protocols and procedures in your role?	Frequency	Percent
Yes	8	57.1
No	1	7.1
Partially	5	35.7
Total	14	100.0

Note: Source: Investigator.

Table 4 represents the percentage of nurses who have received training on safety protocols and procedures. 57.1% of the participants assured to have received a training on safety protocols and procedures.

4.5. Reporting of Safety Concerns or Incidents in Patient Care

Table 5 represents the participants that felt free to report safety concerns or incidents during patient care. 35.7% said they always felt comfortable reporting safety

concerns or incidents in patient safety. 28.6% said sometimes they were comfortable while the other 28.6% said they rarely felt comfortable reporting safety incidents.

Table 5. Respondent responds to reporting safety concerns or incidents in patient care.

Do you feel comfortable reporting safety concerns or incidents in patient care?	Frequency	Percent
Yes. always	5	35.7
Sometimes	4	28.6
Rarely	4	28.6
Never	1	7.1
Total	14	100.0

Note: Source: Investigator.

4.6. Factors Contributing to Lapses in Patient Safety

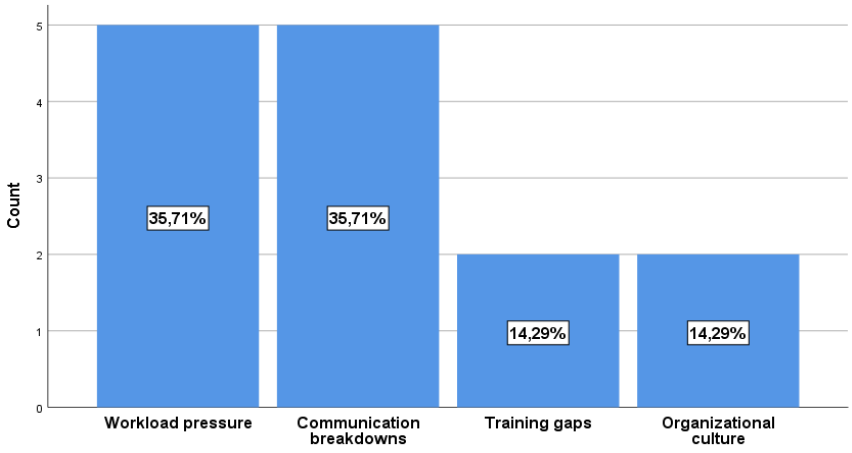

Figure 1. Respondent by factors contributing the lapses in patient safety.

Figure 1 above represents factors contributing to lapses in patient safety. It also showed that communication breakdown and workload pressure which were both 35.71% represented the factors that mostly contributed to lapses in patient safety. Organizational culture and training gaps stood at 14.29%.

4.7. Effectiveness of Communication among Team Members Regarding Patient Cares

Table 6. Respondents responses concerning effectiveness of communication among team members regarding patient cares.

How effective is communication among team members regarding patient care?	Frequency	Percent
Very effective	1	7.1

Continued

Effective	4	28.6
Neutral	8	57.1
Ineffective	1	7.1
Total	14	100.0

Note: Source: Investigator.

Table 6 represents the effectiveness of communication among team members regarding patient care. From the table, 57.1% showed that the participants considered communication among them to neither be effective not ineffective.

4.8. Competency Assessment Related to Patient Safety

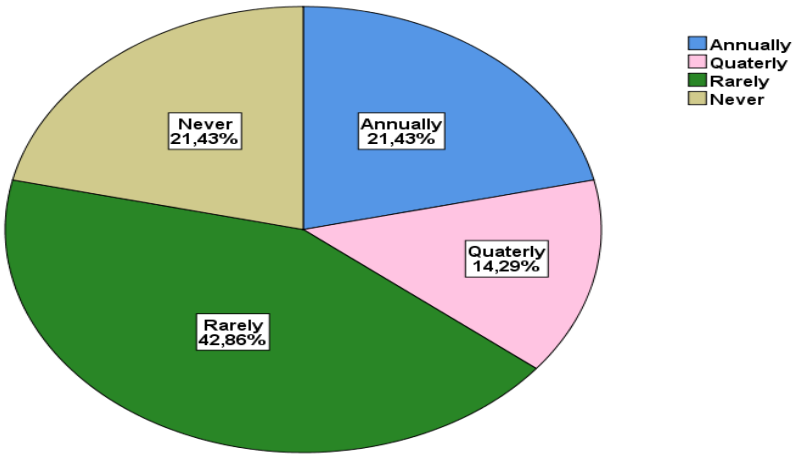

Figure 2. Respondents views about competency assessment related to patient safety.

Figure 2 represents the assessment on competency of the respondents related to patient safety. The figure shows that 42.86% of nurses are rarely assessed on their competency related to patient safety. Failure to assess the competency of nurses related to patient safety confirms the training gap that was identified at 14.29%.

4.9. Respondent by Workload Description

Table 7. Respondent responses linked to workload description.

How will you describe the workload in your unit?	Frequency	Percent
Very manageable	1	7.1
Manageable	8	57.1
Neutral	2	14.3
Unmanageable	3	21.4
Total	14	100.0

Note: Source: Investigator.

Table 7 represents the description of the workload at the maternity unit of the Efoulan district hospital. 57.1% of the respondents considered the workload manageable.

4.10. Access to Necessary Equipment to Ensure Patient Safety

Table 8. Respondents responses related to having access to necessary equipment to ensure patient safety.

Do you have access to the necessary resources and equipment to ensure patient safety?	Frequency	Percent
Always	3	21.4
Often	5	35.7
Sometimes	5	35.7
Rarely	1	7.1
Total	14	100.0

Note: Source: Investigator.

Table 8 represents access to necessary resources and equipment to ensure patient safety. 35.7% of the respondents testified to have had access to necessary resources and equipment most often meanwhile the other 35.7% testified only to having had access on a sometimes basis.

4.11. Extrinsic Determinants of Safety in Patient Care

Table 9. Respondents responses related to rating of the overall physical environment.

How will you rate the overall physical environment of your healthcare facility in terms of safety?	Frequency	Percent
Excellent	2	14.3
Good	4	28.6
Fair	4	28.6
Poor	4	28.6
Total	14	100.0

Note: Source: Investigator.

Table 9 represents the evaluation of the overall physical environment of the hospital. From the table, we have 28.6% which appears thrice indicating the environment is fair enough for some respondents, good for some and poor for some of the respondents.

4.12. Agreement on the Relationship between Current Facility Layout and Support of Safe Patient Care

Table 10 shows the relationship between the current layout of the hospital and if it supports safe patient care. From the table, 42.9% of the respondents agreed that

the layout of the hospital's structure supported safety patient care practice. In addition, 21.4% of the respondents strongly disagreed confirming the fact that the physical environment needed improvement.

Table 10. Respondents responses linked to Agreement on the relationship between current facility layout and support of safe patient care.

Do you believe that the current layout of your facility supports safe patient care?	Frequency	Percent
Agree	6	42.9
Neutral	3	21.4
Disagree	2	14.3
Strongly disagree	3	21.4
Total	14	100.0

Note: Source: Investigator.

4.13. Access to Up to Date Medical Technology to Support Patient Safety

Table 11. Respondents views towards having access to up to date medical technology to support patient safety.

Do you have access to up to date medical technology that supports patient safety?	Frequency	Percent
Often	2	14.3
Sometimes	6	42.9
Rarely	2	14.3
Never	4	28.6
Total	14	100.0

Note: Source: Investigator.

Table 11 represents the accessibility of the use of new medical technologies in the service. 42.9% of the respondents showed that sometimes they had access to new medical technologies.

4.14. Impact of Staffing on the Ability to Ensure Patient Safety

Table 12. Respondents responses linked towards impact of staffing on the ability to ensure patient safety.

How does staffing affect your ability to ensure patient safety?	Frequency	Percent
Very positively	1	7.1
Positively	5	35.7
Neutral	6	42.9

Continued

Very negatively	2	14.3
Total	14	100.0

Note: Source: Investigator.

Table 12 represents the impact of staffing on the ability of nurses to ensure patient safety. 42.9% of the respondents were neutral to the question, while 35.7% said the impact of staffing affected the ability of the nurses to ensure patient safety positively.

4.15. Access to Continuous Professional Development Opportunities Focused on Patient Safety

Table 13. Respondents responses about having access to continuous professional development opportunities focused on patient safety.

Do you have access to continuous professional development opportunities focused on patient safety		Frequency	Percent
Valid	Often	4	28.6
	Sometimes	4	28.6
	Rarely	4	28.6
	Never	2	14.3
	Total	14	100.0

Note: Source: Investigator.

Table 13 shows the percentage of staff that received professional training. From the table, 28.6% of the participants testified to have received professional training most often while the other 28.6% represented nurses who received professional training rarely and sometimes.

4.16. Resources Review to Ensure They Meet Patient Safety Needs

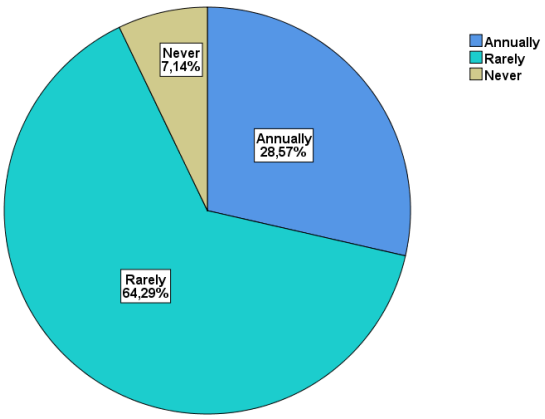

Figure 3. Respondents responses based on resources review to ensure they meet patient safety needs.

Figure 3 represents the frequency at which resources were reviewed in the hospital. According to the figure, 64.29% indicates that the hospital reviews its resources rarely. Review of resources nee to be a routine exercise such that problems be identified early and safety measures applied as needed. On-going formation on the use of new equipment about safety patient care measures in the maternity is paramount. This could help prevent leading causes of death during pregnancy or during post-partum period.

5. Discussion

In this research, the respondents exhibited a variety of demographic characteristics such as age group, gender, level of education and position. The majority of respondents were female (85.71%) nurses (57.14%) with a bachelor's degree (50.00%) who belong to the age group less than 29 years (64.29%). From this, it could be observed that nursing and midwifery are still considered to be a female profession which accounts for the high percentage of females. The results also showed advancement in education as bachelors, masters and doctorate degree prepared nurses and midwives indicate a more concrete understanding of patient safety protocols. From these results, the age also showed that most of the nurses and midwives are very young that is below 30, thus they are still full of energy and more prone to implementing safety protocols. Age shows positive relationships in job satisfaction and emotional exhaustion, that is, elderly medical staffs perceive a higher satisfaction [11]. Different age groups revealed diverse perceptions of patient safety

The findings of this research showed that the intrinsic determinants that were assessed were: competency assessment, effectiveness of communication, respect of team members, experience of adverse events, training on patient safety, reporting safety outcomes, factors contributing to lapses. Out of the assessed intrinsic determinants, the majority of the respondents reported workload pressure (35.71%), competency assessment (42.84%), and communication breakdown (35.71%) as the main intrinsic determinants affecting safety in patient care in their unit. This result concurred with the research by [8] on the status and the factors that influence patient safety in health care institutions in Africa. The results adhered to that of this research as it showed that the factors associated with patient safety were level of education, professional category, hours worked per week, participation in a patient safety program, reporting of adverse events, openness in communication, teamwork, exchange of feedback about error. Another study by [12], brought out several factors influencing nurses in implementing patient safety, including age, attitude, knowledge, work motivation, workload, and length of work.

The results of this study showed a communication breakdown existing among the maternity staff, however [13], reiterated that perceptions of safety and effective communication significantly improved reduction of post-partum hemorrhage as it reduced post-partum traumatic stress [14]. In addition[15], advocated that

working teams at the maternity could benefit from clinical training program as it would go a long way to Improve outcomes dependent on individual performances and compliance to key clinical actions. These actions could help reinforce patient safety assessment compliance at the maternity unit.

The results of the present study focused on the fact that the physical environment was fair as one of the key extrinsic determinants. The respondents rated this at 28.6%. this was contrary to the results of [16] which described the physical environment as being "non-medical, restful, private and safe, and home-like", p.1663, large enough for the family members or staff to move around [17], added that the physical characteristics of a space in the maternity could influence behavior, experience, and practice surrounding safety.

The frameworks of Swanson and Watson's caring approaches revealed that nurses and midwives get into an interpersonal connection within a transpersonal relationship with the one to be cared for during patient safety assessment especially in the maternity unit. Swanson's caring approach enabled nurses and midwives to nurture a relationship between nurse/midwife/patient geared towards maintaining patient safety as a sense of commitment and responsibility.

Also, Patient safety issues are essential for improving health outcomes, reducing risk, and minimizing the dangers associated with patient care. The intrinsic determinants demonstrated that the comprehensive nature of patient safety, and health care, institutions ought to identify these determinants as awareness creation and education remain a continuous activity. These intrinsic determinants like communication (50%), competency assessment (42.86%), workload pressure (57.1%) and motivation are very important because communication is a complex process and is to be prioritized in health care because at every moment the nurses need to communicate to the other team members or with the family of the patient and in case there's failure to communicate it can cost the patient's life, this is the reason why handing over is very important for the nurses. The nurses also need to constantly do assessment of their competencies and attain Post University training to keep updated about new improvements in the health sector. This indicates that in-service staff training on patient safety attitudes must be a constant process that tackles, evaluates, and promotes each facet of the safety dimension. Patient safety practices should be regarded as a culture and become part of healthcare institutions' everyday service delivery practices [18]. The world health organization insists that the discipline of patient safety ensures coordinated efforts to prevent harm, reduce risk, secure health care processes, and produce a minimal threat to the patients. Since intrinsic determinants are mostly related to the nurse, it is important for the nurse to do a thorough self-assessment in order to improve safety during care delivery, and should be able to be accountable for her actions and advocate for the patient.

Apart from demographic data and intrinsic determinants, extrinsic determinants affecting patient safety was also assessed, the include: available resources, physical environment, up to date technology, staffing level, supervision, physical

environment, safety protocols. Out of the assessed extrinsic determinants, the majority of the participants reported little to no supervision (64,29%), staffing levels (35,71%), up to date technology (42,91%), physical environment (28,6%) as the main extrinsic determinants affecting patient safety in care. Our results agree with the results of the research carried out by [19] on the factors influencing patient safety management as perceived by emergency department nurses. Their research reveals that negligence of safety standards and standard precaution, and inefficient organizational management [20], also mentioned workload, work motivation, length of work, supervision, and organizational culture as factors that influence nurses in implementing patient safety. It is acknowledged that effective communication by registered nurses not only forms a backbone of good patient care, but it is also regarded to be a key to ensuring patient safety [20]. Registered nurses know of different forms and structures of communication; however, reporting patient safety issues still remains a challenge.

Healthcare companies' safety culture serves as a guide for healthcare personnel to know how to behave in the workplace and what behaviors are appropriate for overcoming patient safety issues that affect patient outcomes. Building a patient safety culture requires healthcare organizations to define their current safety culture, use teamwork and communication on a daily basis and in operations, understand what the leadership role is, investigate how to maintain the safety culture once established, recognize that there will be barriers along the way, and look at best practice organizations that focus on patient safety for a guide to success and profitability [21]. Understanding the extrinsic determinants of safety makes the hospital organization to have in mind that everybody is concerned with safety, starting from them. Providing a safe and conducive environment for patients, putting in place safety protocols for nurses and encourage error reporting during adverse events is very important. Furthermore, this study demonstrated that nurses had a negative opinion about extrinsic determinants related to the organization. Shortage of the equipment necessary for patient care also poses a serious risk in the care of patients. This corresponded with the results of the work of [22] to explore health professional's views about safety in maternity services. From the findings of this research, we clearly understand that lack of quality infrastructure standards and the inadequate resources (both equipment and personnel) are a hindrance to patient care being provided in a safe environment by safe and skilled personnel who render care safely in accordance to acceptable standards. Supervision or monitoring can encourage nurses to implement patient safety goals. This is supported by the research of [12], which states that there is a relationship between supervision and the implementation of patient safety in hospital inpatient wards. This is in line with the research of [23], which states that supervisory support from leaders can encourage nurses to be more compliant up to 21 times compared to nurses who receive less supervisory support from their leaders.

Caring sciences comes into play to strengthen the efforts of nurses and midwives from the different basic caring processes as indicated in each caring framework.

Swanson comes in from the areas of the five caring processes; knowing as nurse or midwife strive to understand the meaning of assessment of patient safety, being emotionally and actively in person to discover unsafe event and intervene as need be, and doing for the patient what needed to be done so before, during and after delivery so as to maintain patient safety. Meanwhile enabling and maintaining belief processes of Swanson's approach to care help to cement a transpersonal relationship that is rooted in awareness of responsibility and commitment to care by the nurse or midwife. In addition Watson's approach to caring by maintaining patient safety care assessment strategies is via application of the carative factors towards maintaining sensitivity towards patient in order to guarantee good assessment, planning and intervention, affirming caring as a moral ideal that focuses on protecting and maintaining patient or client dignity [24] [25].

6. Conclusions

It emerged from this study that workload pressure competency assessment, communication breakdown and motivation came out as intrinsic determinants. Communication is a complex process and is to be prioritized in health care since at every moment the nurses need to communicate to the other team members or with the family of the patient and in case there's failure to communicate it can cost the patient's life. Little to no supervision, staffing level, up to date technology, and physical environment was identified as forms of extrinsic determinants of safety in patient care. This enables the hospital organization to have in mind that everybody is concerned with safety, starting from them. Providing a safe and conducive environment for the mother and child, putting in place safety protocols for nurses and encourage error reporting during adverse events is very important.

The findings highlight the need for teamwork that is working together and encourage effective collaboration among nurses/midwives and also promote a culture of safety. And that patient safety care assessment rooted in the frameworks of Watson and Swanson would promote client outcomes in the maternity unit.

7. Ethical Consideration

The research obtained permission from the director of the District hospital and an ethical clearance was obtained from the university's ethical clearance committee. Anonymity and confidentiality were respected, and the ethical aspect of non-beneficence was maintained with rigor. In addition, aseptic technique and respect to barrier measures were highly maintained given that this study took place in a maternity setting. As concerned risk, inconveniences, and discomfort, care was taken not to be a source of an unsafe caring practice by respecting universal infection precautions and respect to dignity of any person, be it a respondent or the patient.

8. Research Limitations

Any scientific work, no matter how relevant, has limits. Thus, we were able to group the limitations of the present study as follows:

1) Limited number of respondents normally required for a quantitative analysis to be carried out, given that the study was carried out at the maternity unit. Given the number of respondents, the results cannot be generalized, so further research could be carried out with a larger sample size so that this concept of safety in patient care can be explored more thoroughly.

2) Lack of precision due to the small size of the sample and the absence of inferential statistics.

9. Implications for Nursing and Health Policy

Patient safety care assessment was practiced using the frameworks of Watson and Swanson. Many determinants of maintenance of patient safety care assessment were isolated as intrinsic and extrinsic. As a result, healthcare organizations should foster an atmosphere in which patient safety culture is explicitly stated as an organizational goal and is prioritized by healthcare executives in order to promote patient safety culture in the maternity settings.

The results of this study alerted decision and policy makers that safety and organizational culture were lower than recommended. Hence the need for adapting interventions that could promote effective communication network, promote on-going training opportunities among the staff geared towards improving sensitivity towards patient safety assessment. Similarly, the interventions aimed towards improving physical environment and advocacy on competency assessment techniques is also of added value for maximum patient safety assessment to be exercised in the maternity unit. Furthermore, it is important to establish safety protocols with regards to the health personnel of the district Hospital of Efoulan.

However, further and more comprehensive research is needed to confirm these findings so that patient safety is more assured and achievable since our results cannot be generalized due to the small sample size.

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Conflicts of Interest

The authors declare no conflicts of interest.

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