The Survey of Knowledge, Attitude and Practice of the Staff Working in Public Hospitals of Mashhad City about Clinical Governance

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ABSTRACT

Introduction: Clinical governance is a systematic approach to maintenance and improve services quality provided for patients in health system. After 2 years of implementation of clinical governance in hospitals related to Mashhad University of Medical Sciences, we surveyed staff knowledge, attitude and practice about clinical governance and its related factors.

Methods: we performed a cross-sectional, analytic-descriptive study in 12 hospitals, which all were related to Mashhad University of Medical Sciences. Statistical population was all clinical staff (physicians, nurses, midwifes and staff working in lab and radiology departments) working in Mashhad public hospitals. A sample of 500 people was selected as stratified randomized to participate in the study. A researcher-made questionnaire which had been confirmed its reliability and validity was used for data collection. Data was analyzed by SPSS16 software.

Results: Staff knowledge about clinical governance was lower than average (4.61±2.02, range 0-10), while their attitude and practice about clinical governance was upper than average respectively 4.04±0.56, 3.64±0.63, range 0-5. Women had better knowledge, attitude and practice about clinical governance than men respectively p<0.002-p<0.001. Also there was significant relationship between participating in educational classes and staff practice p<0.001.

Conclusion: according to the result, it is necessary to implement more educational classes and change educating method for improving staff knowledge about clinical governance. Hospital managers can gain more support from men, by using proper motivation.

KEY WORDS: knowledge, attitude, practice, clinical governance, hospital

INTRODUCTION

There are many organizations in the nowadays society which prepare and offer many different kinds of services and productions which are essential for their users. Quality is the main distinction among these productions from users’ point of view. Most of the costumers expect to use a high quality production (1). The quality of services and provided cares to the patients are one of the most important issues of the health system (2). In this system, hospitals are the main organizations providing complicated medical services to patients. The patient is the main focus of attention in hospitals and the medical services are just offered for him/her. Especial attention to health and recovery by the human beings has made the patients in the hospitals expect the highest medical services. (3) This factor caused to make many different methods and tools to improve the quality of health cars recently. One of the most important approaches is the clinical governance. The clinical governance which was used originally in England National Health System (NHS) is an expression to describe a disciplined approach for maintaining and improving the provided services to the patients in the health organizations. The first movement of improving the quality of health services in England was started in 1948 by establishing the National Health System (4). The clinical the governance is a framework in which the organizations providing clinical services are responsible for permanent improvement of quality. This important object is fulfilled and flourished by making a good environment to enhance the clinical services (5). The clinical governance is based on seven important pillars: risk management and patient safety, clinical audit, patient and public involvement, education and learning skills, using information, clinical effectiveness and management of the staff (6). So the quality of cares and the patient safety should be taken into consideration in all health services processes. The clinical governance is a new and comprehensive mechanism to improve the services quality permanently and taking the highest possible standards into account in an organization. This mechanism offers a chance or opportunity for the staff working in an organization providing the health services to get more active and move from laziness toward being more responsive by asking about the purpose and moving toward the development(7). Regarding that improving the quality of clinical health care is very

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important in the health system (8) and although there have been much attempt, introduced to improve the quality of services provided in the health systems in recent years, the quality and status of our health system in our country is so much lower than national and international standards. It should be mentioned that the previous experience of the models for improving the quality of health services have had good and bad or strong or weak points. The marginal and unwanted result of this lack of attention is stopping the process of improving the quality (9). The clinical governance model has been the only model which has showed a good capability and potential. This model hasn’t had any contrast with administrating other plans of improving the quality. The object of this model is to maintain and improve the quality of health services permanently. The successful administration of the clinical governance needs cultural, organizational changes. It also needs increasing the supportive systems and establishing the reliable system and periodical evaluations of the quality (10) after two years administrating the clinical governance in the hospitals related to Mashhad University of Medical Sciences and performing different plans for establishing the clinical governance, there was a need for investigating knowledge, attitude and practice of the staff about the clinical governance. This step was essential to perform the next steps of establishing the clinical governance in hospitals. The results of this study can be a valuable guideline for the managers of hospitals to make effective decisions for improving this plan and to guarantee the success of clinical governance by removing the weaknesses.

MATERIALS AND METHODS

This was a descriptive –analytic and cross-sectional study performed in 12 hospitals, which all were related to Mashhad University of Medical Sciences. The study population was all clinical staff (physicians, nurses, midwives and staff working in lab and radiology departments) working in Mashhad city public hospitals. A sample of 500 people was selected as stratified randomized to participate in the study. The inclusion criterion was working in public hospitals of Mashhad city and the exclusion criteria were questioners with all same answers and questioners which half of questions were not responded. A researcher-made questionnaire was used for data collection. This questionnaire included 4 parts: First part was related to the staff demographics (10 questions), second part was related to the staff knowledge, (10 questions) third part was related to the staff attitude (10 questions) and fourth part was related to the staff practice (10 questions). After designing the questionnaire by the experts of clinical governance, the validity of that was approved by the experts and faculties. In the next step one pilot study was conducted to investigate the reliability of the questionnaire. In this pilot study 15 of the clinical staff completed the questionnaire. The Cronbach's alpha for the attitude questions and for the practice questions were 0.82 and 0.95 respectively. The questionnaire was distributed and collected by one nurse who was responsible of clinical governance in each hospital and during all the shifts at September to November 2013. Data was analyzed by SPSS using the independent samples t test.

RESULT

In this study 28/6% of the staff was men and 71/4% of them were women. The age average of the staff was 33.87 ± 7.27 and the work experience average was 7/17 ± 8/8. Most of the staff (78/4 %) had Bachelor of Sciences (B.S). 60/4% of the respondents had participated in at least one of the training courses related to clinical governance. It should be mentioned that 39/6% of the staff had never participated in any training courses.

The knowledge range average of the employee and staff about the clinical governance was 4/61 ± 2/02 (the score range 0-10), the average of attitude and practice of the staff about the clinical governance was 4/04 ± 0/56 and 3/64 ± 0/63 (the score range 0-5) respectively. There was no significant relationship between age and knowledge, attitude and practice of the staff (p>0.05). There was a significant distance between men and women knowledge, attitude and practice about clinical governance. As shown in table 1, the women had a better knowledge, attitude and practice about clinical governance rather than men (respectively p<0.002, p<0.039, p<0.00).

<table>
<thead>
<tr>
<th>Variable</th>
<th>Gender</th>
<th>number</th>
<th>Mean</th>
<th>Standard Deviation</th>
<th>p-value</th>
</tr>
</thead>
<tbody>
<tr>
<td>Knowledge</td>
<td>Female</td>
<td>352</td>
<td>4.81</td>
<td>1.99</td>
<td>0.002</td>
</tr>
<tr>
<td></td>
<td>Male</td>
<td>141</td>
<td>4.19</td>
<td>2.04</td>
<td></td>
</tr>
<tr>
<td>Attitude</td>
<td>Female</td>
<td>352</td>
<td>4.07</td>
<td>0.57</td>
<td>0.039</td>
</tr>
<tr>
<td></td>
<td>Male</td>
<td>141</td>
<td>3.95</td>
<td>0.53</td>
<td></td>
</tr>
<tr>
<td>Practice</td>
<td>Female</td>
<td>308</td>
<td>3.71</td>
<td>0.61</td>
<td>0.001</td>
</tr>
<tr>
<td></td>
<td>Male</td>
<td>130</td>
<td>3.47</td>
<td>0.65</td>
<td></td>
</tr>
</tbody>
</table>
In this study, a significant relationship between participating in training courses and staffs’ practice was observed (p<0.05). However, there were no significant relationships between participating in training courses and staffs’ knowledge and attitude (table 2).

Table 2: the relationship between participating in training courses of clinical governance and knowledge, attitude and staffs’ practice

<table>
<thead>
<tr>
<th>Variable</th>
<th>Participating in training courses</th>
<th>number</th>
<th>Mean</th>
<th>Standard Deviation</th>
<th>p-value</th>
</tr>
</thead>
<tbody>
<tr>
<td>Knowledge</td>
<td>Yes</td>
<td>293</td>
<td>4.77</td>
<td>1.9</td>
<td>0.13</td>
</tr>
<tr>
<td></td>
<td>No</td>
<td>192</td>
<td>4.5</td>
<td>1.9</td>
<td></td>
</tr>
<tr>
<td>Attitude</td>
<td>Yes</td>
<td>293</td>
<td>4.06</td>
<td>0.59</td>
<td>0.4</td>
</tr>
<tr>
<td></td>
<td>No</td>
<td>192</td>
<td>4.02</td>
<td>0.5</td>
<td></td>
</tr>
<tr>
<td>Performance</td>
<td>Yes</td>
<td>262</td>
<td>3.73</td>
<td>0.63</td>
<td>0.001</td>
</tr>
<tr>
<td></td>
<td>No</td>
<td>172</td>
<td>3.49</td>
<td>0.62</td>
<td></td>
</tr>
</tbody>
</table>

DISCUSSION

The results of the study indicated that the staffs’ knowledge score about clinical governance was below average; however staffs’ attitude and practice scores were higher than average. In a similar study Murray et al. investigated the knowledge, attitude, and practice of staff in NHS about clinical governance. The results showed a positive attitude and a variable knowledge level and practice (11). In another study by Shakeshaf, the attitudes and perceived barriers to undertaking clinical governance activities of dietitians in a Welsh National Health Services trust were investigated. This study was conducted as a census of 54 dietitians. The results showed that dietitians have positive attitude towards clinical governance (12). In Som’s research which investigated doctors’ answers to innovations in health policy governance and specifically clinical governance, the doctors were not interested in clinical governance and they did not support it warmly because doctors believed that clinical governance is purely an administrative innovation and would not be fruitful (13). It should be kept in mind that such studies allow the managers of hospitals to audit the process of implementing the clinical governance in their organizations and also determine the staffs’ and managers’ specific training needs. In this study, no significant relationship was found between participating in training courses and knowledge level and staffs’ attitude about clinical governance, while, a statistically significant relationship was seen between participating in training courses and staffs’ practice. These results may be rooted in holding more practical training courses than theoretical training courses (e.g. RCA, HFMEA, etc.). More training courses, improving the way of training the staffs, and using several educational approaches for improving staffs’ knowledge about clinical governance is essential. The results revealed that female staffs have a better level of knowledge, attitude, and practice than male staffs. By using appropriate incentives and by motivating the male staffs, hospital managers can gain their support for expanding the clinical governance approach in the hospital.

Conclusion

Clinical governance is an opportunity for finding ways of moving health personnel from current inactive situation toward a more challenging culture in which active training along with speaking, listening, and asking for the sake of learning and developing would be common. This approach can be a starting point for a change in the way jobs are done in health sector so that moves staff toward a culture based on logic and the lack of blames (14). In attention to implementing the clinical governance in public hospitals of Mashhad city from 2011 and after two years of establishing that, we investigated the knowledge, attitude, and practice of the staffs. Based on the present study, staffs’ knowledge level about clinical governance is low, while their attitude and practice level is relatively high. Due to optimal attitude of staffs about clinical governance, it can be estimated that holding more training courses about clinical governance will be welcoming by staffs. In addition, distributing related contents in hospitals and applying changes in educational methods will be effective measures for improving staffs’ knowledge about clinical governance.

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