

Effects of Patient Safety Culture Recognition on Patient Safety Nursing Activities in Small and Medium Hospital Nurses: Focusing on Mediating Effects of Nursing Work Environment

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Abstract

The objective of this study is to grasp what the nursing working environment means for patient wellbeing nursing activities in little and medium emergency clinics by directing the effect of attendants' impression of patient security culture. Data was collected from 192 full-time nurses who had worked over a half year at four little and medium emergency clinics in the metropolitan city of U that had in excess of 100 beds and less than 300 beds between August 17, 2020, and August 31, 2020 to satisfy the review's goals. The IBM SPSS insights 21.0 program was utilized to examine the information that had been assembled. To affirm the interceding job of the medical attendant workplace in the connection between the subject's impression of patient wellbeing society and patient security nursing conduct, various relapse examination was utilized. It was found accordingly that the relationship between the view of patient security culture and patient wellbeing nursing activity is to some degree interceded by the nursing workplace. Thus, it ought to have the option to reinforce patient security culture and to do as such; moves toward further develop the patient wellbeing framework ought to be ready to advance patient wellbeing nursing exercises. Moreover, medical clinic the board should effectively look to further develop the powerless patient wellbeing components, especially actual natural issues, for attendants to have a positive impression of the nursing workplace.

Keywords: perceived patient safety culture, nursing work environment, patient safety nursing activities

1. INTRODUCTION

With the recent increase in interest in health, patients admitted to medical institutions want to receive high-quality medical services in a safe medical environment as a basic right[1]. Recently, domestic medical institutions have been making various efforts to improve patient safety, such as establishment of advanced medical equipment and computerized systems and reorganization of patient safety-related organizational structures[2]. In the actual medical field, however, death or serious permanent disability occurs due to medical malpractice that fails to ensure patient safety during the treatment process, resulting in medical disputes, criminal or civil medical[3].

According to a retrospective research study on the incidence rate of adverse events conducted in Irish hospitals, 12.2% of inpatients were exposed to adverse events, and the probability of occurrence of adverse events per hospitalization was 10.3%, of which 70% were preventable adverse events. It was also found that 9.9% of patients suffered permanent damage due to adverse events, and 6.7% were dead[4]. In Korea, a patient safety reporting system was established, and a total of 13,919 patient safety accidents (an average of 1,160 cases per month) were received from January 1 to December 31, 2020, an increase of about 116% compared to the previous year. The effects on patients were reported in the order of no harm (50.2%), recovery without sequelae after treatment (28.1%), temporary damage or adverse events (13.7%), long-term damage or adverse events (6.7%), permanent damage or adverse events (0.3%), indicating that patient safety accidents are emerging as an issue that threatens public [5].

The most crucial medical staff members in a hospital for patient safety are nurses. Nurses are

professionals that provide patient care around-the-clock and are primarily responsible for patient safety. The importance of nursing activities, particularly nurses' awareness of and interest in patient safety, cannot be overstated [6]. Patient security nursing activity is the term used to describe all patient safety-related activities carried out in hospitals with the goal of identifying, resolving, and preventing possible issues that may have arisen or could arise while providing care and treatment [7]. In theory, all staff members of medical institutions are accountable for patient safety nursing activities [8], but a systematic literature review on domestic patient safety [9] found that nurses made up 52.7% of the study subjects, indicating that nurses account for the majority of patient safety nursing activities. Additionally, among the 13,919 patient safety incidents reported in 2020 were falls (49.6%), medicine (31.1%), examinations (3.4%), treatments and procedures (1.1%), and other (9.2%), in that order. The majority of these incidents involved nurses in some way [5]. Because they are strongly tied to patient safety by providing direct care to patients from all inpatient services and nursing to nursing and care integrated services, nurses in particular need to play a significant role in patient safety nursing activities to avoid medical accidents [10].

Numerous studies on nurses' patient safety nursing activities in Korea have been done up to this point. Demographic characteristics [11], job factors [12], organizational support and staffing [8], professional autonomy [13], nursing workplace [14], and patient security culture acknowledgment [15] are a couple of the variables that impact patient wellbeing nursing exercises. Different elements incorporate a feeling of safety control, wellbeing acknowledgment, initiative, and security discernment [16].

The most basic way to ensure patient safety is to form a patient safety culture so that all members of a medical institution value patient safety and make it a top priority [17]. To reduce patient harm that might occur while providing medical services, a patient safety culture is a concept that promotes knowledge, attitude, leadership, effective communication, policies and procedures, teamwork, incident reporting, and efficient personnel management [18]. When patient safety culture recognition within the hospital organization is established, not only errors can be minimized but also the incidence of safety accidents can be reduced [19]. Unless patient safety culture is formed in the hospital, however, improvement measures for patient safety such as root cause analysis of safety accidents, problems, and patient safety accident reporting system cannot be expected [20]. Because it can safely improve the hospital environment and foster an organizational culture conducive to medical errors, a positive patient security culture in the clinic can be expressed to be a huge variable impacting patient wellbeing nursing exercises [15].

The importance of the nursing work environment cannot be excluded because nurses involved in patient safety nursing activities are relatively more dependent on the environment than independently working members as they work cooperatively with members from various departments due to the characteristics of nursing work [21]. Nursing work environment is an environmental influencing factor on nursing work performance and means subjective feelings and attitudes including physical environment perceived by nurses, interactions among organizational members, and policy aspects of hospitals [22]. A free and supportive nursing work environment has a great influence on the maintenance and securing of nursing personnel and the results of nursing work, and leads to the improvement of nursing quality, which positively affects the patient's health outcomes [23].

Then again, the nursing workplace [24] and affirmation of the patient wellbeing society [15] are components that impact patient security nursing activities. Since it is expressed here that the nursing workplace is affected by the patient security culture acknowledgment [25], it is considered significant to explore the nursing workplace's job as a boundary in the effect of the patient wellbeing society acknowledgment on understanding wellbeing nursing exercises. With a focus on small and medium hospitals, where the medical environment is vulnerable, patient safety accidents are twice as common as those in tertiary general hospitals [5], and many safety accidents may occur due to the shortage of nursing staff as well as issues with the organization. It is anticipated that these findings will serve as helpful fundamental information for the creation of hospital policies that may identify reliable and efficient nurse patient safety management practises, enhance the standard of nursing care, and support nurse patient safety practises.

2. METHOD

2.1. Research Design

The reason for this distinct research is to more readily comprehend the job that the nursing workplace plays in directing the connection between nursing acknowledgment of the patient wellbeing society and their patient security nursing exercises in little and medium medical clinics.

2.2. Research Subjects

Participants in the study were nurses who worked in four small and medium hospitals in U city with between 100 and 300 beds. Each participant willingly provided their agreement after being made aware of the study's goals. The participants were nurses who worked full-time and had at least six months of experience. There were 178 participants, but with a 10% dropout rate, 198 questionnaires 198 copies were delivered, indicating a 100% recovery rate. A total of 192 of them, eliminating 6 questionnaires with false or incomplete answers, were used for data analysis. The study's participants were 97.9% female and 42.7% between the ages of 20 and 30. In terms of marital status, 38.0% of people were married and 62% were single. 51.0% from the surgical ward and 55.7% from bachelor's degrees in teaching. Over ten years in a clinical career made up 32.8%. 72.4% and 27.6% had experience in patient safety education, whereas 52.6% and 47.4% had experience reporting patient safety incidents (Table 1).

Table 1: General Attributes of the review subject

Characteristics	Division	N	%
age	21 to 30 years old	82	42.7
	31 to 40 years old	74	38.5
	41 to 50 years old	36	18.8
gender	male	4	2.1
	female	188	97.9
marital status	single	119	62.0
	married	73	38.0
education	diploma	82	42.7
	bachelor	107	55.79
	master	3	1.6
work department	internal medicine	52	27.1
	surgery	98	51.0
	others	42	21.9
position	staff nurse	139	72.4
	higher than charge nurse	53	27.6
clinical career	> 6 months to < 1 year	10	5.2
	> 1 years to < 3 years	33	17.2
	> 3 years to <5 years	25	13.0
	> 5 years to < 10 years	61	31.8
	> 10 years	63	32.8
patient safety accident reporting experience	yes	91	47.4
	no	101	52.6
patient safety education experience (last year)	yes	139	72.4
	no	53	27.6

2.3. Data Collection

For this study, data from 198 people were collected from August 17 to August 31, 2020. Prior to conducting the survey, four hospitals with more than 100 beds and less than 300 beds in U city were directly

visited by the nursing department and head nurse to explain the purpose and method of the study and to obtain approval for data collection. In addition, after filling out the questionnaire, individual envelopes that can be sealed immediately to prevent personal information from being exposed were provided to the subjects, and the researchers collected them directly.

2.4. Instrument

After receiving approval from the instrument's creator or the researchers who looked into the tool's validity after being translated into Korean, the variable measuring tool employed in this study was used. Age, gender, marital status, final educational background, total clinical experience, job, work department, experience in reporting patient safety accidents, made up the nine general characteristics factors in this study.

The patient wellbeing society point of view was utilized in this review with the creator's endorsement of the Lee-made Korean-style patient security culture estimation apparatus [20]. Counting initiative (9 things), patient security strategy/methodology (4 things), patient wellbeing improvement framework (4 things), collaboration (6 things), non-corrective climate (4 things), patient security need (3 things), and patient wellbeing information/disposition (4 things), this instrument contains a sum of 35 things. A higher score mirrors a great assessment of the patient security culture. In this examination, the general unwavering quality was Cronbach's $\alpha = .95$, and Cronbach's $\alpha = .76.95$ for each subdomain. At the time Lee [20] fostered the device, the general unwavering quality was Cronbach's $\alpha = .93$.

The Nursing Work Environment Measurement Tool (PES-NWI), which Cho et al. [27] converted into the Korean variant of the apparatus Practice Climate Size of the Nursing Work File (K-PES-NWI) laid out by Lake [22], was utilized in this review to quantify the nursing workplace. This apparatus comprises of 29 things altogether, remembering the association of attendants for medical clinic tasks (9 things), the reason for top notch nursing (9 things), the capacity, initiative, and backing of the nursing supervisor for the attendant (4 things), satisfactory labor and material help (4 things), and attendants and other medical care experts (9 things). There are three components on working helpfully with the specialist in it. Everything is comprised of a 4-point Likert scale, with 1 point indicating "not the slightest bit" and 4 focuses signifying 'unequivocally concur'. Cronbach's alpha was equivalent to .93 for the apparatus' general steadfastness in the Korean interpretation by Cho et al [27]. Cronbach's $\alpha = .94$ was utilized to quantify the general dependability of this examination.

Han and Jung's[21] instruments, which were adjusted and augmented based on the accreditation evaluation created by the Institute for Assessment and Accreditation of Medical Institutions, were employed in this study for patient safety nursing activities. The 32 items in this instrument include four for precise patient identification, four for communication, and four for patient safety prior to surgery or treatment. 3 items, 6 items related to fall prevention, 5 items related to hand hygiene and infection control, 2 things related to fire safety and emergency management. It has two questions about managing facilities and medical equipment and six questions about medications. Each item is made up of a 5-point Likert scale, with 1 point denoting "not at all" and 5 denoting "strongly agree." The overall dependability was Cronbach's $\alpha = .95$ at the time Han and Jung developed the instrument [21], and in this investigation, it was Cronbach's $\alpha = .96$.

2.5. Data Analysis Method

The IBM SPSS insights 21.0 application was utilized to look at the collection of data. Recurrence and rate investigations of the subjects' overall attributes were led, as well as mean and standard deviation examinations of the nursing familiarity with patient security culture, the nursing workplace, and patient wellbeing nursing action. As per the members' overall attributes, the t-test and ANOVA were utilized to look at contrasts in view of the patient wellbeing society, the nursing workplace, and patient security nursing exercises. The Scheffé test was utilized to evaluate the post-test. The Pearson Connection Coefficient was utilized to inspect the connection between the impression of the patient wellbeing society, the nursing workplace, and patient security nursing exercises. The three-step examination technique for Nobleman and Kenny[28] was utilized to survey the interceding job of the nursing workplace on the impression of patient wellbeing society's effect on persistent security nursing activities, and the Sobel test was utilized to decide the meaning of the intervening job.

2.6. Ethical Consideration

The College Institutional Audit Board allowed endorsement for this research (supported number: YSUIRB-202006-HR-066-02) to safeguard concentrate of study subject. Just those subjects who enthusiastically consented to take part in the review were approached to finish an organized poll in the wake of making sense of the review's objectives for them. Subsequent to being put away for a long time, the information got after the overview will be erased and consumed.

3. RESULT

The examination of the subject's view of the nursing workplace, patient security culture, and level of patient wellbeing nursing exercises yielded the discoveries in Table 2. The recognition score for the patient safety culture was on average 3.39 out of 5 points. Patient safety knowledge/attitude scored 3.59, 0.52, teamwork 3.56, 0.56, non-punitive environment 3.52, 0.67, leadership 3.39, 0.66, patient safety priority 3.24, 0.70, patient safety policy/procedure 3.17, 0.66, and patient safety improvement system 3.10, 0.63, respectively, in the sub-domain of patient safety culture awareness. The average rating for the work environment for nurses was 2.63 out of 4. The nursing manager's aptitude, leadership, and support for nurses were rated as 2.81, 0.45, 2.76, 0.48, 2.64, 0.37, and 2.61, 0.43, respectively, in the sub-domain of the nursing work environment. Nurses' participation in hospital operations was rated as 2.61, 0.43, sufficient manpower, and 2.34, 0.53, respectively. The average patient safety nurse activity score was 4.17, 0.46 out of 5. Nursing activities in the sub-domains of patient safety, hand hygiene and infection control 4.35±0.53, patient safety before surgery/procedures 4.27±0.62, accurate patient identification 4.25±0.59, administration 4.21±0.55, fall prevention activities 4.19±0.58, facility and medical device management 4.03±0.68, communication 3.93±0.57, and fire safety and emergency management 3.78±0.70 were in order.

Table 2: Patient safety nursing activity levels and perceptions of nursing work environments and patient safety cultures

variable	Sub-domain	range	min	max	mean±SD
perception of patient safety culture	leadership	1~5	1.00	5.00	3.39±0.66
	patient safety policy/procedure patient	1~5	1.00	5.00	3.17±0.66
	safety improvement system	1~5	1.00	5.00	3.10±0.63
	teamwork	1~5	1.00	5.00	3.56±0.56
	non-punitive environment patient	1~5	1.25	5.00	3.52±0.67
	safety priority	1~5	1.00	5.00	3.24±0.70
	patient safety knowledge/attitude	1~5	1.00	5.00	3.59±0.52
	total	1~5	1.57	4.63	3.39±0.48
nursing work environment	participation of nurses in hospital operation	1~4	1.00	3.44	2.61±0.43
	foundation for quality nursing	1~4	1.00	3.44	2.64±0.37
	nursing manager's ability leadershipsupport for nurses	1~4	1.00	3.75	2.81±0.45
	sufficient manpower and material support	1~4	1.00	3.50	2.34±0.53
	cooperative relationship between nurses and doctors	1~4	1.00	4.00	2.76±0.48
	total	1~4	1.14	3.45	2.63±0.38
patient safety nursing activity	accurate patient identification	1~5	2.75	5.00	4.25±0.59
	communication	1~5	2.25	5.00	3.93±0.57
	patient safety before surgery/ procedures	1~5	2.67	5.00	4.27±0.62
	fall prevention activities	1~5	2.00	5.00	4.19±0.58
	hand hygiene and infection control	1~5	2.80	5.00	4.35±0.53
	fire safety and emergency management	1~5	1.00	5.00	3.78±0.70
	administration	1~5	2.67	5.00	4.21±0.55
	facility and medical device management	1~5	2.00	5.00	4.03±0.68
	total	1~5	3.00	5.00	4.17±0.46

The discoveries from contrasting the impression of patient security culture, the nursing workplace, and patient wellbeing nursing exercises in light of the overall attributes of the subjects are shown in Table 3. The impression of the patient wellbeing society corresponding to the people's general characteristics uncovered a measurably huge contrast in the patient security schooling experience ($t=2.43, p=.017$). Experience with patient wellbeing schooling uncovered that 'Yes' respondents (3.440.48) saw patient security culture more well than 'No' respondents (3.270.43). As indicated by the respondents' overall attributes, the nursing not entirely settled by the subjects' orientation ($t=4.53, p=.016$), age ($t=4.53, p=.012$), last instructive foundation ($t=8.88, p.001$), and in general clinical experience. A measurably massive contrast was seen between tolerant wellbeing training experience ($t=2.66, p=.009$) and ($t=4.10, p=.003$).

Table 3: Dependent upon the general characteristics of the subjects, there are contrasts in the affirmation of patient security culture, the nursing workplace, and patient prosperity nursing works out.

classification	No	Impression of patient security culture		nursing workplace		patient security nursing movement	
		mean±SD	t/F(P)	mean±SD	t/F(P)	mean±SD	t/F(P)
gender							
male	4	3.87±0.57	1.72	3.13±0.22	4.53	4.14±0.42	-.117
female	188	3.38±0.47	(.182)	2.61±0.37	(.016)	4.17±0.47	(.914)
age							
21 to 30 years olda	82	3.44±0.38	2.96 (.054)	2.71±0.31	4.53 (.012) a>b	4.09±0.46	2.64 (.074)
31 to 40 years oldb	74	3.29±0.53		2.53±0.42		4.18±0.45	
41 to 50 years oldc	36	3.52±0.52		2.64±0.38		4.30±0.46	
marital status							
single	119	3.34±0.44	-1.76	2.63±0.38	.004	4.09±0.45	-2.91
married	73	3.47±0.51	(.081)	2.63±0.37	(.997)	4.29±0.47	(.004)
degree of education							
Diploma a	82	3.43±0.47	2.70 (.070)	2.66±0.35	8.88 (<.001) a.b>c	4.20±0.46	.614 (.542)
Bachelorb	107	3.39±0.46		2.62±0.36		4.14±0.47	
Masterc	3	2.79±0.73		1.77±0.72		4.39±0.33	
clinical career							
> 6 months < 1 yeara	10	3.65±0.35	2.26 (.065)	2.95±0.22	4.10 (.003) a>e	4.01±0.30	4.03 (.004) e>d>c
> 1 years <3 yearsb	33	3.48±0.45		2.77±0.28		4.17±0.44	
> 3 years < 5 yearsc	25	3.28±0.34		2.59±0.34		3.99±0.53	
> 5 years < 10 yearsd	61	3.31±0.49		2.58±0.39		4.10±0.41	
> 10 yeare	63	3.44±0.52		2.56±0.41		4.34±0.47	
position							
staff nurse	139	3.39±0.47	-.040	2.63±0.38	.343	4.14±0.47	-1.02
higher than charge nurse	53	3.39±0.48	(.968)	2.61±0.38	(.773)	4.22±0.47	(.310)
work department							
internal medicine	52	3.40±0.48	.044 (.957)	2.67±0.33	.590 (.555)	4.11±0.45	.772 (.463)
surgery	98	3.39±0.45		2.62±0.36		4.22±0.46	
others	42	3.41±0.53		2.59±0.47		4.13±0.47	
patient safety accident reporting experience							
yes	91	3.39±0.47	.009	2.59±0.37	-1.18	4.16±0.49	-.197
no	101	3.39±0.48	(.993)	2.66±0.38	(.241)	4.17±0.45	(.844)
patient safety education experience(last year)							
yes	139	3.44±0.48	2.43	2.67±0.38	2.66	4.21±0.47	2.26
no	53	3.27±0.43	(.017)	2.51±0.35	(.009)	4.05±0.44	(.026)

The view of the patient security culture and the patient wellbeing nursing movement were demonstrated to be altogether emphatically related ($r=.519$, $p.001$) and the nursing workplace ($r=.155$, $p.034$). The impression of patient security culture and the work space for attendants were viewed as fundamentally emphatically related ($r=.541$, $p.001$). (Table IV)

Table 4: Awareness of patient safety culture, the nursing workplace, and patient safety nursing activities are all correlated.

	impression of patient security culture	nursing workplace	patient wellbeing nursing action
impression of patient security culture	1		
nursing work environment	.541($p<.001$)	1	
patient safety nursing activity	.519($p<.001$)	.155($p=.034$)	1

Model fit was analyzed before assessing the intervening effect of the nursing workplace. The created relapse model was critical ($p .001$), and the difference expansion factor (VIF) was 1.000 1.000. The multicollinearity between the free factors had resilience upsides of 0.537 1.000, all above 0.10. Given that none of them exceeded 10 at 1.861, it was determined that multicollinearity was not an issue. Additionally, there is no autocorrelation between any of the independent variables, as shown by the Durbin-Watson index, which was close to 2.

The discoveries of Aristocrat and Kenny's three-step assessment of the intervening job of the nursing workplace on the effect of the subject's impression of patient security culture on quiet wellbeing nursing activities are introduced in Table 5 and Figure 1, separately.

The accompanying diagram shows the consequences of a test to decide if the nursing workplace as seen by medical caretakers in the little and medium clinics that made up the review's subjects the connection between nursing exercises connected with patient wellbeing and impression of the patient security culture. The nurse work environment was a parameter in the first stage, and patient safety culture awareness, a predictor variable, had a statistically significant impact on it ($=.541$, $p.001$). The model's explanatory power was 29.3%. Step 2's dependent variable, patient safety nurse activity, was significantly explained by a predictor variable called patient safety culture perception ($=.519$, $p.001$). At long last, in sync 3, when patient security culture discernment and nursing workplace, which are prescient factors, were at the same time input, it was found that the two factors essentially affected patient wellbeing nursing movement, which is a reliant variable ($=.616$, $p.001$) and nursing workplace ($=-.178$, $p=.017$). The meaning of intervening impacts was additionally analyzed utilizing the Sobel test on the grounds that the approval of interceding impacts utilizing relapse investigation induction doesn't approve the size of the genuine interceding impact. The nursing workplace as detailed by attendants in little and medium emergency clinics is found to somewhat cushion the relationship between persistent wellbeing society discernment and patient security nursing activity on the grounds that the patient wellbeing society acknowledgment coefficient was critical.

Table 5: Impacts of the subject's patient wellbeing social mindfulness on quiet security nursing exercises are directed by the nursing workplace.

Step	Independent Variable	Dependent Variable	B	SE	β	t	p	R ²
Step 1	perception of the culture of patient safety	the setting for nursing work	.413	.047	.541	8.761	<.001	.293
Step 2	perception of the culture of patient safety	nursing care for patients	.601	.073	.519	8.258	<.001	.269
Step 3	perception of the culture of patient safety	nursing activity involving patient safety	.713	.086	.616	8.341	<.001	.292
	nursing work environment		-.271	.112	-.178	-2.416	=.017	
Sobel test : Z=-3.65, p<.001								

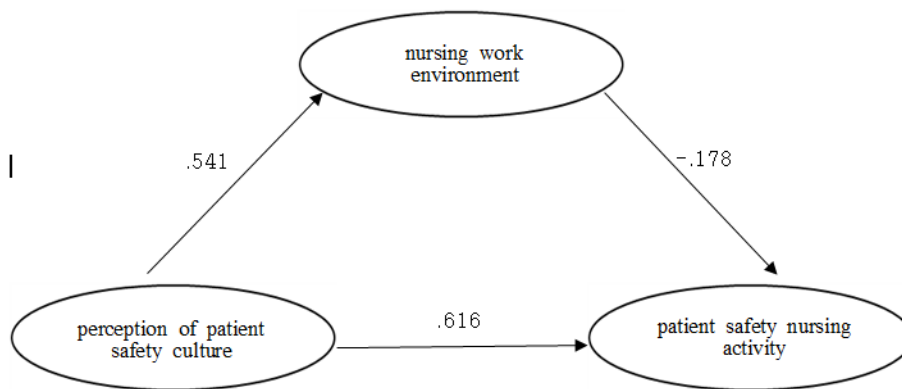


Fig. 1: Effects of the subject's patient safety cultural awareness on patient safety nursing activities are moderated by the nursing work environment.

4. DISCUSSION

The reason for this study was to grasp the way that little and medium medical clinic attendants perceived patient security culture, the nursing workplace, the level and level of patient wellbeing nursing exercises, and the interceding impacts of the nursing workplace on the connection between quiet security culture acknowledgment and patient wellbeing nursing exercises.

As per the subjects' overall qualities, patient security schooling experience which reflected the discoveries of the concentrate on trauma center medical caretakers showed a genuinely tremendous contrast in the level of patient wellbeing society acknowledgment? This exhibits the worth of patient wellbeing schooling since medical caretakers with experience in the field of patient security training decidedly see patient wellbeing society.

According to the subjects' general characteristics, the following variables exhibited statistically significant variations in the nursing work environment: gender, age, highest educational level, total number of clinical experiences, and patient safety education experience. This is the result similar to that of Lee's [30] study for nurses in a tertiary general hospital using the same measurement tool showing that there are significant differences in male, younger age, single, intensive care unit nurse, low total work experience and work experience in current department. In order to increase the intention of new nurses to work, changes in the educational system environment, such as education-only nurses and the preceptor system, were implemented. Additionally, nurses with less than a year of experience are not particularly affected by the nursing work environment because they have less exposure to it. It is believed that young nurses with little experience had a positive opinion of the nursing work environment [30] [31].

Age, highest educational level, total number of clinical experiences, and patient safety education experience were the variables that revealed statistically significant differences in patient safety nursing activities based on the general characteristics of the individuals. This outcome is comparable to Park's [32] study of general hospital nurses using the same measurement technique, which revealed substantial variations in patient safety education cycle, age, gender, marital status, and overall clinical experience. It is stated that nurses conduct patient safety nursing tasks more effectively the more clinical experience they have, how proficient they are at their jobs, how much information they have, and how responsible they are. It is also asserted that marriage produces work by fostering the drive to conserve and protect. Given that nurses without a lot of clinical experience frequently offer direct nursing care in hospitals and that nurses with expertise in patient safety education have higher patient safety nursing activity scores, it is important to increase the level of patient safety nursing activities through application of theory through the development of continuous education programmes and repeated education [33] that can strengthen patient safety nursing activities..

Then, it was found that there was a critical positive connection between's the nursing workplace and the acknowledgment of the patient wellbeing society in the factors of this review, which was steady with the

discoveries of studies led on medical clinic medical caretakers [34] and little and medium-sized medical clinic nurses[25]. As such, it was found that the better the patient wellbeing nursing exercises, the more noteworthy the patient security culture acknowledgment and the more sure the nursing workplace. To further develop patient security nursing exercises and the work space for medical caretakers, fabricating a culture of patient wellbeing recognition is indispensable. Since the discoveries of this study vary from those of a concentrate on medical caretakers in tertiary general emergency clinics, general clinic working rooms, and general medical clinics [14] and general hospitals[35], it is accepted that extra examination is expected to affirm the connection between the nursing workplace and patient security nursing exercises.

At long last, the intervening job of the nursing workplace was analyzed according to what patient wellbeing nursing exercises were meant for by the acknowledgment of the patient security culture. It was resolved that the nursing workplace had an interceding impact subsequently.

Given the absence of earlier examination on the pretended by the nursing workplace in directing the connection between persistent wellbeing society acknowledgment and patient security nursing conduct, an immediate correlation is testing [37-38]. Notwithstanding, a concentrate by Cheng et al. [36] zeroing in on pediatric medical caretakers at a tertiary clinic in Jilin Territory, China with respect to the nursing workplace uncovered a fractional interceding impact of the nursing practice climate in the connection between hierarchical help acknowledgment and expert advantage acknowledgment, and a concentrate by Choi and Kim [25] zeroing in on medical caretakers in little and medium medical clinic settings affirmed that the nursing workplace depends on the calling's self-origination.

The findings of this study demonstrated how the nursing work environment was impacted by the patient safety culture recognition, and how the nursing work environment—measured as a low score played a partly mediating role in how successfully patient safety nursing tasks were carried out. Based on earlier research, this differs with Hwang's study finding[34] that certain aspects of the nursing workplace have a favorable impact on the execution of patient safety nursing activities. In general, it was discovered that nurses conducted better patient safety nursing activities because they understand that the hospital to which they belong has a favorable nursing work environment. In this study, it was discovered that one of the parameters, the nursing work environment, had a detrimental impact on the nursing activities related to patient safety ($=-.178$, $p=.017$). The patient wellbeing nursing exercises and the nursing workplace just had a relationship coefficient of $.155$ ($r=.155$, $p=.034$), but this finding varies from the one that uncovered a positive affiliation that was critical. At the point when the prescient factors, patient security culture acknowledgment and nursing workplace, were at the same time input in sync 3, it is believed to be the result of the serious level of the impact of patient wellbeing society acknowledgment on nursing workplace, which is a boundary ($=.541$, $p.001$), and the impact of patient security culture acknowledgment ($=.616$, $p.001$). Therefore, it is believed that further validation through more research will be required. However, a study by Kim and Kwon[14] found that the nurse work environment had a detrimental impact on nursing tasks related to patient safety. According to some studies, a poor nursing work environment increases sensitivity to the environment with a risk of safety accidents, encouraging nurses to actively perform patient safety nursing activities even as awareness of the patient safety culture grows due to ongoing patient safety education [14]. Therefore, it is anticipated that further research into the current COVID 19 dilemma that nurses are dealing with will be more insightful. The aforementioned study's findings indicated that various strategies, such as improving the workplace and hospital management's active involvement in patient safety policies, are required to promote patient safety nursing activities. It is therefore thought that further research on factors that can improve patient safety nursing activities should be carried out.

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