**TOPIC: DETERMINANTS OF NURSES' ADHERENCE TO PATIENT SAFETY**

**PROTOCOLS IN THE MALE MEDICAL WARD AT MAKINDU SUB-COUNTY HOSPITAL**

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**A RESEARCH PROPOSAL SUBMITTED TO KENYA MEDICAL COLLEGE IN PARTIAL FULFILLMENT OF THE REQUIREMENTS FOR THE AWARD OF DIPLOMA IN NURSING DEPARTMENT.**

**SUBMISSION DATE; JULY 2025**

# **DECLARATION**

This proposal is my original work and has not been presented for a diploma in any other

Institution.

Signature \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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# **Supervisor approval**

This project has been submitted for review with my approval as the college supervisor.

Signature \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date; \_\_\_\_\_\_\_\_\_\_\_\_\_\_.

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# **CHAPTER ONE**

# **1.0 INTRODUCTION**

## **1.1 Background Information**

Patient safety is a vital component of quality healthcare delivery. It involves efforts to prevent medical errors and reduce the risk of harm to patients during treatment (World Health Organization [WHO], 2017). Nurses, as front-line healthcare providers, play an essential role in implementing safety procedures such as infection control, proper documentation, accurate medication administration, and correct patient identification (Joint Commission, 2018). Despite having these procedures in place, many hospitals—particularly in low-resource settings like Kenya face challenges in ensuring consistent adherence (Mwangi & Gachoka, 2019). In busy hospital departments like male medical wards, factors such as limited staffing, resource shortages, and high patient volumes can impact nurses' ability to follow safety protocols effectively (Mathauer & Imhoff, 2006).A range of factors can influence how well nurses comply with these protocols. These include personal factors such as experience, attitude, and knowledge, as well as institutional factors and even patient characteristics (Alomari, Al-Surimi, & Almazrou, 2020; Okello & Gilson, 2015). This study aims to identify the factors influencing nurses' adherence to safety procedures in the male medical ward at Makindu Sub-County Hospital.

## **1.2 Statement of the Problem**

While hospitals have established patient safety protocols, inconsistent adherence by nurses continues to be reported (WHO, 2017). Poor compliance can lead to increased medical errors, infections, and preventable harm. Concerns about inconsistent application of safety measures have been noted at Makindu Sub-County Hospital, especially in the male medical ward. These challenges may arise from individual issues like lack of updated training or poor motivation, or institutional problems such as high workloads and lack of supplies (Alomari et al., 2020; Gathara, Wagai, & Tenge, 2020). However, no specific study has been carried out in this ward to explore the root causes. This research aims to address that gap.

## **1.3 Justification of the Study**

Understanding what affects nurses' adherence to safety protocols is essential for improving healthcare delivery. Insights from this study will help hospital management and policymakers identify areas needing improvement, such as staff education or resource allocation (Alshammari, Pasay-An, & Abunab, 2018). Improved compliance has been shown to enhance patient outcomes and increase public confidence in health systems (WHO, 2017). According to the Joint Commission (2018), ongoing monitoring and support are crucial for building a culture of safety. This study will also contribute academic knowledge by examining how local challenges such as staffing shortages and high workloads impact safety practices in the Kenyan context (Okello & Gilson, 2015)

* 1. **Research Questions**

This research is structured around three central questions:

1. What is the level of adherence to patient safety protocols among nurses in the male medical ward at Makindu Sub-County Hospital?
2. How do nurse-related factors such as education, experience, and attitude influence adherence in male medical ward at Makindu subcounty Hospital?
3. What institutional and environmental factors affect adherence to safety protocols in male medical ward?
4. What patient-related conditions impact nurses' ability to follow safety procedures in male medical ward?

## **1.5 Research Objectives**

### **1.5.1 Broad Objective:**

To assess the factors influencing nurses’ adherence to patient safety protocols in the male medical ward at Makindu Sub-County Hospital.

## **Specific objectives**

1. To examine how nurse-related factors such as experience, attitude, and education affect adherence to safety protocols.
2. To determine the current level of compliance with safety guidelines in the male medical ward.
3. To explore how institutional elements like staffing and policies influence adherence.
4. To identify patient-related challenges affecting protocol compliance.

## **1.6 Scope and Limitations**

### **1.6.1 Scope:**

The study is limited to the male medical ward at Makindu Sub-County Hospital and focuses on registered nurses. The objective is to examine both individual and institutional factors affecting protocol adherence.

### **1.6.2 Limitations;**

Due to the small number of nurses in the ward, findings may not be generalizable to other settings. Additionally, relying on self-reported data introduces potential bias, as participants might overstate their adherence due to fear of being judged.

* 1. **Conceptual Frameworks**

**Independent variables**

**Nurses related factors**

Knowledge of Safety protocols , level of experience, attitude towards patients safety and level of education

**Environmental and institutional factors**

Clarity of hospital policies

Presence of a safety culture for example error reporting and team work

Availability of safety related equipments and resources

**Patient related factors**

Patient cooperation, severity of illness and communication ability that is language barrier

Nurses adherence to patient safety protocols

**Dependent variable**

# **CHAPTER TWO:**

# **LITERATURE REVIEW**

## **2.1 Introduction**

Patient safety is a core aspect of quality healthcare, and nurses play a key role in ensuring that safety protocols are followed always .The growing emphasis on minimizing medical errors has led to increased focus on how well nurses adhere to these guidelines in their daily practice. Despite existing protocols, reports still show gaps in obedience especially in scarce resource settings. Understanding the factors that influence adherence is therefore important for improving health outcomes and strengthening the quality of care. This literature review examines previous studies related to nurses’ adherence to patient safety protocols, focusing on three key areas: the level of adherence, nurse related influences such as knowledge and attitude, the environmental and institutional factors that affect compliance and patient related factors.

## **2. 2 Level of Adherence to Patient Safety Protocols**

Patient safety is an essential component of quality healthcare, and nurses are at the center of carrying out the protocols that protect patients from harm. The World Health Organization (2021) emphasizes that adherence to core safety practices such as infection prevention, correct patient identification, medication administration, and proper documentation can to great extent reduce adverse events and improve findingsdespite this, global adherence levels vary, especially in low and middle income countries. For instance, Vaismoradi et al. (2020) conducted a systematic review on nurses’ adherence to patient safety principles globally, examining key influencing factors like individual knowledge, workload, protocols, environment, and organizational management .Nabwire et al. (2019) Also shows that while awareness of protocols was relatively high, actual adherence remained irregular.Common barriers included overwhelming workloads and time constraints. These findings reveal a recurring pattern where nurses know the right procedures but are unable to consistently implement them due to institutional barriers.

## **2.3 Nurse-Related Factors Influencing Adherenc**e

Individual nurses' attributes significantly influence how well safety protocols are practiced in a hospital setting. These factors include knowledge, experience, attitude, and education level.Knowledge and Training;Nurses who attend Routine staff training tend to follow safety procedures more effectively. Kilonzo et al. (2019) found that knowledge, especially in infection control and hand hygiene, was positively associated with protocol adherence.Experience; nurses with greater clinical experience are more likely to integrate safety protocols into routine practice. However, Mutinda et al. (2020) pointed out that over time, long standing experience can sometimes lead to reduced attentiveness to established protocols, with some senior nurses deviating from standards due to overconfidence or outdated practices.Attitude and Motivation: Nurses with a strong sense of responsibility toward patient safety are more likely to adhere to protocols. Mutuku and Ndila (2021) found that nurses with a positive attitude,especially when supported by their teams showed greater commitment to safety practices.

## **2.4Environmental and Institutional Factors**

A supportive work environment can reinforce or undermine even the most knowledgeable nurse’s ability to follow safety protocols.policies and Guidelines: Clearly documented and accessible safety guidelines are essential. Ouma et al. (2018) noted that many nurses lacked access to updated safety protocols leading to inconsistent application. Institutions with structured policies demonstrated higher compliance levels.Safety Culture: Facilities that encourage open reporting of mistakes, shared learning, and teamwork tend to have stronger adherence. Wambua et al. (2021) linked safety culture directly with reduced error rates, but noted that cultivating this culture takes time and institutional commitment, often a challenge in under-resourced settings.

Staffing and Workload: A high nurse-to-patient ratio severely limits a nurse’s ability to follow procedures thoroughly. Njoki and Otieno (2020) reported that nurses in many Kenyan hospitals skipped steps like double-checking medications or handwashing due to time pressure, especially during night shifts or emergencies.Resource Availability: The absence of basic materials like gloves, alcohol rubs, and proper waste disposal bins significantly weakens protocol compliance

## **2.5 Patient-Related Factors**

Patients themselves can influence how strictly safety protocols are followed. Although often overlooked, several patient characteristics shape the nurse’s ability to adhere to specific protocols.Patient Cooperation and Communication: Patients who are cooperative and able to communicate clearly enable smoother implementation of safety measures unlike patients with communication challenges due to cognitive impairments, hearing loss, or language barriers which pose a higher safety risk and require more deliberate safety checks. Chebet et al. (2021) found that nurses working in wards with high numbers of non communicative patients had to modify safety efforts, increasing workload and the chance of skipped steps.Severity of Illness: The sicker the patient, the more complex and time sensitive their care. Critical patients often require rapid interventions, which may force nurses to prioritize urgent actions over stepwise protocols.

## **2.6 In conclusion**

Nurses' adherence to patient safety protocols is shaped by a mix of levels of adherence, personal, institutional, and patient-related factors. While awareness level of adherence is generally high, actual compliance often falls short due to challenges like limited resources, high workloads, and inconsistent institutional support. Individual attributes such as knowledge, experience, and attitude also play a key role, highlighting the need for regular training and motivation. Additionally, the work environment and patient characteristics can either support or hinder adherence. Addressing these barriers requires a complex approach that not only empowers nurses but also strengthens systems and policies that promote a culture of safety in healthcare settings.

# **CHAPTER THREE: MATERIALS AND METHODS**.

## **3.1 Introduction**

This chapter will describe the research approach, including the study design, setting, target population, data collection tools, and ethical considerations. The aim is to outline how the study will be structured to obtain reliable and relevant data.

## **3.2 Study setting**

This study will be conducted at Makindu Sub-County Hospital, a public health facility located in Makindu Sub-County, Makueni County, Kenya. The hospital is situated along the Nairobi-Mombasa highway and serves as a referral center for several surrounding health centers and dispensaries. It offers a wide range of services including inpatient wards.According to the 2019 Kenya Population and Housing Census, Makindu Sub-County has an estimated population of over 100,000 residents, with a mix of rural and peri-urban settlements. Makindu Sub-County Hospital is managed by the Ministry of Health and is staffed by a multidisciplinary team of health professionals, with nurses forming the backbone of patient care delivery. It has a high patient turnover, making it an ideal setting to assess how well nurses comply with safety protocols.

## **3.3 Study design**

A descriptive cross-sectional study design will be used to collect data at one point in time. The census method will be employed to involve all nurses working in the male medical ward. This will be appropriate given the manageable number of participants, ensuring thorough representation.

## **3.4 Study population**

The study focused on all registered nurses in the male medical ward at Makindu Sub-County Hospital. The total number of eligible participants is approximately 10.

### **3.4.1 Inclusion criteria**

The inclusion criteria for this study were

1 Registered nurses working in the ward for more than six months

2 Nurses who agreed to participate and gave informed consent

**3.4.2 Exclusion criteria**

Student nurses or interns

Nurses on leave or unavailable during the time of data collection.

## **3.5 Study variables.**

### **3.5.1 Depedent variables**

Nurses’ adherence to patient safety protocols

### **3.5.2 Independent variables**

* Nurse-related factors (knowledge, experience, attitude)
* Institutional factors (policies, staffing levels)
* Patient-related factors (communication, severity of illness)

## **3.6 Sampling techniques**

A census sampling method will be used to include all eligible participants in the male medical ward. This approach will be selected because the small population size will make it possible to obtain comprehensive data from every potential participant.

## **3.7 Sample size determination**

Since a census approach will be applied, all potential nurses meeting the inclusion criteria will participate. Therefore, there was no need for a formal sample size calculation (Mugenda & Mugenda, 2003; Kothari, 2004).

## **3.8 Development of data collection tool**

A structured questionnaire will be developed based on existing literature. It will include questions covering personal, institutional, and patient-related factors. The tool will be created using the KoboToolbox platform and administered through the KoboCollect app.

**3.9 Data collection process**

After introducing the study and obtaining informed consent, questionnaires will be distributed for self-completion. The KoboCollect app allowed for convenient and secure data entry, even offline.

## **3.10 Pre-testing**

A pilot test will be conducted with two nurses to assess clarity and usability of the questionnaire. Feedback from the pre-test will be used to refine the final tool.

## **3.11 validity**

Content validity will be checked by experts, including the study supervisor. Internal and external validity will also be reviewed to ensure that the tool measures the intended variables.

## **3.12 Reliability**

Reliability will be confirmed by comparing responses from the pilot test and the main study. Consistent results indicated that the tool was dependable Mugenda & Mugenda,( 2003).

## **3.13 Data analysis**

Collected data will be cleaned, coded, and analyzed using Microsoft Excel. Descriptive statistics will be generated and presented in tables to summarize findings (Babbie, 2010).

## **3.14 Ethical considerations**

Approval for the research will be obtained from Kenya Medical Training College in Makindu. Participants will give informed consent, and confidentiality will be maintained throughout. No personal identifiers were recorded (WHO, 2018).

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### 

**APPENDIX 1: INFORMED CONCENT FROM PARTICIPANTS**

Greetings! My name is Stephaney Kombo,a student at KMTC Makindu Campus.I am required by the curriculum to conduct a study to determine the determinants of nurses adherence to patient safety protocols in Makindu subcounty hospital at Male medical ward . I therefore request you to take part in the study. Your participation is voluntary therefore, you are allowed to withdraw from the study anytime without consequences your response will remain anonymous and confidential. If you don't understand any part feel free to ask for clarification.

I hereby declare that I have been taken through step by step what the study is about and understand participation to this study is by my own will.

Signature………………… Date ………………

# **APPENDIX 2 QUESTIONNAIRE**

Determinants of Nurses’ Adherence to Patient Safety Protocols in the Male Medical Ward at Makindu Sub-County Hospital.

**Instructions:  
1** Please read each question carefully and answer honestly.

2 Your responses will be kept strictly confidential and used only for academic purposes.

3 Do not write your name.

4 Tick where appropriate.

## **Section A: Demographic Information**

**1** Gender:

☐ Male

☐ Female

**2** Age group (in years):

☐ 20–29

☐ 30–39

☐ 40–49

☐ 50 and above

**3** Highest nursing qualification:

☐ Certificate

☐ Diploma

☐ Degree

☐ Other (specify) \_\_\_\_\_\_\_\_\_\_\_

4 Years of experience in nursing practice:  
 ☐ Less than 1 year  
 ☐ 1–5 years  
 ☐ 6–10 years  
 ☐ More than 10 years

5 How long have you worked in the male medical ward? ☐ Less than 6 months  
 ☐ 6–12 months  
 ☐ Over 1 year

## **Section B: Knowledge on Patient Safety Protocols**

1 Which of the following are considered patient safety protocols? (Select all that apply)  
 ☐ Proper patient identification  
 ☐ Correct medication administration  
 ☐ Infection prevention measures  
 ☐ Documentation of care

2 How often do you attend refresher training on patient safety?  
 ☐ Never  
 ☐ Occasionally (once a year or less)  
 ☐ Frequently (more than once a year)

3 Rate your overall knowledge of patient safety protocols.  
 ☐ Excellent  
 ☐ Good  
 ☐ Fair  
 ☐ Poor

## **Section C: Nurse-Related Factors**

**1 Attitude towards patient safety:**1 I believe patient safety protocols are essential.  
 ☐ Strongly Agree

☐ Agree

☐ Neutral

☐ Disagree

☐ Strongly Disagree  
**2 Motivation:** 1 I always follow patient safety protocols even during busy shifts.  
 ☐ Strongly Agree

☐ Agree

☐ Neutral

☐ Disagree

☐ Strongly Disagree  
**3 Training and experience:**  
1 My previous training prepared me well for patient safety.  
 ☐ Strongly Agree

☐ Agree

☐ Neutral

☐ Disagree

☐ Strongly Disagree

## **Section D: Institutional and Environmental Factors**

1 How would you describe the nurse-to-patient ratio in your ward?  
 ☐ Adequate  
 ☐ Inadequate

2 Are patient safety guidelines easily accessible in your ward?  
 ☐ Yes  
 ☐ No

3 Do you feel the hospital provides enough resources (e.g., gloves, disinfectants) to ensure safety?  
 ☐ Always  
 ☐ Sometimes  
 ☐ Rarely

3 How often are patient safety audits or supervision carried out?  
 ☐ Weekly  
 ☐ Monthly  
 ☐ Occasionally  
 ☐ Never

## **Section E: Patient-Related Factors**

1. Do patients’ conditions (severity of illness) affect your ability to follow safety protocols?  
 ☐ Yes  
 ☐ No

2. Do language barriers or poor communication with patients affect safety adherence?  
 ☐ Always  
 ☐ Sometimes  
 ☐ Rarely  
 ☐ Never

3 .Do uncooperative patients make adherence to safety measures more difficult?  
 ☐ Yes  
 ☐ No

# **APPENDIX 3: BURGET**

|  |  |  |
| --- | --- | --- |
| **Item** | **Quality** | **Total cost** |
| Biro pens | 4 | 40 |
| Foolscaps | 1 ream | 500 |
| Internet |  | 1500 |
| Binding | 2 | 240 |
| Printing Research | 2 | 1000 |
| Miscellaneous |  | 100 |
| **TOTAL** | | 3380 |

## 

# **APPENDIX 4: TIMEFRAME**

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| Activity dates | APRIL 2025 | | JUNE 2025 | | JULY 2025 | | AUGUST 2025 |
| Chapter 1 |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |
| Chapter 2 |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |
| Chapter 3 |  |  |  |  |  |  |  |

# **APPENDIX 4: MAP**

