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## Determination of nursing students' attitudes towards preventing falls and approaches to reporting incidents

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### Abstract

This study was planned to determine nursing students' attitudes towards preventing falls and their approaches to reporting incidents. This study has a descriptive, correlational and cross-sectional design. The study was carried out with the students studying in the nursing department at Health Sciences Faculty of a university between 22.04.2021 and 05.05.2021. A total of 220 students who volunteered to participate in the study were included in the study as a result of this. The data were collected by using 'Student Descriptive Information Form', 'Incident Reporting Scale (IRS)' and 'Questionnaire Form to Determine Attitudes towards Preventing Falls (QDAPF)' prepared by the researchers. Percentage calculation, Kruskal–Wallis test, Mann–Whitney *U* test and Cronbach's alpha coefficient were used to evaluate the data. It was found that 76.8% of the nursing students in the study were female, 23.2% were male, the settlement where 38.6% lived the most was town, 62.3% lived with their families, 79.1% chose their profession willingly, 97.3% thought falls were preventable, 51.8% did not receive training about falls, 51.8% did not consider themselves competent in terms of preventing falls, 98.6% thought falls should be reported and 63.3% stated that reporting falls would harm healthcare professionals' careers. Mean age of the students was found as  $21.18 \pm 2.16$  years. In the study, the total mean score of IRS was found as  $27.65 \pm 3.71$ . It was found that 'the intention to make internal reports' subscale had the highest mean score ( $17.07 \pm 2.93$ ), while 'being indifferent' subscale had the lowest mean score ( $2.982 \pm 1.70$ ). The mean score of students from QDAPF was found as  $87.51 \pm 4.89$ . No statistically significant association was found between IRS and QDAPF in the study ( $p > 0.01$ ). It was found that while the students being single and in their first year of study had increased scores from IRS, the students in their second year of study and those who had been trained about falls had more positive attitudes towards preventing falls than the other students. In the study, it was found that the mean scores of nursing students' attitudes towards event reporting and prevention of falls were found to be high. It was also found that students' attitudes towards preventing falls and their approaches to incident reporting did not affect each other. Students who had received training about falls were found to have high attitudes towards preventing falls. Trainings given about the importance of preventing falls and incident reporting will contribute to increasing patient safety.

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## 1. Introduction

Patient safety is one of the important issues for developing the quality of healthcare. The concept of patient safety includes all of the measures taken by healthcare institutions and employees in these institutions in order to prevent the harm that healthcare services may cause to individuals [1]. One of the areas prioritised in the International Patient Safety Goals updated in 2014 by the Joint Commission International (JCI-2010) is falls. Falling is 'the inactivity of individuals in a lower position than where they are, without intentional movement or the influence of an internal or external factor' [2].

According to the WHO data, falls are the second leading cause of deaths resulting from accident or unintentional injury. According to the WHO, 37.3 million deaths that require medical intervention occur each year and an estimated 646,000 people die from falls each year [3]. Data related with the prevalence of falls is quite limited in Turkey. Studies examining the prevalence of falls are generally conducted on elderly individuals [4].

Serious economic and medical problems occur when falls are not prevented. The Joint Commission on Accreditation of Health Organisations (JCI) [5] reported that falls in hospitals in the USA result in injury with a rate of 30%–50% and additional treatments are required for injured individuals, which prolongs their hospital stay. In addition, the cost of injury after a fall has been found to be approximately 14,000 dollars per person. In Erdem and Atay's [6] study, the cost increase caused by serious falls in hospitals in our country was reported as 8,726.94 TL. In the same study, it was reported that falls increased the length of hospital stay by 14.61 days.

Nurses have important roles in preventing patient falls. Nurses can contribute significantly to the prevention of patient falls by making fall risk assessments and following evidence-based up-to-date interventions [7]. Individualised interventions based on comprehensive literature review are the most important strategies to prevent falls [8]. In addition, to ensure patient safety in all places of the hospital, necessary preventive programmes should be prepared and it should be ensured that all employees comply with these. Incident reports, data collection and knowing about frequency of incidents and degrees of injury are important for these preventive programmes [9].

In the WHO's [10] World Alliance for Patient Safety Report, the importance of reporting in health institutions was mentioned for learning from mistakes about patient safety and it was stated that local, regional and national systems should be established for regular reporting. It was stated that lessons can be learned from mistakes and patient safety can be ensured by grouping all these records and making risk analyses. Early implementation of corrective and preventive actions by reporting patient falls in clinics and making necessary improvements will contribute to ensuring patient safety [11].

When the literature was reviewed, no studies were found for determining the attitudes of nursing students towards the prevention of falls and their approaches to incident reporting. Determining the attitudes towards falling and approaches towards incident reporting in nursing students will be a guide for training programmes prepared to develop correct information and positive attitudes about falls. The trainings given in this direction will increase students' awareness about patient safety in their education and professional life and contribute to decreasing medical errors.

### 1.1. Objective of the study

This study was planned to determine nursing students' attitudes towards the prevention of falls and their approaches towards incident reporting. Answers were sought to the following questions:

- What are the sociodemographic characteristics of nursing students?

- How are nursing students' attitudes towards the prevention of falls and their approaches to incident reporting?
- What are the factors affecting nursing students' attitudes towards the prevention of falls and their approaches to incident reporting?
- Is there a relationship between nursing students' attitudes towards the prevention of falls and their approaches to incident reporting?

## **2. Material and methods**

### **2.1. Place and time of the research**

This descriptive, correlational and cross-sectional study was carried out between 01.05.2021 and 01.06.2021 with the participation of students who were studying in the nursing department of Health Sciences Faculty of a university and who volunteered to participate in the study.

### **2.2. Population and sample research**

The population of the study consists of 423 students studying in the nursing department of Health Sciences Faculty of a university. In the study, no sample was selected and it was aimed to reach the whole population. The study was completed with 220 students who agreed to participate in the study.

### **2.3. Tools of data collection**

In the study, the data were collected by using student descriptive information form, Questionnaire Form to Determine Attitudes towards Preventing Falls (QDAPF) and Incident Reporting Scale (IRS). The *student descriptive information form* consists of 19 questions including students' sociodemographic characteristics (age, gender, marital status etc.) and their views on patient falls and incident reporting. The *QDAPF* was developed by researchers in line with the literature to find out students' attitudes towards preventing falls. It includes 32 items which require the participants to respond as 'Agree/Neutral/Disagree'.

#### **2.3.1. Incident Reporting Scale**

It is a 5-point Likert-type scale developed by Park et al. [22]; it has nine items and three subscales (the intention to make internal reports, the intention to make external reports and being indifferent) [12]. According to IRS reliability analyses conducted by Tak [12], Cronbach's alpha value of 'the intention to make internal reports' subscale was found as 0.56, while Cronbach's alpha value of 'the intention to make external reports' subscale was found as 0.78 and Cronbach's alpha value of 'being indifferent' subscale was found as 0.77. In the present study, Cronbach's alpha values of the scale were found as 0.76, 0.65 and 0.85, respectively, for the subscales of the intention to make internal reports, the intention to make external reports and being indifferent. Permission to use IRS was taken from Tak [12] who adapted the scale into Turkish.

### **2.4. Data collection**

Before starting the study, the students were explained that it was their decision to participate in the study and the data collected would be used only within the scope of the study. The data were collected with the participation of volunteering students after ethics committee and institution permissions were taken. The data collection process took about 10–15 minutes.

## 2.5. Data analysis

The data obtained in the study were analysed with Statistical Package for the Social Sciences 21 programme. Frequency, percentage, arithmetic mean and standard deviation were used in data assessment. Normality distribution of the data was tested with Kolmogorov–Smirnov test and non-parametric tests were used since significance values were <0.05. Of the non-parametric tests, Mann–Whitney *U* test was used in the comparison of two independent samples, while Kruskal–Wallis test was used in the comparison of more than two independent groups and Spearman's correlation coefficients were used for correlation analyses.

## 3. Results

A total of 220 students participated in the study. The mean age of the students was  $21.17 \pm 2.11$  years. It was found that 76.8% of the students were female, 23.2% were male, 99.1% were single, 39.1% were in their fourth year, the settlement where 38.6% lived the longest was town, 62.3% were living with their families, 35.5% loved their profession, 79.1% chose their profession willingly and 11.8% wanted to quit their profession (Table 1).

It was found that 97.3% of the students stated patient falls were preventable, 48.2% were trained about preventing patient falls, 51.8% considered themselves incompetent about preventing falls, 98.6% thought patient falls in clinics should be reported and 63.2% thought it would not harm health professionals' careers to report medical errors (Table 1).

**Table 1. Frequency distribution of students' sociodemographic characteristics (n = 220)**

	Mean $\pm$ SD	Range
Age	21.177 $\pm$ 2.115	18–31
	N	%
Gender		
Female	169	76.8
Male	51	23.2
Marital status		
Single	218	99.1
Married	2	0.9
Year of study		
First year	72	32.7
Second year	33	15.0
Third year	29	13.2
Fourth year	86	39.1
Settlement participants lived the longest		
City	56	25.5
Town	85	38.6
Village	79	35.9
Current place of residence		
In a house with family	137	62.3
Alone in a house	9	4.1
In a house with friends	15	6.8
With relatives	4	1.8
In a dormitory	55	25.0
The state of loving the profession		
Yes	78	35.5
Undecided	138	62.7
No	4	1.8

The state of considering changing the profession		
Yes	26	11.8
No	194	88.2
The state of choosing the profession willingly		
Yes	174	79.1
No	46	20.9
The state of considering falls preventable		
Yes	214	97.3
No	6	2.7
The state of having received training about preventing patient falls		
Yes	106	4.2
No	114	51.8
Considering oneself competent about preventing falls		
Yes	99	45.0
No	114	51.8
Partly	7	3.2
The state of thinking that patient falls in clinics should be reported		
Yes	217	98.6
No	3	1.4
The state of thinking that patient falls in should be reported regardless of whether the patient is harmed or not		
Yes	217	98.6
No	3	1.4
The state of thinking that reporting medical errors will harm healthcare professionals' careers		
Yes	81	36.8
No	139	63.2

In the study, the mean score of the questionnaire form developed to determine students' attitudes towards preventing falls was found as  $87.51 \pm 4.89$ , while the mean IRS score was found as  $27.64 \pm 3.70$ . When the IRS subscale scores were examined, the mean subscale score for 'the intention to make external reports' was found as  $7.587 \pm 2.19$ , the mean subscale score for 'the intention to make internal reports' was found as  $17.07 \pm 2.93$  and the mean subscale score for 'being indifferent' was found as  $2.982 \pm 1.70$  (Table 2).

**Table 2. Total mean and subscale scores and min–max values of QDAPF and IRS (N = 220)**

Scales and subscales	N	Min	Max	Mean $\pm$ Std. deviation
The intention to make external reports	220	3.00	15.00	$7.587 \pm 2.194$
The intention to make internal reports	220	4.00	20.00	$17.078 \pm 2.935$
Being indifferent	220	2.00	10.00	$2.982 \pm 1.702$
IRS	220	12.00	41.00	$27.646 \pm 3.706$
QDAPF	220	64.00	96.00	$87.514 \pm 4.897$

When the mean score of the QDAPF and the students' sociodemographic characteristics were compared, significant differences were found between year of study and the state of receiving training

on preventing falls ( $p < 0.05$ ). Mean QDAPF scores of fourth-year students when compared with first-year students ( $\chi^2 = 15.520$ ,  $p = 0.001$ ) and students who received training on preventing falls when compared with those who did not receive training ( $U = 4,786.500$ ,  $p = 0.007$ ) were found to be significantly higher (Table 3).

In the study, a significant difference was found between IRS and some of the sociodemographic characteristics of students ( $p < 0.05$ ). There were significant differences between IRS total score and students' marital status and year of study. While mean IRS total scores of single students were found to be higher than those of married students ( $U = 32.000$ ,  $p = 0.037$ ); mean IRS total scores of first-year students were found to be significantly higher than those of third-year students ( $\chi^2 = 12.711$ ,  $p = 0.005$ ) (Table 3).

**Table 3. Comparison of sociodemographic characteristics and QDAPF, IRS and subscale mean scores of nursing students**

	The intention to make external reports	The intention to make internal reports	Being indifferent	IRS	QDAPF
<b>Gender</b>					
Female	7.527 ± 2.175	17.326 ± 2.768	2.906 ± 1.634	27.758 ± 3.59	87.675 ± 4.901
Male	7.785 ± 2.266	16.255 ± 3.328	3.236 ± 1.904	27.275 ± 4.08	86.981 ± 4.893
Mann-Whitney <i>U</i>	3,964.500	3,365.000	3,876.000	4,028.500	3,869.500
<i>p</i>	0.381	0.016*	0.213	0.478	0.266
<b>Marital status</b>					
Single	7.615 ± 2.183	17.101 ± 2.937	2.978 ± 1.703	27.693 ± 3.687	87.505 ± 4.917
Married	4.5 ± 0.708	14.5 ± 0.708	3.5 ± 2.122	22.5 ± 2.122	88.5 ± 2.122
Mann-Whitney <i>U</i>	36.000	49.000	174.000	32.000	213.500
<i>p</i>	0.040*	0.056	0.574	0.037*	0.960
<b>Year of study</b>					
First year	7.973 ± 2.427	17.931 ± 2.304	2.75 ± 1.564	28.653 ± 3.303	86.07 ± 5.38
Second year	6.788 ± 1.917	17.394 ± 2.646	2.879 ± 1.692	27.061 ± 2.926	88.546 ± 4.771
Third year	7.38 ± 1.841	16.104 ± 2.717	2.897 ± 1.346	26.38 ± 3.245	87.932 ± 4.667
Fourth year	7.64 ± 2.142	16.57 ± 3.384	3.245 ± 1.904	27.454 ± 4.242	88.187 ± 4.378
Kruskal-Wallis	6.726	15.770	5.244	12.711	15.520
<i>p</i>	0.081	0.001*	0.155	0.005*	0.001*
<b>Settlement participants lived the longest</b>					
City	7.393 ± 2.007	17.393 ± 2.372	2.84 ± 1.373	27.625 ± 3.273	87.554 ± 4.054
Town	7.636 ± 2.064	17.012 ± 2.902	2.989 ± 1.777	27.636 ± 3.395	88.189 ± 4.328
Village	7.671 ± 2.459	16.925 ± 3.324	3.076 ± 1.839	27.671 ± 4.311	86.76 ± 5.874
Kruskal-Wallis	0.704	0.338	0.436	0.040	1.809
<i>p</i>	0.703	0.845	0.804	0.980	0.405
<b>Current place of residence</b>					
In a house with family					
In a house with family	7.614 ± 2.228	17.555 ± 2.447	2.745 ± 1.51	27.913 ± 3.265	87.344 ± 4.858
Alone in a house	7 ± 3.123	17.112 ± 1.764	3.667 ± 2.646	27.778 ± 5.608	88.667 ± 3
In a house with friends					
In a house with friends	8.867 ± 2.357	15 ± 4.536	3.467 ± 1.768	27.334 ± 6.103	84.867 ± 7.819
With relatives	5.25 ± 1.259	16.25 ± 2.754	3.5 ± 1.291	25 ± 3.56	89 ± 1.415
In a dormitory	7.437 ± 1.762	16.51 ± 3.388	3.291 ± 1.912	27.237 ± 3.596	88.364 ± 4.17
Kruskal-Wallis	11.840	9.817	10.833	5.835	2.529

<i>p</i>	0.019*	0.044*	0.029*	0.212	0.639
The state of loving the profession					
Yes	7.449 ± 2.143	16.616 ± 3.316	3.206 ± 1.869	27.27 ± 3.986	87.975 ± 4.862
Undecided	7.645 ± 2.228	17.399 ± 2.66	2.848 ± 1.612	27.892 ± 3.531	87.211 ± 4.973
No	8.25 ± 2.363	15 ± 2.709	3.25 ± 0.958	26.5 ± 4.124	89 ± 1.415
Kruskal–Wallis	1.050	6.231	3.961	1.451	2.302
<i>p</i>	0.591	0.044*	0.138	0.484	0.316
The state of considering changing the profession					
Yes	7.5 ± 2.268	15.962 ± 4.015	3.154 ± 1.827	26.616 ± 4.606	87.424 ± 5.962
No	7.598 ± 2.189	17.227 ± 2.738	2.959 ± 1.688	27.784 ± 3.56	87.526 ± 4.755
Mann–Whitney <i>U</i>	2,433.500	2,131.000	2,308.500	2,258.500	2,397.000
<i>p</i>	0.769	0.194	0.423	0.385	0.680
The state of choosing the profession willingly					
Yes	7.65 ± 2.182	17.271 ± 2.784	2.903 ± 1.501	27.822 ± 3.821	87.788 ± 4.637
No	7.348 ± 2.244	16.348 ± 3.382	3.283 ± 2.307	26.979 ± 3.18	86.479 ± 5.715
Mann–Whitney <i>U</i>	3,694.000	3,306.000	3,891.000	3,268.500	3,363.500
<i>p</i>	0.417	0.066	0.741	0.055	0.094
The state of considering falls preventable					
Yes	7.543 ± 2.136	17.183 ± 2.809	2.926 ± 1.603	27.65 ± 3.691	87.603 ± 4.85
No	9.167 ± 3.657	13.334 ± 4.886	5 ± 3.522	27.5 ± 4.594	84.334 ± 5.989
Mann–Whitney <i>U</i>	452.000	322.500	463.000	586.000	345.000
<i>p</i>	0.211	0.035*	0.183	0.714	0.052
The state of having received training about preventing patient falls					
Yes	7.434 ± 2.178	16.916 ± 3.246	3.029 ± 1.786	27.378 ± 4.054	88.151 ± 4.504
No	7.729 ± 2.208	17.229 ± 2.618	2.939 ± 1.626	27.895 ± 3.349	86.922 ± 5.186
Mann–Whitney <i>U</i>	5,709.500	5,939.500	5,879.000	5,607.000	4,786.500
<i>p</i>	0.476	0.826	0.693	0.354	0.007**
Considering oneself competent about preventing falls					
Yes	7.677 ± 2.114	17.203 ± 2.829	2.768 ± 1.69	27.647 ± 3.57	87.364 ± 5.14
Partly	7.527 ± 2.282	17.115 ± 2.809	3.132 ± 1.702	27.772 ± 3.644	87.764 ± 4.281
No	7.286 ± 2.059	14.715 ± 5.314	3.572 ± 1.719	25.572 ± 6.134	85.572 ± 9.624
Kruskal–Wallis	0.386	2.031	7.934	0.480	0.004
<i>p</i>	0.825	0.362	0.019*	0.787	0.998
The state of thinking that patient falls in clinics should be reported					
Yes	7.6 ± 2.142	17.134 ± 2.807	2.968 ± 1.701	27.701 ± 3.532	87.498 ± 4.919
No	6.667 ± 5.508	13 ± 8.186	4 ± 1.733	23.667 ±	88.667 ± 3.215



				11.504	
Mann–Whitney <i>U</i>	224.000	223.000	195.000	236.000	283.000
<i>p</i>	0.348	0.343	0.173	0.411	0.696
The state of thinking that patient falls in should be reported regardless of whether the patient is harmed or not					
Yes	7.563 ± 2.179	17.116 ± 2.922	2.968 ± 1.699	27.646 ± 3.72	87.507 ± 4.922
No	9.334 ± 3.056	14.334 ± 3.056	4 ± 2	27.667 ± 3.056	88 ± 3
Mann–Whitney <i>U</i>	201.500	131.000	204.500	318.500	308.500
<i>p</i>	0.252	0.072	0.206	0.949	0.876
The state of thinking that reporting medical errors will harm healthcare professionals' careers					
Yes	7.445 ± 2.237	16.704 ± 3.367	3.21 ± 1.759	27.359 ± 3.929	87.099 ± 5.701
No	7.67 ± 2.172	17.295 ± 2.639	2.849 ± 1.66	27.813 ± 3.573	87.756 ± 4.366
Mann–Whitney <i>U</i>	5,415.000	5,112.000	4,780.500	5,428.500	5,599.500
<i>p</i>	0.634	0.250	0.033*	0.657	0.947

\*Significant at  $p < 0.05$ .

In the study, no statistically significant correlation was found between QDAPF and IRS (Spearman's  $r$ : 0.060;  $p > 0.01$ ) (Table 4).

**Table 4. Correlation between QDAPF and IRS and subscales**

Scales and subscales	QDAPF	
	Spearman's <i>R</i>	<i>p</i>
The intention to make external reports	0.023	0.733
The intention to make internal reports	0.206**	0.002
Being indifferent	-0.179**	0.008
Incidence reporting sale	0.060	0.373

Spearman's  $r^{**}$  significant at  $p < 0.01$ .

#### 4. Discussion

The results found in this study, which was conducted to determine attitudes towards the prevention of falls and approaches towards incident reporting in nursing students studying at a university in Central Anatolia region, were discussed in line with the related literature.

In the study, the mean score of the questionnaire form developed to measure attitudes of students towards preventing falls was found as  $87.51 \pm 4.89$ . Considering that the score that can be taken from the questionnaire varies between 32 and 96 and the attitudes of students towards preventing falls increase positively as the total score of the questionnaire also increases, it was found that students in this study had very positive attitudes about preventing falls. Similar to this result, in a study conducted with the participation of nursing students from four different universities of Korea, it was found that nursing students had positive attitudes towards preventing falls with a mean 3.86 (1–5) [13]. Other studies conducted on nursing students are also found in literature supporting this result [14], [15]. Positive attitudes of nursing students towards preventing falls show that they have high awareness about falls. It is thought that this will enable them to identify patients with high risk of falling in clinical



practices when they start the profession and help them to apply interventions to prevent falling in the early period.

In the study, significant differences were found between the mean scores of the questionnaire developed to determine the attitudes towards preventing falls and students' years of study and their states of having received training about preventing falls. It was found that fourth-year students when compared with first-year students and the students who received training about preventing falls when compared with those who did not had significantly higher mean scores. Similarly, in a study conducted by Kim et al. [13] to find out students' knowledge and attitudes about falls, it was found that students who had more knowledge about falling had more positive attitudes in preventing falls. It is possible to say from these results that attitude towards falling improves with the increase in knowledge and experience about falls. Therefore, providing trainings to nurses and nursing students about the risk of fall and preventing falls is very important in reducing falls and providing patient safety.

In the study, the mean IRS was found as  $27.64 \pm 3.70$  out of 45. In line with this result, it is possible to say that nursing students had moderate level of approach about reporting incidents. In a study by Ozdemir et al. [1], it was found that majority of the students stated that the errors they saw during clinical practice were not reported anywhere. In Cevik et al.'s [16] study, it was found that one out of every five students made medical errors, and the rate of reporting error was found as 17.8%. In Karaveli Cakir's [17] study, it was found that 4.1% of the nursing student did not report when they saw medical errors and 98.6% were afraid of reporting when they made medical errors. In parallel with these results, it is reported in literature that student nurses have a high risk of making medical errors and they tend to hide their errors with reasons such as the reaction of personnel and managers, getting punishment and being sued [18], [19].

Incident reporting is considered as a fundamental initiative for patient safety. Analysis of incidents provides basic information for policies and decisions to be prepared to decrease future errors. Collecting the data of more than one incident together contributes to system improvements. In addition, practices which are not safe are also defined with the incident reported [20]. For this reason, nurses and nursing students should be informed and encouraged about correct reporting of errors [21].

In the study, when the distribution of IRS subscale mean scores was examined, the mean subscale score for 'the intention to make external reports' was found as  $7.587 \pm 2.19$ , the mean subscale score for 'the intention to make internal reports' was found as  $17.07 \pm 2.93$  and the mean subscale score for 'being indifferent' was found as  $2.982 \pm 1.70$ . In parallel with the results of this study, Park et al. [22] reported a mean subscale score of  $3.01 \pm 0.97$  for the intention to make internal reports, of  $2.42 \pm 1.07$  for the intention to make external reports and of  $2.41 \pm 1.13$  for being indifferent. In our study, although students were found to have higher intention to make internal reports means score than the other subscales, it was found that they did not have a very high tendency to report incidents [22]. It is thought that the most important reason for this result is caused by the fear that those who make mistakes will be punished.

In the study, significant difference was found between students' IRS total score and some sociodemographic characteristics of students. According to the results, single students were found to have a higher IRS total score than married students. IRS total scores of first-year students were also higher than those of third-year students.

In the study, no statistically significant correlation was found between QDAPF and IRS. No other studies were found in the literature in which nursing students' attitudes towards falls and their incident reporting approaches were examined. However, in a study conducted with nurses, 37% of the nurses stated that they encountered patient falls during the time they worked and only 37.8% of these nurses stated that they reported this situation [21]. In Karaca and Arslan's [23] study, it was found that the rate of reporting patient safety practices was very low (8.6%) and the highest number of reports were made on falls. These results show that there are some deficiencies in ensuring patient safety.

Ensuring patient safety is a concern for healthcare organisations worldwide. Reducing, or even eliminating, medical errors is the main goal of patient safety. The use of reporting systems is mandatory to identify patient falls and other patient safety problems before they cause serious effects on human health. Thus, while preventing repetition of errors, solutions can be created [24], [25].

## 5. Conclusion

In this study, no significant correlation was found between QDAPF and IRS ( $p > 0.01$ ). However, it was found that some sociodemographic characteristics of students (age, gender, marital status etc.) and their views about patient falls and incident reporting affected their QDAPF and IRS scores.

In line with the results found, it is recommended:

- to include topics on the causes of patient falls and the strategies to prevent these during nursing education;
- to encourage students about reporting erroneous practices and undesired incidents;
- to provide a non-blaming education environment that allows learning from mistakes in clinical education of nursing.

## Conflicts of interests

The authors have no conflicts interests to disclose.

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