JCRCN - Journal of Comprehensive Research in Cancer Nursing
Volume 1, Issue 2 | November-2025
e-ISSN: 3068-6245 ISSN Print: 3068-6237

Exploring Patient Safety Experiences Among Advanced Practice Nurses: A Qualitative Focus Group Analysis

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Received: 11-09-2025; Revised: 23-09-2025; Accepted: 14-10-2025; Published: 17-11-2025

Abstract
Patient safety is a crucial issue in health care and advanced practice nurses (APNs) have a pivotal role to play in enhancing and stimulating safe treatment of patients. This qualitative focus group research involves the study of the experience, perceptions, and issues that APNs have regarding patient safety in different clinical settings. Using an in-depth thematic analysis of the focus group interviews, a number of areas of focus were established, involving barriers to communicating, system-level restrictions, professional autonomy, and interprofessional collaboration effects upon patient outcomes. The participants emphasized not only what they contribute to patient safety but also the challenges that they face like understaffing, excessive workloads, and poor ability to make decisions. The results support the importance of healthcare systems helping and empowering APNs with better leadership positions, policy change, and lifelong education processes to improve the practice of patient safety. The present research advances the literature with an increasing number of researchers supporting the in-built role of APNs in creating safer healthcare settings.

Keywords: ***Advanced Practice Nurses, Patient Safety, Focus Group Study, Qualitative Research, Clinical Experience, Healthcare Systems, Interprofessional Collaboration, Nursing Leadership.***

1.Introduction
Patient safety has become one of the most challenging issues in the realm of healthcare worldwide as it is seen not only as an ethical concern but also as one of the most important factors of healthcare quality. As preventable adverse events continue to rise at an alarming rate in a clinical setting, the need to intervene has encompassed the role of healthcare providers, most preferably those focusing on nursing practice. Of these professionals, Advanced Practice Nurses (APNs, such as Nurse Practitioners (NPs) and Clinical Nurse Consultants (CNCs) have taken on high responsibilities that are not directly confined to bedside nursing, but to system-wide decision-making, patient advocacy, education, and leadership. The fact that APNs are in close contact with the patients, coupled with their special training and clinical independence, puts the APNs in the best position to detect, intervene, and adopt safety practices both in acute and community practice(1).

The number of deaths and disabilities caused by unsafe care globally totals millions per year with an estimated ratio of one in every ten patients in high-income countries being harmed during their stay at the health facility. These mishaps can be avoided most of the time, meaning they were due to system, communication failures, staffing shortage and the failure to follow the due process. The pressures to get safety right increase dramatically as healthcare systems become more complex, resource-strapped, age and chronic conditions spread. To combat this, modern nursing practice has taken a different turn and embraces concepts of high standards, evidence-based practice and nurses being proactive in quality assurance.

It is against this backdrop that the Advanced Practice Nursing role that is typified by advanced clinical skills, expert knowledge, leadership capabilities as well as a dedication to holistic, patient-centered care is a hotbed of opportunities or what can be called a critical leverage point towards enhancement of safety. APNs are also known to possess the qualities of clinical expertise but the ability to lead change, tutor junior employees and shape organizational culture too. In Australia, where community members are treated, the specialty of APNs plays a significant role in the health workforce, effectively fulfilling the role of bridge, between policy and practice as well as between patients and multidisciplinary units. Nevertheless, their role has increased in importance yet the particular experiences and the contributions of APNs in the sphere of patient safety remained unexplored.

This paper fills that gap by finding out the lived experiences and perceptions of APNs on the topic of patient safety. It seeks to reveal the cognitions of these nurses in terms of how they comprehend the issues of safety and negotiate them and what distinctive implications they bring to them and what barriers they encounter in promoting improvements in terms of safety outcomes. The qualitative approach, which is manifested in the use of focus group

discussions, is also appropriate because it gathers a strong, nuanced information on APNs who work in varied clinical settings. According to the findings, APNs do not consider patient safety as something that they are supposed to do but rather an essence of the profession(2). Through these, safety, to them, includes the ability to prevent physical hurt along with psychological safety, emotional wellness, and the general ethical aspects of care. Among the topics identified within the focus groups, one of the prompts concerned the process of patient safety conceptualization as the core of the advanced nursing practice. Participants explained that it was involved in all clinical decisions and interactions, and it was centred within the idea of ethics and clinical reasoning. They also spoke about the fact that safety consists not only about following the protocols, but it is also about patient active monitoring, actively tackling the problem and striving to remain better and better. The APNs specifically in community places where there are usually limited resources and patients take most of their own care, the APNs highlighted their importance of empowering the patients and their families with knowledge, skills and confidence to engage in their own safety.

The other important conclusion was the special Siddhartha was always a thinker about system positionality of APNs. The participants frequently discussed how they can see the big picture of hidden risks, inefficiencies, and possibilities that can be innovated in the sectors of healthcare systems. This was a macro-level vision that allowed them to help launch quality improvement projects, redesign models of care and work as a team that is not confined with disciplinary boundaries. They were well poised through their roles on the frontline care and strategic planning to understand the needs of their patients and the limitations of their institution and thus served as allies of sustainable safety interventions.

In further detail, the paper has also focused on the role of APNs as educators and role models in clinical teams. They often teach junior nurses and enhance best practices and cultures of openness and learning. They also act as an interface between bedside reality with organizational policies to make sure that the standards of organizing safety are achieved in a meaningful way and not in a solely mechanical way. Elements of compliance in a hit-list or tick-box style were lamented by many and outcome metrics and enabling infrastructures were suggested.

Another major theme of safety emerged, the multidisciplinary team approach. APNs described that successful communication within the team, mutual respect, and collective decision making are the key factors in recognizing and addressing threats. In the situations pertaining to complex patient needs, APNs have frequently been able to conduct team discussions, define working roles, and assure that the preferences of patients are respected. This leadership played a crucial role particularly in the community-based care situations where integration of service delivery between hospitals, community primary care services, and social services is a necessity(3).

2.Methods

The study utilized a qualitative descriptive methodology, thus aiming at investigating the perceptions and contributions of Advance Practice Nurses (APNs) in the safety of patients in the clinical setting. The chosen methodology has been selected because it is robust in terms of providing profound insights into real life experiences, more so when it comes to a situation that is located within the natural environment of healthcare practice. Qualitative methods utilized made it possible to have a thorough interpretation of the opinions of nurses by providing a descriptive and thematic richness.

The information was obtained in a set of focus group interviews that contributed to the obtainment of collective wisdom because in groups, communication inspires common experiences and provokes further disclosure. The dynamism of a focus group also explained why ideas could not have come out of an individual but came out in a group hence a perfect way to explore a complex issue such as patient safety.

3.1 Recruitment and Selection of the Participants

The two areas in Australia were urban health districts that were involved in selection of the participants, covering hospital and community care. The selection of people was initiated by convenience sampling with the first contacts provided by local nursing leadership and communication networks of the enterprise. This would be followed by snowball sampling which entailed the participants who had been present referring others who met the inclusion criteria(4).

Eligible females were nurses pursuing their careers in advanced positions, namely the Nurse Practitioners (NPs) and Clinical Nurse Consultants (CNCs) within adult healthcare environment. Nurses working with children or not having formal APN status were excluded in order to keep a focus on adult care. The criteria used in the selection

Volume 1, Issue 2 | November-2025
e-ISSN: 3068-6245 ISSN Print: 3068-6237

were set out to capture a variety of professional experiences across different specialties such as aged care, emergency, chronic disease, surgical and transitional care.

Altogether, there were 28 APNs in the study. Most of them were women (82,1 %), aged 47,5 years on average and with 24 approximate years of total experience as nurses. This was evidenced by an average of a little over seven years in the new APN roles, indicating a certain degree of professional maturity and clinical expertise.

3.2 Data Collecting Procedure

COVID-19 lockdown conditions took place between April and May, 2022 with six focus groups meeting virtually via a Zoom video conference. The discussions in each session took about 60 75 minutes and were supervised by the first author who has vast experience in the execution of qualitative research.

The conversations were steered using a semi-structured discussion guide. The guide was prepared based on the literature on patient safety and APN roles review and pilot-tested before being used. The guide contained seven broad questions addressing the responses of the participants regarding their thoughts on the importance of patient safety, the contribution of APNs in upholding safety in health care, and the relationships with the patients, their families, and interdisciplinary team colleagues(5).

Each of the meetings was recorded audio-visually under the consent of the participants and field notes were recorded during and after the sessions to capture the contextual observation like dynamics of group interaction and non-verbal behavior.

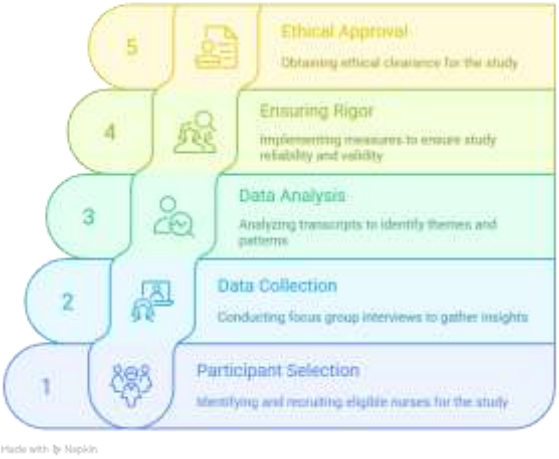

FIGURE 1 Conducting Qualitative Research

3.3 Transcriptions and Methods of Analysis

After every session, transcriptions were made verbatim and pseudo anonymized to ensure the confidentiality of the participants. Qualitative content analysis based on framework outlined by Graneheim and Lundman (2004) was applied in the analysis of transcripts. Such an approach enables an analyst to study both manifest and latent contents in textual data.

On the basis of the transcripts, several readings were conducted using MAXQDA 2022 software to address applicable textual segments or the meaning units. These were then abbreviated and given codes to describe them. The coded data were then put into subcategories and then clustered into larger, thematical categories which indicate the recurring patterns across focus groups. As an example, the codes associated with the areas of the agenda like the focus on the patient safety prioritization, being a role model, and educating families were grouped based on such agendas as Core Safety Values and APNs as Leaders(6).

To promote the analytical reliability, both the first and the last authors coded a sample of transcripts individualistically. The differences were analyzed and debated upon to establish clarity towards uniformity. The process involved reflective memos and filed notes which facilitated in the data interpretation and reflexivity of the researcher.

In order to further increase the knowledge, the appearance of common themes in the six focus groups was tabulated. This assisted in the consideration of saturation in terms of the themes, and made sure that the most important knowledge was gathered among the groups of participants.

3.4 Assuring of Rigour and Trustworthiness

In order to ensure quality and reliability of the study, we covered credibility, dependability and transferability using well-known qualitative standards. Triangulation using the recordings, transcripts, observation notes and reaction of the participants helped to strengthen credibility. Findings were presented to them in form of a video presentation and followed up with email to the participants.

The reliability was achieved through comprehensive documentation of the research process and keeping a close record of the decisions undertaken in the course of the study in terms of the methodology. The option of transferability was exhibited by writing elaborate accounts of the demographics of participants, clinical establishments and analytical procedures that enable others to determine the applicability of the results in other situations.

3.5 Ethical Considerations

The study received ethical approval by the specific human research ethics board (Reference: 2022/ETH00070) in March of 2022. Both of the participating health districts also gave the author institutional permission. Before their involvement, they received written and spoken information about the study regarding its objectives, the confidentiality of the study, and their rights to withdraw without any explanations at any time. All participants gave written informed consent. The information provided by the participants during the research was stored with safety and could only be used in the research with all the identifying information erased both in the transcripts and the reports(7).

3.Results

1. Patient Safety as a Basic Principle

Respondents showed a unanimous agreement that patient safety is the main aspect of advanced nursing practice. Most of them reflected how safety represents the moral basis of their work and how it should be entrenched in every care provision processes. The definition of safety was not restricted to descriptions of avoidance of harm but was expanded to the professional obligation to tempo updates in evidence-based practices and possible risks in the clinical processes.

APNs particularly pointed out that they should not only ensure that patients are safe in terms of physical security, but should also focus on addressing their psychological issues, by claiming the necessity to approach patients in a holistic manner. As an example, one of the participants cited that it is vital to guard patients against stigmatization in sensitive care sections such as sexual health, which depicts the psychological aspect of safety.

Moreover, a number of APNs also emphasized the need to facilitate the autonomy of their patients. That enabling patients to self-manage and recognize the risks of treatment, as well as when to call on help are essential components of safety, was lamented. One of the frequently used strategies regarding patient education was informing them about the symptoms, medication side effects and the response procedures so that they could take an active role in securing their own safety.

2. Particularly noteworthy contributions from advanced practice nurses

The participants noted multiple areas that APNs can play an exclusive and essential role in patient safety. One of the themes was that they were clinical leaders and mentors. APNs viewed themself as safety role models and they highlighted their role in model and exemplary setting the standard of professional performance and serving as role models particularly in a complex or high-risk setting(8).

The other characteristic was their capability of looking at larger picture. As opposed to workforce focused personnel, APNs indicated that with their superior preparation and experience they were able to identify risks in the system, as well as design and deliver care models that allay those fears. Their workload was more than bedside care and also involved project leadership, updating old practice, aligning multidisciplinary teams and developing new care models.

The knowledge and experience in the area of detecting subtle safety issues, foreseeing future complications, and preventing complications at an early stage were also emphasized by the participants. Some of the described activities were conducting clinical audits, safety guideline development, facilitating accreditation work, quality improvement programs management, and discharge planning guidance to minimize readmissions.

Volume 1, Issue 2 | November-2025
e-ISSN: 3068-6245 ISSN Print: 3068-6237

One APN referred to his or her role as a "de-implementer" of old practices to emphasise their power to criticize old habits and substitute them with evidence-based procedures. They were in a status that allowed them to affect frontline practice, and wider organizational strategies.

3. Families and Patients Safe

The respondents acknowledged that the role of the patient and their family towards safe outcomes is significant and always controlled. There were two central subthemes defined by shared decision-making and partnership with the care teams. APNs reported patients as people who are to be more than consumers of care, and thus can be empowered to be informed about their options, can express concerns, and engage in establishing care goals.

The safety partners were referred to as family members, in case patients experienced cognitive or language challenges. Families often acted as advocates, interpreters and informal caregivers both in developing a community and inside a hospital. This was critical mainly when patients were not able to express their needs or come up with informed decisions on their own.

The interest of the participants described a change that took place during the COVID-19 pandemic as communication with families became better due to an increase in the use of virtual technology (e.g., phone calls and video conferencing) and contributed to strengthening the concept of patient safety, despite the limited ability to be physically present.

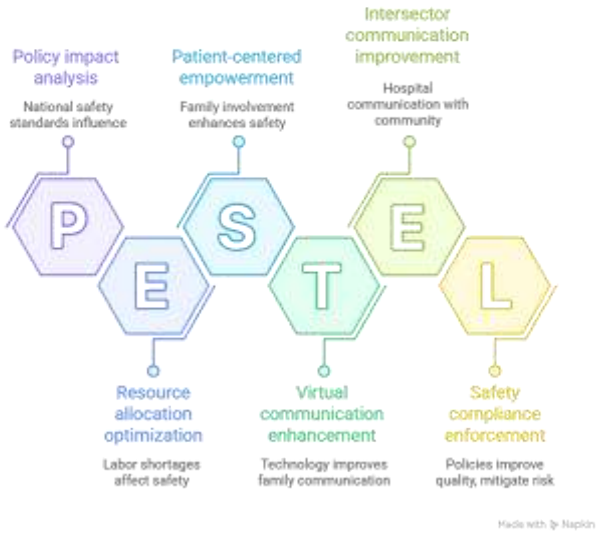

FIGURE 2 Advanced Nursing Practice: Patient Safety

4. Interdisciplinary Collaboration

The discussions conducted in the focus group showed that there was a lot of emphasis on collaborative practice. APNs reported excellent collaboration with physicians, allied health professionals, and support staff when it comes to high safety standards. Teamwork was also perceived as an essential aspect of providing coordinated care and high-quality care.

One strength and area of growth in the care team was deemed to be communication in the care team. The openness and mutual respect noticed by some participants in the relationships among their colleagues was evaluated in some cases as support to "speak up" on matters of safety. Meanwhile, other studies said that they experienced difficulty in the effort of gaining the support of clinical managers or in resolving hierarchies.

The common team based safety practices that were applied included multidisciplinary round, shift-of-shift safety huddles and exchange of information, goal alignment and continuity of care.

5. How policies and regulations affect safety

The participants were much informed about national standards of safety as well as safety protocols, such as those published by the Australian Commission on Safety and Quality in Health Care and NSW Clinical Excellence Commission. These policies gave a systematic way of improving quality and mitigation against risk.

There was, however, one concern among the APNs that steered toward safety compliance becoming bureaucratic. As an example, so-called tick-box measures were accused of the priority to fulfill the documentation rather than

working with patients or making clinical decisions. Although standards were recognized to be needed, other participants felt that their true worth was determined by the extent to which they are used meaningfully.

It was also felt that APNs were frequently disproportionately charged with responsibility to secure compliance especially in settings where they had little or no support or staff(9).

6. Areas that were found to be improvements to be done

Lastly, the participants of the discussion have revealed several target areas that require improvement in order to support patient safety better. These were as follows: expanding the access to education and training among nurses, alleviating the shortages on the labor market and improving the supply of resources and enhancing intersector communication of the hospitals with community-based services.

APNs wanted to be more involved as patients advocates, especially during discharge planning and transition of care. They observed that the presence of complex needs led to the fact that such patients frequently found themselves in a situation of a loss of coordination of various services, thereby potentially putting their safety at risk after discharge.

Further, such phenomena as wait times and slow referrals were regarded as a risk to the well-being of patients, and some APNs underlined the need to improve the coordination of the system and efficient access to support services. There was also a demand of increased Clinical Nurse Consultants to work alongside new nurses and enhance continuity care at a community level.

4.Conclusion

This paper highlights the extent to which Advanced Practice Nurses (APNs) are essential in ensuring patient safety in the hospital and the community set-ups. APNs also have a salient opportunity to influence the potential risks, evidence-based interventions, and chair quality improvement programs to improve patient outcomes due to highly specialized clinical training, professional autonomy, and leadership potential.

The researchers of this study did not regard patient safety as a distinct required task but as a holistic and continuing part of their everyday duties. They do much more than bedside work and include system-level thinking, interdisciplinary collaboration, and patient and family teaching. APNs identified themselves as advocates, educators, and change agents- pioneering the development of standards of care, changing the culture of safety, and causing lasting change in practice.

Critically, APNs emphasized the importance of interdisciplinary respect and collaboration, open communication, and effective patient- and family-centered interactions in establishing a safe care model. Nevertheless, they also found systemic challenges like poor staffing, resource constraints, bureaucracy and ill-coordinated transition of patients to be continuous impediments to patient safety.

The results have implied that healthcare systems would need to proactively support the roles of APNs through the right policy regimes, increased access to education, and encompassing decision-making systems to enable them to reach their full potential in terms of safety-improvement. Increasing the power of APNs both in clinical and higher levels can make great contribution to the creation of safer, more responsive, and more patient-centered healthcare systems.

To conclude, the current study can provide useful information to the teacher, healthcare managers, and policymakers. Appreciating and leveraging APNs to be some of the most crucial patient safety stakeholders is not only central in ensuring better outcomes, but enhancing a culture of permanent safety improvement in both acute and community environments.

Acknowledgement: Nil

Conflicts of interest

The authors have no conflicts of interest to declare

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e-ISSN: 3068-6245 ISSN Print: 3068-6237

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