

Patient Safety Culture from a Patient Perspective

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Abstract

Objectives: A culture of patient safety is crucial in healthcare settings. It involves creating an environment where staff feel comfortable reporting errors and near misses without fear of retribution, which leads to better outcomes and trust from patients. This study aims to address environmental factors to highlight and interpret service excellence, safety environment and facilitate efficient care to the patients' safety. But there is lack of patients perspective to describe the territories of satisfaction and the work context. We conducted this study to explore the magnitude of work environment and its associated factors among patients treating at king Abdullah medical city.

Methods: A cross-sectional study included 104 patients from King Abdullah Medical City (KAMC) in Saudi Arabia. Data were collected using a validated questionnaire to measure patients' opinion and predict the significant variable that plays a vital role in defining the background. data are typically analyzed using descriptive statistics to summarize the main features of the data, and inferential statistics to make inferences about the population based on sample data.

Results: We distributed questionnaires to total of 104 eligible patients, responded to the questionnaire with the response rate of 54% male and 46% female. The findings demonstrated a higher/moderate level of satisfaction. Moreover, the predictors related to patients safety culture as a guiding principle in delivering the standard level of care and safe environment demonstrated a statistically significant association at p level 95%.

Conclusion: The study's findings demonstrated that patients admitted in different inpatient units at king Abdullah Medical City perceived moderate level of safety environment.

Keywords: Patient Safety Culture; Patient Perspective; Safety Environment

Introduction

The World Health Organization estimates that 134 million adverse events occur each year due to unsafe care in hospitals in low- and middle-income countries, resulting in some 2.6 million deaths. Most of these deaths are avoidable; Healthcare organizations and providers strive to deliver care that is safe, effective, and patient-centered. There is a sobering statistic from Dr. Tedros Adhanom Ghebreyesus that at least 5 patients die every minute⁶. It underscores the critical importance of global efforts to improve patient safety and reduce preventable harm in healthcare settings. A patient safety culture that emphasizes partnership with patients, learning from errors, and a non-punitive environment is essential for improving healthcare outcomes. This approach not only helps in reducing errors but also fosters an atmosphere of trust and continuous improvement. Patient safety is a critical concern even in high-income countries with advanced healthcare systems. It highlights the need for ongoing vigilance, quality improvement initiatives, and robust safety protocols to prevent harm. Many adverse events in healthcare are preventable, which means there's a substantial opportunity to reduce harm through effective risk management, staff training, and system improvements [1].

Investing in patient safety not only improves health outcomes but also has a positive financial impact. By reducing the incidence of adverse events, healthcare organizations can save on the costs associated with additional treatments, legal issues, and other complications arising from unsafe care. The cost of implementing preventive measures is indeed much lower than the cost of treating harm. As an example, there is a remarkable example from the United States, where focused safety improvements have indeed resulted in substantial financial savings. Initiatives such as reducing hospital-acquired conditions and readmissions have been key contributors to these savings. Also, greater patient involvement is crucial for safer care. Engaging patients in their own care encourages shared decision-making, increases adherence to treatment plans, and helps to identify potential safety issues early on [2].

While patient safety is a critical first step in improving quality of care, developing a culture of safety is fundamental to any effort aimed at improving patient safety. It involves creating an environment where safety is prioritized, communication is open, and errors are used as opportunities for learning and improvement. Clear policies, leadership capacity, data to drive safety improvements, skilled health care professionals and effective involvement of patients in their care, each component plays a vital role in ensuring that safety is embedded in every aspect of healthcare delivery [3]. Patient satisfaction and hospital safety culture are integral to assessing healthcare quality and patient safety. They serve as important metrics for identifying areas of excellence and areas needing improvement. By measuring these features, healthcare organizations can target their quality improvement efforts more effectively.

However, because safety culture surveys focus mostly on the perspective of hospital staff, studies related to improving patient safety from the patient's perspective are considered insufficient internationally and lacking in the Kingdom of Saudi Arabia. It might be due to several reasons, for example -but not limited to- the novelty of the field somewhat, the belief that the patient does not have an effective role in improving patient safety and other reasons [4]. The systematic review by Al-Balawi Abdul Majeed in 2020 is an important contribution to understanding patient safety culture in Saudi Arabia. Such reviews are valuable as they synthesize existing research to identify what is working well and what areas need improvement, included 14 papers and provided a comprehensive insight into the strengths and weakness factors contributing to patient safety culture in Saudi Arabia. That's an important observation. Including the patient perspective is crucial for a complete understanding of patient safety culture. It's essential that future research incorporates feedback from patients to ensure that their experiences and insights inform safety improvements. Indeed, understanding the correlation between hospital organization for quality and safety and patient perceptions of care is vital. It helps healthcare systems to identify which organizational factors are most influential in shaping patient experiences and outcomes, thereby guiding targeted interventions. Patients are indeed an underutilized source of valuable information regarding the safety of their care. Actively seeking and incorporating patient feedback can lead to a deeper understanding of safety issues and contribute to more effective safety interventions [5]. Thus, we are aiming to measure safety explicitly focusing on patients' perceptions of safety culture in King Abdullah Medical City - Saudi Arabia.

The patient perspective is crucial in patient safety. Patients often have unique insights into their care that can help predict and prevent harm. Recognizing this, many healthcare systems are working to involve patients more directly in safety initiatives. The study by Lawton and Hara, *et al.* (2015) is a significant contribution to the field, highlighting the value of patient feedback in enhancing safety outcomes. It underscores the potential for patient experiences to inform and improve healthcare practices. The study by Lawton, Jane O'Hara, *et al.* (2017) provides valuable insights into how patients can be engaged in reporting safety concerns. The patient reporting and action for a safe environment intervention is a great example of how patient feedback can be actively solicited and used to improve care.

Additional to that, O'Hara, *et al.* (2018) stated that patient safety measurement remains a global challenge. However, the patient perspective is a critical yet frequently overlooked source of learning in the context of patient safety. It's important for healthcare systems to recognize and utilize this valuable resource to inform safety improvements. Patient insights indeed have the potential to complement and enhance existing patient safety measurements. By integrating patient feedback with other metrics, healthcare organizations can gain a more holistic view of safety and identify areas for improvement more effectively.

Patients indeed have a vital role in healthcare, and their contributions to understanding safety are invaluable. Assessing patients' awareness of patient safety culture during their hospital stay can provide key insights into how well safety principles are being communicated and adhered to.

Objectives of the Study

To identify the patients' perspectives around areas of safety concerns and vulnerabilities to intervene before incidents occur in King Abdullah Medical City - Saudi Arabia.

Materials and Methods

A descriptive cross-sectional design was adopted to investigate patient safety culture from a patient perspective whose admitted in different adult male and female inpatients units excluding patients with COVID-19, and those with mental disorders. The sample size was calculated based on king Abdullah medical city sampling method's principles with a 95% confidence interval and 5% margin error.

The data collection instrument online survey was submitted to the patient experience office to share it with the participants. The total sample size was 104 who were identified using the random/probability technique, the inclusion criteria were all wards for adult inpatients, who are volunteers. The online tool comprised of the significance, aims, and objectives of the research. patients read the instructions on the first page to give their consent and to proceed with their responses.

Instrument

The study instrument used patient measure of safety "PMOS" tool with a patient to provide a unique perspective on the safety of their care in hospitals. A study by Taylor, Clay, *et al.* (2020) patients can provide a unique perspective on the safety of care in hospitals. Understanding that the extent to which the way hospitals are organized for quality and safety is associated with patient perceptions of care is becoming increasingly valued and necessary for the direction of targeted interventions across h healthcare systems. The UK developed patient measure of safety (PMOS) assesses eight domains of ward safety from the patient point of view and has recently been adapted and piloted in Australia. The aim of this study is to test the psychometric properties of PMOS Australia (PMOS-A) amongst a large cohort of hospitalized patients. Positive relationships were found for all tests between P MOS-A and adherence to clinical guidelines, and these were significant when assessed in the calibration datasets for the full and assisted completion samples. Conclusion A sufficiently reliable and valid measure of patient perceptions of safety has been developed. These findings should provide adequate support to justify the use of this measure to assess patient perceptions of safety in Australian hospitals and can be modified for use elsewhere. A study

by Schiavone, *et al.* examined an Italian version of the PMOS-30 questionnaire to improve healthcare quality in an Italian hospital. A cross- study was conducted with 435 inpatients at a hospital in the Campania Region of Southern Italy using the PMOS-30 questionnaire and two other questions to assess patient feedback. The study was conducted with 435 inpatients, and the results were presented to the hospital decision makers suggesting appropriate interventions. The experience showed that the use of the PMOS-30 questionnaire improve safety and health care quality in hospital settings through patient feedback. A study by Lawton, Hara, *et al.* (2017) in the U.K evaluated the efficacy of the Patient Reporting and Action for a Safe Environment intervention. Design multicentre cluster randomised controlled trial. Setting Clusters were 33 hospital wards within five hospitals in the UK. Participants All patients able to give informed consent were eligible to take part. were 33 hospital wards with in five hospitals in the UK. Participants All patients able to give informed consent were eligible to take part. Wards were allocated to the intervention or control condition. Intervention The ward level intervention comprised two tools: (1) a questionnaire that asked patients about factors contributing to safety (patient measure of safety (PMOS)) and (2) a proforma for patients to report both safe ty concerns and positive experiences (patient incident reporting tool). The result suggested that, patient safety outcomes may represent too blunt a measure. Conclusions Patients are willing to provide feedback about the safety of their care.

Results

Demographic characteristics

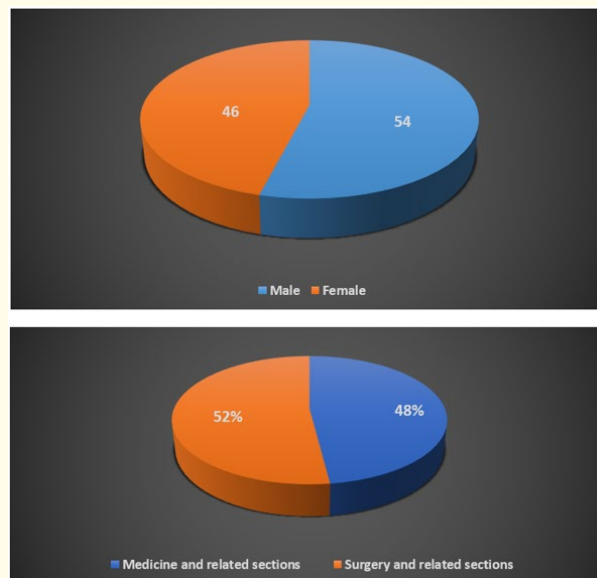


Figure 1

Days of hospitalization

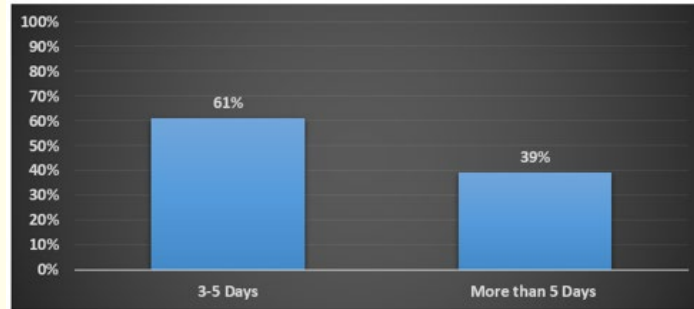


Figure 2

The hospital characteristics

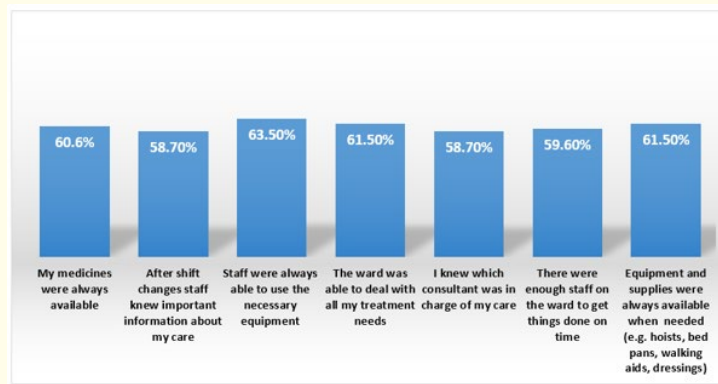


Figure 3

Discussion

In Saudi Arabia, patient safety culture from a patient perspective had been extensively documented in several studies. This study is the first study investigating all safety dimensions, including the work-associated environmental support. This study’s results underpin the patients’ attributes in attaining safety culture including its predictability of obtaining support from institutional resources. A representative data with the sample size 104 were recruited.

The current study revealed that patients demonstrated a moderate Level of safety satisfaction is in parallel with the study conducted among patients of different inpatient units at King Abdullah Medical City.

With the ongoing transformation in the healthcare delivery system in KSA, it is crucial to focus on each fragment of health care domains that could meet the hospitals’ relevant sector challenges. Our study established a clear overview, discussed the professional and environmental support by improving the medical staff performance, patients satisfaction and improving the patients care environment.

There is statistically significant moderate satisfaction about the staff performance and availability of patients' needs.

We observed significant and clear views about the environmental safety factors that affecting on patient's care and consequently on patients' satisfaction.

Research has indicated that teamwork is positively related to performance.⁵⁴ Hence, the very weak correlation between the Teamwork composite and accreditation compliance was unexpected. In the current study, teamwork was the positive-rated composite and also had the smallest variation. In the current study, teamwork was the highest positive rated composite.

Strengths and Limitations

This is the first study to examine the relationship between PSC and the patient perspective. The cross sectional aspect of this study allowed different factors to be measured at a single time point, resulting in more reliable data that is less subject to the possible biases of case series and case reports. The multi method design allowed the multiple interactions between various components and subjects to be investigated from numerous angles.

Conclusion

The in-depth exploration showed an improved understanding of multiple mediating strategies as a determinant causative factor in managing or being exposed to a different safety dimensions. organizational/structural characteristics of KAMC may affect its performance, culture is the principal player in this game. If KAMC strives to better the quality and safety of its clinical services, it should assess and improve the culture concerning patient safety. The culture of KAMC is reflected in the decisions taken on safety, and this has an impact on the KAMC Staff performance. Put simply, culture is the soil, whereas performance is the fruit. Our findings are expected to help KAMC leaders better comprehend the link between patient safety culture and patient satisfaction and develop realistic plans to improve culture and, eventually, performance.

Ethical Approval and Consent to Participate

Ethical approval was granted by the IRB Committee at king Abdullah medical city (Approval Number: 22-946). We confirm that all methods were performed in accordance with the relevant guidelines and regulations of the IRB Committee at king Abdullah medical city. Participating respondent identities were kept confidential and coded to ensure anonymity. Participants provided voluntary verbal informed consent after receiving an explanation of the study's value, benefits and risks, and after their questions were satisfactorily answered. Verbalisation of informed consent was approved by the IRB Committee.

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Disclosure

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