
| RESEARCH ARTICLE

Perception of Healthcare Providers about Patient Safety Culture: A Literature Review

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| ABSTRACT

Patient safety culture is viewed as an important organizational aspect that influences patient safety and is related to teamwork and communication about errors. The main aim of this paper is to highlight the perception of healthcare providers about patient safety within the current literature. Different databases were used for the search strategy and systematic literature search. Quantitative studies that have been eligible are those that have been conducted in clinical practice settings and other community settings. Key words for the search included healthcare providers, professionals, perception, safety, patient safety, safety climate, safety culture, patient safety culture, and Saudi Arabia. In several aspects of patient safety, such as the atmosphere of cooperation, healthcare providers had favorable attitudes. However, they also had more pessimistic views on other aspects, such as the assistance provided by management and the overall safety atmosphere. Policymakers, healthcare management, and doctors who want to build a culture of learning should prioritize educating future healthcare practitioners about patient safety and encouraging them to have direct and active engagement in patient safety processes. This will ensure that patients get therapy that is devoid of risks.

| KEYWORDS

Perception, Patient safety, Healthcare providers

| ARTICLE INFORMATION

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1. Introduction

Errors in medical practice have been a source of worry since ancient times, and they continue to be a focus of interest even after the publication of the study "To Err is Human: Building a Safer Health System" by the Institute of Medicine (IOM) (Stoyanova et al., 2021). Since the release of the IOM report, there has been a considerable shift in focus toward building a culture of patient safety to create safer health systems. Suppose a comprehensive culture of safety is developed. In that case, in which adverse incidents can be reported without fear of retaliation, individuals will have the opportunity to learn from their mistakes. Improvements will be able to be implemented to prevent future harm to both humans and systems, which will lead to an increase in patient safety (Aljaffary et al., 2022).

The problem of safeguarding the safety of patients is tackled on a worldwide basis since it is an issue that is significant in every country. No matter where they are located or their economic situation, contemporary societies have an unquenchable thirst for health care that places equal emphasis on quality and safety. The Saudi Arabian healthcare system has a growing number of complaints and claims against healthcare providers due to mortality or morbidity linked with adverse events. These complaints and claims are being filed due to an increase in the frequency of adverse occurrences. Fear of being held responsible was thought to be the most significant barrier to reporting incidents and prescription mistakes among Saudi Arabian nurses. This was the case in Saudi Arabia (Albalawi et al., 2020).

It is generally acknowledged that the patient safety culture of an organization is an essential factor in determining patient safety. This culture is associated with collaboration among staff members, open discussion of mistakes, the recording of incidents, and

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the continuous improvement of practices (Skoogh et al., 2022). An organization's safety culture may be defined as "the result of individual and group beliefs, attitudes, perceptions, competencies, and patterns of behavior that influence an organization's commitment to, and the style and competency of, its health and safety management" (Tocco Tussardi et al., 2021).

Most definitions of patient safety culture emphasize the significance of the values and standards held in common by the members of a group. Examples of such groups include a team, a profession, and an organization. The team members' actions are directed by the principles that serve as the team's values (Skoogh et al., 2022). Any given group's (unit's, service's, department's, or organization's) safety environment may be used as a proxy for its safety culture. That part of a secure culture may be obtained from the thoughts and feelings of the individuals who work there (Tocco Tussardi et al., 2021).

Investing in the education and training of the next generation of healthcare professionals can make future healthcare settings safer (López-Hernández et al., 2020; Alwhaibi et al., 2020). This will help cultivate a solid commitment to a safety culture and the necessary skills, knowledge, and behaviors. Acknowledging the contributions of those who work in the medical area is essential. Investing in the education and training of today's kids to cultivate a robust understanding of and commitment to safety culture may make future healthcare facilities safer. The primary objective of this investigation is to shed light on the existing body of research on the opinions of healthcare staff toward the safety of patients.

1.2 Main purpose

The main aim of this paper is to highlight the perception of healthcare providers about patient safety within the current literature.

2. Methods

2.1 Search strategy

Different databases were used for the search strategy and systematic literature search. These databases include Saudi Digital Library, Ovid MEDLINE, PubMed, Ovid OLDMEDLINE, Embase Classic + EMBASE (Ovid), The Web of Science (Thomson Reuters), The Cochrane Library (Wiley), and Cinahl Plus (EBSCOhost).

The researchers were interested in searching in international peer-reviewed scientific journals, and the search was conducted in the English language. Additionally, a search on Google was done. Also, a hand search was conducted; reference lists of articles that have been included were done, as well as the relevant names of the authors, which were also searched to identify more relevant articles.

2.2 Inclusion and exclusion criteria

The studies considered for inclusion in this review were restricted to those that met the primary objective of the current scoping review, which was to discover evidence of attitudes about a diabetic foot. Studies that have been published in English, published in peer-reviewed journals that matched the study topic, and published after the year 2016 have been included in the current paper. Quantitative studies were also suitable for inclusion, as were research projects carried out in clinical practice settings or other community settings. Studies undertaken in clinical practice settings or other community settings were accepted for inclusion. Key words for the search included: healthcare providers, professionals, perception, safety, patient safety, safety climate, safety culture, patient safety culture, and Saudi Arabia.

2.3 Exclusion criteria

Studies that were done before 2015 and which had not been applied to healthcare providers were excluded.

2.4 Data extraction

Data extraction was carried out by researchers independently from other previous literature and previous related published studies. The data extracted, in addition to other studies, provides important and effective results.

3. Results

3.1 Teamwork

Studies have found acceptable mean scores between 61.18 (AlOlayan et al., 2021) and 67.26 (i.e., the proportion of participants providing the desired or correct answer, which reflects a positive attitude towards patient safety), but only up to 60% (i.e., the proportion of participants providing the desired or correct answer, which reflects a positive attitude towards patient safety) (Kong et al., 2019). A comprehensive review of studies reporting results from safety attitude surveys like the Attitudes to Patient Safety Questionnaire (APSQ) and the Hospital Survey on Patient Safety Culture (HSOPC), including mean scores and percentages of respondents who gave positive responses for each patient safety domain.

The highest average APSQ score was found in the team functioning domain, which was the case across all four studies (Bari et al., 2017; Kamran et al., 2018; Kamran et al., 2019). Researchers that used the HSOPSQ found that the domains of open communication and smooth patient handoffs and transitions scored lower than the areas of collaboration within and between units (60–74%).

(Bump et al., 2017). Four more papers emphasized the value of cooperation in their surveys in addition to the SAQ, APSQ, and HSOPSC (Lee et al., 2018).

3.2 Safety Climate

In prior studies, the averages were much lower [59.73] (AlOlayan et al., 2020), 66.16. (Kong et al., 2019). Kong et al. (2019) and Al-Surimi et al. (2018) found that in this particular field, the percentage of individuals who provided affirmative responses was the lowest possible, coming in at 30.7% and 40.7%, respectively.

Liu et al. (2018) and Nadarajan et al. (2020) both indicated strong favorable response rates for the APSQ domain error reporting confidence, even though Park et al. (2019) found values that were lower than 60%. In addition, the HSOPSC domain of nonpunitive reactions to errors showed a relatively low percentage of positive answers (between 35 and 40 percent). (Bump et al., 2015; Bump et al., 2017). In addition, participants who took part in the research conducted by Bowman et al. (2017) and Gropelli and Shanti (2018) reported that their mistakes were utilized as evidence against them (Kamran et al., 2019).

Favorable response rates for the APSQ domain of disclosure accountability, which had the lowest mean scores, varied from 56.90% (Alwhaibi et al., 2020) to 77.0% (both studies). This domain also had the highest standard deviations (Kamran et al., 2019). Similarly, the HSOPSC was only notified of 58 percent of all adverse occurrences (Bump et al., 2015).

Studies that employed questionnaires other than the SAQ, APSQ, and HSOPSC came to inconsistent conclusions regarding respondents' views about disclosing mistakes. While many of the pieces got positive responses, others received commentary that was quite critical (Shah et al., 2015). On the other hand, others had attitudes that were less receptive toward acknowledging faults (Cauduro et al., 2017; Nabilou et al., 2015).

Positive scores were given for the overall views of patient safety on the HSOPSC domain by 55% and 85% of the respondents (Bump et al., 2015; Bump et al., 2017). In the same vein, the APSQ domain of overall patient safety is relatively comparable to this one, even though it was only discovered in the two studies that used the APSQ-IV (Park et al., 2019). The one and only area of study that published frequency data were carried out by Park et al. (2019), and their findings revealed a very encouraging affirmative response rate of 74.4%. In conclusion, research that was carried out using instruments other than the SAQ, APSQ, and HSOPSC demonstrated a comparable understanding of the significance of patient safety (Shah et al., 2015).

3.3 Management Support

Al-Olayan et al. (2020) discovered a positive response rate between 44.8% and 47.6%, but Al-Surimi et al. (2018) discovered a mean score of 50.7 on the SAQ domain of managerial support. Eighty percent of respondents reacted favorably when asked about the HSOPSC domain supervisors' objectives and efforts supporting patient safety. This is a relatively high number of positive responses. (Bump et al., 2015; Bump et al., 2017). However, when analyzed on a domain-specific level, management's positive response to patient safety measures dropped to a much lower level of 55%. (Bump et al., 2015).

3.4 Work Conditions

The overall average score for the SAQ category of working conditions came in at 64.74, which is within the acceptable error margin (AlOlayan et al., 2022). There was a significant disparity in the reported favorable response rates (35.9%, as reported by Kong et al. (2019), and 57%, as reported by Al Surimi et al. (2018). Working hours were revealed to be a cause of the error, having one of the highest mean scores across all three studies in the APSQ area (Kamran et al., 2018; Kamran et al., 2019; Escher et al., 2017). In research conducted by Nadarajan et al., similar results were found: 89.5% of respondents provided positive comments (2020).

In comparison, the individuals in the HSOPSC domain received lower percentages of yes votes, with 60% of the votes being positive. (Bump et al., 2017; Bump et al., 2015). People's perceptions of their working conditions directly affect how satisfied they are with their jobs and how aware they are of their exposure to stress, two factors examined by the Stress Awareness Questionnaire (SAQ). The study by AlOlayan et al. (2020) revealed the highest mean score of work satisfaction (70.25), while the studies by Al-Surimi et al. (2018) and AlOlayan et al. (2020) identified the maximum rate of positive answers [65.6% and 67.9%, respectively] (AlOlayan et al., 2020).

The results of stress recognition were sometimes different from investigation to investigation. In the trials conducted by Al-Surimi et al. (2018) and Al-Olayan et al. (2020), respectively, the domain achieved the highest positive mean score (70.75) as well as the highest positive response rate (51.5% in the Kong et al. 2019 study).

4. Discussion

One valuable lesson from this study was that the value of teamwork was consistently lauded across all of the various research settings. Most of the medical team appreciated the importance of working together to enhance patient care and reduce the occurrence of adverse events. Several essential aspects of collaboration, including problem-solving, communication, and resolving

conflicts, were also acknowledged. Keep in mind that the environment is crucial in determining team performance level (Rosen et al., 2018).

It is probable that certain medical facilities, as well as the clinical departments within such institutions, put greater importance on cooperation than other medical facilities. The existence of such microclimates or subcultures may have an impact on the dynamic of the team. Because of this, it is imperative that the so-called "secret curriculum" be put into action (Royal College; Patient Safety Institute Canada, 2021). To put it more simply, this word refers to the teaching and learning that takes place spontaneously inside educational institutions as a result of elements such as the culture of the institution, the organizational structure of the institution, and the interactions between students and professors (Tocco Tussardi et al., 2021).

The informal learning that takes place during clinical practice, which may be influenced by the patient's location conditions, can significantly influence one's attitude toward patient safety and care (Kang et al., 2021). (Rajput et al., 2017). It is essential that the components of the explicit curriculum, which is used in formal instruction, correspond to those of the hidden curriculum as closely as is practically possible. This is done in the hopes that a more positive perspective on safety culture would develop. The disguised curriculum does this, which fosters principles of safety and may ultimately lead to the formation of a culture of safety. Alternatively, the substance of formal training may be disregarded or rejected by subcultures, and favorable safety attitudes may be met with opposition, which reduces the efficacy of education.

It is interesting to note that the areas of supervisors' expectations and actions supporting patient safety scored higher than both the perceived and actual management support for patient safety. This is an important consideration that must be given. This finding is likely due to the knowledge gap between the existing unofficial patient safety training and the more sophisticated, approved curriculum (Wu & Busch, 2019).

For reporting to be effective and result in change, good management and following action are required (e.g., well-established feedback mechanisms, implementation of appropriate corrective actions, and dissemination of results throughout the organization to promote learning processes). There are existing reporting systems in place at many firms, but the most efficient ways to handle problems are still being developed (Moeller et al., 2016). The poor scores in "organizational learning and continuous growth" reflect this fact. Evaluations on error inevitability were generally positive, even though most students favored a blame-free society and a methodical approach to comprehending error, and most students took a systemic perspective. Despite this, several studies have contributed to the spread of incorrect perceptions about the elements that cause specific effects, such as the notion that medical errors are indicative of a lack of expertise on the part of physicians.

5. Conclusion

Some health providers' attitudes toward the safety of their patients were positive. On the other hand, they expressed less favorable opinions on other aspects, such as the help provided by management and the overall safety climate. It was shown that those with higher levels of education and a gender bias toward women were more likely to have a positive attitude toward patient safety. When taken as a whole, our findings point towards a few different prospective avenues for further research and development. Future healthcare practitioners should have patient safety education as a significant component of their coursework. Policy-makers, healthcare administrators, and physicians should promote their direct and active engagement in patient safety procedures.

Because the hidden curriculum has such a tremendous influence on students who may one day become physicians and nurses, it is critical that the values conveyed in both the explicit and hidden curriculums be on par with one another. This is necessary to set the framework for cultivating a robust and constructive safety culture and encourage high-quality care.

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