A Perspective on Patient Safety Culture among Nurses in Qatar

M. Walid Qoronfleh[1,2], **Musthafa Mohamed Essa**[3], **Sawsan Mohammed**[4]

[1]Q3CG Research Institute (QRI), Research & Policy Division, Ypsilanti, MI, USA, ORCID: 0000-0001-6757-1922, [2]21 Health Street, Consulting Services, London, United Kingdom, [3]Sultan Qaboos University, Muscat, Oman, ORCID: 0000-0001-7505-9785, [4]Qatar University, QU Health, College of Medicine, Doha, Qatar, ORCID: 0000-0002-7836-4352

Abstract

Background: The vitality of developing a safety culture in healthcare settings has become increasingly important following international investigations that highlighted the failures in health care delivery. Nurses, being at the frontline of healthcare, play a vital role in promoting patient safety and maintaining safety standards by being active in reducing medical errors. Weak patient safety culture has been identified as one of the major contributing factors to adverse events. **Objectives:** The present case investigated the different perceptions around patient safety culture and the factors considered of utmost importance to developing and maintaining this culture among nurses residing and working in Qatar. **Methods:** The present study utilized the English version of the Hospital Survey on Patient Safety Culture (HSOPSC) to collect responses from nurses residing and working in Qatar to determine their perceptions of patient safety culture. A convenient sample from the conference delegates of Middle East Forum for Quality and Safety 2018 was used as participants. Participation in the self-reporting survey was completely voluntary and anonymous. **Results:** The highest rated culture dimensions were organizational learning, continuous improvement, and teamwork within hospital units (89% and 88% positive responses, respectively). The lowest rated dimensions were non-punitive responses to error and staffing issues (28% and 35% positive responses, respectively). **Conclusions/Implications for Practice:** Similar to the global trends, error reporting should be viewed as a strategy to learn from mistakes and an initial step to create patient safety culture. In Qatar, while patient safety culture is generally well executed, with overall positive responses for the different measured composites, patient safety culture is yet to be fully developed. Initiatives are needed to improve staffing, handoffs, and transitions, as well as non-punitive responses to medical errors.

Keywords: culture, hospital, HSOPSC, nurses, patient safety, quality improvement, Qatar

INTRODUCTION

As indicated by the Institute of Medicine's (IOM's) landmark report, medical errors are one of the leading causes of death in the medical field.[1] Patient death occurring due to a preventable medical accident, while receiving health care, is estimated to be 1 in 300.[2] In fact, other figures published by the World Health Organization (WHO) show that 1 in 10 patients experience some sort of harm in a healthcare setting.[3] Medical errors incur an annual direct cost ranging from $17 million up to $29 million.[1] However, the emotional economic cost of all involved is enormous and unfathomable. Therefore, undoubtedly, patient safety has become integral to healthcare quality measures and as a result has become one of the most widely discussed as well as monitored parameters for quality improvement by all healthcare organizations around the world.

The culture of patient safety is evolving worldwide. Largely, this culture is centered on the maintenance of patient safety and the prevention of medical harm and error. Patient safety culture is the ultimate outcome of multi-factorial interactions that include attitudes, skills, values, and behaviors. Therefore, an effective implementation of patient safety culture requires a multitude of crucial interplaying factors such as effective/open communication, suitable policies, compliance with procedures, appropriate staffing, environmental safety and

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security, supportive leadership, organizational culture, and training and orientation.[4]

Nurses, being at the frontline of healthcare, play a vital role in promoting patient safety and maintaining safety standards by being active in reducing medical errors. Across the Hamad Medical Corporation (HMC) health care system in Qatar, nurses and midwives play a visible role in the delivery of safe, effective, and compassionate healthcare. HMC has over 12,000 nurses working across hospitals, clinics, homecare, and residential services. HMC possesses a truly multi-cultural group of healthcare professionals. The nationalities of nurses represent at least 45 different countries reflecting the diversity of State of Qatar population. With this plurality, patient safety in nursing practice demands change as new ways of working are implemented. Evidence suggests that workforce staffing and workflow design affect medical errors and patients' safety outcomes.[1-4]

The present study investigated the different perceptions around patient safety culture and the factors considered to be of utmost importance to the development and maintenance of this culture among nurses residing and working in Qatar.

METHODS

Setting and context

Based on key findings from the 2015 WISH patient safety report [*Transforming Patient Safety: A Sector-Wide Approach, 2015*], which highlighted the global gaps and barriers to achieving the goal of zero patient harm, the WISH research team associates conducted a survey as part of their full participation in the Middle East Forum for Quality and Safety in 2018 (MEF 2018). Typically, the MEF is hosted by HMC, Doha, Qatar, in collaboration with the Institute for Healthcare Improvement (IHI), Boston, MA, USA. The MEF is the region's most successful and well-established healthcare conference focused on healthcare quality improvement. The MEF is regularly attended by more than 3000 healthcare leaders and practitioners from around the globe. The nurses working in Qatar and those who attended the MEF 2108 conference between 23 and 25 March 2018 were surveyed and asked different questions on their personal experiences and perceptions of patient safety culture.[5]

Design, sample, and procedure

A descriptive, cross-sectional design using a self-reported questionnaire was used (see Section Instrument). A convenient sample from the conference delegates was surveyed. It comprised mostly of healthcare practitioners and frontline workers such as physicians, nurses, midwives, and other healthcare professionals, advocates, policymakers, and leaders in the field. Nurses visiting the WISH booth during the conference were invited to participate in the survey. Participation was completely voluntary and anonymous.

The participants were asked to fill up a printed survey questionnaire, which included both quantitative and open ended, qualitative questions. Respondents used a Likert scale questionnaire while answering items. This scale is the most broadly used method for scaling responses in survey studies. The survey questions requested the person to indicate their level of agreement; from strongly agree to strongly disagree, in order to obtain a holistic view of people's opinions and their level of agreement. A total of 167 participants completed the survey. The data collected wereanalyzed using STATA, a general-purpose software package for statistics and data science commonly used in public health research.

Instrument

The Hospital Survey on Patient Safety Culture (HSOPSC) was used to assess patient safety culture among nurses (HSOPSC, Sorra *et al.*[6]) While this is a tool that was originally used to assess patient safety among nurses in the USA, it has recently been used internationally (including the Middle East, Ammouri *et al.*[7]) We utilized the English language version of the assessment scale. The HSOPSC has 12 different dimensions to measure perceptions on patient safety culture which include: communication openness, feedback about errors, transitions and handoffs, management support for patient safety, non-punitive response to error, organizational learning and continuous improvement, staffing, supervisor/manager expectations, teamwork across units, teamwork within units, and overall perceptions of safety and frequency of events reported.

RESULTS

Nurses, being at the frontline of healthcare, play a vital role in promoting patient safety and maintaining safety standards by being active in reducing the medical errors. The present study investigated the different perceptions around patient safety culture and the significant factors pertaining to the development and maintenance of this culture among nurses in Qatar.

Overall, there have been vast improvements in the area of patient safety and quality of healthcare services over the past years with an increased emphasis on patient safety issues and quality of care delivered. A few examples in this regard are as follows: (i) patient and family involvement in care, (ii) improving medication safety, (iii) reducing healthcare associated infections, (iv) preventing falls and pressure ulcers (bed sores), and (v) improving reporting systems (from MWQ author presentation at the 4th International Conference on Patient Safety [ICPS 2019], Islamabad, Pakistan).

An earlier investigation in 2016 conducted a voting survey on the elements and barriers that would be the most critical factors in improving patient safety culture in the Middle East region. The results of the survey showed that leadership commitment was the most critical element towards

improving patient safety, while fear of legal punishment was considered to be the greatest barrier to improvement (unpublished data, presented at Apollo 8th International Patient Safety Conference 2019, Hyderabad, India).

In the continued effort to assess patient safety culture in Qatar, the present short study provided further insight into the related issues. The responses were categorized based on the different measurable composites mentioned above. Results were summarized and presented in Figure 1. Few composites such as organizational learning and continuous improvement scored the highest rate (89% positive responses). It was followed by team work within a unit and management support for patient safety scoring 88% and 73%, respectively, while others such as non-punitive response to error scored only 28%. The above scoring was the composite with the least positive responses, thus, emphasizing the view that nurses often felt that their mistakes were held against them and recorded in their personnel file. The second least scoring composite was the adequate staffing/staffing challenges with a score of 35% which was followed by case handoffs and transitions of shifts reporting with a score of 41% [Figure 1].

The study results present opportunities not only for patient safety/healthcare quality improvements but also have implications for framing future policies. For instance, the non-punitive response error finding could be a key policy target to foster a just, safe culture amongst first-line healthcare workers. Additionally, capitalizing on the team camaraderie, finding solutions to resolve issues surrounding handoffs, and transitions by implementing policy procedures that enhance information and communication flow are essential. Interestingly, communication openness composite score was only 51%, indicating room for required improvement.

DISCUSSION

The successful strides of Qatar in the patient safety area have been largely driven by the following:

Leadership

Qatari healthcare leaders exhibit the strongest commitment to patient safety, nationally. Patient safety has been incorporated into the National Health Strategy (NHS) 2018–2022. Furthermore, leadership has been actively involved to strengthen and expand the existing programs like infection prevention and control, and to enhance other relevant national programs. Finally, the leaders have effectively empowered the patients and their families to put them at the heart of health services so that they are able to derive the maximum benefits from it indicating that patients can be equal partners in their healthcare decisions.[5]

System improvement via collaboration

The leadership and regulatory bodies initiating a national patient safety collaborative with Hamad Healthcare Quality Institute (HHQI) aimed at building a learning network to encourage improvement in healthcare systems. Core focus areas have been sepsis mortality reduction, venous thromboembolism (VTE) reduction, patient flow, and access improvement.[5]

Regulations and policies

The Ministry of Public Health in Qatar issues guidelines and plays a regulatory role. The Qatar Council for Healthcare
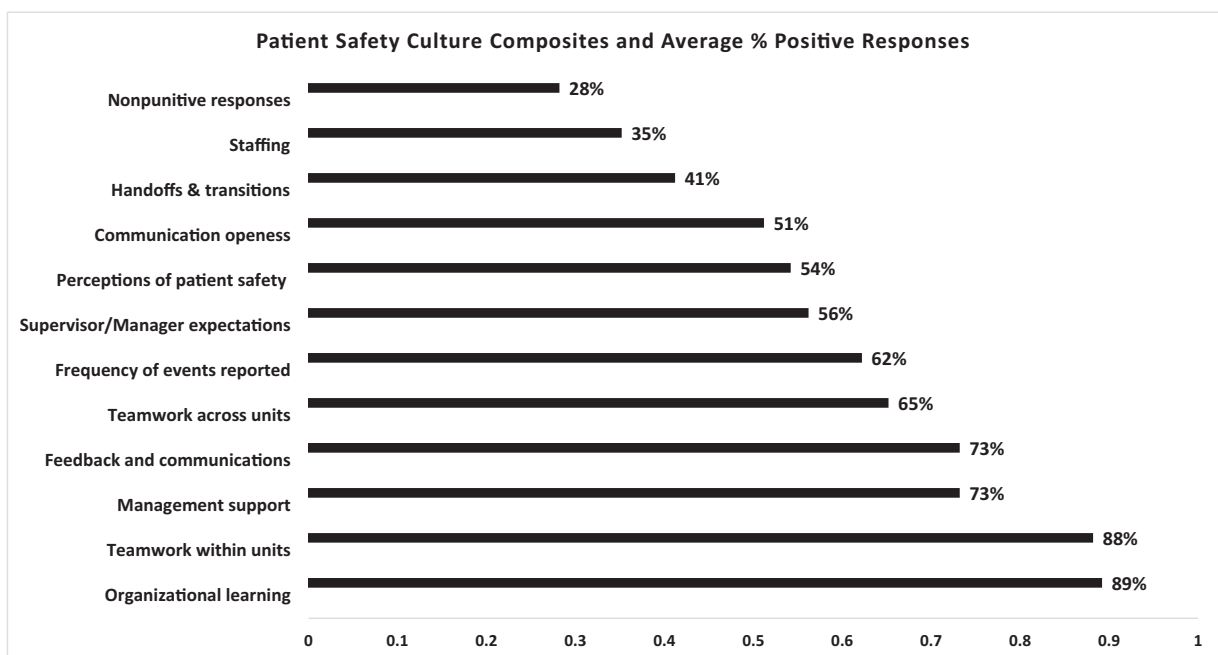

Figure 1: Patient safety culture composites and survey outcomes.

Practitioners (QCHP) and the Healthcare Facility Licensing and Accreditation Department oversees the registration and licensing, accreditations, and determining fitness to practice [presentation at the Apollo 8th International Patient Safety Conference 2019, Hyderabad, India]. The above-mentioned agencies strive to formulate guidelines and policies that are patient safety centric.[5]

Policy framework

From a policy perspective, future directions in patient safety and nurses' involvement in Qatar should embrace the following:

(1) Engage nurses during Qatar National Patient Safety Week in September of every year.
(2) Continue hosting the Middle East Forum for Quality and Safety making it a premier learning event for the front-line healthcare workers.
(3) Provide professional development and hospital-based training for the nurses on patient safety.
(4) Encourage research collaborations on patient safety.
(5) Develop pan-policy on patient safety.

CONCLUSIONS

The present study provides a general overview of the perceived safety culture among nurses in Qatar. The study results showed that while patient safety culture is generally well executed, with overall positive responses to the different measured composites, safety culture is yet to be fully developed in Qatar. Initiatives are needed to improve staffing, handoffs, and transitions, as well as non-punitive responses to medical errors. Similar to the global trends, error reporting should be viewed as a strategy to learn from mistakes and an initial step to create patient safety culture. Embracing and implementing a policy framework for patient safety and engaging the leaders in the field of nursing along with senior management would further contribute to the quality and improvement of safety culture.

Authors' contribution

Author MWQ conceived, designed and implemented the study. Authors MME and SM were involved in the framework, writing, and critical editing of the manuscript. Authors read and approved the final manuscript.

Conflicts of interest

There are no conflicts of interest.

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