

Patient safety culture

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Patient [safety culture](#) refers to the [values](#), [beliefs](#), [attitudes](#), and [behaviors](#) within a [healthcare organization](#) that prioritizes and promote the [safety](#) of [patients](#). It encompasses the collective commitment of healthcare [professionals](#) to prevent [errors](#), reduce [harm](#), and improve the overall [quality](#) of [care](#) provided to patients. Developing a strong patient safety culture is essential for delivering high-[quality](#) healthcare and minimizing [adverse events](#).

Key elements

Open [Communication](#): Encouraging open and honest communication among healthcare staff, patients, and their families is crucial. This includes reporting errors, near misses, and concerns without fear of reprisal.

[Leadership](#) Commitment: Leadership within the healthcare organization must demonstrate a clear commitment to patient safety. This involves setting expectations, providing resources, and actively participating in safety initiatives.

[Teamwork](#) and [Collaboration](#): Effective teamwork and collaboration among healthcare providers are essential for ensuring patient safety. This includes clear roles and responsibilities, effective handoffs, and mutual support among team members.

Continuous [Learning](#): A culture of continuous learning and improvement is vital. This involves conducting root cause analyses of adverse events, implementing changes to prevent future errors, and sharing lessons learned throughout the organization.

[Patient](#) and Family Involvement: Engaging patients and their families in their care and decision-making processes promotes safety. Informed and engaged patients are more likely to identify potential risks and participate in their own care.

Safety Policies and [Procedures](#): Healthcare organizations should have clear and standardized policies and procedures in place to address safety concerns. Staff should be trained in these policies and

procedures.

Reporting and Feedback Systems: Establishing mechanisms for reporting safety concerns, incidents, and near misses is crucial. Feedback systems should be in place to acknowledge and address these reports promptly.

Measurement and Monitoring: Regularly measuring and monitoring patient safety indicators helps identify areas that require improvement. Data-driven decision-making is integral to enhancing safety.

Safety Culture Surveys: Healthcare organizations often use surveys to assess the perceptions of staff regarding the safety culture. These surveys can help identify strengths and weaknesses in the culture.

Accountability: Holding individuals and teams accountable for their actions and decisions related to patient safety is essential. This includes recognizing and rewarding safe behaviors and addressing unsafe behaviors.

Resilience: Building resilience in healthcare systems helps them adapt to unexpected challenges and recover from adverse events. This involves planning for emergencies and developing strategies to maintain care quality during crises.

A positive patient safety culture promotes a safe and effective healthcare environment where errors are less likely to occur, and if they do, they are promptly addressed to prevent harm in the future. It's an ongoing effort that requires the commitment of healthcare leaders, staff, and stakeholders to prioritize patient safety at all levels of care delivery.

Safety culture refers to the attitudes, values, beliefs, and behaviors that individuals and organizations exhibit in relation to safety. It reflects the extent to which safety is prioritized and embedded within an organization's policies, procedures, and practices.

A positive safety culture promotes an environment in which people feel comfortable reporting safety concerns, near misses, and incidents, without fear of retaliation. It also involves the active involvement of all employees in identifying hazards and implementing effective controls to mitigate risks.

Creating a strong safety culture requires ongoing effort and commitment from all levels of an organization, from senior management to front-line workers. It involves communication, training, and education, as well as the development of robust safety systems and processes. Ultimately, a positive safety culture is essential for protecting the health and well-being of employees, customers, and the public, as well as for maintaining a company's reputation and financial viability.

The overall aim of this study was to examine the patient safety culture within an interprofessional team - physicians, nurses, nurse technicians, speech therapist, psychologist, social worker, administrative support - practicing in an advanced neurology and neurosurgery center in Southern Brazil.

Design/methodology/approach: The authors applied the safety attitudes questionnaire (SAQ) in a mixed methods study, with a quan→QUAL sequential explanatory approach.

Findings: In the quantitative phase, the authors found a negative safety climate through the SAQ. In the qualitative phase, the approach enabled participants to identify specific safety problems. For that, participants proposed improvements that were directly and quickly implemented in the workplace during the study. The joint analysis of the quantitative and qualitative data inferred that the information and reflections of the focus group participants supported and validated the SAQ statistical analysis results. This integrated approach illustrated the importance of various safety culture aspects as a multifaceted phenomenon related to healthcare quality.

Originality/value: This study provides explanations for why management is associated negatively with safety climate in healthcare institutions. In addition, the study provides a novel contribution adding value to mixed methods research methodology ¹⁾

An online survey was distributed to members of AOSpine International in 2016. The survey consisted out of 3 parts: (1) demographics, (2) the Safety Attitude Questionnaire (SAQ), and (3) expectations of responsibility for improving the safety culture. The SAQ measured job satisfaction, teamwork, and safety climate, perceptions of management, stress recognition, and working conditions. Multivariate logistic regression was performed to identify factors associated with safety attitudes.

Results: A total of 356 respondents replied. The SAQ showed that respondents in Africa have a significant lower score (odds ratio [OR] 0.19, $P < .05$) on working conditions, compared with spine professionals in Asia. Respondents in North America had the highest odds of having a higher score (OR 4.04, $P < .05$) compared with respondents in Asia. Gender, continent, occupation, tenure, and the number of employees in the clinic were not associated with the dimensions of safety culture ($P > .05$). The majority expected the surgeon to be mainly responsible for improving the safety culture in the operating room and at management level.

Conclusions: There was a lot of variety among different respondents worldwide albeit respondents in Africa scored significantly lower on working conditions, compared with spine professionals in Asia and North America, suggesting that wealthier countries have better working conditions which may lead toward better safety attitudes. Closer collaboration between hospital management and clinicians seems to be a target for improvement in safety culture. Furthermore, to show clinical relevance in this field, studies correlating safety attitudes with outcomes after spine surgery are warranted ²⁾

Surgical safety checklist

[Surgical safety checklist.](#)

¹⁾

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