

Assessment of Medical Staff Perspective toward Organizational Culture Safety at Primary Health Care -Almadina Almonwarra, Saudi Arabia

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Abstract: *Few studies exist concerning the assessment medical staff perspective toward organizational culture safety . The purpose of this article was to assess the medical staff perspective toward oorganizational cculture safety at Primary Health Care -Almadina Almonwarra, Saudi Arabia.*

Keywords: Perspective, Primary Health Care, Organizational Culture Safety & Culture safety

1. Methods

A descriptive research design was utilized in the current research. A total of 200 medical staff at selected eight Primary Health Care was given a structured questionnaire On March, 2016. They were asked to indicate their perspectives towards organizational culture safety. For each item concerning the culture safety of the organizational structure, the proportion of medical staff perspectives towards the organizational culture safety was calculated. Descriptive statistics like percentage was used to describe the findings using SPSS 20.

2. Results

The current research study objectives were to assess the medical staff perspective toward organizational culture safety. A total of 200 medical staff, from the selected Primary Health Care , were surveyed using a confidential questionnaire. The current study data revealed that the highest positive reply was in the item of Senior management has a clear picture of the risk associated with patient care (93.5%) , followed by the item of It is not hard for doctors hide serious mistakes . Furthermore, the item of senior management provides a climate that promotes patient safety represent (91.5%), followed by the item of Individuals in my department are willing to report behavior which is unsafe for patient Care which revealed (91%). Although on the other hand the lowest percentage was in the item of I am provided with adequate resources (personnel, budget, and equipment)to provide safe patient care which represent (78.5%) of positive reply toward the related safety culture. Conclusions. Concerning the medical staff perspective toward the organizational culture safety within the study setting, the data findings showed that; there was a highest level of positive feedback from the medical staff in relation to the organizational safety culture.

3. Introduction

Safety culture is a major determinant of safety for health care organizations. Safety culture has been formally adopted as a required element of nuclear power safety by the International Atomic Energy Agency. The theoretical assemble of a culture of safety has been applied to many domains. While debate continues over precisely what components are needed for such a culture of safety, several are commonly accepted as being crucial. (Roberts, 2005)

According to Gaba, (2000) , to a great extent the literature on general patient safety that refers to “safety culture” merely uses it as a synonym for encouraging data collection and reporting, reducing blame, getting leadership involved, focusing on systems. Activities described in the literature as interventions to address safety culture characteristically have been functional in a single establishment and did not actually measure safety culture before or after implementation.

Concerning the safety measures the universal precaution is the main strategy so that all these infections could be prevented. Attributable to their inadequate experience in performing invasive procedures, medical students are at particular risk of exposure to blood-borne pathogens (Chopra, et al., 2008). Medical students should have satisfactory knowledge and skills in relation to adherence to personnel protective equipments before their initial training period at hospital which is a vital requirement for compliance. Furthermore, Elliott et al. (2005), reported that dedicated training must be conducted before a medical student carried out any patient procedure especially the ones concerning sharp devices. Physicians’ compliance towards the personnel protective equipments has been reported to be with low rate.(Piotrowsk& Hinshaw , 2002).

The terms ‘primary care’ and ‘primary health care’ are used in many different ways. In this paper the scope used has been selected to align with the National Primary Health Care Strategy, and encompasses services delivered by GPs,

nurses, allied health providers, Aboriginal health practitioners and pharmacists both within the public and private sectors . (Krumberger & Building,2001) .Safety Culture compromise practices that the medical and paramedical staff applied to protect themselves , patients & patients families from the hazards caused by non compliance to personnel protective equipments by the health care providers , statistics reported by the Central Register of Occupational Diseases in Poland indicates that among 314 new cases of occupational diseases in HCWs in 2005, HBV and HCV represented 42.6% of all cases.\ Despite the substantial reduction in HBV infection since vaccination was introduced in 1989, the incidence of HCV hepatitis in Poland is still on the increase in this occupational group. (Welsh, Pedot & Anderson, 2010).

There are a large number of organizations that have a role in quality and safety in primary health care in Australia, and many programs and initiatives are in place to improve care provided in this sector. One of these organizations is the Australian Commission on Safety and Quality in Health Care (the Commission), which was established in 2005 to lead and coordinate improvements in safety and quality nationally.(Ciavarelli, Figlock & Sengupta, 2009).

4. Methods

A descriptive research design was utilized in the current research. A total of 200 medical staff of selected 8 primary health care, Almadina Almonwarra , Saudi Arabia , were given a structured questionnaire during March 2016.This number constitute, more than two third of the medical staff of the time of data collection. All wards representing units concerning all the subspecialties' were consider as a setting for the current research. The medical staff at each unit was contacted to discuss the importance of the research and the study protocol. An anonymous 10-items questionnaire was adopted from valid & reliable tool using the guidelines from a Taxonomy used in the TAPS study, including distribution of the 525 patient safety incidents identified in the study from 415 incident reports received for Augustine (1993). All questions had fixed answer categories.

The questionnaire was pilot-tested and dealt with the following topics: demographic data; data concerning the organization items of culture safety. Descriptive statistics like percentage was used to describe the findings using SPSS 20. All categories data were analyzed using the Chi-squared test with or without Yates' correction; Statistical significance for all analyses was presumed for P at 0.05.

For the purposes of comparing female & male interns, we grouped all interns based on gander classification. Since occupational experiences had not been organized in a systematic manner for educational purposes, we placed the term intervention in parentheses.

5. Results

The current research study objectives were to assess the medical staff perspective toward oorganizational cculture safety at Primary Health Care-Almadina Almonwarra, Saudi Arabia. A total of 200 medical staff, from the selected

setting, were surveyed using a confidential questionnaire. The results indicated that the medical staff perspective toward the organizational culture safety within the study setting, the data findings showed that; there was a highest level of positive feedback from the medical staff in relation to the organizational safety culture. Specifically, the current study data revealed that the highest positive reply was in the item of Senior management has a clear picture of the risk associated with patient care (93.5%) , followed by the item of It is not hard for doctors hide serious mistakes . Furthermore, the item of Senior management provides a climate that promotes patient safety represent (91.5%) , followed by the item of Individuals in my department are willing to report behavior which is unsafe for patient Care which revealed (91%). Although on the other hand the lowest percentage was in the item of I am provided with adequate resources (personnel, budget, and equipment)to provide safe patient care which represent (78.5%) of positive reply toward the related safety culture.

Table 1: Perspective of Medical Staff toward Organizational culture Safety

Items of Organizational Culture	Yes		No	
	No	%	No	%
Loss of experienced personnel has negatively affected my ability to provide high quality patient care	163	81.5	37	18.5%
I am provided with adequate resources (personnel, budget, and equipment) to provide safe patient care	157	78.5	43	21.5
It is not hard for doctors to hide serious mistakes	186	93.0	14	7.0
Senior management has a clear picture of the risk associated with patient care	187	93.5	13	6.5
Senior management has a good idea of the kinds of mistakes that actually occur in this facility	178	89.0	22	11.0
Good communication flow exists up the chain of command regarding patient safety issues	169	84.5	31	15.5
Patient safety decisions are made at the proper level by the most qualified people	179	89.5	21	10.5
Senior management provides a climate that promotes patient safety	183	91.5	17	8.5
Senior management considers patient safety when program changes are discussed	174	87.0	26	13.0
Individuals in my department are willing to report behavior which is unsafe for patient care	182	91.0	18	9.0

Concerning the medical staff perspective toward the organizational culture safety within the study setting , the data findings showed that; there was a highest level of positive feedback from the medical staff in relation to the organizational safety culture . Specifically , the current study data revealed that the highest positive reply was in the item of Senior management has a clear picture of the risk associated with patient care (93.5%) , followed by the item of It is not hard for doctors hide serious mistakes . Furthermore, the item of senior management provides a climate that promotes patient safety represent (91.5%) , followed by the item of Individuals in my department are willing to report behavior which is unsafe for patient Care

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6. Discussion

The response rate to the current research was excellent, suggesting that this was an area of importance for medical staff. In this research, more than two third of the medical staff were replied that there was a high positive perspective toward organizational culture safety compared to a study conducted by Ciavarelli, Figlock & Sengupta who studied the organizational factors in aviation accidents it revealed that the hospital staff reported (46%) of the medical staff in relation to organizational culture safety. Moreover, In Saudi Arabia, it was reported that there was a lack of skills in relation to utilization of the safety culture at primary level of care which reported by (Hesse, et al., 2006). This was partially explained by the deficiency of the curricular content of medical and nursing schools in Saudi Arabia , in the relation to all the elements of organizational safety culture (Weingart, Ship & Aronson). As well as , according to Vaughan , (2004), much of the existing information about patient safety risks in primary health care settings comes from research about reported errors and incidents, including studies that have attempted to develop taxonomies to classify the types of errors and incidents that occur in these settings. These types of studies are generally based on voluntary anonymous or confidential self-reports, and to date have been limited to general practice settings.

Furthermore , this research results is congruent with the results of Dhaliwal, et al., (2011), who reported that A number of studies have attempted to estimate the size of the patient safety problem in primary care, usually by counting the number of reported incidents. This has provided a wide range of results, with early studies reporting rates ranging from five to 80 incidents per 100,000 consultations.²⁰ The TAPS study calculated the incidence of reported incidents based on the number of Medicare item numbers billed and the number of individual patients seen.²⁸ The incidence of reported patient safety incidents per Medicare patient encounter item per year was 0.078% (or one for every 1282 items billed), and the incidence of reported patient safety incidents per patient seen per year was 0.24% (or one for every 417 patients seen).

Additionally, Another study examined the identification of patients incidents prospectively, and GPs were asked to identify after each consultation whether certain events had occurred (such as missing investigation results, misdiagnosis or communication problems with the patient). Of the 351 patient visits for which data was recorded, 83 (24%) were associated with the occurrence of a patient safety incident, and 117 separate incidents were identified in these visits.

7. Conclusions

Concerning the medical staff perspective toward the organizational culture safety within the study setting , the

data findings showed that; there was a highest level of positive feedback from the medical staff in relation to the organizational safety culture . Specifically , the current study data revealed that the highest positive reply was in the item of Senior management has a clear picture of the risk associated with patient care (93.5%) , followed by the item of It is not hard for doctors hide serious mistakes. Furthermore, the item of senior management provides a climate that promotes patient safety represent (91.5%), followed by the item of Individuals in my department are willing to report behavior which is unsafe for patient Care which revealed (91%). Although on the other hand the lowest percentage was in the item of I am provided with adequate resources (personnel, budget, and equipment) to provide safe patient care which represent (78.5%) of positive reply toward the related safety culture.

We recommend wider implementation, evaluation and improvement of training of the medical and paramedical staff in relation to all elements of organizational safety culture and standardized aspects of patient safety. response rate to the questionnaire means that the results of this study are likely to reflect accurately the situation regarding the application of the aspects of organizational culture safety.

There is a need to consider factors that enable medical staff and other health care providers to utilize all the elements of organizational safety culture. Furthermore, while the focus on patient safety in primary health care is strengthening, the evidence base about effective patient safety solutions in this context is limited. Many similar approaches that are used in the acute care sector have also been discussed in primary health care settings. These include involvement of primary care providers in incident reporting and analysis of systems, use of information technology, and education about patient safety, improving communication and team work and supporting patient self management. To date evaluation of the effectiveness of these solutions in primary health care has been limited.

8. Funding

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9. Conflict of interest

None declared

10. Ethical Approval

The study was approved by the Institutional Ethics Committee

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