7.4: Patient Safety Culture

Health care systems around the world have come to the realization that the presence of a positive patient safety culture within each organization is essential for high-quality and compassionate patient care (Institute of Medicine, 2000; WHO, 2008). Improvement of patient safety is also considered to be a cost-effective intervention since it reduces costs associated with iatrogenic illnesses. Medication error is one documented example of a cost that may be lowered by placing an emphasis on patient safety. In the United States, medication errors cost approximately $19.5 billion and led to 2,500 excess deaths in 2008 (Shreve et al., 2010, as cited in Saleh, Darawad, & Al-Hussami, 2015). Ulrich and Kear (2015) summarize patient outcomes found in safety literature by stating that there is mounting empirical evidence demonstrating a direct link between patient safety culture and patient outcomes, financial outcomes, patient satisfaction, health care clinician behaviours, and the safety of health care professionals. In other words, for a health care organization to be successful, it must exhibit a positive patient safety culture.

Definition of a Patient Safety Culture

An initial review of the literature indicates that the term patient safety culture has emerged recently from the work on health care quality improvement. Saleh, Darawad, and Al-Hussami (2015) suggest that the concept of a safety culture first appeared in response to the Chernobyl nuclear reactor accident (1986), which was a direct outcome of human action rather than mechanical breakdown. A culture of safety is defined by the European Society for Quality in Healthcare as

The integrated pattern of individual and organizational behavior, based upon shared beliefs and values that continuously seek to minimize patient harm, which may result from the processes of care delivery. (European Union Network for Patient Safety, 2010, p. 4)
Insights into Patient Safety Cultures

The 2013 Francis report emphasizes the need for organizations to keep alive a culture that is responsive to patients, or patient-centred. The UK Department of Health developed and publicized “6 C’s” that were to guide their vision and strategy for leadership in nursing, midwifery, and care staff. These 6 C’s, consisting of care, compassion, competence, communication, courage, and commitment, were not new; however prioritizing them as principles to guide the organizations was new (Muls et al., 2015).

Essential Learning Activity 7.3.1

Watch the video “6 C’s in Nursing” (3:32) to find out more, then answer the following questions:

1. List and describe the 6 C’s in nursing that lead innovation and change in the patient care environment in the UK.
2. Do you think these 6 C’s are present in the Canadian health care environment? Please discuss.

Health care organizations around the world are striving to strengthen their safety cultures. Cultures do not change easily; instead they adapt to existing conditions and tend to mirror their environment. Many different aspects of an organization play a role in the development and maintenance of a safety culture. Sammer et al. described a safety culture as consisting of “seven subcultures, including leadership, teamwork, evidence-based practice, communication, learning, just (a culture that identifies errors as systems failures rather than individual failures) and patient-centred” (as cited in Saleh et al., 2015, p. 340).

One example of how these subcultures interact, or fail to interact, may be found in a recent study centred on the patient safety culture in nephrology practice settings across the US. This study revealed gaps between how nurses perceive patient safety and how managers and administrators perceive it. Research results illustrated a need for further discussion between care providers and managers regarding patient safety and a need for overall transparency and open communication throughout the organization (Ulrich & Kear, 2015).

Nursing attributes, such as burnout and sense of coherence, are also known to have a direct association with the patient safety culture. A Norwegian study supported this connection by indicating that there was “an association between a positive safety culture and absence of [RN] burnout and high ability to cope with stressful situations” (Vifladt, Simonsen, Lydersen, & Farup, 2016, p. 33).

Essential Learning Activity 7.3.2

Explore the tools and resources on the Leader page of the Canadian Patient Safety Institute website.

Explore the proposed framework titled “The measurement and monitoring of safety” published in 2014 by the UK’s National Health Service.

Now answer the following questions:

1. What are the five dimensions required to measure and monitor safety?
2. How would you measure each dimension of the proposed framework in Canadian hospitals?