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A survey of the patient safety culture of hospital nurses in Turkey

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Summary
Purpose: The purpose of the study was to explore and describe nurses' perceptions of patient safety culture in four Turkish hospitals encompassing a collective total of 1442 beds.
Background: The importance of minimizing losses due to medical errors in the high-risk health sector and awareness of the risks to patients and health workers has gained prominence in the world, and the concept of a culture of patient safety has become a topic of discussion.
Method: The safety culture in the hospitals in Turkey was evaluated using the Turkish version of the Hospital Survey on Patient Safety Culture (HSOPSC). A convenience sample of 554 nurses was recruited from the hospitals.
Results: The highest mean composite score among the 12 dimensions was on teamwork within units, followed by organizational learning/continuous improvement. The lowest mean scores were on non-punitive response to error and frequency of event reporting.
Conclusions: Many Turkish nurses have negative perceptions towards patient safety culture within their institution. No participants indicated their affiliated institution had a protocol or policy concerning event reporting. Nurse managers need to create a positive safety culture by open communication, mutual trust, shared perceptions of the importance of safety and confidence in the efficacy of preventative measures.
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1. Introduction

Minimizing losses due to medical errors in the high-risk health sector and increasing awareness regarding the risks to patients and health-care workers is considered to be crucial worldwide. Furthermore, the concept of patient safety has become a topic of discussion (Dursun, Bayram, & Aytaç,

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2010). Patient safety is defined by the Institute of Medicine (IOM) as the prevention of harm caused by errors of commission and omission (IOM, 2004). Over the past 10 years, it has become a key priority for health-care systems (Chen & Li, 2010).

Major safety problems are plaguing the health-care delivery system in the US. Experts estimate that approximately 98,000 people die annually in the US as a result of medical errors. The number of people dying in hospital accidents is more than twice of those dying in motor vehicle accidents (Singer & Tucker, 2012). According to a report by the IOM, in the USA, the frequency of hospitalized patients being exposed to side effects and errors during medical treatment is 2.9% and 3.7%, respectively; at least half of these are preventable (Akalın, 2004). Studies in Turkey have indicated a 40—120% increase in number of errors (Polat & Pakiş, 2011).

One of the most important strategies for determining and improving patient safety in health institutions is creating a patient safety culture (Kitch, Ferris, & Campbell, 2008). Safety culture is described as the product of individual and group values, attitudes, perceptions, competencies and behaviour patterns that determine the commitment to and the style and proficiency of an organization's health and safety management (Nieva & Sorra, 2003). Parker et al. reported that safety culture is affected by institutional changes, leadership, systems and procedures. Studies on patient safety indicate that organizational culture plays a critical role in reducing medical errors (Parker, Lawrie, & Hudson, 2006).

Safety culture measurement is an important part of monitoring and improving safety at the organizational level. Safety culture is generally measured by surveys of providers at all levels. Available validated surveys include the Patient Safety Culture Surveys and the Safety Attitudes Questionnaire of the Agency for Healthcare Research and Quality (AHRQ). These surveys ask providers to rate the safety culture in their unit and the organization as a whole. Several versions of the AHRQ Patient Safety Culture survey are available for hospitals and nursing homes, and the agency provides yearly updated benchmarking data from the hospital survey (AHRQ, 2012).

A considerable variation in perceptions of safety culture across organizations has been documented (Cooper et al., 2008). In previous studies, nurses have consistently complained of the lack of a blame-free environment, and providers at all levels have noted problems with organizational commitment to establishing safety culture (Pronovost et al., 2003). The underlying reasons for the underdeveloped health-care safety culture are complex, including poor teamwork and communication, a 'culture of low expectations' and authority gradients (El-Jardali, Dimassi, Jamal, Jaafar, & Hemadeh, 2011).

According to the AHRQ (2012), based on data provided voluntarily by 1128 US hospitals, the highest average percentage of positive responses was on teamwork within units (80%) and supervisor/manager expectations and actions promoting patient safety (75%). The lowest positive responses were on non-punitive response to errors (44%) and handoffs and transitions (45%). In this data, most respondents graded their work area or unit as A-Excellent (30%) or B-Very Good (45%) on patient safety; this was identified as an area of strength for most hospitals. The majority of the subjects reported no events in their hospital over the past 12 months; this was likely because of under-reporting of events and thus was identified as an area for improvement for most hospitals. Chen and Li (2010) surveyed a total of 788 staff members from 42 hospitals across Taiwan and reported that hospital staff in Taiwan felt positive towards patient safety culture within their organization. In another study, Bodur and Filiz (2010) conducted a survey in three public hospitals in Turkey on 309 health-care staff, of whom 102 were physicians, 135 were nurses and 72 were temporary nurses, and found a low patient safety culture score.

Patient safety problems may even be more common in developing countries (Turkmen, Baykal, Intepeler, & Altuntas, 2013). In Turkey, reform movements in the health sector began during the 1990s and studies conducted regarding privatized health-care services have accelerated since 2000. Quality and accreditation studies conducted by a few private hospitals have become widespread within both public and private hospitals. For nurses, physicians and other health-care workers, patient safety sensitivity has increased in recent years (Akdag, 2009). However, despite all great efforts for increasing it, patient safety practices and results have progressed slowly because of a lack in qualified medical personnel (i.e. physicians and nurses), heavy patient load and inadequate physical infrastructure are ongoing challenges, particularly for public hospitals. Furthermore, oversight for safety and quality is a concern. The same authority responsible for overseeing also provides inspection, resulting in a conflict of interest. Furthermore, public demand for patient rights is rather low. All these challenges can result in decreased patient safety. Therefore, the perceptions of safety culture of all health-care professionals are crucial in providing safe care.

2. Methods

2.1. Aim

The aim of this study was to explore and describe nurses' perceptions of the patient safety culture in four Turkish hospitals encompassing a collective total of 1442 beds.

2.2. Study design

We used a descriptive and cross-sectional design. The four hospitals included here had a total of 1422 beds: 500 and 122, 400 and 400 in hospital 1 (university hospital) and hospitals 2, 3 and 4 (general hospitals), respectively.

2.3. Participants

Nurses were recruited from the medical, surgical and intensive care units and emergency services of three public hospitals and one university hospital in Turkey. The selected hospitals were included in the study to represent various public and university hospitals in Turkey. Nurses with less than 6-month experience were excluded from the study ($n = 67$) because they were considered less experienced on this topic. Seven hundred fifty eligible nurses were enrolled

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