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Review Paper

Instruments for evaluation of safety culture in primary health care: integrative review of the literature



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ABSTRACT

Objectives: This research aimed to conduct an investigation of the tools used to assess safety culture in the primary health care.

Study design: Integrative review of the literature.

Methods: We conducted a literature search using an instrument that included quantitative assessments of safety culture, using the following databases: CINAHL, ScienceDirect, PubMed, BIREME, and SciELO. Retrieved material comprised original articles published from 1998 to 2014, with titles and abstracts available in English, Portuguese, Spanish, and French.

Results: The search resulted in seven instruments; however, only three were primary healthcare focused.

Conclusion: Most of the existing instruments for assessing safety culture have acceptable psychometric properties. The study serves as a source for students, workers, and researchers who want to know more about appropriate instruments for evaluating safety culture in primary care.

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Introduction

Since the publication of the report 'To Err Is Human', there is an increased concern about patient safety. This report stated that about 44,000 to 98,000 people die each year in the United States, from preventable events at health facilities.¹ In response, the World Health Organization proposed that health institutions adopt models of safety culture. This interest

stems from the positive experiences of other high-risk industries, such as nuclear power and aviation, which have successfully implemented safety culture and risk reduction over the years.²

The World Health Organization has described patient safety culture in five values: (1) all healthcare workers accept responsibility for the safety of themselves, their co-workers, patients, and visitors; (2) patient safety is a priority above financial and operational goals; (3) identification,

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communication, and resolution of safety issues are encouraged and rewarded; (4) learning from accidents without people being blamed; and (5) appropriate resources, structure, and accountability to maintain effective safety systems.³ Research has established the benefits of a positive safety culture in healthcare institutions. This has been demonstrated by an increased quality of care provided to the patient, reduction in the number of adverse events, length of hospital stay and mortality reduction, increased workers' satisfaction, and stress reduction.^{4,5}

Several regulations and guidelines have been used worldwide to maintain patient safety in multiple scenarios. However, before implementing any action that promotes safety culture, this concept must first be evaluated and understood. Questionnaires are excellent tools to assess safety culture, as they provide a fast way to gather information needed to identify safety issues and to draw up an action plan.

Assessment of safety culture should be the first step to ensure patient safety in any healthcare institution.³ Valid and reliable instruments are key for the reliability of this type of evaluation. However, in primary health care, safety culture instruments are scarce and are needed urgently. In addition, researchers find it difficult to identify the most appropriate instrument for assessing safety culture in primary health care.

Thus, considering the importance of evaluating safety culture in healthcare institutions as the first step for implementing patient safety strategies, there is a need for studies that summarize which kind of instruments have been used to assess safety culture. Information about the validity and reliability of these instruments can be useful for healthcare workers and managers and healthcare institutions.

Therefore, this research aimed to investigate tools that have been used to assess safety culture in the primary health care using an integrative review.

Methods

An integrative review of the literature was conducted. Integrative review is a rigorous research method used for examining, criticizing, and synthesizing literature on a specific topic to advance science/knowledge.⁶ The study was carried out through six steps: (1) identification of the research question; (2) literature search and retrieval of the studies; (3) categorization of the studies; (4) evaluation of the studies; (5) results interpretation; and (6) synthesis and analysis of the evidence.

The search was carried out in four databases: Cumulative Index to Nursing and Allied Health Literature (CINAHL), ScienceDirect, PubMed, and Lilacs, using the following descriptors: 'safety culture', 'primary healthcare', 'questionnaire', 'psychometric', and 'tools'. Research that met the following inclusion criteria was selected: research published from 1998 to 2015 and with titles and abstracts available in English, Portuguese, Spanish, and French. We have chosen this period of publication as a criterion because of the 1998 Report of the Institute of Medicine, which presents the epidemiology and impact of adverse events in health institutions. This report opened debate and action concerning patient safety. Articles that addressed the evaluation of safety

culture in the hospital environment and home care, published more than 20 years ago, and that did not address culture assessment instruments were excluded.

The search and retrieval of studies was carried out during June, 2016. We constructed an instrument to extract data from the retrieved studies including variables such as title, authors, methodological aspects, and psychometric characteristics of the instruments (reliability and validity).

Results

The initial search resulted in 39 articles, from which 10 were indexed in the PubMed database, two in CINAHL, 22 in ScienceDirect, five in Lilacs and none in SciELO.

After reading titles and abstracts, 21 articles were excluded because they were created for use in environments other than primary care. Thus, the sample was composed of 18 articles that were read in full, to verify the contribution of each study to answer the guiding question (Table 1).

A total of 15 articles were written in English, two in Spanish, and two in Portuguese. Most studies used a cross-sectional approach, with samples ranging from 71 to 10,843 participants. The instruments used to assess safety culture identified were: the Safety Attitudes Questionnaire (SAQ),⁷ Teamwork and Safety Climate Survey (TSCS),⁸ European Practice Assessment (EPA),⁹ Manchester Patient Safety Assessment Framework (MaPSaF),¹⁰ Safequest Safety Climate Survey (SafeQuest),¹¹ Medical Office Survey on Patient Safety Culture (MOSPSC),¹² and the Safety Culture Questionnaire for General Practice (SCOPE)¹³ (Table 2).

Of the seven instruments identified in the survey, three were constructed specifically for primary care (PC-SafeQuest, SCOPE, and EPA). The other four instruments are generic, i.e. they can be adapted and applied in any area.

The instruments evaluated present a number of questions ranging from 30 to 52 questions. The communication domains of team members, management perceptions, and teamwork were common domains evaluated in all instruments.

As for the psychometric properties, most instruments had a Cronbach's alpha classified as acceptable or good based on Nunnally's standard¹⁴ (reliabilities of 0.60 or higher are considered acceptable). We found no evidence of psychometric properties of the MaPSaF, but the authors argue that the tool has a high level of face validity.¹⁵

From the three instruments specific for primary care, PC-SafeQuest is a questionnaire intended for all members of the primary healthcare team, based on practitioner practice in the community. It aims to evaluate five factors of safety culture: communication, leadership, teamwork, safe systems, and workload.¹¹

The SCOPE is the Dutch version of the Hospital Survey on Patient Safety Culture (HSOPS) from the US Agency for Healthcare Research and Quality (AHRQ), which was validated and adapted for use in primary care in the Netherlands.¹² The Dutch HSOPS presents 56 questions that assess 11 dimensions of patient safety culture: teamwork among hospital units, teamwork per unit, shift shifts, frequency of event notification, non-punitive response to error, communication, feedback and communication about errors, managerial actions that promote

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