

PERCEPTION OF PATIENT SAFETY CULTURE OF HEALTHCARE WORKERS: USING FOCUS GROUP INTERVIEW

Yun-Kyoung Choi¹, Sun-gyo Lee², Mi Jeong Kwak³

Korea National Open University¹, Asan Medical Center², Korea University Anam Hospital³

Objectives

- To accurately measure the patient safety culture (PSC) of hospitals, consideration of the healthcare environment and cultural differences of each country is required.
- In this regard, this study was conducted to prepare primary data for developing of a Korean version of the PSC measurement tool through focus group interviews (FGI) targeting healthcare workers.
- An attempt was made to identify the meaning of PSC, the difference between PSC in Korea and other countries, and the success factors and obstacles for creating a PSC.

Methods

- The participants in this FGI were 18 patient safety officers and healthcare workers including doctors, registered nurses, and nurse managers who have experience or measure PSC from the 15 hospitals in Korea.
- We conducted FGI, for 3 groups of 5-6 people per group. This study was approved by the Institutional Review Board (IRB). The interview data were recorded, and the recorded data were analyzed using the qualitative analysis method.

Results

1. What do you think is a PSC?

As a result of the FGI, PSC was recognized as a **value that should be embodied in employees** in hospitals. To form a PSC, **leadership** is the most important, the establishment of a systematic **reporting system** is essential, and an **attitude of prioritizing patient safety under mutual respect without criticism** was found to be important.

2. What elements do you think are necessary to form a PSC?

PSC is influenced by the underlying culture (inclination, religion, etc.) of each country, and it was found that there is a difference in PSC between Korea, which has a strong vertical structure, and other countries, which have a strong horizontal structure.

3. Do you think there is a difference between PSC in Korea and other countries? If there is a difference, in what ways do you think it is different? Why do you think that is?

Success factors for creating a PSC include **individual factors** such as **leadership** (top/middle/individual), **voluntary participation of individuals**, **values that put patient safety first**, **awareness of patient safety**, **knowledge**, **attitude**, **competency of the patient safety officer**, **business continuity**, **system thinking**, **system improvement**, **problem-solving from the system perspective**, **rapid incident reporting**, **clear root cause analysis**, **learning**, and **disclosure** were derived. **Environmental factors** included **support and monitoring at the national level** (Patient Safety Act, Accreditation system, etc.), **non-blaming culture**, **non-punitive culture**, **education/training**, **patient safety incident information sharing system** (KOPS, etc.), **intra/interdepartmental smooth communication**, **prompt/appropriate/sufficient feedback** were derived.

4. What do you think are the success factors and barriers to the formation of PSC?

The barriers to creating a PSC were identified as **individual factors**, such as **awareness of patient safety**, **lack of knowledge**, and **frequent job turnover**. **Environmental factors** included the **responsibility to individuals when errors occur** (finding bad apples), **excessive evaluation**, **performance-oriented organizational culture**, **lack of human and financial resources**, and **lack of face-to-face education due to the pandemic situation** were derived.

Conclusion

The results of this study can be used as basic data for deriving the categories and factors of the Korean PSC measurement tool considering the characteristics of the domestic healthcare environment. It can also be used as basic data for establishing strategies for the success of PSC measurement in healthcare organizations.

This project was supported by the Korea Institute for Healthcare Accreditation.