

Patient safety culture in general population: an unmet need

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Introduction

Citizen involvement has proven to be crucial in improving quality and safety of healthcare. By becoming active members of the healthcare team, patients and caregivers can contribute to the safety of their own care, but also of the healthcare system as a whole. Therefore, patient and family engagement has been incorporated by WHO into Resolution WHA72.6 “Global Action on Patient Safety” and the Global Patient Safety Action Plan 2021-2030 as key strategies to move towards eliminating avoidable harms in healthcare [1, 2] However, to have a full and effective public participation, it appears essential to align KNOWLEDGE, LANGUAGE, VALUES, BELIEFS AND PERSPECTIVES, in one word Safety CULTURE, among users and workers. Safety culture has been widely studied among healthcare workers [3, 4, 5], while among citizens the research was limited to investigate their perceptions about quality and safety of care.

Objectives

The main objective of the present study was to assess patient safety culture and knowledge in a representative sample of Italian citizens, with and without chronic pathologies, to verify whether healthcare direct experience can influence them.

Methods

This national survey employed a semi-structured, self-administered questionnaire, distributed via email to a nationally representative population database (DOXA, Milan, Italy).

Four areas of investigation: 1. basic concepts of clinical risk management; 2. Best practices for safety; 3. Sources of information about quality and patient safety; 4. Citizen participation. Study period: 1 month.

Sample: 400 subjects with at least one serious chronic condition (patients) and 800 without (citizens).

Statistical analysis was mainly descriptive. Comparisons were made between patients and citizens and within each group according to age groups, gender, geographical areas and level of education.

Results

The study revealed :

- a low level of knowledge about fundamental principles of patient safety (definition of adverse event and medical error, systemic theory of error, most common incidents in hospitals and nursing homes, etc....)
- distrust about clinical trials for innovative drugs and telemedicine
- better the knowledge of good practices for patient safety
- no statistically significant differences between citizens with and without chronic medical conditions
- structured citizen engagement in healthcare improvement is not widespread in the country, with few having such experiences (11% patients and 4% of citizens).

Conclusion

To our knowledge this is the first study that explores patient safety culture among citizens. Its main finding is to have highlighted that patient safety culture is generally low and there are no differences among chronic patients and not. Co-producing is a scarcely diffused in Italy but considered an interesting procedure. It is imperative to validate study results in different countries, as health literacy was found to be country-linked in previous works [6] and to promote effective strategies to improve healthcare information and population engagement.

References

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Figure 1. Study population

Characteristic	Population		P-value
	Patients	Citizens	
Sample size	100% (N=400)	100% (N=800)	N/A
Gender	F 49.8% (N=199)	F 51.1% (N=409)	0.65335
	M 50.3% (N=201)	M 48.9% (N=391)	0.65335
Age (average)	55.15 (N=400)	49.72 (N=800)	0.00000
Std.dev.	15.30	16.37	
Occupation (included housewives)	57.8% (N=231)	62.5% (N=500)	0.115700
Educational level* (degree or high school %)	72.3% (N=289)	64.0% (N=512)	0.00424
Hospitalization rate** (emergency department and ward admissions in the last year)	90.8% (N=363)	69.4% (N=555)	0.00000
	27.0% (N=108)	8.8% (N=70)	0.00000
Claims with reimbursement	9% (N=36)	4.8% (N=38)	0.00445
	3% (N=12)	1.0% (N=8)	0.01074

Figure 2. Patient safety principles and best practices

Fundamental principles of patient safety			
Questions	Right answers, %		P value
	Patient	Citizens	
Q: What does “malasanità” mean for you?	53,8%(N=215)	56,9% (N=455)	0.30796
Q: What is a medical error?	60,8% (N=155)	64,1% (N=287)	0.38707
Q: Which one in the following list is an adverse event?	17,8% (N=71)	15,9% (N=127)	0.40943
Q: What is an adverse drug reaction?	81,3% (N=325)	82,3% (N=658)	0.67102
Q: Who can report an adverse drug reaction?	53,8% (N=215)	50,0% (N=400)	0.21443
Q: In which setting is clinical risk more elevated?	58,5% (N=234)	55,6 (N=445)	0.33937
Q: What has the most impact on causing harm to a patient in the following list?	57,8% (N=231)	62,3% (N=498)	0.13235
Q: On 100 hospitalized patients, how many can be damaged during the stay?	22,5% (N=90)	23,8% (N=190)	0.61589
Best safety practices			
Questions	Right answer, %		P value
	Patients	Citizens	
Q: Is it important to bring medical records to any physician encounter?	96,3% (N=385)	94,6% (N=757)	0.93045
Q: Is it important to bring an updated medications and allergies list to any physician encounter?	92% (N=368)	90% (N=721)	0.82773
Q: Can food interfere with therapies?	82,3% (N=329)	72,5% (N=580)	0.00018
Q: Which therapy is the safest? Parenteral or oral therapy?	14% (N=55)	15% (N=119)	0.60184
Q: Is it wrong to take antibiotics without a physician’s prescription?	89,8% (N=359)	89,4% (N=715)	0.83103