

Introduction

Patient safety is a major public health concern globally, including in the **Eastern Mediterranean Region (EMR)** of WHO. Data on healthcare quality and safety in the EMR is limited, though a regional study showed 8–18% of hospital admissions involve preventable adverse events. Engaging patients in promoting safety has become a global priority. Since 2005, strategies like the Patient Safety Friendly Hospital Initiative (PSFHI) have aimed to enhance safety in the region.

Objective: To examine the evidence on patient engagement in patient safety in the EMR.

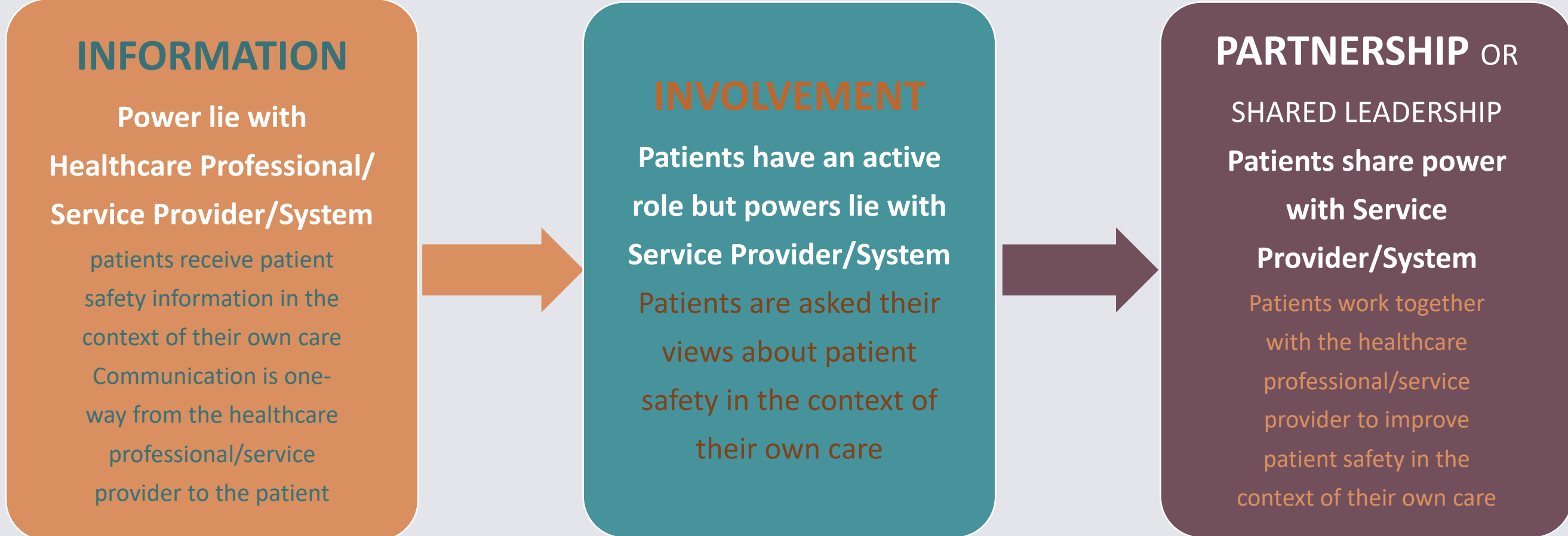
Research questions: “What is known about patient engagement in patient safety in EMR member states?”

We included studies on investigate patients’ and families’ attitudes, perceptions, and experiences regarding their role in enhancing safety, and/or to investigate HCPs’ attitudes and beliefs about patient participation in patient safety practices, and/or to examine strategies and interventions for involving patients in safety activities within hospital settings.

Methods

We conducted a scoping review of the literature published in English EMBASE, CINAHL, Scopus, ISI Web of Science, and Global Index Medicus, in June 2023. A total of 9019 studies were screened, with 23 meeting the inclusion criteria. Two reviewers read and extracted included papers.

We used the **NHS framework** to assess patient engagement in safety, which ranges **from consultation (one-way communication) to involvement (two-way collaboration with healthcare providers), and finally to extensive partnership** (patients and providers working together on safety improvements). Each stage demands increasing participation and cooperation from all involved.



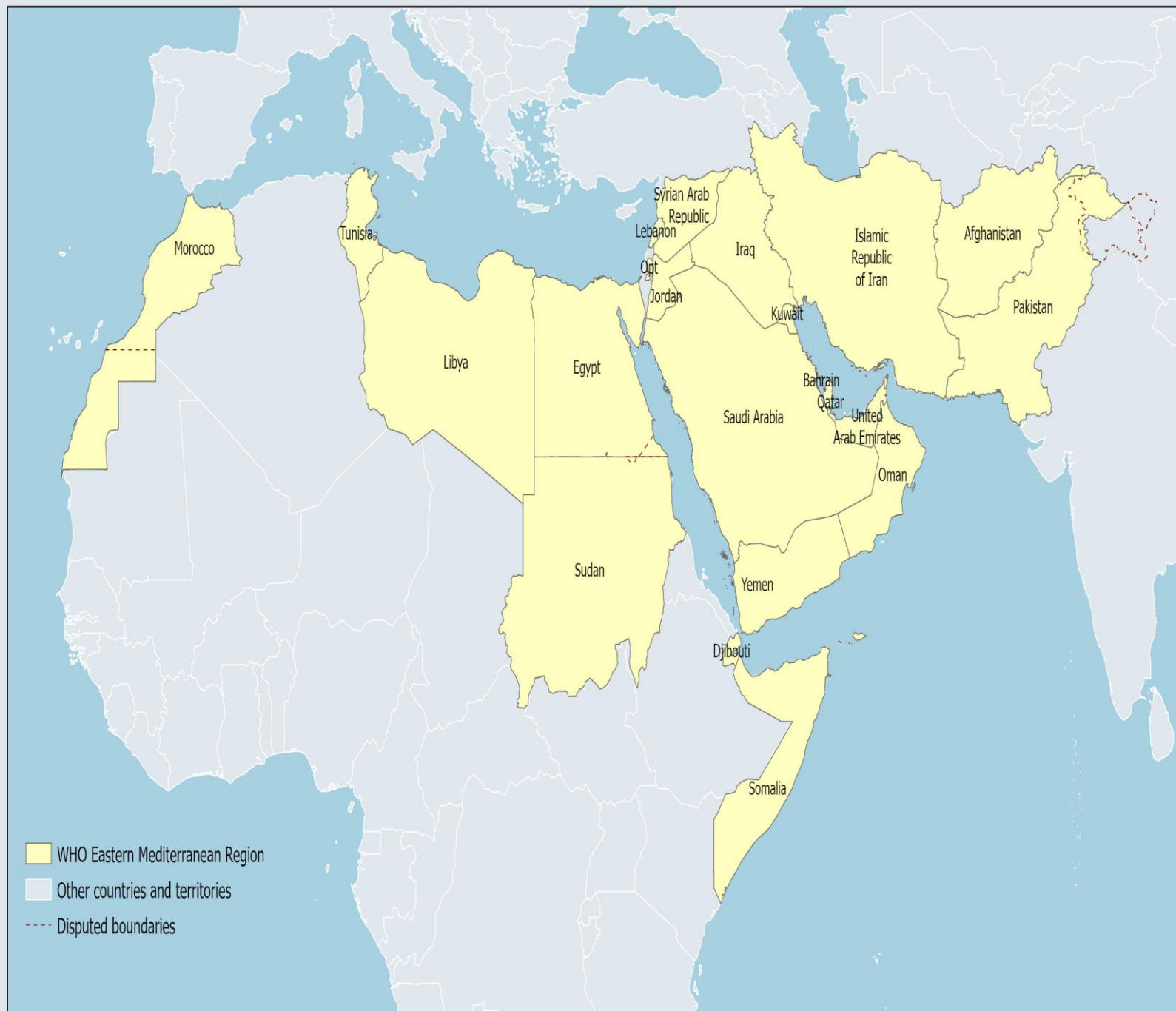
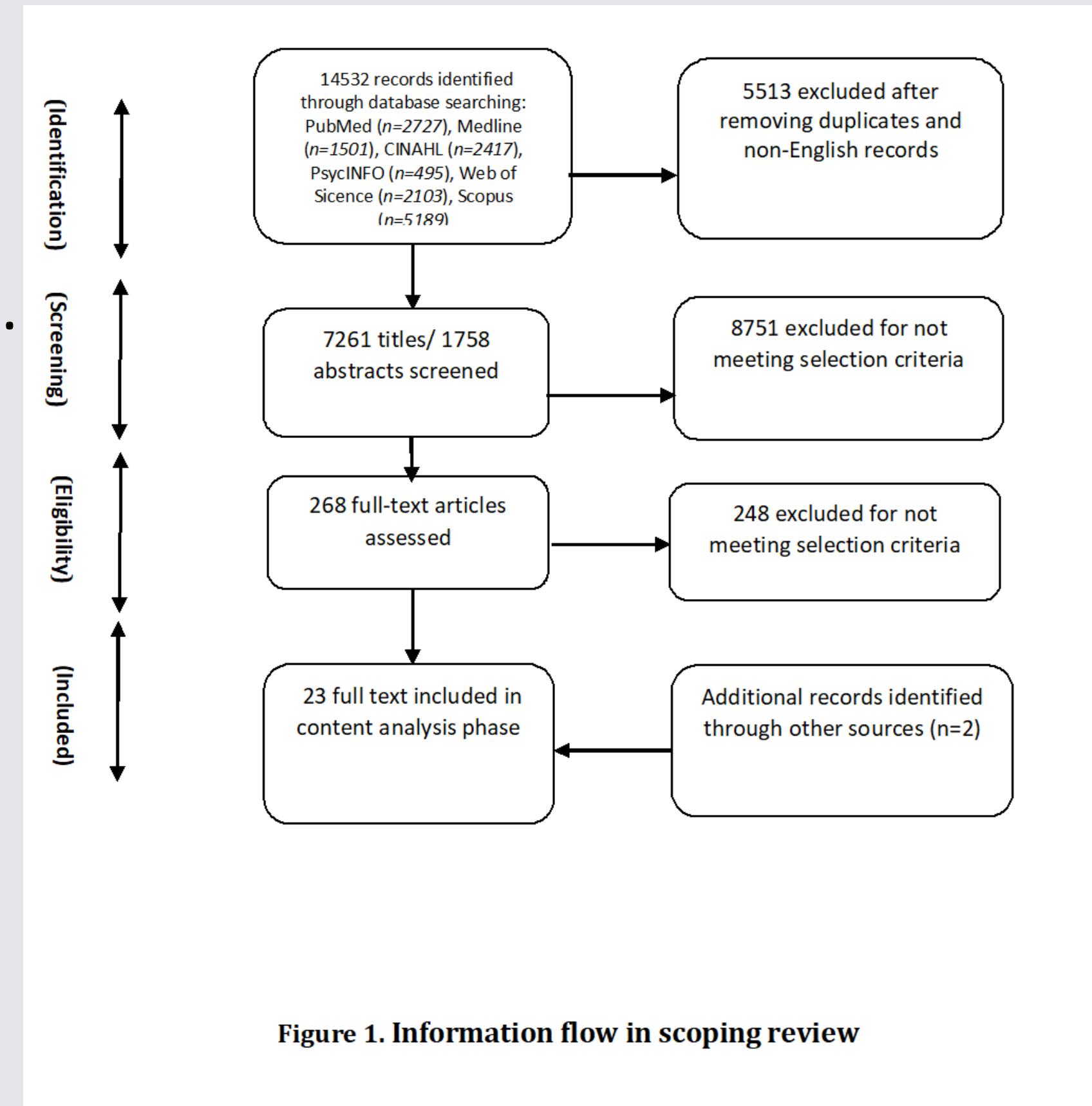
Results

❖ A total of **23 articles** were ultimately retained for analysis (**Figure 1**). Among the included studies, nine were qualitative studies and 14 had quantitative designs, including quantitative surveys, quasi-experimental studies, and clinical trials. Sample sizes varied from Fourteen studies explored patients’, families’ or HCPs’ attitudes, perceptions, or experiences regarding preferences for patient engagement in patient safety, while nine publications reported on actual patient engagement in safety activities. Nine studies that either directly assessed patients' attitudes towards involvement in safe care as an independent study or investigated patients' knowledge and attitudes towards patient safety. Three studies investigated caregivers’ and families’ attitudes about taking an active role in ensuring safe care at the direct care level. Ten publications assessed HCPs’ perceptions toward patients’ systematic engagement in safety.

❖ Nine publications reported patients' and families’ participation in safety improvement interventions (i.e., hand hygiene practice, pressure ulcer, anticoagulant therapy, surgical site infections)

❖ Five quasi-experimental or randomized studies examined patient participation in safety improvement initiatives where patient involvement was not the primary focus. Four out of nine studies described patient involvement in care as an institutional program designed to promote patient engagement in safe care.

❖ Several studies have reported additional factors that serve as barriers and facilitators to patient engagement in ensuring safety of care. These reported barriers and facilitators to patient engagement in patient safety can be categorized into three main categories, which are elaborated below and shown in **Table 1**.



Category	Theme	Subthemes -reference(s)
Patient-related factors	Socio-demographic characteristics	• Age • Language barriers • Education • Physically or cognitively unable to participate • Lack of patient awareness of healthcare risks
	Knowledge and skills	• Lack of knowledge of patient safety and terminology • Lack of awareness of the patient's role in preventing harms and errors • Low level of health literacy
	Willingness and motivation	• Patient unwillingness due to different reasons including, fear of reprisal and labeled as difficult patient
	Culture and values	• Feeling uncomfortable to challenge HCPs' knowledge and authority
HCP-related factors	Knowledge	• Lack of knowledge among healthcare professionals on how to engage patients
	Attitudes	• Negative attitudes and reluctance towards patient engagement
	Factors involving the relationship between patients and healthcare providers	• Poor interaction and ineffective communication between patients and HCPs • High workload and lack of time
Healthcare setting-related factors	Leadership and institutional support	• Lack of policies and guidance on the role of patients and how they should be involved • Lack of training/retraining programs for health professionals Lack of clarity in the roles and responsibilities • Lack of resources
	Safety culture	• Lack of patient-centered approach

Table 1. Barriers to patient engagement reported by included studies

Discussion

This literature review identified limitations in both the depth of evidence and the clarity of concepts. Although there has been an increase in the number of quality and safety-related studies in the region in recent years, the topic of patient engagement in patient safety has received less attention. Our review indicated that patient involvement in safety is influenced by a variety of factor associated with patients, HCPs, and organizational characteristics. **The barriers associated with patient engagement for safer care are consistent with those reported in studies performed in other countries.** There is limited research on the attitudes, perceptions, and experiences/preferences of patients, families, and HCPs regarding patient engagement. Studies have reported improvement initiatives without specifying how they engaged patients and families. **Therefore, there is a significant need for empirical research to explore first, the feasibility and acceptability of patient participation in safety-related initiatives from the perspectives of patients, families, and HCPs, and second, whether such involvement contributes to improvements in safety.** Understanding the challenges encountered by patients, families, and HCPs is essential for fostering meaningful patient engagement in safety-related behaviors. By identifying barriers and challenges, targeted interventions can be designed and implemented for patients and providers. Future research should also examine the costs and benefits of patient involvement, assessing their effectiveness in reducing errors and harms. This approach aligns with the PSFHI, implemented by EMR hospitals since 2011, which provides clear standards for the role of patients and the public in enhancing healthcare safety.

Discussion (cont.)

The concept of patient engagement in patient safety spans a continuum from one-way information sharing to two-way collaboration and partnership between patients and providers. While adopting an in-depth participatory approach with extensive patient and family involvement may pose certain challenges for HCPs, several studies have reported benefits from this approach. **Further efforts are needed to design and implement interventions that promote patient involvement to enhance patient safety in EMR countries.** Future studies could focus on hospitals that have implemented the PSFHI framework to explore how patient participation in patient safety has been addressed and reinforced.

Conclusion: This review highlighted limitations in the current literature on patient and family engagement in patient safety in the EMR, including both the depth of evidence and clarity of concepts. Further research is needed to explore how to actively involve patients and their families, as well as to determine whether such involvement translates into improved safety in practice.

References

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