

EVALUATION OF THE OPINIONS OF HEALTH PROFESSIONALS ON PATIENT SAFETY CLIMATE IN THE PANDEMIC PROCESS

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Introduction:

The Covid-19 pandemic has caused a significant impact on health and safety systems across different sectors. Healthcare organizations have also had their share of this impact. Professionals working in the healthcare sector have tried to find ways to respond to increasing infection rates, struggled to cope with the rising hospitalization rates due to the epidemic, and on the other hand, they had to manage existing chronic disease processes. Health professionals (HPs) also had to cope with challenging working conditions by working overtime during this period. This situation has led to increased physical and mental fatigue in healthcare professionals. Patient safety (PS), especially in low- and middle-income countries, has often fallen short of required safety standards due to the state of healthcare delivery systems, egregious cases of negligence, lack of both human and technical resources, and the almost non-existence of healthcare management information systems. PS has been a priority in the healthcare system as it is an important aspect of healthcare delivery and service quality. There are many definitions of PS in the literature. The World Health Organization defines PS as “the reduction of the risk of unnecessary health care-related harm to an acceptable minimum.” The Safety Improvement Agency for Patients in Europe claims that PS focuses on identifying, analyzing and minimizing patient risk. PS is seen as an important component of quality in healthcare. It is an important basis for developing a safety culture in healthcare institutions, as it tries to eliminate factors that contribute to increased PS, such as mental and physical fatigue, medical errors, patient harm, and unsafe conditions. Additionally, an organization's security culture is an important factor affecting system security. SC, defined as employees' perception of the importance of safety in their organizations, is related to the safety and performance of patients and HPs, as well as exposure to injuries and safe work compliance among medical personnel. Especially in healthcare, SC is very important due to the unique nature of healthcare institutions and the responsibilities of employees to prevent harm to patients while using services. According to Wagner, Schöne and Rieger (2020), seven antecedent variables that help create a good safety climate are: structural features of the work environment, symbolic social interaction, group and organizational leadership, psychological job ownership, organizational commitment, job stress, burnout and personality. While Nieva and Sorra (2003) define SC as "the underlying shared attitudes, beliefs, values and assumptions of how people perceive and act on safety issues in their organizations", the term safety climate refers to safety issues such as management behaviors, safety systems and employees' perceptions of safety. It refers to the common expression, or measurable components, of a culture. Although the exact wording of safety culture and safety climate differ, the two phrases have been used interchangeably. Safety climate is key not only to reducing the risk of harm to patients, but also to providing a safe working environment for healthcare professionals. The first step towards establishing a safety culture is to conduct research to assess healthcare professionals' attitudes towards HG. Current knowledge about HG culture in the healthcare system and research tools used to assess the safety climate in hospitals is insufficient, which may hinder current efforts to improve HG worldwide.

Keywords: Patient Safety, PSC, HPs

Objective:

The aim of this study is to determine the attitudes and opinions of HPs regarding PSC during the Covid-19 pandemic. It also aims to determine the opinions of HPs regarding institutional factors during the pandemic and to raise awareness about the activities of the PS committee in the institution during the pandemic.

Research Questions

1. What are the attitudes of HPs regarding PSC in the hospital during the pandemic?
2. What are the opinions of HPs regarding institutional factors regarding PSC in hospitals during the pandemic?
3. Have there been any developments in the institutional culture regarding PSC among HPs during the pandemic?

Methods:

The research is descriptive and cross-sectional. The research was carried out with a total of 311 people, including 89 doctors, 142 nurses, 30 midwives, 48 health technicians, etc., and 2 dietitians, by performing G-Power power analysis among 2432 HPs working at Muğla Training and Research Hospital between January 2021 and March 2022. The research data was collected by the researcher by applying a survey form to the HPs working at Muğla Sıtkı Koçman Training and Research Hospital, who agreed to participate in the research and who could be reached. Since it was a pandemic period, personal protective measures were taken and face-to-face survey technique was used to collect data. Participants' personal information forms (16 questions) and a survey form consisting of "PSCS (60)" were used to collect research data. PSCS's Matsubara et. al. its validity and reliability were conducted in Japan with 1878 healthcare professionals in 9 hospitals in 2008, and Birgili et. al. its validity and reliability in Turkish was conducted in 2010 by

Results:

When the demographic characteristics of the HPs participating in the research are examined; It was determined that 36.7% of the participants were 42 years old and over, and the average age was $\bar{x} \pm sd = 37.22 \pm 8.61$. In addition, it was determined that 62.2% of the HPs were women, 63.3% were married, 42.4% were nurses, 46.9% had a bachelor's degree, 69.5% were of normal weight, and 44.7% had 2 children. When we look at the frequency distributions regarding the professional status of HPs in the research; 32.5% of the participants stated that they had been working in the pandemic clinic, 38.6% had been working for 11-15 years, 70.1% had been working in the clinic they were in, 68.5% reported that the number of shifts they kept per month increased during the pandemic period, and 50.5% stated that the PPEs they used were used in patient care. It was determined that it affected their activities, 63.7% had moderate anxiety during the pandemic, 58.5% could not get quality sleep during the pandemic, and 44.1% changed their nutrition during the pandemic. When the situation of HPs regarding the Covid-19 pandemic process is examined in the research; It was determined that 23.8% of the participants had Covid-19 themselves, 28.9% had someone from their family, 47.9% had someone from their close circle, and 61.4% had someone from their distant circle. In addition, it was determined that 1.9% of them had someone from their family, 9.3% had someone from their close circle, and 4.8% had someone from their distant circle who had Covid-19 at the time the study was conducted. On the other hand, since there are more than two subscales, Kruskal-Wallis variance analysis was performed to see whether the differences between these subscales were significant. The results are given graphically in Figure 1. The distributions of the studied units according to PSCS Likert averages are given in figure 1 and Figure 43. When the averages are examined, it is seen that the studied units exhibit similar behavior in terms of PSC in the hospital. In addition, it was determined that the employees working in the

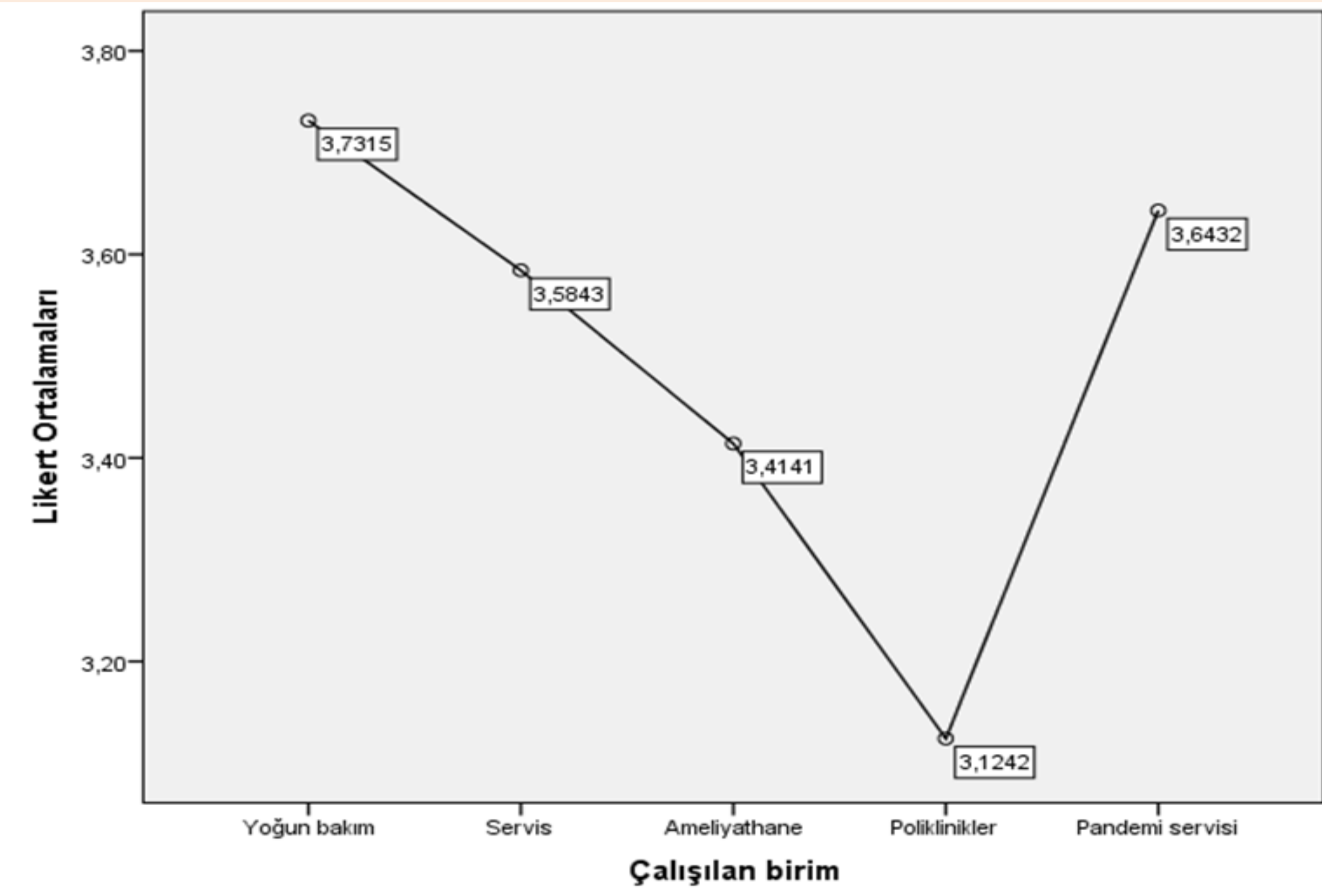
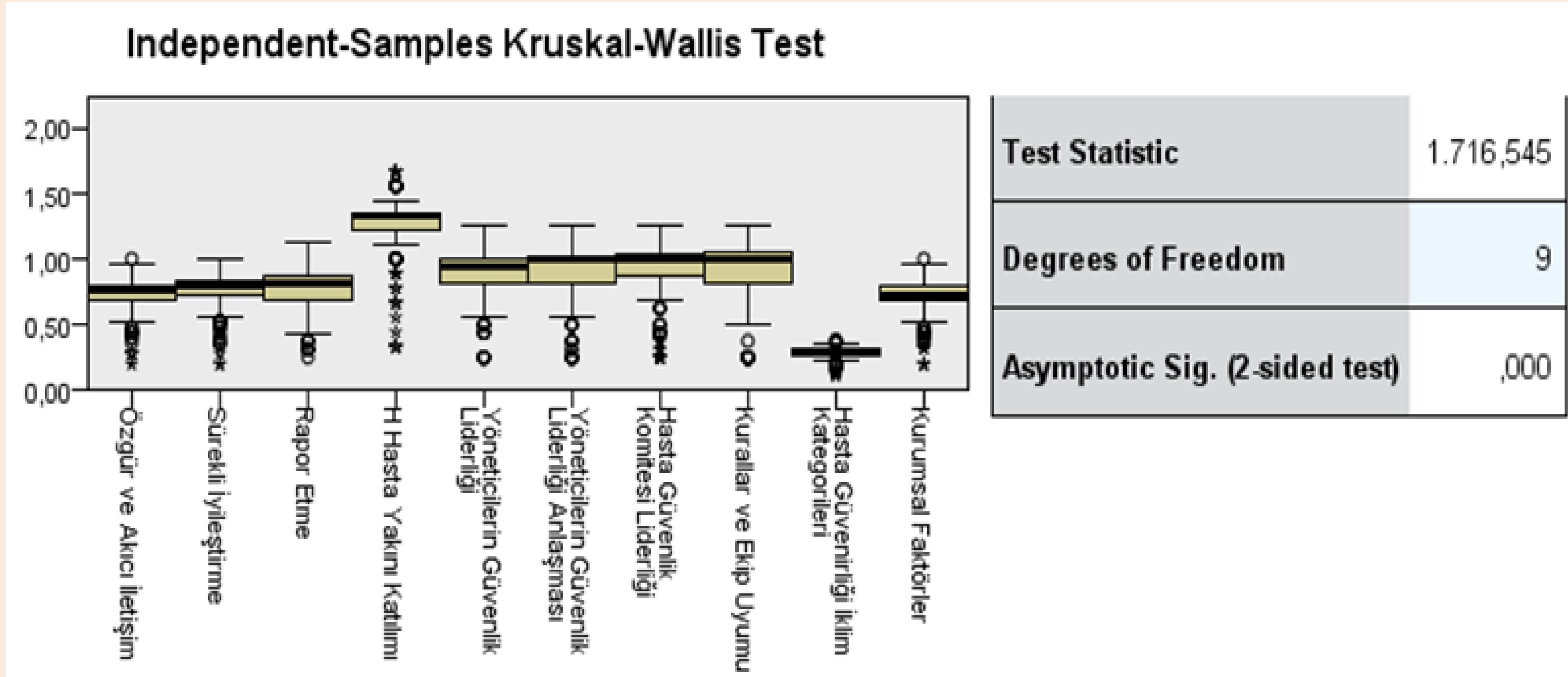
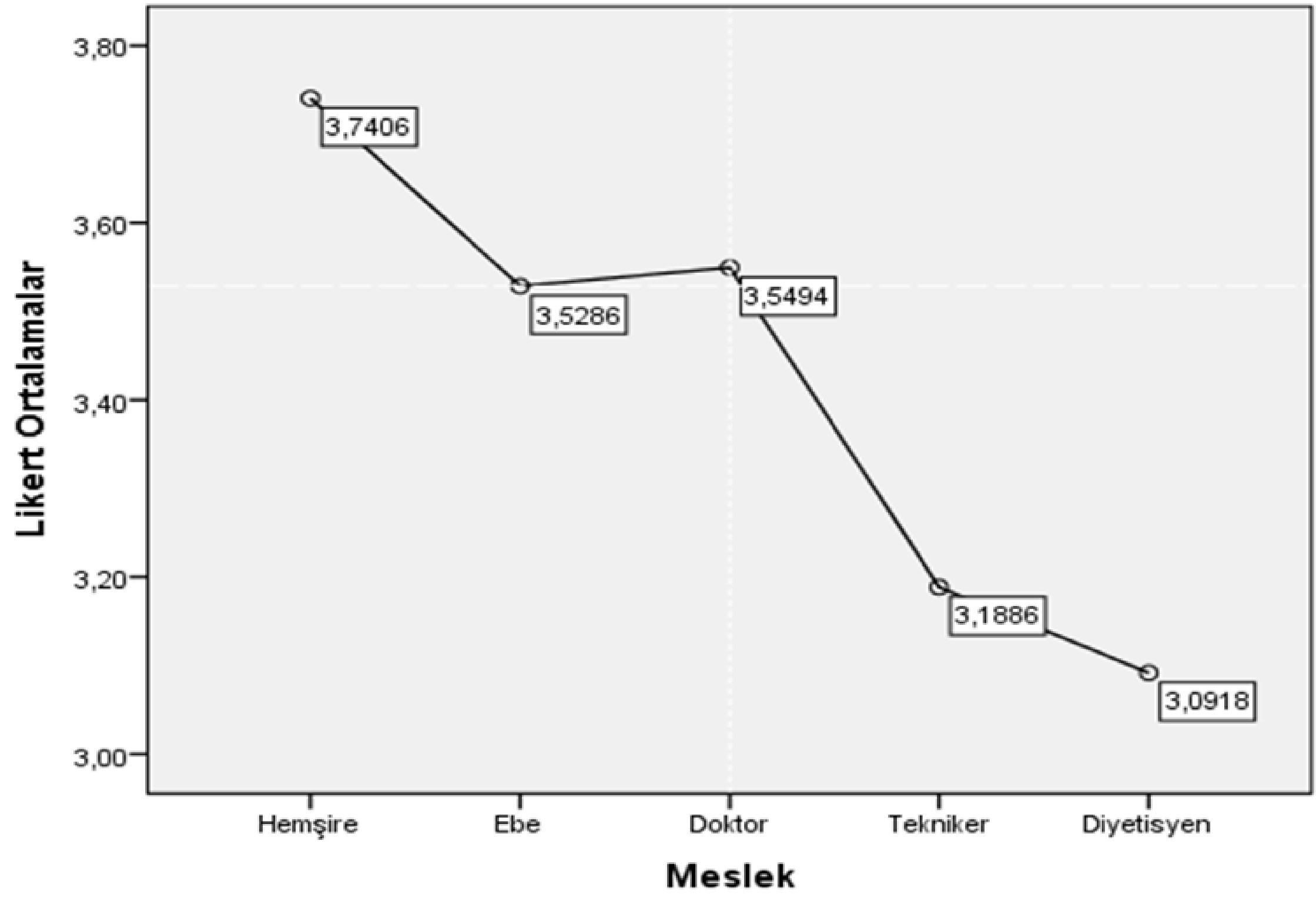
service were close to the general average. This may mean that those working in the service are more sensitive.

In general, the majority of independent variables negatively affect the dependent variables. On the other hand, when looking at the F-statistic, it is seen that the model is statistically significant. According to the R-Square=0.158 value, which is the performance indicator of the model, 15.8% of the changes in the PSC categories are explained by the four independent variables included here. When the regression results in other panels are examined, 25.4% of the changes in PS committee leadership, 16.3% of the changes in employees' attitudes and 24.3% of the changes in institutional factors are explained by the independent variables in the relevant model.

Conclusion:

The rate of HPs in the institution exchanging ideas about PSC was found to be high, and it was determined that they could easily convey their questions and problems regarding PSC. In our study, item 10 (employees do not report errors they find harmless for the patient) received a low response rate of 28.94%. According to this result, it can be thought that the importance of adverse event notifications is known by HPs and the institution and they are actively communicated through this system. Again, the low rate of employees not reporting errors that they consider harmless for the patient can be seen as an indicator of this. They also stated that they were not exposed to the mistakes of their teammates in the in-house work environment and shared their experiences. It was concluded that the perception of PSC is that PSC is widespread in the hospital. Hospital management support in general is one of the most important issues that hospital managers should take into consideration when creating or developing PSC in a hospital. It was determined by the answer given to the question "Whenever an accident occurs, it is not easy to reveal the cause of the incident", that the root cause analyzes carried out in the institution were done well and fit for purpose. According to the PS-related criteria of various units in the institution, employees drew attention to the institutional factors and employees' attitudes in their units. It has been observed that as the years of working in the profession increase and the level of expertise increases, there are changes in the expectation level of individuals. As a result of the study, the HPs who participated in the study; It was determined that awareness of PSC was high among those working in pandemic clinics and intensive care units. Although it was seen in the study that nurses' PSC perceptions were high, doctors were found to have high awareness according to their participation rates in the study. The high awareness rate in two important

professional groups working on the front lines in hospitals indicates that the importance given to PS in the health service provided may be a factor and important in minimizing error rates. It is observed that the working hours of the HPs who participated in our study increased during the pandemic period. The increase in working hours has caused sleep problems. Increase in working hours, sleep disorders and illnesses have also caused an increase in the level of anxiety. It can be said that the total score averages of the participants in the PSCS, employee attitudes and institutional factors subscales were high during the pandemic period, and the measures taken during the pandemic process were effective.



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