

Building a Safe Patient Environment through Resilience - A Case Study of the Psychiatric Ward.

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INTRODUCTION

The Joint Commission of Taiwan has been utilizing the Safety Attitude Questionnaire (SAQ) since 2007 to conduct surveys on the safety culture within domestic medical institutions. The results indicate that in recent years, healthcare professionals have been leaving their positions due to stress and fatigue, leading to a direct impact on patients' rights to receive proper care. This unit operates in a psychiatric acute care ward, consisting of a multidisciplinary team including physicians, nurses, psychologists, occupational therapists, and social workers. In order to accurately assess the resilience of healthcare professionals in the face of stress, this study has been conducted with the aim of enhancing resilience and establishing a high-quality healthcare environment.

AIM

To accurately assess the resilience of healthcare professionals in the face of stress, this study has been conducted with the aim of enhancing resilience and establishing a high-quality healthcare environment.

METHOD

The Employee Care Center of our hospital conducts individual resilience assessments based on the Brief Resilience Scale (BRS), Safety Attitude Questionnaire (SAQ), and Brief Symptom Rating Scale (BSRS-5). An innovative scale, the Taipei Holistic Screening Scale (THSS), has been developed, incorporating the following components:

1. Stress Index
2. Emotional Exhaustion Level
3. Resilience

For group resilience assessments, the Resilience Analysis Grid (RAG) is employed during focus group interviews. This includes:

1. Response
2. Monitor
3. Learn.
4. Anticipate

The study period is from May to December 2022, targeting healthcare professionals in the psychiatric ward.

Interventions include improving operational processes, providing spiritual care education and training, integrating communication tools, and enhancing administrative communication. Assessments are conducted at the beginning of the initiative, three months after intervention, and at the conclusion of the program, using both surveys and qualitative interviews.

CONCLUSIONS

A team relies on individual adaptability to face stress and progress, while individuals also depend on effective teamwork to avoid exhaustion. The advancement of healthcare quality and the establishment of a safe patient environment must be grounded in mutual support among employees and teams. This study has demonstrated positive outcomes, underscoring the ongoing commitment to prioritize the mental and physical well-being

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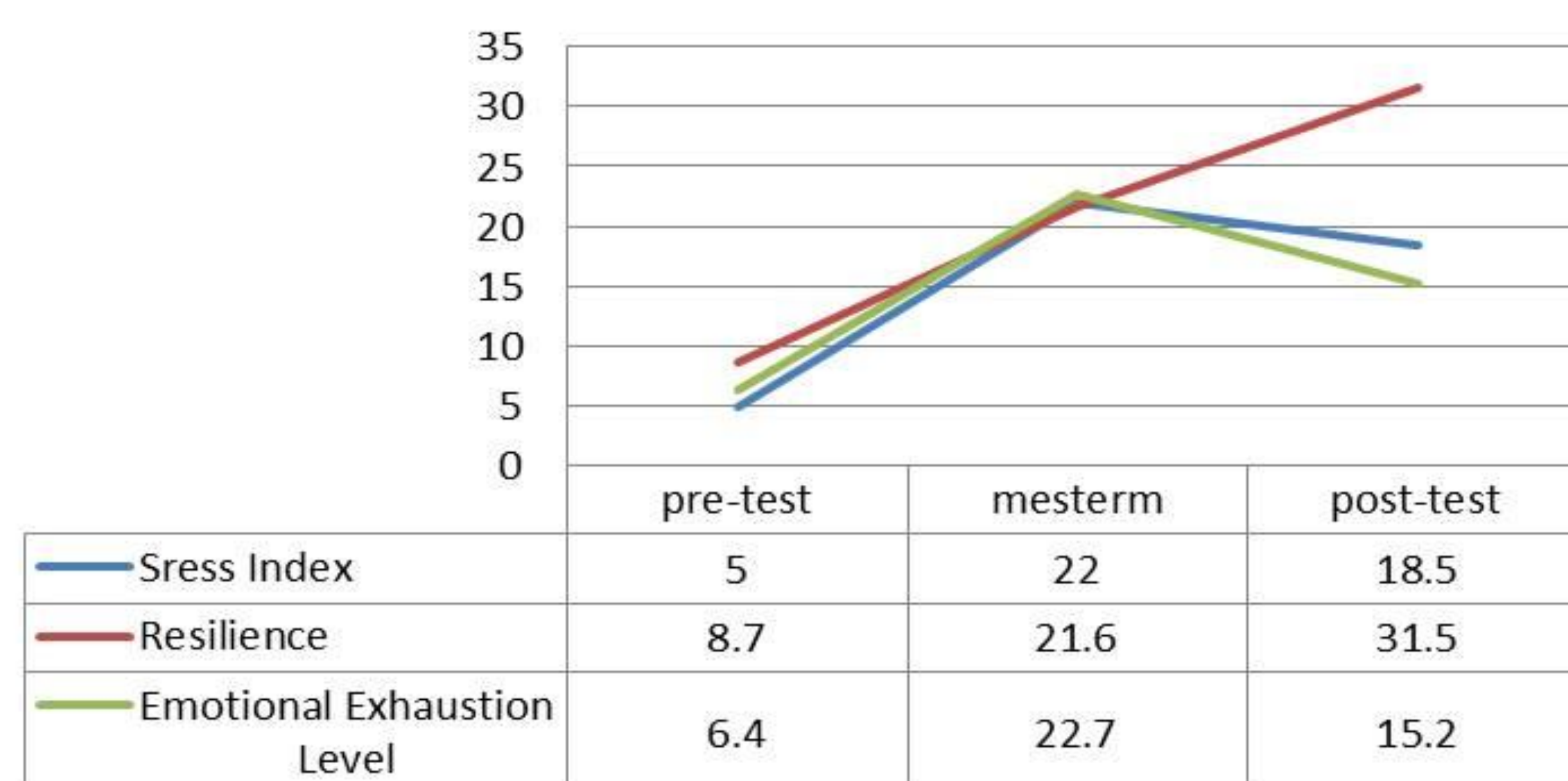
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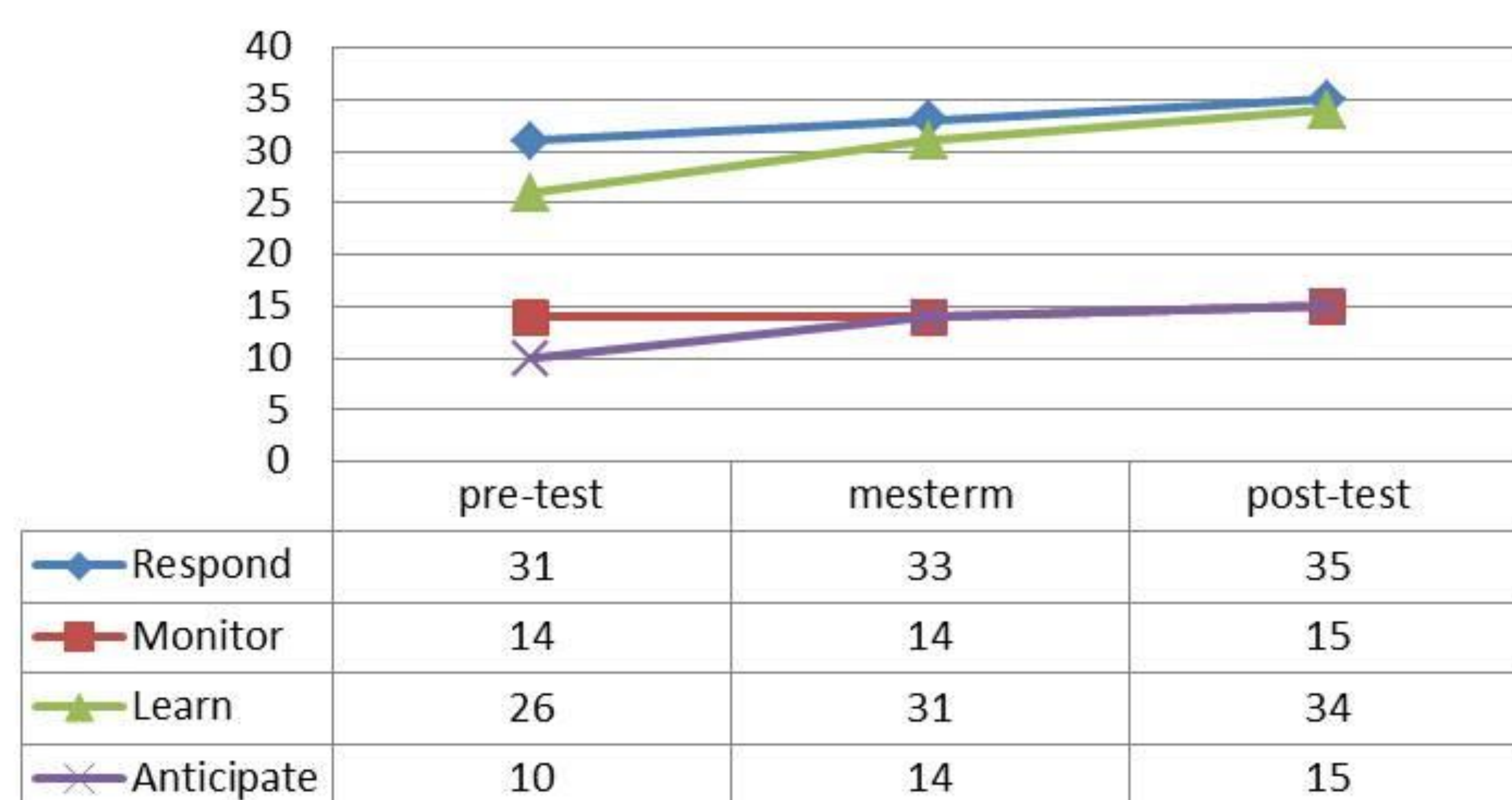
RESULTS

Individual resilience

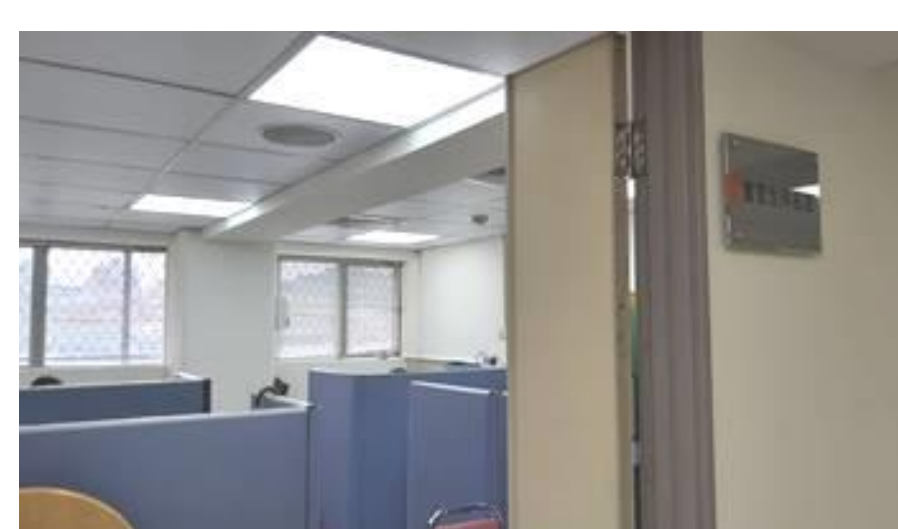


1. Stress Index: Scores range from 0-6 (normal), 7-12 (moderate stress), and 13 or above (high stress).
2. Emotional Exhaustion Level: Presented as a percentage, with higher scores indicating greater emotional exhaustion.
3. Resilience: A maximum score of 30, with higher scores representing greater resilience.

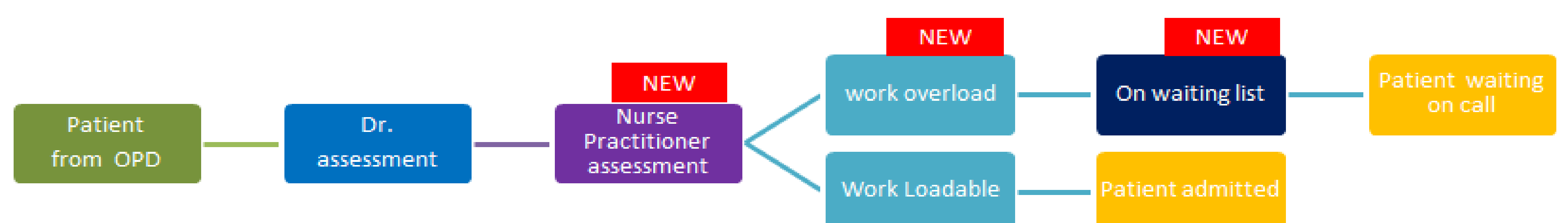
Group resilience



1. Response: Scores up to 48, with higher scores indicating better emergency response capabilities.
2. Monitor: Scores up to 20, reflecting the completeness of quality auditing mechanisms.
3. Learn: Scores up to 40, indicating the effectiveness of education, training, and communication channels.
4. Anticipate: Scores up to 18, reflecting the adequacy of high-risk assessments.



office integration



Change patient admission process - increase assessment workload