

**ASSESSMENT OF CULTURE OF SAFETY AMONG STAFF OF KD
HOSPITAL, AHMEDABAD**

Dissertation Submitted to



The IIHMR University, Jaipur

for the partial fulfillment for the award of the degree

of Master of Business Administration (MBA)

in

Hospital and Health Management

by

Dr Riddhi Jasrotia

Under the Supervision and Guidance of

Dr Piyusha Majumdar

Assistant Professor
IIHMR University

2022

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DECLARATION BY STUDENT

I hereby declare that this dissertation titled **Assessment of Culture of Safety among the staff of KD Hospital, Ahmedabad** is the bonafide record of my original research work. I declare that it has not been submitted to any other university or institution for the award of any degree or diploma. Information derived from the published or unpublished work of others has been duly acknowledged in the text.



Riddhi Jasrotia

Date:

30th June, 2022

CERTIFICATE



Certificate of Completion of Projects

This is to certify that **Dr Riddhi Jasrotia** in partial fulfillment of the requirements for the award of the degree of MBA Hospital and Health from the IIHMR University, Jaipur has successfully completed her internship at **KD Hospital, Ahmedabad** during March 22, 2022 to June 19, 2022.



Place:
Ahmedabad

Date:
21st June, 2022

Ms. Nisha Joshy

Head of the Department
Quality Department

Name of the organization
KD Hospital, Ahmedabad, Gujarat

CERTIFICATE

This is to certify that dissertation titled **Assessment of Culture of Safety among the staff of KD Hospital, Ahmedabad** is a record of the research work undertaken by **Dr Riddhi Jasrotia** in partial fulfillment of the requirements for the award of the degree of MBA Hospital and Health Management from the IIHMR University, Jaipur under my guidance and supervision and his/her approach to the research study has been sincere, scientific, and analytical.

Dr Piyusha Majumdar
IIHMR University, Jaipur

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Kumar
IIHMR University, Jaipur

Date: 30th June, 2022

Date: 30th June, 2022

ABSTRACT

Culture of safety is a sub-part of organizational culture and is a complex phenomenon which represents the values, conceptions and beliefs in any organisation that contribute towards safety in the healthcare organisation. It broadly includes open communication, effective leadership, emphasizes system errors over individual errors, continuous staff education and patient centric care.

This study was aimed at assessing the knowledge and attitude of the staff of KD Hospital (which is a 300 bed multispeciality hospital in Ahmedabad, Gujarat) towards the PSC. This was a cross-sectional study for which a close ended questionnaire containing 26 questions for 11 PSC dimensions was developed in virtual as well as physical form initially in English. It was then translated to Hindi and Gujarati for ease of staff. This questionnaire was distributed to all the permanent employees of the hospital and responding to it was completely voluntary. A total of 423 responses were received which included staff from 44 departments: 27 clinical and 17 non clinical.

The study revealed that the composite positive response of the PSC in this hospital was 65%. The Positive Response Rate (PRR) varied among all the dimensions with the dimension “feedback and communication about errors” having the highest PRR of 86% and “staffing” having the lowest PRR of 25%. Only two dimensions out of the 11 crossed the threshold of 75% set by the AHRQ. It was also seen that the overall patient safety grade is strongly correlated to the dimension of “staffing” and weakly correlated to the dimension “feedback and communication about errors”.

Hence the study points out that to achieve a good patient safety culture, the hospital needs to educate the staff on patient safety and win their trust on open communication and blame free reporting.

Keywords: Patient Safety, Safety, Culture of Safety, staff, Hospital

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The dissertation in KD Hospital, Ahmedabad, provided me with immense opportunities to learn and grow as a professional. I consider myself fortunate to have met some wonderful industry experts and fellow colleagues with whom I got to work on various projects.

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My heartfelt gratitude goes out to all the senior managers, managers, consultants, executives, nursing staff, technicians and attendants who took out the time from their busy schedule to fill out my questionnaire. My acknowledgement also goes out to my fellow colleagues and interns who supported me throughout this wonderful journey.

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Sincerely

Dr Riddhi Jasrotia

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Abbreviations

Abbreviation	Meaning
KD Hospital	Kusum Dhirajlal Hospital
PSC	Patient Safety Culture
NABH	National Accreditation Board for Hospitals
NSCI	National Safety Council Of India
ER	Emergency Room
CCU	Cardiac Care Unit
ICU	Intensive Care Unt
HSOPSC	Hospital Survey On Patient Safety Culture
AHRQ	Agency for Health Research and Quality
PRR	Positive Response Rate

Ch.1: About the Organisation

Kusum Dhirajlal (KD) Hospital is a 300+ beds super speciality/multi-speciality, NABH accredited hospital located in Ahmedabad Gujarat. The hospital is incorporated with Shri Harihar Maharaj Charitable Trust and has around 45 specialities spread over a 6 acre campus.

It is one of the first hospitals in Gujarat having 6 NABH accreditations and is amongst the only 2 hospitals in India to achieve NSCI Safety Award.

Vision: Ensuring ‘well being’ as a humane commitment to enliven humanity.

Mission: The ‘well being’ ensured by extension of available, accessible, affordable, efficacious, professional and comprehensive healthcare through state-of-art facilities.

Core Values:

- Team work
- Integrity
- Responsibility
- Compassion
- Ethics (1)

Table 1.1: Scope of Services in the Hospital:

Super Speciality Services	Clinical Services	24-hour Services	Support Services
• Anaesthesiology • Bariatric Surgery • Cardiac Surgery • Endocrinology	• Breast Clinic • Cardiology • Dermatology & Cosmetology • ENT • Foetal Medicine • Gastroenterology	• ER, CCU & ICU • Radiology • Laboratory & Pathology	• Health check-up package • Immigration Visa Health Check-up • Pain clinic • Physiotherapy

• Gastro Surgery • General Surgery • Orthopaedic Surgery • Plastic surgery • Spine Surgery • Vascular & Thoracic Surgery	• General Dentistry & Implant Care • Gynaecology • Heart Valve Clinic • Internal Medicine • Fertility Clinic • Medical Oncology • Neonatology & Paediatrics • Nephrology & Dialysis Centre • Neurology • Obstetrics • Ophthalmology • Psychiatry • Surgical Oncology	• Pharmacy • Ambulance • Blood Bank	• Sleep Clinic • Telemedicine • Home Health Care • Diet & Nutrition
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Ch.2: Introduction

The term ‘safety’ was not much used in relation to the healthcare industry initially, but after a report by the Institute of Medicine which mentioned that a blame free reporting culture and making mistakes can help people learn, it has been in the spotlight(2,3).

Errors in medical field are one of the leading cause of death all over the world(4). Safety of patients is one of the most crucial components of quality of care. It is a grave concern for public health worldwide and can be defined as trying to avoid harm to patients by preventing errors, learning from those errors that do happen and relies on a culture that depends on interaction between healthcare professionals, patients and organizations(5–7). If any organization wants to improve the safety of its patients, it is very important to know the view of their staff on culture of safety.

Patient safety culture(PSC) is a sub-part of organizational culture and can be defined as the values which are shared amongst the members in an organization, their attitude about how things should be in the organization and how different units should interact to promote the actions concerning patient safety (5,8–11). It is a complex phenomenon which represents the values, conceptions and beliefs in any organisation that contribute towards safety in the healthcare organisation(12–14). It includes open communication, effective leadership, a culture that prioritizes system errors over individual errors, continuous staff education and patient centric care(12,15).

After investigating the failures that occur in healthcare organizations, it was found that a weak PSC was linked to adverse events(16). A good PSC is the key to good quality of care as it emphasizes on reporting, analysing and preventing the patient safety errors which may lead to adverse medical events. Almost all the medical errors are preventable and they occur not because of the lack of competency by HCPs but because of the poor organizational system and culture which does not promote open communication between the HCPs(7,17). Studies have pointed out that most of the patient safety errors are not reported and even if they are reported, they are handled through blaming the individuals and shaming them.(5)

Developing countries like India are still lagging behind when it comes to mandatory reporting of patient safety errors and a system to prevent such errors(17). Even though

the safety of patients is such an important issue in healthcare organizations, still there are very few studies that have been done to evaluate PSC in India. Considering the lack of information in this area, this study was conducted in a private sector multi speciality hospital in Ahmedabad, Gujarat, India.

PSC cannot be assessed qualitatively and hence; it has to be measured using a quantifiable questionnaire. There are various tools to measure PSC but usually it is broken down into different dimensions like effective communication, teamwork, manager's expectations, leaderships, nonpunitive response to errors and so on. One of the most widely accepted and used tool is the HSOPSC developed by the AHRQ. These PSC surveys can be used to raise awareness amongst the HCPs, educate them about the various dimensions, identify the strengths and weaknesses and assess the current status of safety of patients in the organization(16).

Hospitals should stress about their employees knowing the existing PSC before implementing any structural interventions. Assessing the PSC will help the hospital administration get a clear picture regarding the aspects of patient safety that require more attention. As the stress level, job burnouts and psychological load is higher in HCPs as compared to other professions, assessing the PSC in a hospital becomes utmost important.(18–20)

Aim: To assess the knowledge and attitude of the staff of KD Hospital towards the patient safety culture

Objectives:

- To understand and assess the knowledge of staff of KD Hospital about communication with respect to patient safety events.
- To understand and assess the knowledge of staff of KD Hospital about the available resources for patient safety
- To analyse the attitude towards the patient safety culture(PSC) among the staff of KD Hospital Ahmedabad

Ch.3: Review of Literature

Culture of safety is the sub-part of organisational culture and it represents the values, beliefs or conceptions that the staff of the organisation has towards the patient safety. Time and again it has been seen that a weak culture of safety among the staff of any hospital is linked with increased adverse events in that hospital. To improve anything, we have to measure it first and hence, a primary research to assess the knowledge of PSC among the staff of KD Hospital Ahmedabad was done in which a questionnaire was prepared by taking the AHRQ questionnaire as a reference. Our final questionnaire consisted of 26 questions covering the 11 PSC dimensions. Responding to the questionnaire was completely voluntary and hence 423 responses were received from the staff of 44 departments: 27 clinical and 17 non-clinical.

For the sake of secondary research, a literature search was performed to identify other studies that have been on PSC in India as well as in other parts of the world.

Table 2.1: Literature Review

Sr No.	Author (year)	Title	Study Location	Sampling technique (Sample size)	Salient Features
1	Rumyana Stoyanova, et al. (2021)	Perception Of Patient Safety Culture Among Hospital Staff	Bulgaria	Snowball sampling (384)	The total PRR for the dimensions of patient safety culture was 58.52%. 76% of the respondents did

					not report any patient safety events in the past 1 year. The dimensions: Handoffs and transitions, overall perceptions of safety and organizational learning-continuous improvement had the greatest average PRR i.e. 70.1%, 67.4% and 66.1%
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					respectively. Nonpunitive response to error had the lowest average PRR i.e. 41.7%. None of the dimensions reached the threshold of 75%(12).
2	Keval Singh Meena et al. (2021)	Perception of patient safety culture amongst healthcare personnel in a tertiary care hospital	College of Nursing, All India Institute of Medical Sciences, Bhubaneswar, Odisha, India	Convenience Sampling (380)	The average PRR was 57.37%. The dimension 'teamwork within the unit', 'organisational learning' and 'feedback

					and communication error' had the maximum positive responses 81.25%, 79.91% and 70.61%, respectively.(21)
3	Musa Kumbi, Abduljewad et al. (2020)	Patient Safety Culture and Associated Factors Among Health Care Providers in Bale Zone Hospitals, Southeast Ethiopia: An Institutional Based Cross-Sectional Study	Bale Zone hospitals, Ethiopia.	Nil. All the health care providers fulfilling the inclusion criteria of the study were included. (556)	The overall culture of safety for patients was 44%. Teamwork within units had the highest average percentage positive responses

					(73.4%) while management support for patient safety and non punitive response to error had the lowest average percentage positive responses i.e. 30.5% and 31.2% respectively. 12.4% respondents rated patient safety grade as excellent while 29.3%
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					rated it as poor. Almost 87% of respondents had never reported any patient safety event in the last 1 year(5).
4	Marita Danielsson et al. (2019)	A National Study of Patient Safety Culture in Hospitals in Sweden	Swedish Hospitals	Nil (23,781)	Teamwork within units (73.5), nonpunitive response to error (67.2), manager expectations (66.7) and communication openness (66.3) had the highest PRR

					while management support for patient safety (47.9) and staffing (51.9) had the lowest (16).
5	Amir Hossein Khoshakhlagh, et al. (2019)	Analysis of affecting factors on patient safety culture in public and private hospitals in Iran	Three public and three private hospitals each in Tehran, Iran	Stratified Random Sampling (1203)	The percentage average positive response in public hospitals was 65.5% while in private hospitals was 58.3%. The dimensions of patient safety culture with high

					positive scores in public hospitals were non punitive response to error (80%), organizational learning (79.77%) and overall perception of patient safety (75.2%) while in private hospitals were non punitive response to error (71.41%) , organizational learning & continuous
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					improve ment (69.24%) and teamwor k within units (62.35%) (22).
6	Adhisakthi Rajalatchumi, et al. (2018)	Perception of Patient Safety Culture among Health-care Providers in a Tertiary Care Hospital, South India	Jawaharlal Institute of Postgraduate Medical Education and Research (JIPMER) Puducherry, India	Proportionate stratified random sampling (386)	The total composit e PRR was 58%. The dimensio ns teamwor k within the unit, organizat ional learning and continuo us improve ment,and manager expectati ons had the highest positive response

					s 80.1%, 77.8%, and 71.5%, respectiv ely. Hand- offs, frequenc y of events reported and communi cation openness had the least average PRRs i.e. 41.8%, 41.2%, and 40.8%, respectiv ely(17)
7	Tom Basson, et al. (2018)	Improving Patient Safety Culture: A Report of a Multifaceted Intervention	The White River Junction Veterans Administratio n Medical Center (WRJ VA), New England	Nil: Hospital employees who attended the patient safety summit (107)	The hospital administr ation started leadershi p walk rounds and 3-5

					hours long patient safety summit on two different days with leaders and managers to improve the culture of safety(19).
8	Balamurugan E and Josephine Little Flower (2014)	A Study On Patient Safety Culture Among Nurses In A Tertiary Care Hospital Of Puducherry	Tertiary care Hospital, Puducherry, India	Random sampling (141)	Only 12.7% of respondents found patient safety actions to be excellent, while 31.9% found them to be only acceptable. All the

					patient safety dimensions had a positive correlation with overall patient safety grade. Teamwork among units had the highest average PRR i.e. 80.2% while nonpunitive response to error had the lowest i.e. 42.7%(2).
9	MV Rao, et al. (2014)	A Study to Assess Patient Safety Culture amongst a Category of	Kamineni Institute of Medical Sciences, India	Nil (76)	This was a pilot study conducted in the hospital

		Hospital Staff of a Teaching Hospital			and the average patient safety culture was found to be 48%. The dimensio n feedback and communi cations about error and organisat ional leaning/c ontinuou s improve ment had the highest PRR of 65% while non punitive response to error and staffing
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					had the lowest PRR. None of the dimensions crossed the 75% benchmark.(23)
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Ch.4: Methodology

Study Design: Cross sectional study design

Setting: The study was conducted in KD hospital Ahmedabad, which is a private, tertiary care multi-speciality hospital with more than 300 beds, around 45 specialities and almost 750 permanent employees.

Study Population: Permanent staff of the hospital from all departments, clinical as well as non-clinical

Inclusion criteria: All the permanent employees of the hospital were included.

Exclusion criteria: All students, interns and trainees were excluded. Also, any questionnaire received with incomplete responses was excluded.

Study tool: A close ended questionnaire was developed in virtual as well as physical form in English. It was then translated to Hindi and Gujarati so that the hospital staff can understand the questions easily and answer them comfortably. The Hospital Survey on Patient Safety Culture (HSOPSC) tool from the Agency Of Health Research and Quality (AHRQ) was taken as a reference. This tool was released in 2004 and it incorporates 42 items (questions) that measure 12 PSC dimensions. This tool, since its release has been translated into various languages and has been used worldwide (24). In this study, some unclear or difficult terms from this tool were modified and some similar questions were combined to save time of the participants. The final questionnaire that was developed had 26 questions, keeping in mind the 11 PSC dimensions (1 dimension was excluded as it was not relevant to this hospital) namely:

Table 4.1: PSC dimensions and their respective questions

Dimensions	Questions
Communication openness	In this department, staff speak up if they see something that may negatively affect patient care and those with more authority are open to their patient safety concerns
	When staff in this department see someone with more authority doing something unsafe for patients, they speak up
	In this department, staff are afraid to ask questions when something does not seem right
Feedback and communication about errors	We are informed about errors that happen in this department and we discuss ways to prevent them from happening
	In this department, we are informed about changes that are made based on event reports
Frequency of events reported	When a mistake is caught and corrected before reaching the patient, it is reported in this department
	When a mistake reaches the patient and could have harmed the patient, but did not, it is reported in this department
Handoffs and transitions	When transferring patients from one department to another, important information is often left out
	During shift changes, there is adequate time to exchange all key patient care information
Management support for patient safety	The actions of hospital management show that patient safety is a top priority and they provide adequate resources to improve it
	Hospital management seems interested in patient safety only after an adverse event happens
Nonpunitive response to error	When an event is reported in this department, it feels like the person is being written up, not the problem and their mistakes are held against them
	When staff make errors, this department focuses on learning rather than blaming individuals
	This department regularly reviews work processes to determine if changes are needed to improve patient safety

Organizational learning/continuous improvement.	In this department, changes to improve patient safety are evaluated to see how well they worked
	In this department, there is a lack of support for staff involved in patient safety errors and the same patient safety problems keep happening
Overall perception of patient safety	The work pace in this department is so rushed that it negatively affects patient safety
	I would feel safe being treated as a patient here
Staffing	Staff in this department work longer hours than is best for patient care
	This department relies too much on temporary staff
Supervisor/manager expectations and actions promoting safety	My supervisor or manager seriously considers staff suggestions for improving patient safety
	My supervisor or manager wants us to work faster during busy times, even if it means taking shortcuts
	My supervisor or manager takes action to address patient safety concerns that are brought to their attention
Teamwork within units	In this department, we work together as an effective team and have enough staff to handle the workload
	During busy times, staff in this department help each other
	There is a problem with disrespectful behaviour by those working in this department

Sample size: 423 questionnaires were received with completely filled responses.

Sampling technique: No sampling was done. The questionnaire was provided to all the employees but it was a voluntary choice to respond or not.

Data collection procedure: The data was collected in two forms: Online and physically. The form link was circulated amongst the upper management who can fill it virtually. For others, the questionnaire was available on a tablet (in all 3 languages) as well as on paper and was provided to the employees to fill. The responses via the form link were directly be recorded online while the physical ones were input manually in the record.

The response to each item was assessed with the help of a 5 point Likert scale (1- Strongly agree to 5- strongly disagree). The questionnaire included both positively as well as negatively framed questions. Negatively framed questions were reverse coded. Also, there were two questions with outcome variables: overall grade of patient safety (poor, fair, good, very good, excellent) and overall events of patient safety reported in the last 12 months (none, 1-3, 3-5,6-10, 11 or more). Department of the participants and the duration since they have been working in this hospital was also asked.

Ethical Considerations: Informed consent was taken from all of the respondents in this study. Neither the employee ID or names of the participants were noted down to preserve their identity, prevent anxiety and social desirability bias. It was completely voluntary to respond to the questionnaire or refuse to participate in the study.

Data analysis: Data was checked, entered into MS Excel and exported to Stata for further analysis. Percentage, frequency and PRR for each dimension was analysed with MS Excel while statistical analysis including Pearson's coefficient was performed in Stata.

Ch.5: Results

The present study was conducted to evaluate the knowledge of culture of safety among the staff of KD Hospital, which is a 300+ bedded multispeciality hospital in Ahmedabad, Gujarat. For this cross-sectional study, a close ended questionnaire containing 26 questions for 11 PSC dimensions was developed in virtual as well as physical form initially in English. It was then translated to Hindi and Gujarati for ease of staff. This questionnaire was distributed to all the permanent employees of the hospital and responding to it was completely voluntary. A total of 423 responses were received which included staff from 44 departments: 27 clinical and 17 non clinical.

The sociodemographic details of the respondents is as follows:

Table 5.1: Duration since the respondents have been working in the hospital

Working in the hospital since	No. of Respondents (N=423)	Percentage
Less than 6 months	90	21%
6 months to 1 year	87	21%
1-2 year	97	23%
2-3 years	48	11%
3-4 years	45	11%
more than 4 years	56	13%

This table describes the duration since the respondents of this study have been working in this hospital. Out of 423 respondents, 56 respondents (13%) have been working in this hospital since its inception, that is more than 4 years. Around 45 respondents (11%) have been here since 3-4 years and another 48 have been here since 2-3 years. 97 respondents are working in this hospital since the past 1-2 years and the rest 177 are here since less than 1 year.

Table 5.2: Frequency of patient safety events that were reported in the past 12 months

No. of patient safety events reported	Frequency (N=423)	Percentage
None	186	44%
1 to 2	123	29%
3 to 5	60	14%
6 to 10	25	6%
11 or more	29	7%

This table depicts the frequency and percentage of patient safety events that were reported by the participants in the last 12 months. Almost 44% people never reported any event in the past 12 months, while 29 % reported 1 to 2, 14% reported 3 to 5 and only 13% reported more than 6 events in the last 12 months.

Table 5.3: Overall perception of patient safety

Overall perceptions of patient safety	No. of responses (N=423)
Poor	3
Fair	14
Good	132
Very Good	129
Excellent	145
Frequency of positive responses	274
% positive responses	65%

This table depicts the overall perception that the staff has about the patient safety in the hospital. Excellent as well as very good were considered as positive responses while good was considered neutral and poor and fair were considered negative responses. While 274 out of 423 people gave a positive response, 132 gave a neutral and 17 people gave negative responses.

There were 17 questions that were framed in a positive way and 9 questions that were framed in a negative way. For the positively framed questions, the responses “strongly agree” and “agree” were taken as positive responses. For the negatively framed questions, the response “strongly disagree” and “disagree” were considered as positive responses.

Percentage positive implies fraction of positively given responses (strongly agree as well as agree) to positively framed questions and fraction of negatively given responses (strongly disagree as well as disagree) for negatively framed questions.

Data was checked, entered into MS Excel and exported to Stata for further analysis. Scores of negatively framed questions were reversed so that a bigger number would imply a positive response.

For each question, positive response percentage was calculated as:

Total number of responses given positively for those question/Total responses *100

Then the mean PRR for each of the 11 dimensions was :

Total percentage positive response of that dimension/number of questions in that dimension

The mean and standard deviation of each dimension were calculated in Stata

Table 5.4: Average PRR of each dimension along with the mean and standard deviation

Sr No	Dimension	No. of questions	Mean	Standard Deviation
1	Communication openness	3	65.6	17.39
2	Feedback and communication about errors	2	86	4.24
3	Frequency of events reported	2	66	7.07

4	Handoffs and transitions	2	63.5	24.75
5	Management support for patient safety	2	63	33.94
6	Non-punitive response to error	2	53	35.35
7	Organizational learning/continuous improvement.	3	75	19.47
8	Overall perception of patient safety	2	71.5	23.33
9	Staffing	2	24.5	28.99
10	Manager expectations and actions promoting safety	3	67.3	30.07
11	Teamwork within units	3	68.3	35.92
	Total	26	64.76	24.59

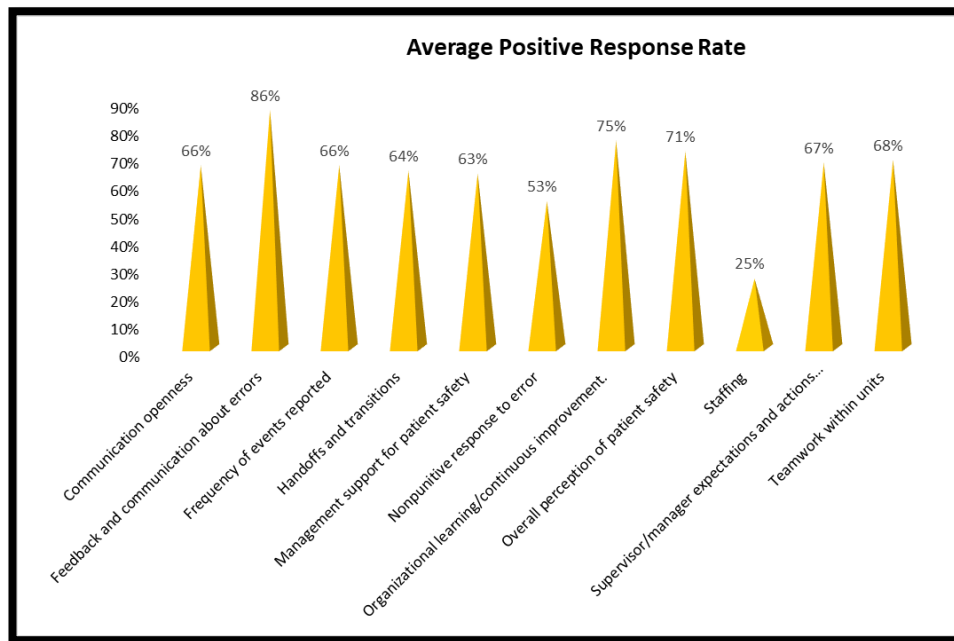


Figure 5.1: Average PRR of each dimension

Areas of strength are the areas which have above 75% PRR. Average responses are between 50 to 75% and below 50% are area which require improvement.(25)

The average PRR for each dimension was calculated for separately for clinical (27) as well as non clinical (17) departments to see if there is any difference in the responses based on the their work.

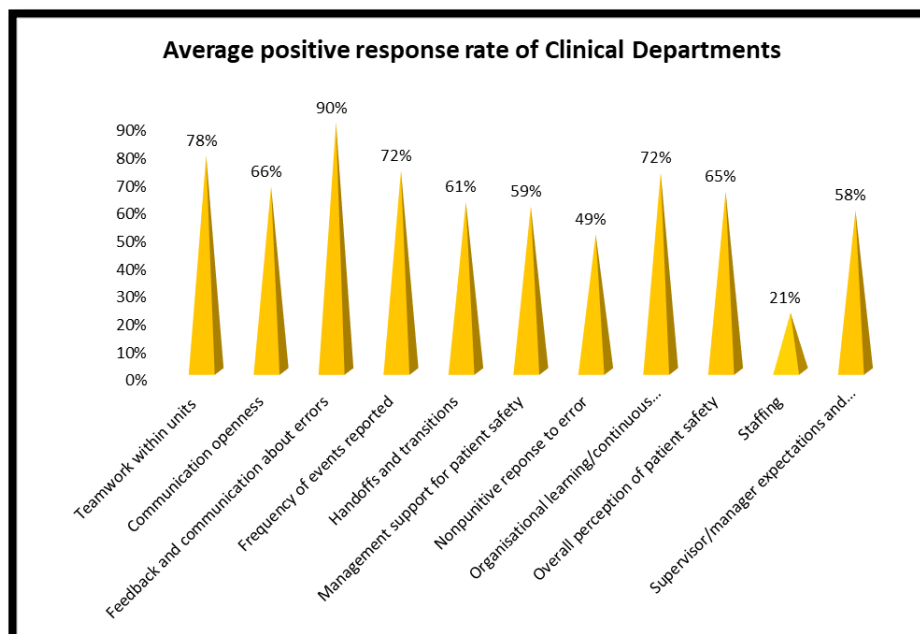


Figure 5.2: Average PRR of each dimension for Clinical Departments

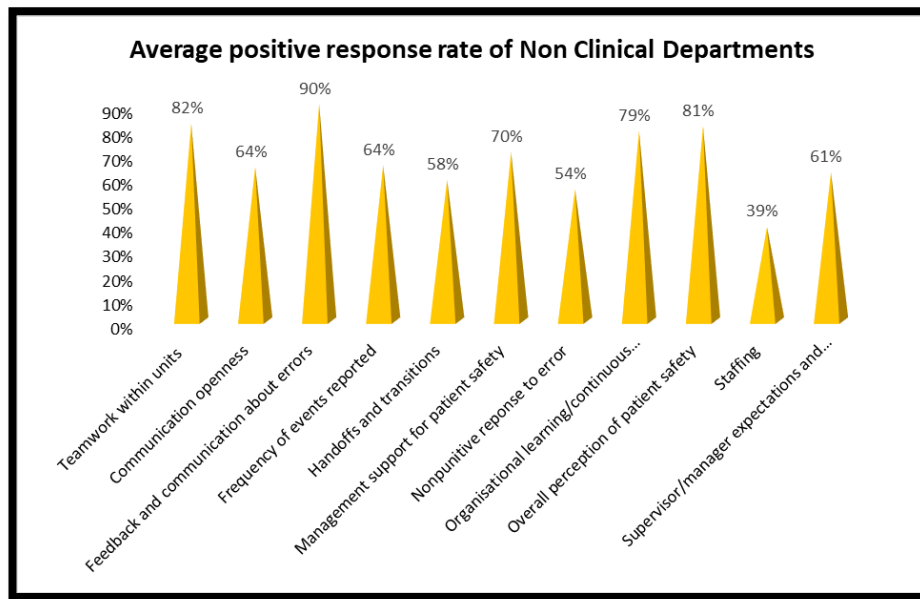


Figure 5.3: Average PRR of each dimension for Non Clinical Departments

To find the correlation between different dimensions of PSC and overall patient safety grade, Pearson's correlation coefficient was calculated

Table 5.5: Correlation between different dimensions of PSC and overall patient safety grade

Sr No	Dimension	Pearson's coefficient	p value
1	Communication openness.	0.4531	<0.0001
2	Feedback and communication about errors.	0.3852	<0.0001
3	Frequency of events reported	0.4619	<0.0001
4	Handoffs and transitions	0.4616	<0.0001
5	Management support for patient safety.	0.5004	<0.0001
6	Nonpunitive response to error.	0.5676	<0.0001
7	Organizational learning/continuous improvement	0.4288	<0.0001
8	Overall perception of patient safety	0.4510	<0.0001

9	Staffing	0.6496	<0.0001
10	Supervisor/manager expectations and actions promoting safety	0.4750	<0.0001
11	Teamwork within units	0.4743	<0.0001

p<0.0001 was set as the level of significance for this study

Ch.6: Discussion

This study was directed towards assessing the knowledge and attitude of culture of safety among the staff of a tertiary care hospital in Ahmedabad, Gujarat. 423 responses from the staff, comprising of 44 departments: 27 clinical and 17 non clinical, were received.

As seen in Table 5.1, out of the 423 responses received, only 177 respondents were working in the hospitals since less than 1 year; rest everyone was working for more than a year and 56 respondents were working in that hospital since the inception of the hospital i.e. for more than 4 years. This shows that most of the responses came from a place of experience.

It was also seen that almost 44% respondents had not reported any even relating to the safety of patients in the last year (Table 5.2) and almost 65% of the respondents found the overall safety of the patients of the hospital to be positive (Table 5.3).

This study revealed that the dimension “feedback and communication about errors” was the dimension with overall highest PRR of 86% which implies that the overall staff in the hospital was satisfied about being informed about the errors happening in their departments and changes that were being implemented in the department based on those errors. The dimension “Staffing” had the lowest PRR of 25% which implies that the staff feels that they work for more duration than what is ideal for the safety of patients and most of the workers feels that their departments rely too much on temporary staff (Table 5.4). This was in line with other studies conducted in India (21,23)

The average culture of safety in the hospital is 64.76%. Out of the 11 PSC dimensions, only 2 dimensions namely “feedback and communication about errors” as well as “organizational learning and continuous improvement” could be considered as areas of strengths as their PRRs were more than 75%. All other dimensions can be considered average with a PRR of up to 50% while “staffing” is one area which requires immediate improvement as it has a very low PRR of 25% (Table 5.4)

The responses were collected from 27 clinical and 17 non clinical departments and hence the average PRR was also calculated separately for clinical as well as non-clinical departments to see if there is any difference between the two. The overall average PRR

for clinical departments is 63% while for non clinical departments is 67%. The dimension “feedback and communication about errors” has the highest PRR (90%) for clinical as well as non clinical departments which implies that the staff feels that they are being included in any errors, changes or improvements happening in their departments (Figure 5.2, 5.3).

The areas of strengths for clinical departments are “teamwork within units” and “feedback and communication about errors” and the areas which need to be urgently improved are “staffing” and “nonpunitive response to error”. This means that apart from staffing issues, the clinical staff also gets the impression that if they report any event related to patient safety, they will be blamed and grudges will be kept against them. For non-clinical departments, the dimensions of strengths are “teamwork within units”, “organisational learning/continuous improvement”, “overall perception of patient safety” and “feedback and communication about errors” and only “staffing” requires improvement (Figure 5.2, 5.3).

Correlation between various dimensions of PSC and overall patient safety grade was checked and it was seen that all the dimensions of PSC correlated positively with the overall grade of patient safety. The dimension “staffing” had the highest positive correlation which implies that if the dimension of staffing is improved, the overall patient safety grade will improve remarkably. Other than staffing, the dimensions “management support for patient safety” and “nonpunitive response to error” also had a strong correlation with overall grade of patient safety (Table 5.5).

Ch.7: Conclusion

The PSC study helps the organisation to learn about gaps in different areas. The present study was carried out in KD hospital, Ahmedabad, which is a 300+ bedded multispeciality hospital. The responses were collected from 423 employees who were from clinical as well as non-clinical departments of the hospital.

The composite PRR of the PSC in this hospital was 65%. The PRR varied among all the dimensions with the dimension “feedback and communication about errors” having the highest and “staffing” having the lowest PRR. Only two areas out of the 11 crossed the threshold of 75% set by the AHRQ. To achieve a good patient safety culture, the hospital needs to educate the staff on patient safety and win their trust on open communication and blame free reporting.

The overall patient safety grade is strongly correlated to the dimension of “staffing” and hence, the number of temporary staff and working hours of the staff should be reduced so that the staff feels more confident about the PSC in the hospital. It can also be concluded that as long as the upper management keeps supporting the staff, the staff will feel that the hospital is safe for the patients.

The clinical departments do need to work on establishing a blame-free culture when the staff reports any patient safety error.

Even though the dimension “feedback and communication about errors” had a high PRR, it has a weak correlation with the overall patient safety grade. Hence, the management should divert their attention to other areas of PSC which have a stronger correlation with the overall patient safety grade.

This all can be achieved by extending support to staff, organising Continuing Medical Education (CMEs) or providing job trainings. Also, staff should be made aware about patient safety and what role they have to play in it during induction as well.

There should be proper encouragement for the staff, they should be explained about their duties and policies every now and then, diverse approaches to problems should be discussed and work environment should be made more pleasant and mentally comfortable so that the staff does not lose their attitude towards patient care. All this can be achieved

by focusing on different units at a time and leadership walk rounds by the upper management.

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