

# The impact of Safety Culture in Medication Errors in medical-surgical nurses working in Saudi Arabia

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## Background

Patient safety is a significant concern in the health care system, and medication errors can occur during the process of prescribing, dispensing, or administration of a drug. Medication errors often impact negatively on nurses and patients alike, as well as on the overall system of care. Moreover, different patients may become affected in various ways, which can range from harm in both its physical and psychological capacity, disability and in extreme circumstances even death (e.g. heart attack, acute kidney infection and brain death) (Thomas et al 2001).

Safety culture is a term which is defined as the attitudes, beliefs, perceptions and values that the employees share in relation to safety (Cox & Cox, 1991). Organisational safety culture gives a measure of the employees' perception of possible hazards in the place of work, as well as understanding the initiatives and roles that govern safety in work. There are various factors which have been acknowledged as vital to the function of a positive safety culture. These include components, such as the assurance that a whole organisation prioritises safety, that the hospital management commits to a positive safety culture, that an organisation continues to actively achieve quality and safety through providing necessary resources, that errors are handled openly and constructively, that learning is adhered to throughout the organisation, and crucially that individual blame is removed by a clear focus on system failures (Singer et al, 2003).

Thomas et.al (2005) claim that safety culture can affect overall patient safety by effective leadership and standardized protocols of care. They go further to claim that, registered nurses (RNs) are generally able to adequately engage with the functions of safety management and organisation when they feel that they can unequivocally trust in their manager. This trust is achieved when a nurse believes that they can confide about errors and discuss ways to learn and adapt from them. Furthermore, it becomes possible to question the present operational functions, as the nurse gains the confidence to understand the comfort and security in a trustful environment (Blatt et.al, 2006). Effective nursing leadership plays an essential role in maintaining patient safety.

## Aim

To assess and measure the perceived Safety Culture in medical-surgical nurses working in Qassim region in Saudi Arabia

## Objectives

1. To assess and measure the safety culture and patient safety in adult medical-surgical wards in hospitals in the Qassim region.
2. To explore the perceptions of nurses and nurse managers about the safety culture in Qassim hospitals in adult medical-surgical wards.

## Methods

A cross sectional survey design was used. The validated Hospital survey on patient safety culture (HSOPSC) survey was used from Agency for Healthcare Research Quality (AHRQ) (Sorra & Nieva, 2004). All qualified nurses working in medical and surgical wards in 4 hospitals in the Qassim region of Saudi Arabia

## Results

300 nurses in medical and surgical wards at Qassim Region, Saudi Arabia were asked to complete AHRQ questionnaire. 218 responded giving a response rate of 82.6% respondents were registered nurses and 17.4% were nurse managers. 76.6% worked full time and had worked < 5 years. The majority of them have a direct contact with the patients with 92.7%.

Analysis of the data using the method recommended by this survey, overall there was a positive safety culture with 69% of nurses rating their wards as having a very good or excellent safety culture, but some results indicated that nurses being blamed for errors personally may be a problematic for them. 55.9% respondents agreed that all the errors and near misses would be reported, yet less than half of the nurses had reported an error in the last 12 months. More than half of nursing staff worried that mistakes can be kept in their personnel files, while 89.9% meant that sometimes they being praised by their supervisors when they do the job according to the established patient safety procedures. On the other hand, around half of the nurses indicated whenever pressure builds up on them; their supervisors want them to work faster, without considering patient safety. There has been proven a good communication among nursing staff, and also the cooperation between the hospitals and wards is also very good.

### **Conclusion**

Safety culture has been explored in adult medical surgical wards in one region of Saudi Arabia, although being broadly positive, there were some results indicating safety risks and a residual blame culture, that need to be explored further in phase two of this study (interviews with nurses and nurse managers)

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