

Perspektiv på
patientsäkerhetskultur

Patient Safety Cultural Perspectives



Department of Medical and Health Sciences
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VARFÖR

- ◉ Kliniker
- ◉ Projektledare mätning ps kultur 2010-12-14
- ◉ SKL samordnare säkerhetskultur 2012
- ◉ Forskning ps kultur, maj 2012- 50%

Fler frågor än svar



STUDIE 1: UNDERSÖKA PSKULTUREN OCH JÄMFÖRA UPPLEVELSER FRÅN CHEFER, DR, SSK OCH USK SAMT IDENTIFIERA FAKTORER SOM HAR SAMBAND MED HÖG PATIENTSÄKERHET

- ◉ Statistiska analyser av 23781 enkäter(42 frågor, 12 områden), sjukhus i Sverige
- ◉ Beskrivande statistik: styrkor, svagheter och skillnader
- ◉ Logistisk regression: se samband mellan hög patientsäkerhet (enskild fråga i enkät) och bakgrundsfaktorer
- ◉ Multivariat regression: vilka bakgrundsfaktorer var de viktiga för hög patientsäkerhet

RESULTAT STUDIE 1

- **Chefer skattar samtliga områden i enkäten “Att mäta patientsäkerhetskulturen” högre än usk, ssk och läk.**

- **Högt utfall på bedömning av patientsäkerheten (enskilda frågan):**

- Erfarenhet över 15 år
- Typ av verksamhet
- Professioner: usk, dr
- Patientsäkerhetskulturens områden

A National Study of Patient Safety Culture in Hospitals in Sweden

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Objective: Using the Hospital Survey on Patient Culture, our aim was to investigate the patient safety culture in all Swedish hospitals and to compare the culture among managers, physicians, registered nurses, and enrolled nurses and to identify factors associated with high overall patient safety.

Methods: The study used a correlational design based on cross-sectional surveys from health care practitioners in Swedish health care (N = 23,781). We analyzed the associations between overall patient safety (outcome variable) and 12 culture dimensions and 5 background characteristics (explanatory variables). Simple logistic regression analyses were conducted to determine the bivariate association between each explanatory variable and the outcome variable. The explanatory variables were entered to determine the multivariate associations between the variables and the outcome variable. **Results:** The highest rated culture dimensions were “teamwork within units” and “nonpunitive response to errors,” and the lowest rated dimensions were “management support for patient safety” and “staffing.” The multivariate analysis showed that long professional experience (>15 years) was associated with increased probability for high overall patient safety

instead as a quantifiable surrogate measure of safety culture.⁶ Patient safety climate can be considered as a snapshot of the patient safety culture, representing the surface features of the underlying culture.⁷ However, the concepts “climate” and “culture” are often applied interchangeably in patient safety research. Instruments developed to assess patient safety culture most likely capture the climate rather than the culture. In this study, we consistently use the term “culture.”

Although instruments to measure patient safety culture vary with regard to precise content, the concept of patient safety culture is usually broken down into dimensions such as management commitment to safety, safety systems, work pressure, communication, teamwork, nonpunitive response to errors, and leadership.⁸ The two most widely applied patient safety culture instruments in hospital settings are the Safety Attitude Questionnaire and the Hospital Survey on Patient Safety Culture.⁹ According to Sorra and Battles (2014), Hospital Survey on Patient Safety Culture has been adopted for

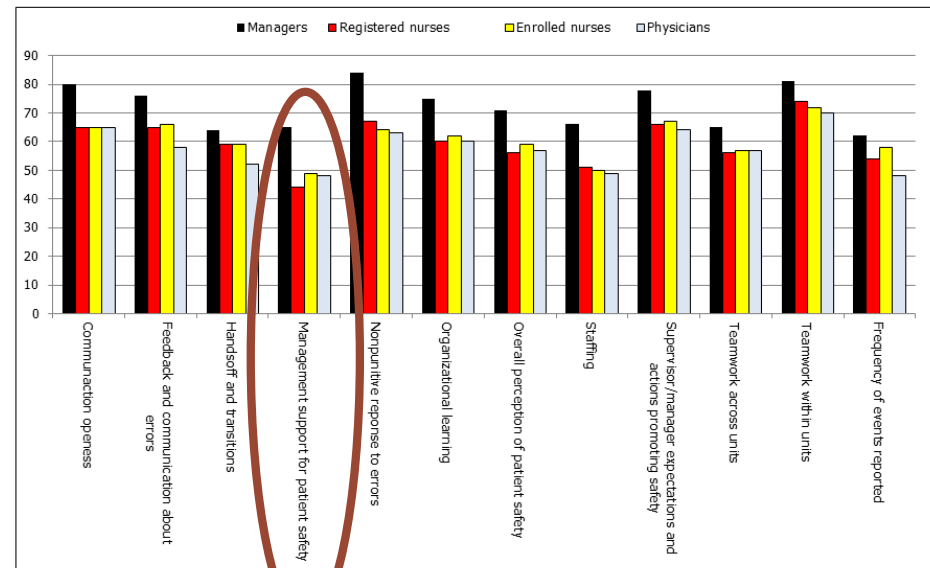


FIGURE 1. Descriptive analysis for staff positions and the average scores for the patient safety culture dimensions.

STUDIE 2: UTFORSKA SUBKULTURER HOS SSK OCH USK GÅLLANDE DERAS VÄRDERINGAR OCH NORMER KRING PATIENTSÄKERHET

- Intervjuer av 28 ssk och 24 usk
- Analys: manifest innehållsanalys

Danielsson et al. *BMC Nursing* 2014, **13**:39
<http://www.biomedcentral.com/1472-6955/13/39>



RESEARCH ARTICLE

Open Access

Patient safety subcultures among registered nurses and nurse assistants in Swedish hospital care: a qualitative study

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Abstract

Background: Patient safety culture emerges from the shared assumptions, values and norms of members of a health care organization, unit, team or other group with regard to practices that directly or indirectly influence patient safety. It has been argued that organizational culture is an amalgamation of many cultures, and that subcultures should be studied to develop a deeper understanding of an organization's culture. The aim of this study was to explore subcultures among registered nurses and nurse assistants in Sweden in terms of their assumptions, values and norms with regard to practices associated with patient safety.

Methods: The study employed an exploratory design using a qualitative method, and was conducted at two hospitals in southeast Sweden. Seven focus group interviews and two individual interviews were conducted with registered nurses and seven focus group interviews and one individual interview were conducted with nurse assistants. Manifest content analysis was used for the analysis.

Results: Seven patient safety culture domains (i.e. categories of assumptions, values and norms) that included practices associated with patient safety were found: responsibility, competence, cooperation, communication, work environment, management and routines. The domains corresponded with three system levels: individual, interpersonal and organizational levels. The seven domains consisted of 16 subcategories that expressed different aspects of the registered nurses' and assistants nurses' patient safety culture. Half of these subcategories were shared.

Conclusions: Registered nurses and nurse assistants in Sweden differ considerably with regard to patient safety subcultures. The results imply that, in order to improve patient safety culture, efforts must be tailored to both registered nurses' and nurse assistants' patient safety-related assumptions, values and norms. Such efforts must also take into account different system levels. The results of the present study could be useful to facilitate discussions about patient safety within and between different professional groups.

Keywords: Nurses, Patient safety, Safety culture, Qualitative research

RESULTAT STUDIE 2

- ◎ 16 subkategorier, hälften delade (normer och värderingar om patientsäkerhet) tillhörande 7 kategorier
- ◎ Normer och värderingar om ansvar skiljer sig
- ◎ Ledningens agerande påverkar säkerhetskulturen
- ◎ Usk känner inte alltid tillit från ssk

STUDIE 3: UTFORSKA LÄKARES VÄRDERINGAR OCH NORMER MED POTENTIELL RELEVANS FÖR PATIENTSÄKERHETEN

- Intervjuer med 28 läk i RÖ
- Analys: manifest innehållsanalys

Danielsson et al. *BMC Health Services Research* (2018) 18:543
<https://doi.org/10.1186/s12913-018-3328-y>

BMC Health Services Research

RESEARCH ARTICLE

Open Access

The professional culture among physicians in Sweden: potential implications for patient safety



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Abstract

Background: Patient safety culture, i.e. a subset of an organization's culture, has become an important focus of patient safety research. An organization's culture consists of many cultures, underscoring the importance of studying subcultures. Professional subcultures in health care are potentially important from a patient safety point of view. Physicians have an important role to play in the effort to improve patient safety. The aim was to explore physicians' shared values and norms of potential relevance for patient safety in Swedish health care.

Methods: Data were collected through group and individual interviews with 28 physicians in 16 semi-structured interviews, which were recorded and transcribed verbatim before being analysed with an inductive approach.

Results: Two overarching themes, "the competent physician" and "the integrated yet independent physician", emerged from the interview data. The former theme consists of the categories Infallible and Responsible, while the latter theme consists of the categories Autonomous and Team player. The two themes and four categories express physicians' values and norms that create expectations for the physicians' behaviours that might have relevance for patient safety.

Conclusions: Physicians represent a distinct professional subculture in Swedish health care. Several aspects of physicians' professional culture may have relevance for patient safety. Expectations of being infallible reduce their willingness to talk about errors they make, thus limiting opportunities for learning from errors. The autonomy of physicians is associated with expectations to act independently, and they use their decisional latitude to determine the extent to which they engage in patient safety. The physicians perceived that organizational barriers make it difficult to live up to expectations to assume responsibility for patient safety. Similarly, expectations to be part of multi-professional teams were deemed difficult to fulfil. It is important to recognize the implications of a multi-faceted perspective on the culture of health care organizations, including physicians' professional culture, in efforts to improve patient safety.

Keywords: Physicians, Patient safety, Safety culture, Qualitative research

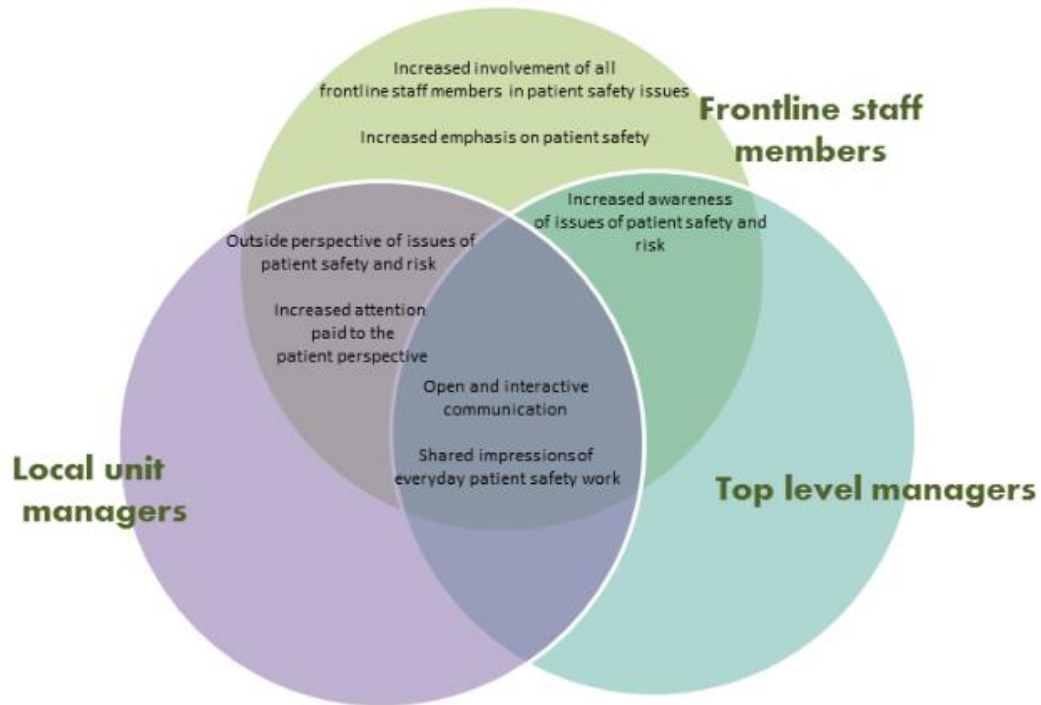
RESULTAT (STUDIE 3)

Theme	Category
The competent physician	Infallible
	Responsible
The integrated, yet independent physician	Autonomous
	Team player

Aspekter av dr professionskultur kan ha relevans för patientsäkerheten

- ◉ Förväntningar att vara ofelbar minskar vilja att prata om misstag, påverkar lärande
- ◉ Dr autonomi förknippad med förväntningar att agera självständigt, använder beslutsfattande position för att bestämma i vilken utsträckning de engagerar sig i patientsäkerhet
- ◉ Dr upplevde att barriärer i organisationen gör det svårt att leva upp till förväntningarna att ta ansvar för patientsäkerheten
- ◉ Förväntningar att vara del av team upplevdes svårt att uppfylla

ÅRSTA- OCH HÖGSTA NDE FÖR-NACKDELAR



d enkät

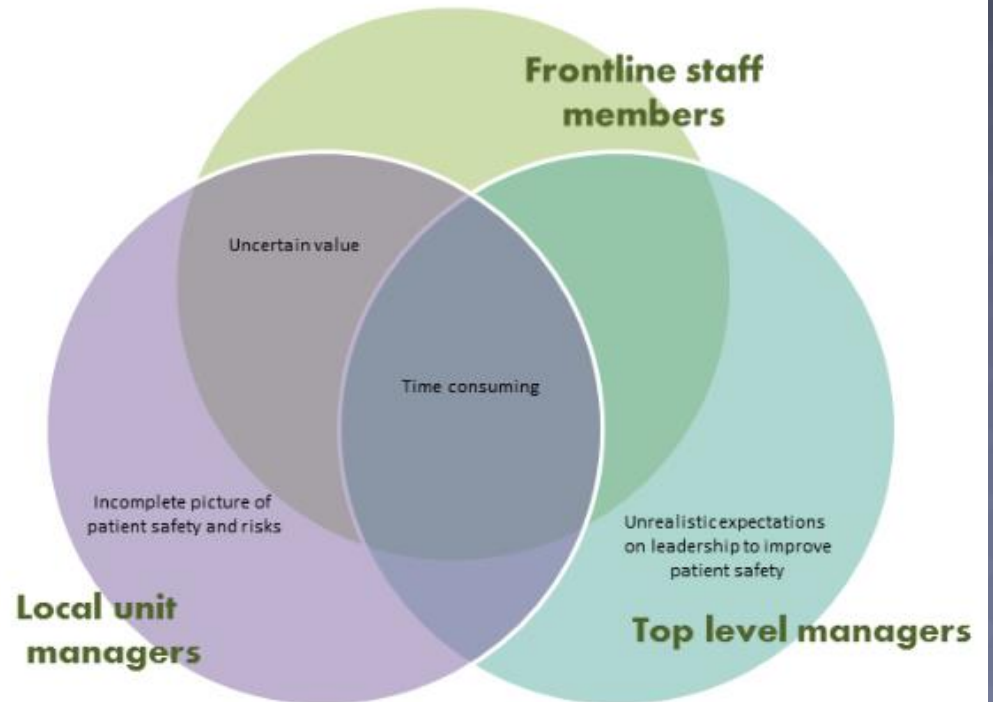




Figure 2: The four safety culture stages adopted from Patankar et al. (2012).