



Patient Safety Culture in Acute Psychiatric Hospitals

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Abstract

Aims: The aim of this study was to evaluate staff experience of safety culture in their psychiatric hospital workplace by conducting an anonymous survey in acute inpatient settings in public and private hospitals, with a view to exploring their perceptions of teamwork, communication, just culture, psychological safety, diversity, civility, and leadership.

Background: Patient safety is emerging as a central tenet of clinical governance and a prerequisite for effective patient care in any setting. Safety is not a singular approach that can be employed to improve the quality of health services, but a discipline with diverse layers and initiatives. Safety not only impacts patients' experience of their care but also staff wellbeing and retention, which were identified as a priority in the UK Government's 2023 Mandate to NHS England.

Keywords: Patient; Safety; Culture; Hospital; Health

Introduction

Patient safety culture is defined as a set of shared beliefs, attitudes, values, policies, and practices, which influence the behaviours of employees regarding patient safety [1,2]. Developing a culture of safety is important for any healthcare organisation because investigations into failures in healthcare have identified weak patient safety culture as a common contributing factor [1,2]. Safety culture has also become an essential feature of the organizational culture itself that refers to how safety is being viewed and treated by the members of an organization.

The NHS (National Health Service) Patient Safety Strategy emphasises the following as its essential components: psychological safety, diversity, compelling vision, leadership, teamwork, and openness to learning [3,4]. It also highlights the importance of kindness and civility while referring to the

blame-culture seen too often in the National Health Service (NHS). NHS England recently developed Improving Patient Safety Culture: A practical guide in association with AHSN Network, which underlines the significance of teamwork, communication, just culture, psychological safety, diversity and inclusive behaviours, civility, and leadership as key components of the concept of safety [5].

During the last three decades, challenges of achieving safer health care have become increasingly recognized following reviews of the frequency of preventable adverse events. Safety culture measurement is evolving as an instrument that contributes to positive culture changes by enabling organizations to evaluate their practice and offers insights for transformation. Although instruments to measure patient safety culture vary with regards 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, non-punitive response to errors, and leadership [1].

Patient safety in mental health settings is often assumed to be the same as physical health. This cannot be further from the truth as mental health presents different challenges due to the unique risks posed to patients and staff via frequency of self-harm, suicide, absconding, detention, seclusion, etc [6]. Assessing safety culture in mental health settings, by using a comprehensive framework, is a very different challenge but this exercise has been undertaken less frequently if at all [7]. We, therefore, decided to measure the safety culture in one of our acute hospitals as a pilot, and compare its results, with a private hospital in the same county, to understand its dynamics and possible differences with a view to sharing learning with all stakeholders.

Methodology

We designed a survey (given below) to measure patient safety culture based on The Safety Attitudes Questionnaire (SAQ) [8]. It has questions relating to demographics and membership of professional group and service line. The survey also contains four questions each under six safety theme headings: teamwork, communication, just culture, psychological safety, diversity and inclusive behaviours, civility, and leadership. The respondents were asked if they “agree” “disagree” or if they were “not sure” or “don’t know” about the statements/questions asked. The survey was piloted among the Patient Safety Governance Group

members in our organisation; and the questions/statements were finalised after their comments and suggestions. The project was endorsed by the Group, and then by the Quality Team who approves such projects; a similar permission was granted by the Medical Advisory & Quality Committees of the private organisation.

The survey was offered to all the staff working in an adult acute psychiatric hospital in the NHS and a similar but private psychiatric hospital in the same county, situated in Southeast England. They were requested to complete the survey on voluntary and anonymous basis. The data gathered from the staff was entered into Excel in two separate tabs, one for the NHS and one for the private unit. It was analysed using a simple count function for each possible response to each question in the survey and is being presented in the tables given below.

Results

The number of staff working in either psychiatric hospital was approx. 34 on the day this survey was conducted. 28 subjects completed the survey from the NHS psychiatric hospital, but two questionnaires only had demographic data completed, and no answers to rest of the questions were offered. These two were, therefore, excluded, and 26 were included in the analysis. On the other hand, 30 responses were received and entered into the analysis from the private psychiatric hospital. The rest of the staff in either hospital was either on leave or off sick on the day.

		Oxleas		Private	
		n=19		n=23	
Sex	Male	7	37%	8	35%
	Female	11	58%	14	61%
	Nonbinary	1	5%	1	4%
		n=24		n=29	
Age	18-30	4	16.60%	6	20.70%
	31-40	3	12.50%	8	27.60%
	41-50	9	37.50%	10	34.50%
	51-60	5	20.80%	5	17.20%
	61-70	3	12.50%	0	0.00%
	71 and above	0	0.00%	0	0.00%

		n=23		n=28	
Ethnicity	White	7	30.40%	10	35.70%
	Black	10	43.50%	9	42.10%
	Asian	5	21.70%	7	25%
	Chinese	1	4.30%	2	7.10%
	Mixed	0	0.00%	0	0.00%
Occupational group		n=22		n=29	
	Allied health professional – psychologist / OT / Physio	1	4.50%	0	0.00%
	General management / admin	4	18.20%	0	0.00%
	Medical / dental	7	3.20%	6	20.70%
	Nurse / midwife / health visitor	9	40.90%	23	79.30%
	Social worker / social care support staff	1	4.50%	0	0.00%

Table 1: Demographic Characteristics of the Study sample.

Table 1 shows that gender distribution is broadly similar in the two groups. 41-50 years is the largest age group in both settings but the staff in the private setting were generally younger with greater numbers in the 18-30 and 31-40 age groups. It also shows that the private unit has a higher proportion of white staff and the NHS unit a higher proportion of black staff. Another interesting difference is

that the private unit hospital had more medical or nursing staff compared to the NHS sample that shows greater multi-disciplinary representation.

Regarding Communication, updates were perceived similarly in both settings, but private staff were more informed and could accessed relevant information more easily.

Question		Oxleas		Private	
Your team members understand each other's roles		n=26		n=30	
	Agree	22	84.60%	21	70.00%
	Disagree	2	7.70%	7	23.30%
	Not sure	2	7.70%	2	6.70%
	Don't know	0	0.00%	0	0.00%
Your team listens to you and cares about your concerns		n=26		n=30	
	Agree	17	63.40%	23	76.70%
	Disagree	3	11.50%	5	16.70%
	Not sure	5	19.20%	2	6.70%
	Don't know	1	3.80%	0	0.00%
You are involved in suggesting and deciding on changes that affect your work		n=26		n=30	
	Agree	20	76.90%	25	83.30%
	Disagree	2	7.70%	3	10.00%
	Not sure	4	7.70%	2	6.70%
	Don't know	0	0.00%	0	0.00%

Teams within this organisation work well together to achieve their objectives	n=24		n=30		
	Agree	19	79.20%	23	76.70%
	Disagree	2	8.30%	1	3.30%
	Not sure	3	12.50%	6	20%
	Don't know	0	0.00%	0	0.00%

Table 2: Team work.

*Numbers and percentages of responses from NHS and private hospital groups to teamwork themed statements.

Table 2 shows that NHS respondents reported greater understanding of each other's roles (85% vs 70%) than the private unit. On the other hand, comparatively more (77% vs

63%) private unit responders felt that their team members listened to and cared about their concerns.

Question	Oxleas		Private		
	n=26		n=28		
You feel safe to speak up about anything that concerns you	Agree	17	65.40%	17	60.70%
	Disagree	6	23.10%	4	14.30%
	Not sure	2	7.70%	6	21.40%
	Don't know	1	3.80%	1	3.60%
			n=26		n=28
Your organisation acts on concerns raised by staff	Agree	19	73.10%	18	64.30%
	Disagree	1	3.80%	7	25%
	Not sure	4	15.40%	3	10.70%
	Don't know	2	7.70%	0	0.00%
			n=26		n=28
There are equal opportunities to contribute ideas or opinions	Agree	16	61.50%	20	71.40%
	Disagree	5	19.20%	4	14.30%
	Not sure	4	15.40%	4	14.30%
	Don't know	1	3.80%	0	0.00%
			n=24		n=28
Disputes or conflicts are resolved fairly	Agree	12	50.00%	23	82.10%
	Disagree	3	12.50%	0	0.00%
	Not sure	8	33.30%	5	17.90%
	Don't know	1	4.20%	0	0.00%

Table 3: Just culture.

*Numbers and percentages of respondents from NHS and private hospital groups regarding 'just culture' statements.

Table 3 shows that a greater proportion of NHS staff (73% vs 64%) felt that concerns they raised were acted on compared to the private hospital group. However, conflicts were less

likely to have resolved (50% vs 82%) in the NHS compared to private settings.

Question		Oxleas		Private	
		n=26		n=28	
It is easy to discuss difficult issues and problems	Agree	9	34.60%	16	57.10%
	Disagree	5	19.20%	5	17.90%
	Not sure	9	34.60%	7	24.10%
	Don't know	3	11.50%	0	0.00%
You won't receive retaliation or criticism if you admit to an error or mistake	n=25		n=28		
	Agree	9	36.00%	16	57.10%
	Disagree	5	20.00%	6	21.40%
	Not sure	7	28.00%	6	21.40%
You feel safe offering new ideas even if they aren't fully formed	n=26		n=28		
	Agree	16	61.50%	22	78.60%
	Disagree	2	7.70%	4	14.30%
	Not sure	6	23.10%	2	7.10%
It is easy to ask a member of your team for help	n=26		n=28		
	Agree	20	76.90%	25	89.30%
	Disagree	1	3.80%	3	10.70%
	Not sure	4	15.40%	0	0.00%
	Don't know	1	3.80%	0	0.00%

Table 4: Psychological safety.

*Numbers and percentages of respondents from NHS and private hospital groups in response to psychological safety themed statements.

Table 4 shows that while a majority in both organisations felt that it was easy to ask a team member for help (77% & 89%) and felt safe offering new ideas (62 & 79%), a much smaller

proportion were confident that admitting to an error would not result in retaliation (35% & 57%).

Question		Oxleas		Private	
		n=25		n=29	
Your organisation respects individual differences (e.g. cultures, working styles, backgrounds, ideas, etc.)	Agree	21	84.00%	18	62.10%
	Disagree	2	8.00%	7	24.10%
	Not sure	2	8.00%	4	13.80%
	Don't know	0	0.00%	0	0.00%
Your organisation demonstrates a strong commitment to meeting the needs of employees with disabilities	n=26		n=29		
	Agree	21	80.80%	19	65.50%
	Disagree	1	3.80%	4	13.80%
	Not sure	3	11.50%	6	20.70%
	Don't know	1	3.80%	0	0.00%

		n=26		n=29	
Your teaching, training, and induction programs promote inclusivity	Agree	19	73.10%	19	65.50%
	Disagree	2	7.70%	5	17.20%
	Not sure	3	11.50%	5	17.20%
	Don't know	2	7.70%	0	0.00%
There are equal opportunities for people of different backgrounds and abilities		n=26		n=29	
	Agree	17	65.40%	21	72.40%
	Disagree	4	15.40%	3	10.30%
	Not sure	5	19.20%	5	17.20%
	Don't know	0	0.00%	0	0.00%

Table 5: Diversity and inclusive behaviours.

*Numbers and percentages of respondents from NHS and private units in response to diversity and inclusive behaviours themed statements.

A greater proportion of NHS respondents felt that individual differences were respected (84% vs. 62%) and the organisation demonstrates strong commitment to meeting

the needs of employees with disabilities (80.8% vs 65%), a smaller proportion (65 vs 72%) reported equal opportunities for people of different backgrounds and abilities (Table 5).

Question		Oxleas		Private	
The people you work with are polite and treat each other with respect		n=25		n=30	
	Agree	21	84.00%	22	73.30%
	Disagree	0	0.00%	4	13.80%
	Not sure	3	12.00%	4	13.80%
	Don't know	1	4.00%	0	0.00%
The people you work with are understanding and kind to one another		n=25		n=30	
	Agree	22	88.00%	20	66.70%
	Disagree	1	4.00%	7	23.30%
	Not sure	2	8.00%	3	10.00%
	Don't know	0	0.00%	0	0.00%
The people you work with show appreciation to one another		n=25		n=30	
	Agree	19	76.00%	27	90%
	Disagree	1	4.00%	2	6.70%
	Not sure	5	20.00%	1	3.30%
	Don't know	0	0.00%	0	0.00%
In your team, disagreements are dealt with constructively		n=24		n=30	
	Agree	13	54.20%	16	53.30%
	Disagree	2	8.30%	7	23.30%
	Not sure	7	29.20%	7	23.30%
	Don't know	2	8.30%	0	0.00%

Table 6: Civility.

*Numbers and percentages of respondents in response to civility themed statements.

In Table 6, 88% of NHS respondents agreed that the people they work with understand and are kind to one another compared to 67% in the private hospital and 84% agreed that their colleagues are polite and treat each other with respect,

compared to 73% in the private setting. Just over half of the respondents in each group agreed that disagreements were dealt with constructively.

Question	Oxleas		Private	
		n=24		n=30
Trust leaders demonstrate commitment to safety in their decisions and behaviours	Agree	15 62.50%	25 83.30%	
	Disagree	3 12.50%	3 10.00%	
	Not sure	6 25.00%	2 6.70%	
	Don't know	0 0.00%	0 0.00%	
Trust management creates and maintains a culture of safety throughout the organisation	Agree	16 66.70%	21 70%	
	Disagree	2 8.30%	3 10%	
	Not sure	5 20.80%	6 20%	
	Don't know	1 4.20%	0 0.00%	
Trust leaders regularly evaluate the culture of safety using valid and reliable tools	Agree	11 45.80%	22 73.30%	
	Disagree	2 8.30%	3 10%	
	Not sure	7 29.20%	5 16.70%	
	Don't know	4 16.70%	0 0.00%	
Trust management doesn't knowingly compromise on patient safety	Agree	17 70.80%	29 96.70%	
	Disagree	0 0.00%	1 3.30%	
	Not sure	3 12.50%	0 0.00%	
	Don't know	4 16.70%	0 0.00%	

Table 7: Leadership.

*Numbers and percentages of respondents from NHS and private hospital in response to leadership themed statements.

46% of NHS respondents agreed that their leaders were regularly evaluating the culture of safety, with 29% saying they were not sure and 17% did not know. This is compared to 73% working in the private organisation agreeing with this statement. No respondents in either group provided written comments (Table 7).

Discussion

A positive patient safety culture is based on collaboratively created and psychologically safe environment where everybody (individual, staff, teams, patients, families, and carers) flourishes through continuous learning and improvement of risks by way of understanding and measurement [4]. In this pilot study, we have measured and compared different aspects of patient safety culture in a public and a private psychiatric hospital situated in Southeast England. Our results show that, in both organisations, the staff

faired equally well in certain aspects (civility, psychological safety, teamwork) of safety culture as they liked to work together, helped one and other, and spoke up when required, but were less likely to admit to errors committed by them. NHS staff perceived their organisation to be better for having greater understanding of their roles, being kind to one another, being respectful, for action on concerns raised, and being disability friendly. However, in private mental health, the staff scored their organisation to be superior regarding communication, being listened to, conflict resolution, having equal opportunities, and offering a better focus on patient safety.

We found that more of the NHS respondents selected "don't know" or "not sure" whereas responses from the private organisation were typically more polarised, with "agree" or "disagree" selected for the majority of responses. When asked whether their leaders are using valid and reliable tools to evaluate safety in the organisation, a majority

(45.8%) in NHS were unsure. This might suggest that this information was not readily available in a clear format that the respondents were easily able to access. It is also possible that when “don’t know” or “not sure” was selected, the experience was more complex or nuanced than “agree” or “disagree” could capture, and these options were selected due to being less polarised. No respondents in either group provided written comments, which might have helped to convey more subtle or multifaceted views or experiences relating to given statements.

Patient safety culture measurement studies have mostly concentrated on processes, policies, risk assessments or security in mental health settings [7]. SAQ and similar questionnaires have been used to measure patient safety culture but mostly in medical settings [9]. The existing work related to safety culture surveys has also focused typically on nursing staff rather than the broader multidisciplinary teams [10]. We found very few safety culture studies carried out in in mental health settings; they also had a rather narrow focus [11]. For example, De Oliveira et al surveyed 103 mental health professionals in Brazil, and found highest scoring domain being job satisfaction and the lowest was working conditions. They also noted that statutory professionals and those with longer professional experience had better perception of safety culture [12]. Similarly, Hamaideh surveyed nurses in a psychiatric inpatient setting in Saudi Arabia and found that of the 12 dimensions of patients’ safety culture, only one was strong, six within acceptable range and five were weak and needed improvement. This study emphasised the importance of good safety incident reporting structure and no-blame attitudes for improving safety culture [13].

While stressing the need for robust reporting systems, training and oversight, National Patient Safety Strategy highlights the critical importance of measuring patient safety culture to improve patient safety in mental health settings [4,5]. This is acknowledged as a difficult task while mentioning the importance of carrying out staff surveys by using standardised instruments that capture all aspects of patient safety culture. We have carried out the first preliminary study in the UK to measure patient safety culture among multi-disciplinary teams in acute psychiatric hospitals. It yields useful results for the organisations involved as a baseline; they could improve their patient safety culture by interventions mentioned elsewhere [10], and repeat such surveys to ascertain progress in future. However, it is important to mention that it would be difficult to draw wide conclusions from our survey due to its small sample and difference in the composition of two groups of respondents. A large multi-site study involving several NHS and private psychiatric hospitals will be required to explore patient safety culture for drawing generalisable conclusions

in public and private settings.

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