An assessment of health care provider's attitude regarding patient safety cultures in high dependency units

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Abstract

Background and Objective:

The issue of patient safety, as well as other adverse events, has been addressed for decades within hospital settings. Indeed, although health authorities are trying to minimize any harm that could threaten the health of their patients, one fifth of the general population are hurt as a result of adverse events occurring during the caring process. Therefore, improving and promoting patient safety has been given a lot of attention by all hospitals in order to protect their clients and improve the quality of care. Thus, considering how essential patient safety culture is in reducing the threat within high dependency units, and how important improving quality of care is, this study focused on assessing health care professionals' attitudes regarding safety.

Method: A Quantitive method / descriptive design, cross-sectional approach was used.

Result: 52 health care providers participated in this study. The majority of the participants answered favorably about issues such as team working and working conditions; however, when it came to the issue of patient safety, i.e. the safety climate and job satisfaction, 43.1% and 67.8% respectively answered unfavorably.

Conclusion: The attitudes of the participants about patient safety culture were not acceptable.

Recommendation: A training course regarding patient safety is strongly recommended.

Introduction

Patient safety and errors are recognized as the main concerns confronting healthcare organizations during the caring process. In fact, the issues about patient safety and adverse events have been addressed for decades within hospital settings (Bondevik *et al.*, 2014). Despite this, patient safety is simply defined as "freedom from accidental injury" by the Institute of Medicine (Kohn *et al.*, 2000), and further defined as "the avoidance, prevention, and amelioration of adverse events or injuries stemming from the processes of healthcare" (Cooper *et al.*, 2000). It has been clearly shown in scientific studies that prolonged hospitalization, disability, medication errors, surgical complications, hospital-acquired infections and death, are potentially the adverse events resulting from medical care (Sanders, et al. 2007; Agrawal, 2014). Based upon these two definitions and scientific articles, it obviously appears that some human-related factors as well as the environment have a great impact on patient safety.

So, although health authorities do try to minimize the dangers that threaten the health of their patients, it still remains that one fifth of the general population are subjected to harm as a result of adverse events occurring during the caring process (Zarei *et al.*, 2014). As a consequence, improving and promoting patient safety has been prioritized by all hospitals to protect their clients and improve the quality of care.

Creating a safety culture among health care providers is one of the key strategies adopted by hospital leaders to improve the quality of care and reduce incidents. As such, patient safety is a major indicator in measuring the quality of care in all health care settings. For instance, Donabedian's approach — commonly described in health care quality and safety literature — consists of looking at patient outcomes, processes and structures (Donabedian, 2005). Recently, though, the area of culture or context has been suggested as an effective patient safety model to run alongside this approach, as this evaluates how care is delivered within health organizations (Pronovost *et al.*, 2009). Indeed, the contemporary model for healthcare improvement recognizes that the resources (structure) and activities carried out (processes) must be addressed within a given context (culture) in order to improve the quality of care (outcome) (Elliote *et al.*, 2011). Considering these two models, it can be seen that culture (context) has an effect on the delivery and quality of care. Likewise in the health care process, a good safety culture has an effect on the outcomes of patient care, as well as being a crucial component in the strategy to avoid errors and reduce the incidences of adverse events (Zimmermann *et al.*, 2013). Moreover, it is an essential tool to facilitate an action plan for implementing and improving patient safety measures within daily practice (Elliott *et al.*, 2012). As described by Halligan and Zecevic (2011) safety culture is "the product of individual and group values, attitudes, competencies, and patterns of behavior that determine the commitment to and the style and proficiency of an organization's health and safety programme." This definition points out that safety culture is strongly focused on the human factor. In addition to knowledge and skills, however, human factors are more essential to minimizing the dangers that patients face, particularly within critical or high dependency units (Elliott *et al.*, 2012). Collectively, the phrase 'human factor' is commonly used to describe attributes that contribute to teamwork, communication, information sharing, and the working climate (Kim *et al.*, 2015).

In their article, Abdi, Malecki and Khosravi (2011) cited the 1999 report from a medical institute in the USA about medical mistakes entitled *To Err is Human*, in which patient safety and the quality of care has genuinely been taken into consideration by scholars in the health care field so that a solution to the adverse events that occur in healthcare settings can be found.

Indeed, patient safety is the core value and ethic of all health care professionals since Hippocrates and Florence Nightingale's entreaty "do not harm" (Agrawal, 2014). In particular, this statement is endorsing the idea that patient safety should be prioritized by health care providers during the caring process and applied to every procedure that is undertaken within each hospital setting.

As discussed earlier, a robust safety culture is effectively implemented as a strategy to

evaluate and improve patient safety. Thus, considering how essential the patient safety culture is in reducing the potential dangers lurking in high dependency units and in improving the quality of care, this study aimed to assess the attitude of health care professionals regarding safety, and investigate the current state of the safety culture in these units with the help of a description of the socio-demographic characteristics of the participants who took part in it.

Methodology:

Design:

A quantitative design/descriptive cross-sectional self-administered method was used in order to examine the attitudes of health care professionals regarding the safety culture within the chosen high dependency unit.

Setting:

The study was undertaken at both the cardiac care and surgical theatre high dependency units in Rania General Hospital. This is a public hospital that only treats adult patients in the Rania district. All the health professional practitioners working in these two units were invited to participate in the study.

Questionnaire:

Widely used to measure safety culture, the study used the Safety Attitudes Questionnaire (SAQ) as a tool for data collection, with only minor modifications to the demographic data. The questionnaire consisted of 36 items that focused on six areas: teamwork climate, safety climate, job satisfaction, management perceptions, working conditions, and stress recognition. A five-point Likert scale was employed to assess the attitudes of the respondents. Validity measurements, reliability assessments and a pilot study were also involved, along with inferential statistical analysis.

Data collection:

Between 20th September and 2nd November 2015, data were collected from the participants taking part in the study. The SAQ was distributed to health care providers working in the cardiac care and operative room (theatre) units. Agreed consent was obtained from the participants prior to their involvement.

Statistical analysis:

The collected data was encoded and inserted into a Statistical Package for the Social Sciences (SPSS) program (version 22) for further analysis. Statistical analysis includes analyzing descriptive statistics, i.e. Mean, Standard Deviation (SD), Variance, and Frequency, from which was obtained a percentage of the responses.

Results:

Of the 60 questionnaire packs distributed among the health care professionals in the high dependency unit, 52, which equates to 85%, responded. Various different professionally titled workers participated and these are as follows: doctor (17.65%), college nurse (13.73%), nurse and nurse assistant (37.25%), assistant physician (15.69%), assistant anesthetist (3.92%), and technician (11.76%). The majorities of those taking part were nurses and assistant nurses, while the assistant anesthetists were a minority in this study and made up only a small percentage of those participating. The mean and standard deviation (SD) of the participants' ages and experience were 31.49 (8.88) and 9.27 (6.84) respectively. In addition, 68.6% of them were male, while 31.4% were female.

Graphic 1: A breakdown of the health care workers who participated in the study

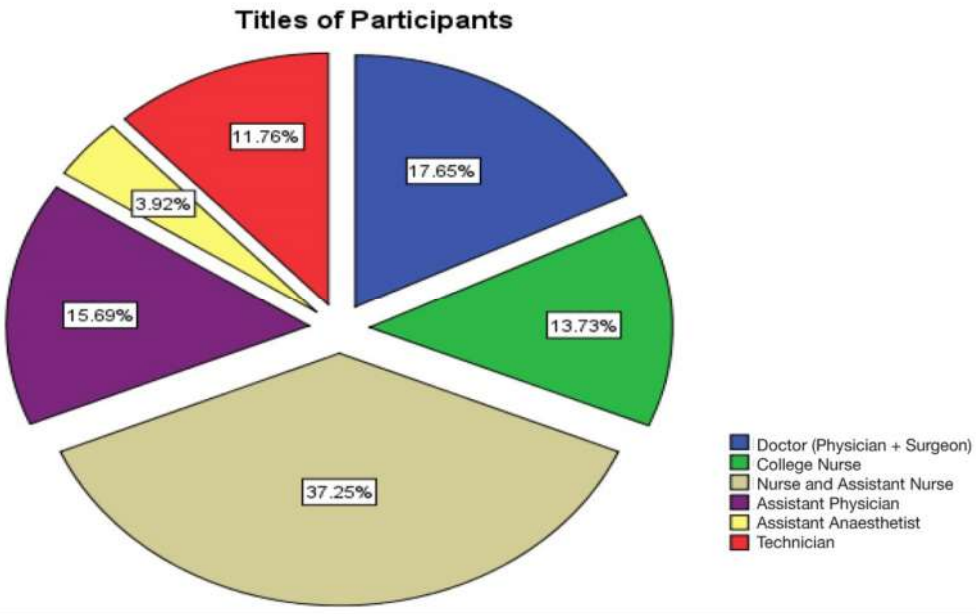

Table 1: Team Working Climate

Team Work Climate		Frequency and Percentage of Scale					
Items	Mean (SD) Variance	Strongly Agree N (%)	Agree N (%)	Neutral N (%)	Disagree N (%)	Strongly Disagree N (%)	Total N (%)
Nurse input is well received in this clinical area.	3.56 (1.11) 1.25	2 (3.9)	7 (13.7)	14 (27.5)	16 (31.4)	12 (23.5)	51 (100)
In this clinical area, it is difficult to speak up if I perceive a problem with patient care.	2.90 (1.09) 1.17	5 (9.8)	13(25.5)	19 (37.3)	10 (19.6)	4 (7.8)	51 (100)
Disagreements in this clinical area are resolved appropriately (i.e. not who is right, but what is best for the patient).	3.54 (1.06) 1.13	2 (3.9)	6 (11.8)	15 (29.4)	18 (35.3)	10 (19.6)	51 (100)
I have the support I need from other personnel to care for patients.	3.19 (1.28) 1.64	9 (17.6)	4 (7.8)	12 (23.5)	20 (39.2)	6 (11.8)	51 (100)
It is easy for personnel here to ask questions when there is something that they do not understand.	3.37 (1.11) 1.23	3 (5.9)	7 (13.7)	18 (35.3)	14 (27.5)	9 (17.6)	51 (100)
The physicians and nurses here work together as a well-coordinated team.	2.96 (1.32) 1.75	7 (13.7)	15 (29.4)	11 (21.6)	9 (17.6)	9 (17.6)	51 (100)

Overall, when it came to the team working environment (i.e. how well the team worked together) for the two units shown in table 1 the responses were neutral, with the mean of the answers around (3.0). Team work is recognized as a key element in the delivery of health care, particularly in the high dependency unit. However, if the percentages of those who 'strongly agree' and 'agree' are measured alongside those respondents who chose 'neutral', then it can be shown there is a good sense of teamwork among the health care professionals.

Table 2: Safety Climate or Environment

Safety Climate		Frequency and Percentage of Scale					
Items	**Mean (SD) Variance**	**Strongly Agree N (%)**	**Agree N (%)**	**Neutral N (%)**	**Disagree N (%)**	**Strongly Disagree N (%)**	**Total N (%)**
I would feel safe being treated here as a patient.	**3.19 (1.03) 1.08**	1 (2)	15 (29.4)	13 (25.5)	17 (33.3)	5 (9.8)	51 (100)
Medical errors are handled appropriately in this clinical area.	**2.74 (1.27) 1.63**	10(19.6)	14 (27.5)	11 (21.6)	11 (21.6)	5 (9.8)	51 (100)
I know the proper channels to direct questions regarding patient safety in this clinical area.	**2.98 (.98) 0.98**	4 (7.8)	12 (23.5)	17 (33.3)	17 (33.3)	1 (2)	51 (100)
I receive appropriate feedback about my performance.	**2.60 (1.37) 1.88**	14(27.5)	13 (25.5)	9 (17.6)	9 (17.6)	6 (11.8)	51 (100)
In this clinical area, it is difficult to discuss errors.	**2.90 (1.26) 1.61**	8 (15.7)	13 (25.5)	12 (23.5)	12 (23.5)	6 (11.6)	51 (100)
I am encouraged by my colleagues to report any patient safety concerns I may have.	**2.98 (1.14) 1.30**	8 (15.7)	6 (11.8)	19 (37.3)	15 (29.4)	3 (5.9)	51 (100)
The culture in this clinical area makes it easy to learn from the errors of others.	**3.07 (1.27) 1.63**	9 (17.6)	6 (11.8)	14 (27.5)	16 (31.4)	6 (11.8)	51 (100
My suggestions about safety would be acted upon if I expressed them to management.	**2.96 (1.38) 1.91**	11(21.6)	8 (15.7)	12 (23.5)	12 (23.5)	8 (15.7)	51 (100)

The second area used to calculate patient safety is the safety climate of the two units and this is illustrated in table 2. These two units are seen as a safe climate in which the mean response is totally within an acceptable score. Nevertheless, most of the responses were unfavorable about patient safety: for instance, for the question about feeling safe when receiving treatment as a patient in this unit, 43.1% replied negatively in comparison to 31.4% who responded positively.

Table 3: Job Satisfaction

Job Satisfaction		Frequency and Percentage of Scale					
Items	**Mean (SD) Variance**	**Strongly Agree N (%)**	**Agree N (%)**	**Neutral N (%)**	**Disagree N (%)**	**Strongly Disagree N (%)**	**Total N (%)**
I like my job.	**3.74 (1.26) 1.87**	7 (13.7)	2 (3.9)	7 (13.7)	16 (31.4)	19 (37.3)	51 (100)
Working here is like being part of a large family.	**3.50 (1.34) 1.81**	6 (11.8)	4 (7.8)	16 (31.4)	8 (15.7)	17 (33.3)	51 (100)
This is a good place to work.	**3.39 (1.37) 1.88**	5 (9.8)	10 (19.6)	12 (23.5)	8 (15.7)	16 (31.4)	51 (100)
I am proud to work in this clinical area.	**3.76 (1.14) 1.30**	2 (3.9)	5 (9.8)	13 (25.5)	14 (27.5)	17 (33.3)	51 (100)
Morale in this clinical area is high.	**3.50 (1.06) 1.13**	2 (3.9)	5 (9.8)	20 (39.2)	13 (25.5)	11 (21.6)	51 (100)

When it comes to job satisfaction, 67.8% of those working in this clinical area were dissatisfied with their jobs, while 31.3 % were pleased, as illustrated in table 3. All the other measurements relating to this subject are of a negative viewpoint.

Table 4: Stress Recognition

Stress Recognition		Frequency and Percentage of Scale					
Items	**Mean (SD) Variance**	**Strongly Agree N (%)**	**Agree N (%)**	**Neutral N (%)**	**Disagree N (%)**	**Strongly Disagree N (%)**	**Total N (%)**
When my workload becomes excessive, my performance is impaired.	**3.09 (1.04) 1.09**	3 (5.9)	10 (19.6)	23 (45.1)	9 (17.6)	6 (11.8)	51 (100)
I am less effective at work when fatigued.	**3.05 (1.12) 1.25**	4 (7.8)	13 (25.5)	15 (29.4)	14 (27.5)	5 (9.8)	51 (100)
I am more likely to make errors in tense or hostile situations.	**3.21 (1.17) 1.37**	5 (9.8)	7 (13.7)	19 (37.3)	12 (23.5)	8 (15.7)	51 (100)
Fatigue impairs my performance during emergency situations.	**3.09 (1.15) 1.33**	4 (7.8)	14 (27.5)	11 (21.6)	17 (33.3)	5 (9.8)	51 (100)

Table 4 shows that the participants felt working in the cardiac care and operative units did not mean the environment was more stressful. Indeed, most of their responses ranged from 'neutral' to 'agree'.

Table 5: Perception of Management

Perception of Management		Frequency and Percentage of Scale					
Items	**Mean (SD) Variance**	**Strongly Agree N (%)**	**Agree N (%)**	**Neutral N (%)**	**Disagree N (%)**	**Strongly Disagree N (%)**	**Total N (%)**
Management supports my daily efforts.	**2.90 (1.23) 1.53**	10 (19.6)	7 (13.7)	16 (31.4)	14 (27.5)	4 (7.8)	51 (100)
Management doesn't knowingly compromise patient safety.	**2.88 (1.21) 1.46**	7 (13.7)	12 (23.5)	19 (37.3)	6 (11.8)	7 (13.7)	51 (100)
Management is doing a good job.	**3.11 (1.29) 1.66**	7 (13.7)	9 (17.6)	15 (29.4)	11 (21.6)	9 (17.6)	51 (100)
Problem personnel are dealt with constructively by our management.	**3.29 (1.04) 1.09**	2 (3.9)	9 (17.6)	19 (37.3)	14 (27.5)	7 (13.7)	51 (100)
I get adequate, timely info about events that might affect my work.	**2.7 (1.22) 1.49**	9 (17.6)	15 (29.4)	14 (27.5)	8 (15.7)	5 (9.8)	51 (100)
The levels of staffing in this clinical area are sufficient to handle the number of patients.	**2.25 (1.33) 1.77**	13 (25.5)	14 (27.5)	13 (25.5)	4 (7.8)	7 (13.7)	51 (100)

Table 5 highlights the participants' opinions about the perception of the management. Management and/or administration play a great role in directing the staff toward improving patient safety as well as creating safety cultures among health care professionals. The result of this study showed that management is not well informed about everything related to the issue of patient safety.

Table 6: Working Conditions

Working Condition		Frequency and Percentage of Scale					
Items	**Mean (SD) Variance**	**Strongly Agree N (%)**	**Agree N (%)**	**Neutral N (%)**	**Disagree N (%)**	**Strongly Disagree N (%)**	**Total N (%)**
This hospital does a good job of training new personnel.	**2.56 (1.26) 1.61**	12 (23.5)	14 (27.5)	15 (29.4)	4 (7.8)	6 (11.8)	51 (100)
All the necessary information for diagnostic and therapeutic decisions is routinely available to me.	**2.50 (1.00) 1.01**	7 (13.7)	22 (43.1)	12 (23.5)	9 (17.6)	1 (2.0)	51 (100)
Trainees in my discipline are adequately supervised.	**2.78 (1.18) 1.41**	7 (13.7)	15 (29.4)	17 (33.3)	6 (11.8)	6 (11.8)	51 (100)

Table 6 illustrates that the participants felt that their working conditions in terms of training, and supervising of trainees and new staff are good, which is favorable. Encouragingly, the

table shows that the respondents indicated that all the necessary diagnostic and therapeutic information was always available to them.

Discussion:

In point of fact, numerous of research papers and studies have been undertaken about patient safety and safety culture in various unit and settings across hospitals, with each one focused on the context, because context (culture) has an impact on the delivery of care quality.

The results from this current study have been divided into six themes in order to assess and explore the safety culture that exists in the high dependency unit as illustrated in the results section.

At present, teamwork is recognized as the cornerstone to delivering appropriate care promptly and safely, specifically in operating theatres (Wachter, 2008). The results from this study showed levels of teamwork among health care professionals to be acceptable, but this issue should be getting higher scores because teamwork is considered the lynchpin to fostering a good culture of safety (Pedroja, 2014), specifically in high dependency units. This is because even the smallest error puts a patient at risk in this environment. Interestingly, similar studies have been undertaken by Mirzaei *et al.* (2014) and Zarei *et al.* (2014) in Iran, which recorded that the scores relating to teamwork, were highest within teaching hospital units.

The safety climate or environment in the two settings used in this study was viewed as acceptable, but in subdomains, a negative view was clearly recorded. For instance, in the first subdomain about feeling safe in the environment, the 'neutral' to 'disagree' score of 43.1% is considerably higher than that of 'agree', which was 31.4%. All the areas looked at by this tool to assess safety culture are strongly related to each other. The safety climate, working conditions, job satisfaction as well as stress recognition each has an effect on the other. Indeed, the question about how many of the health care professionals thought the safety climate was good scored poorly, with only 31.3% having a positive opinion, which was reflected in the level of job satisfaction expressed by these same professionals with 67.8% feeling negative about their circumstances, although this may be due to their workload as well other pressures. Patients in these units, for example, require more care than those on usual wards. In this study, a level of stress among the health care team is neutral, meaning the units are not stressful places to work in as the mean of the respondents was around 3.0. Contrarily, in a study conducted by El-Jardeli (2010) in Lebanese hospitals, most of the respondents voiced concern about high workloads, which often made them feel stressed and anxious.

Most of the participants are positive about their working conditions in this study, which tells us that working conditions are being managed effectively. Good working conditions are a necessity in order to assist health care professionals avoid making errors and to ensure patient safety (Etchegaray and Thomas, 2014).

The results from this study have shown that perception of management was acceptable; however, when it came to the issue related to patient safety the score was poor. Obviously, management has a great role to play in promoting and improving the safety culture among health care professionals. In research undertaken in Iran by Azimi *et al.* (2012) about the effect of training course on nurses' attitudes toward safety, it was found that the highest recorded improvement related to the staff's perception of management.

Work value and/or organizational environment are usually reflected in the level of job satisfaction and the working climate. Consequently, promoting a positive working climate improves teamwork and communication (Kim *et al.*, 2015).

Improving the attitude of health care professionals with regard to a better safety culture is linked to a decrease in adverse events, errors, as well as an improvement in the quality of care provided. Therefore, creating an effective safety culture is vital for improving patient safety.

Conclusion:

The attitude of a group of health care professionals was assessed, which found that in all the domains — team work, safety climate, job satisfaction, stress recognition, perception of management, and working conditions — improvements were required in order to promote a better patient safety culture, and to enhance the quality of care.

Recommendation:

To effectively promote patient safety, it is strongly recommended that a training course designed to improve quality of care is made available for all health care providers.

Ethical Consideration:

This study has been approved by the College of Nursing's Scientific Committee, University of Raparin.

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هەڵسەنگاندنی دید و بۆچوونی پزیشك و كارمەندانی تەندروستی دەربارەی كەلتوری سەلامەتی نەخۆش لە بەشە چاودێری چڕەكان (پشتپێبەستراوەكان)

پاشخان و ئامانج:

كێشەی سەلامەتی نەخۆش و گرفت و هەڵە تەندروستییەكان لە چەند دەیەی ڕابردوو لە نەخۆشخانەكاندا درکی پێكراوە. لە ڕاستیدا سەرەڕای ئەوەش كاربەدەستان و بەرپرسانی تەندروستی بۆ كەم كردنەوەی ئەو ترسناكییانەی كە دەبێتە مەترسی لە سەر تەندروستیی نەخۆش هەوڵدەدەن، بەڵام لە هەموو پێنج كەسێك یەك كەس لە كۆی گشتیی دانیشتوان توشی كێشە، یان مەترسی دەبێت، لە ئەنجامی كرداره پزیشكی و تەندروستییەكان لە ماوەی پرۆسەی چاودێریكردن لە ناوەندە تەندروستییەكاندا. لە بەر ئەمە بەرەوپێشبردن و بەرزكردنەوەی سەلامەتیی نەخۆش لە لایەن نەخۆشخانەكانەوە زۆر گرینگی پێ دەدرێت بۆ ئەوەی نەخۆشەكانیان پارێزراوبێت و چۆنیەتی چاودێری تەندروستی بەرەوپێشبەرن. بۆیە بە لە بەرچاوگرتنی كەلتوری سەلامەتیی نەخۆش، كە مەترسییەكان لە یەكەی چاودێری چڕەكان كەم دەكاتەوە، گرنگیی بەرزكردنەوەی چۆنیەتی چاودێریی تەندروستی، ئەم توێژینەوەیە تیشكی خستووەتە سەر هەڵسەنگاندنی دید و بۆچوونی پزیشكان و كارمەندانی تەندروستی دەربارەی كەلتوری سەلامەتیی نەخۆش لە بەشە چاودێری چڕەكان (پشتپێبەستراوەكان).

میتۆد:

توێژینەوەیەكی وەسفییە و میتۆدی چۆنیەتی بە مەستی ئەنجامدانی ئەم توێژینەوەیە بەكارهێنراوە.

ئەنجام:

پەنجا و دوو (٥٢) كارمەند و پزیشك لەم توێژینەوەیەدا بەشداریان كردووە، كە بەشێكی زۆریان بە شێوازێكی ئەرێنی(پۆزەتیف) دید و بۆچونیان دەربارەی كاری بە تیم و شوێنی كارکردن دەر بڕیوە. هەرچەندە دەربارەی ژینگەی سەلامەتی و ڕازیبوون لە پیشەكەیان كە ٤٣.١٪ و ٦٧.٨٪ بە دوای یەكدا دید و بۆچونیان نەرێنی (نێگەتیف) بووە.

دەرئەنجام:

بەشێوەیەكی گشتی دید و بۆچوونی بەشداربووانی توێژینەوەكە دەربارەی كەلتوری سەلامەتیی نەخۆش نەرێنییە

پێشنیاز:

پێشنیازی ئەم توێژینەوەیە بریتیە لە كردنەوەی خولی ڕاهێنان دەربارەی سەلامەتیی نەخۆش بۆ سەرجەم پزیشكان و كارمەندانی تەندروستی لە ناوەندە تەندروستییەكاندا.

وشەكان:

دید و بۆچوون ، سەلامەتیی نەخۆش، كەلتوری سەلامەتی

تقييم اتجاهات العاملين في تقديم الخدمات الصحية نحو السلامة الثقافية المرضى في وحدات المرضى المعتدمين على الغير

الخلفية: ان موضوع السلامة للمرضى فضلا عن بعض الاحداث السلبية الاخرى قد وضعت كعناوين مهمة خلال العقود الماضية في المستشفيات، وفي الواقع وبالرغم من الصلاحيات المعطاة للكادر الصحي للمحاولة للتقليل من المخاطر التي قد تهدد صحة المرضى، ويتعرض واحد من خمسة من النسبة العامة من السكان للاذى كنتيجة ثانوية اثناء تقديم خدمات عملية الرعاية الصحية. ولهذا يجب الاهتمام بتحسين وتطوير نوعية العناية بالمرضى ومنها اعتبارات اولويات السلامة بتنوعات الثقافة للمرضى لتقليل التهديدات التي يتعرضون لها في الاماكن التي يحتاجون فيها الى الخدمات الكاملة والمعتمدة على الغير، وكذالك اهمية تحسين نوعية العناية، وتركز هذه الدراسة على تقييم اتجاهات العناية المهنية نحو الامان.

منهجية البحث: دراسة وصفية باستخدام طريقة مقطع عرضي

النتائج: شارك ٥٢ متطوع من العاملين بتقديم العناية بهذه الوحدات في هذه الدراسة. واستجاب الغالبية المشاركين برغبتهم حول الكثير من الاتجاهات مثل العمل الجماعي والتعاوني وخاصة فيما يتعلق بسلامة المرضى كالسلامة المناخية والرضى عن العمل،وكانت الاجاباتسلبية وبنسبة ٤٣.١٪ و ٦٧.٨٪ وبصورة متسلسلة.

الاستنتاج: كانت اتجاهات المشاركين في هذه الدراسة حول السلامة الثقافية للمرضى بصورة عامة سلبية

التوصيات: اوصت الدراسة وبقوة على استحداث دورة تاهيلية حول السلامة الثقافية للمرضى