Patient Safety Climate: Variation in Perceptions by Infection Preventionists and Quality Directors

Shanelle Nelson MSN, RN, PhD(c)1, Patricia W. Stone PhD, FAAN1, Sarah Jordan MPH1, Monika Pogorzelska MPH, M.P.H1, Helen Halpin Sc.M., PhD2, Megan Vanneman MPH2, Elaine Larson RN, PhD, FAAN, CIC1 Columbia University School of Nursing, New York, NY1 University of California Berkeley School of Public Health2

Background

• In the United States, approximately 2 million patients a year develop Healthcare-Associated Infections (HAIs), and nearly 90,000 of these patients are estimated to die [1].
• HAIs are an important patient safety issue.
• Patient safety climate is a multidimensional phenomenon in which important micro-climates have been identified such as senior management engagement and leadership [2, 3].
• The perceptions and attitudes of personnel working in an organization about the safety culture is often termed “safety climate” [4].
• Previous researchers have shown that there are differences in attitudes and perceptions of safety climate among various work areas and disciplines.

Aims

1) Compare the perceptions of two aspects of patient safety climate between Infection Preventionists (IPs) and Quality Directors (QDs) in the same hospital.
2) Identify setting and role characteristics associated with differences in perceptions of patient safety climates.
3) Identify setting characteristics that predict more positive perceptions of patient safety climates.

Hypothesis

•Given the differences in responsibility among the IPs and QDs and fit in the hierarchy of hospitals, we hypothesize that IPs would perceive a lower climate of patient safety compared to QDs.

Methods

•This study was an analysis of two cross-sectional surveys.
•Both surveys were conducted to obtain data on different aspects related to the prevention of HAIs.
•The IP survey was web-based and the structured, computer-assisted telephone interview was conducted with the QD of each hospital.
•Both surveys included the Senior Management Engagement (SME) scale and the Leadership on Patient Safety (LOPS) scale.
•Each scale was 5 items and used a 5-point Likert scale (1 - Strongly Disagree to 5 – Strongly Agree).
•Wilcoxon signed-rank test was used to examine differences in IP and QD perceptions.
•Univariate analyses using t-tests were conducted to examine the relationship between setting characteristics, infection prevention and control characteristics and the degree of differences among IPs and QDs in perception of the two scales.
•Multivariate linear regressions were used to examine the association between setting characteristics and perceptions of the two patient safety scales for both personnel types.

Results

•There were 322 eligible hospitals; 149 hospitals (46.3%) responded to both surveys.
•The final sample size for the SME scale was 129 and 132 for the LOPS scale.
•Presence of an independent budget predicted more positive perceptions of micro-climates across personnel types (Table 3).

Discussion

•The items in the Leadership on Patient Safety scale were more tailored to HAIs. This could explain why the IPs may have more negative perceptions about the way hospital executives handle improvements in infection prevention and control.
•This may also be due to the Senior Management Scale being less tailored to infection prevention.
•Although there were no setting characteristics that were significant predictors of differences between IPs and QDs, IPs who were Directors of their departments perceived the Senior Management Engagement more positively than IPs who were not Directors.
•Having an independent budget for the infection prevention and control department may allow for more autonomy and development of infrastructure to promote patient safety.

Conclusions

•Leadership collaboration is essential in changing care environments and plays a pivotal role in hospital initiatives to improve quality.
•Having an independent budget for the infection prevention and control department allows for more autonomy and development of infrastructure to promote patient safety.

References