

Safe acute care: Workplace culture and patient experiences

Measures of patient safety culture from the perspective of health workers can be used – along with patient-reported experiences of safety, traditional patient safety indicators and health outcome indicators, to give a holistic perspective of the state of safety in health systems.

A positive patient safety culture for health workers results in shared perceptions of the importance of safety, increased transparency and trust, and higher levels of shared responsibility, along with improved confidence in organisational and national safety initiatives. A growing body of research has found that positive patient safety culture is associated with a number of benefits, including better health outcomes and patient experiences, as well as improved organisational productivity and staff satisfaction (de Bienassis et al., 2020^[1]).

Figure 6.29 illustrates two domains of the Hospital Survey on Patient Safety Culture that was conducted before the pandemic. The safety of handoffs and transitions relates to staff perceptions of whether important patient care information is transferred across hospital units and during shift changes. On average across EU countries, 45% of the hospital staff surveyed thought that handoffs and transitions were sufficient. Figure 6.29 also shows that 51% of health workers had positive overall perceptions of patient safety – meaning that staff think the procedures and systems at their workplace are good at preventing errors and that there is a lack of patient safety problems.

Patient perspectives are also critical to make health systems safer and more people-centred. To strengthen health systems based on people's voices, a number of EU countries have started utilising patient-reported safety indicators systematically. For example, Poland uses them as part of its provider accreditation mechanism. According to the Commonwealth Fund 2020 survey, the proportion of people reporting experiences of medical mistakes in the past two years varied between 6% in France and 10% in Germany and Norway in 2020. Among hospitalised patients, the proportion was 5% in Latvia and 9% in Poland (Figure 6.30).

Among different types of patient safety incidents, medication-related errors are most frequently reported across countries. The proportion of people who reported wrong medication or wrong dosage given by a doctor, nurse, hospital or pharmacist in the past two years ranged from 5% in Germany and Switzerland to 8% in Norway in 2020 (Figure 6.31). These data need to be interpreted with caution as they may be underreported because patients may not know about all cases of medication error.

Definition and comparability

Health worker perceptions of patient safety are based on the assessment of workers in the hospital setting (including psychiatric hospitals) using the Hospital Survey of Patient Safety Culture (HSPSC). Due to infrequent national assessments of patient safety culture in many countries, Figure 6.29 includes data from the most recent representative survey between 2010-20.

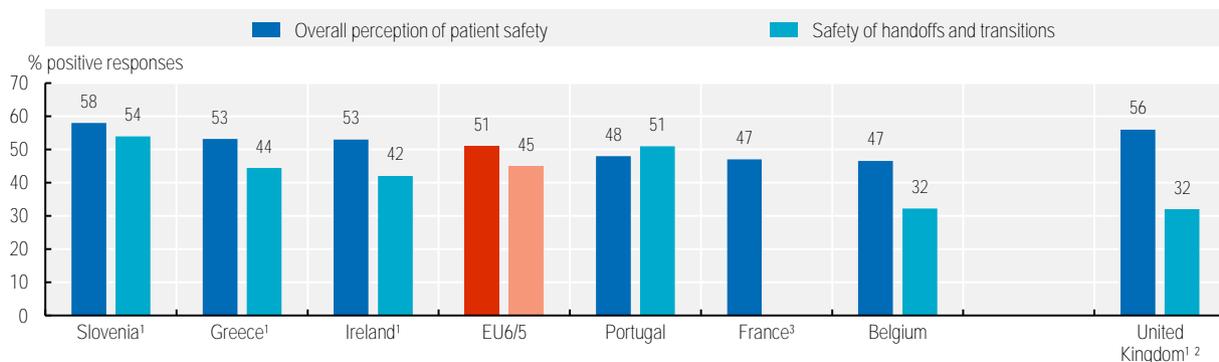
Several differences in data reporting across countries may influence the calculated rates and they include differences in the number of survey respondents, types and number of participating hospitals, response rates and obligatory vs. voluntary reporting (de Bienassis and Klazinga, 2022^[2]).

International comparisons of patient-reported data are challenging because they may be influenced by many factors, including phrasing of the questions and response categories, and the order of questions in the survey. Patient-reported data from the Commonwealth Fund survey were collected from a sample of population aged 18 and over, whereas national surveys based on the pilot instrument (OECD, 2019^[3]) were collected from hospitalised patients aged 18 and over, so they are not directly comparable.

References

- de Bienassis, K. and N. Klazinga (2022), "Developing international benchmarks of patient safety culture in hospital care: Findings of the OECD patient safety culture pilot data collection and considerations for future work", *OECD Health Working Papers*, No. 134, OECD Publishing, Paris, <https://doi.org/10.1787/95ae65a3-en>. [2]
- de Bienassis, K. et al. (2020), "Culture as a cure: Assessments of patient safety culture in OECD countries", *OECD Health Working Papers*, No. 119, OECD Publishing, Paris, <https://doi.org/10.1787/6ee1aeae-en>. [1]
- OECD (2019), *Patient-Reported Safety Indicators: Question Set and Data Collection Guidance*, OECD, Paris, <https://www.oecd.org/health/health-systems/Patient-reported-incident-measures-December-2019.pdf>. [3]

Figure 6.29. Health worker perceptions of patient safety, handoffs and transitions, latest available year

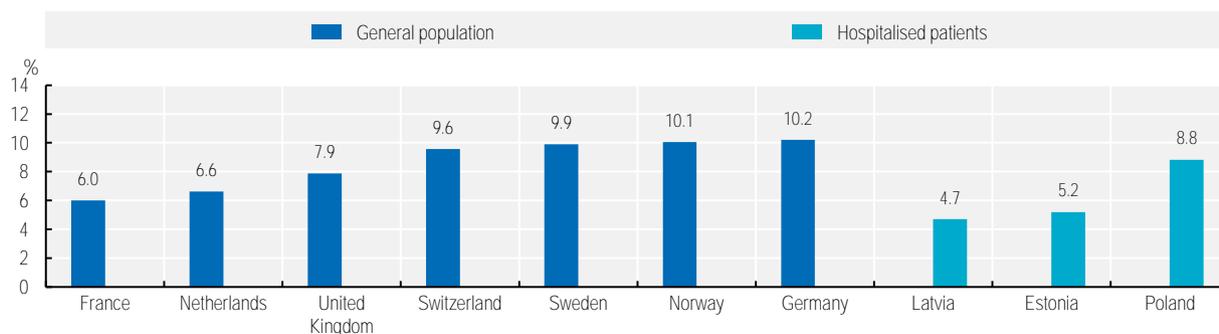


Note: The EU average is unweighted. 1. Data from 2010-15 (all other data are from 2015-20). 2. Data are for Scotland only. 3. Bourgogne Franche-Comté.

Source: OECD Pilot Data Collection on Patient Safety Culture, 2020-21.

StatLink <https://stat.link/afyktw>

Figure 6.30. Patients reporting that a medical mistake was made during treatment or care, 2020 (or nearest year)

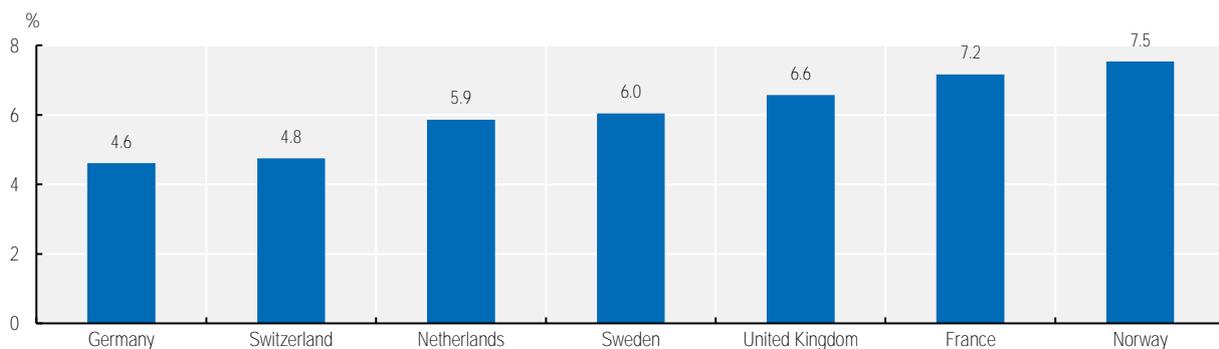


Note: Data for the general population are from the Commonwealth Fund 2020 International Health Policy Survey and data for hospitalised patients are from national sources.

Source: OECD Pilot Data collection on Patient-Reported Experience of Safety, 2020-21.

StatLink <https://stat.link/cnihg5>

Figure 6.31. Patients reporting that they experienced a medication-related mistake, 2020



Note: Data refer to the general population.

Source: The Commonwealth Fund 2020 International Health Policy Survey.

StatLink <https://stat.link/yschv8>



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