ATATÜRK ÜNİVERSİTESİ YAYINLARI ATATURK UNIVERSITY PUBLICATIONS

Research Article *Araştırma Makalesi* DOI: 10.62425/esbder.1420656

Determination of Patient Safety Culture Perception in Internal Medicine Clinic Nurses

Dahili Klinik Hemşirelerinde Hasta Güvenliği Kültürü Algısının Belirlenmesi

Candan DOĞAN[1]
[1]Gaziosmanpaşa University, Faculty of Health Science, Department of Internal Medicine Nursing, Tokat, Türkiye

Mehtap TAN[2]
[2]Atatürk University, Faculty of Nursing, Department of Internal Medicine Nursing, Erzurum, Türkiye

ABSTRACT

Objectives: This study was conducted to determine patient safety cultural perception and the factors affecting this perception among internal medicine clinic nurses.

Methods: It was conducted descriptively with 90 nurses working in Internal Clinics between January and March 2019. In the study, "Introductory Information Form" and ''the Hospital Survey on Patient Safety Culture'' were used for data collection. In the analysis of the data, t test, Mann Whitney U test, Kruskal Wallis H test, and Tamhane's Post Hoc test were used.

Results: Mean overall scores of patients from Patient Safety Culture Survey were found to be (3.12±0.30). The highest mean score was found in "Teamwork in Units" sub-dimension (3.96±0.18), while the lowest mean score was found in "Hospital Interventions and Change" sub-dimension (2.20±0.32).

Conclusions: It was found that nurses had moderate level of patient safety culture perceptions. With training programs on patient safety, nurses' awareness can be increased and the perception of patient safety culture can be increased to high levels.

Keywords: Patient safety, patient safety culture, nurse

ÖZ

Amaç: Bu araştırma dahili klinik hemşirelerinde hasta güvenliği kültürü algısını ve etkileyen faktörleri belirlemek amacıyla yapılmıştır.

Yöntemler: Tanımlayıcı olarak Ocak- Mart 2019 tarihleri arasında Dahili Kliniklerinde çalışmakta olan 90 hemşire ile yapılmıştır. Araştırmada veri toplama aracı olarak, "Tanıtıcı Bilgi Formu" ve ''Hasta Güvenliği Kültürü Hastane Anketi'' (Hospital Survey on Patient Safety Culture) kullanılmıştır. Verilerin analizinde t testi, Mann Whitney U testi, Kruskal Wallis H testi, Tamhane's Post Hoc testi kullanılmıştır.

Bulgular: Hemşirelerin hasta güvenliği kültürü boyutlarına ilişkin algılarının genel puan ortalaması 3.12 ±0.30 olarak bulunmuştur. Alt boyutlardan en yüksek puan ortalamasının; "Üniteler İçinde Ekip Çalışması"na (3.96±0.18) ait olduğu, en düşük puan ortalamasının; "Hastane Müdaheleleri ve Değişim" (2.20±0.32) alt boyutuna ait olduğu bulunmuştur.

Sonuç: Hemşirelerin hasta güvenliği kültürü algılarının orta düzeyde olduğu saptanmıştır. Hasta güvenliğine ilişkin eğitim programlarıyla hemşirelerin farkındalıklarının arttırılması ve hasta güvenliği kültürü algısının geliştirilerek orta düzeyde olan hasta güvenliği kültürü algısının yüksek düzeylere çıkarılması sağlanabilir.

Anahtar Kelimeler: Hasta güvenliği, hasta güvenliği kültürü, hemşire

Geliş Tarihi/Received 16.01.2024
Kabul Tarihi/Accepted 24.09.2024
Yayın Tarihi/Publication Date 23.12.2024

Sorumlu Yazar/Corresponding author: Mehtap TAN
E-mail: mtan@atauni.edu.tr

Cite this article: Doğan, C., & Tan, M. (2024). Determination of Patient Safety Culture Perception in Internal Medicine Clinic Nurses. *Journal of Midwifery and Health Sciences, 7*(4), 564-573.

Introduction

Patient safety requires an organizational and multidisciplinary approach, in which nursing is fundamental. Nurses can help prevent multiple avoidable adverse events, such as medication errors, pressure ulcers, lack of information, falls, and nosocomial infections, among others. To improve patient safety, institutions need to promote, create, and maintain a positive patient safety culture (Davins et al., 2014; Mir-Abellán et al., 2016)

Türkiye's health sector has witnessed a rapid transformation in recent years. Based on its Strategic Plan (2013–2017), the aim of Türkiye's Ministry of Health is to "improve the quality and safety of health services (The Ministry of Health of Türkiye, 2012). Thus, the "Ministry of Health Instruction for the Development of Institutional Quality and for the Assessment Performance of Inpatient Treatment Institutions" was prepared in 2005. The most important parameter of the instruction was the development of quality criteria, which were revised over time, and the document, composed of 1,100 assessment criteria, was renamed the Quality Standards in Health-Hospital (Version 5), as of 1 July 2015. The fundamental aim of the Quality Standards in Health-Hospital was to build a "Safe Hospital" (The Ministry of Health of Türkiye 2022).

The first step to establish and improve patient safety culture in hospitals is to measure the patient safety culture of all the hospital staff (Pronovost et al., 2008). Staff perceptions, which support the sustainment of patient safety, are an important measure (Deilkas et al., 2008). International accreditation bodies require the evaluation of the institution's patient safety culture; it determines the strengths and weaknesses of health institutions regarding patient safety; it helps determine patient safety problems within care units; and it provides data for comparisons of performance among hospitals (El-Jardali et al., 2011). Patient safety outcomes are used in evaluating the patient safety culture. Patient safety outcomes, including staff members' perceptions of safety, the willingness of staff members to report events, the number of events reported, and the overall patient safety grade given by staff members to their units, have been used to evaluate patient safety culture (Nordin, 2020).

The concept of patient safety has been accepted as a priority issue in global health sector and it has different definitions. While American Institute of Medicine-IOM defines patient safety as "prevention of harm to patients", American National Patient Safety Foundation-NPSF defines it as "prevention of health service errors and reducing patient damage caused by healthcare related errors" (Aspden et al., 2004). International Council of Nurses (ICN) defines patient safety as "recruitment, training and retention of professional healthcare personnel, improving performance, fight with infections, safe use of drugs, device safety, healthy clinical practices, providing a healthy clinical environment, integration of infrastructure services that will enable the development of scientific knowledge and leadership focused on patient safety as a whole (International Council of Nurses 2006).

Legal regulations about patient safety were made in 2009 for the first time and on April 6, 2011, these regulations were updated in the form of "regulation on ensuring patient and employee safety" (Korkmaz, 2018).

Nurses, who have a very strong position among healthcare professionals, are an important professional group that have the required training and skills to find out and analyze errors and make interventions; they work actively in the related fields, they can make decisions quickly, they can think critically and provide interaction among other professional groups. Patient safety can maintain its effectiveness in institutions where nursing profession is fully activated (Hughes & Clancy, 2009). The main priority in nursing care is ensuring patient safety. Patient safety perception accepted by nurses is required for an effective patient safety in a healthcare institution (Çırpı et al., 2009).

ICN believes that it is necessary to provide employment to healthcare professionals, to support professional development and adaptation to the profession, to fight with infections, to administer safe medication, to plan precautions for safe care, safe environment and risk management and to provide information for patient safety in order to increase patient safety (International Council of Nurses, 2006).

Incidents faced by nurses which negatively affect patient safety can be grouped as medication errors, inability to implement/monitor steps in care, patient falls, blood transfusion errors, hospital infections, errors resulting from lack of communication, insufficient record keeping, conditions resulting from insufficient patient follow-up, unconscious use of materials and pressure ulcers (Güleç, 2014).

Health institutions and nurse leaders have important responsibilities in adopting patient safety culture in nursing profession (Sayek, 2011). Regular in-service trainings in institutions should focus on the roles and responsibilities of nursing profession in ensuring patient safety (Çırpı et al., 2009). In order for nurses to be an effective force in patient safety culture, active participation of nurses should be ensured in studies on patient safety culture, studies evaluating patient safety culture perception in nurses should be conducted at regular intervals, interventions

should be planned according to the results of studies conducted, adequate financial resources should be provided and attempts to ensure patient safety should be supported by motivating initiatives such as rewards and appreciation by the institution (Sayek, 2011).

It is stated that effective patient safety is required in internal medicine clinics due to high prevalence of chronic diseases and high risk medication use. Limited number of studies have been conducted in our country to determine the perception of patient safety culture among internal medicine clinic nurses (Somyürek & Uğur, 2016; Gündoğdu & Bahçecik, 2012; Goz & Kayhan, 2011; Rızalar et al., 2016). For these reasons, the present study was planned to contribute to existing literature and to determine the perception of patient safety culture in internal medicine clinics and the factors affecting this perception.

Methods

Type of Study: This study was carried out with a cross-sectional and descriptive type.

Place and Time of the Study: This study was conducted in internal intensive care, general internal medicine, chest diseases, cardiology, oncology, hematology, endocrinology, gastroenterology, neurology, dermatology, nephrology internal medicine clinics in University hospital. The research was carried out in the internal medicine clinics in University hospital between January and March 2019.

Population and Sample of the Study: Population of the study consists of 100 nurses working in internal medicine clinics of a University hospital. Sample of the study consists of 90 nurses who were working in the hospital between January and March 2019 and who agreed to participate in the study.

Inclusion Criteria: All nurses working in the internal medicine clinics were included in the study.

Data Collection Tools: Descriptive Information Form including the descriptive characteristics of nurses and Hospital Survey on Patient Safety Culture-HGKA were used in data collection.

Descriptive Information Form: The form prepared by the researchers included 18 questions about the sociodemographic and professional characteristics of nurses.

Hospital Survey on Patient Safety Culture (HSPSC): The scale was developed by Agency for Healthcare Research and Quality (AHRQ) in 2003 to determine patient safety culture in hospitals (Nieva & Sorra, 2003).

In our country, Hospital Survey on Patient Safety Culture was translated into Turkish by Bodur and Filiz in 2009 and its validity and reliability study was conducted. Cronbach Alpha internal consistency reliability coefficient was used in testing reliability and it was found to be 0.86 for the scale, while it was found to vary between 0.57 and 0.87 for the sub dimensions (Bodur & Filiz, 2009).

Hospital Survey on Patient Safety Culture consists of 42 items and 12 sub-dimensions. 12 sub-dimensions were grouped as comprehensive perception of safety, frequency of reporting errors, teamwork among hospital units, hospital interventions and change, manager expectations and safety development activities, organizational learning and continuous development, teamwork among units, open communication, feedback and communication about errors, non-punitive response to error, staffing, hospital administration support for patient safety. The scales used were 5 Likert type scales and the options in the scales were as “Strongly disagree=1”, “Somewhat agree=2”, “Moderately agree=3”, “Highly agree=4” and “Strongly agree=5”; while frequency levels were scored as "Never=1", "Rarely=2", "Sometimes=3", "Most of the time=4" and "Always=5". The questions in items A5, A7, A8, A10, A12, A14, A16, A17, B3, B4, C6, F2, F3, F5, F6, F7, F9 and F11 are reversely coded. Reversely coded questions in the patient safety survey were converted and evaluated according to the original survey. While evaluating the general mean scores of the sub-dimensions, the ranges were “Strongly disagree=1 (1.00-1.79) very low’’, “Somewhat agree=2 (1.80-2.59) low”, “Moderately agree=3 (2.60-3.39) moderate”, “Highly agree=4 (3.40-4.19) high”, “Strongly agree=5 (4.20-5.00) very high”. In the sample of this study, Cronbach Alpha reliability coefficient was found as 0.93 for the total scale and between 0.50 and 0.86 for the sub-dimensions.

Data collection: Research data were collected between January and March 2019. The nurses who agreed to participate in the study were interviewed and informed about the study. The forms were collected through face-to-face interview technique with nurses. The surveys were answered within 15-20 minutes.

Data analysis: 6 different analyses were used in data analyses and these analyses were performed with SPSS 22.00 statistical package program in a computer. Mann Whitney U test was used to compare the responses given to sub-dimensions of patient safety culture survey in terms of nurses’ gender, Kruskal Wallis H test was used to compare the responses given to sub-dimensions of patient safety culture survey in terms of nurses’ age, educational status and professional experience and Tamhane’s Post Hoc test was used to find out the source of difference in Kruskal Wallis H test.

Research Ethics: Ethics Committee approval for this study was received from Ataturk University Faculty of Nursing Ethics Committee (2018-12/14). Written permission was obtained from Ataturk University Health research and training hospital internal medicine clinics.

Additionally, the research was planned in accordance with the Declaration of Helsinki, and individual consent w as acquired from the participants during the interview.

Results

It was found that 70% of the participants were female, 57.8% were ≤25 years old, 62.2% were single, 50% were undergraduates and 11.2% were working in neurology unit. It was found that 92.2% of the nurses were working as service nurses, 7.8% were working as chief nurse, 60.2% had 1-5 years of professional experience and 65.6% were satisfied with nursing (Table 1).

Table1.
Descriptive Characteristics of Nurses

Characteristics	n	%
Gender		
Male	27	30.0
Female	63	70.0
Age		
≤25 years of age	52	57.8
25-30	24	26.7
≥31 years of age	14	15.5
Marital status		
Single	56	62.2
Married	34	37.8
Educational status		
High school	21	23.3
Associate degree	21	23.3
Undergraduate	45	50.0
Postgraduate	3	3.4
Position in the unit		
Service nurse	83	92.2
Chief nurse	7	7.8
Professional experience		
1-5 years	53	60.2
6-10 years	28	31.8
11 years and longer	7	8.0

Mean patient safety culture total score of the participants was found as 3.23±0.3. In scale sub-dimension scores, the lowest perceptions were found in open communication 2.77±0.63, manager expectations and safety development 2.83±0.54, frequency of reporting errors (2,94±0.1), while the highest perceptions were found in teamwork among hospital units (3.96±0.18), hospital interventions and change (3.78±0.32), organizational learning and continuous change (3.69±0.67) (Table 2).

It was found that 91.1% of the nurses included in the study took care to keep high-risk drugs in a locked cabinet in the unit where they worked and 27.8% had encountered a practice that affected patient safety negatively throughout their professional life (Table 3).

Regarding the factors that prevent the occurrence of patient safety culture, the response given by the nurses with the highest rate was "a quality system not focused on the patient" with 29.7% (Table 4).

Table 2.
General Distribution and Standard Deviation of Healthcare Personnel Regarding Patient Safety Culture Sub-Dimensions

Patient safety culture sub-dimensions	Mean	Standard Deviation
Comprehensive perception of safety	2.99	1.1
Frequency of reporting errors	2.94	0.1
Team work among hospital units	2.97	0.33
Hospital interventions and change	3.78	0.32
Manager expectations and safety development	2.83	0.54
Organizational learning and continuous development	3.69	0.67
Teamwork among units	3.96	0.18
Open communication	2.77	0.63
Feedback and communication about errors	3.57	0.21
Non-punitive response to error	3.27	0.22
Staffing	3.09	0.79
Hospital administration support for patient safety	3.14	0.37
General mean	3.25	0.30

It was found that 45.6% of the nurses in the study evaluated patient safety in the unit they were working as "acceptable". It was found that 82.2% of the nurses had never reported an incident.

The difference between the responses of the nurses to the sub-dimensions of patient safety culture survey in terms of gender and educational status was found to be insignificant (p> .05).

The difference between the responses of the nurses to the "open communication" sub-dimension of patient safety culture survey in terms of age was found to be insignificant (p>.05).

The differences between the responses of the nurses to the "comprehensive perception of safety" and "open communication" sub-dimension of patient safety culture survey in terms of nurses' professional satisfaction were found to be significant (p<.05), while differences between the responses given to other sub-dimensions were found to

be insignificant (p>.05).

Table 3.
Patient Safety Culture States of the Nurses Included in the Study (n=90)

		n	%
Following publications and studies on patient safety	Yes	33	36.7
	No	57	63.3
Being informed about studies carried out to ensure patient safety in the unit nurses are working	Yes	67	74.4
	No	23	25.6
The state of having been trained on patient safety by the institution nurses are working	Yes	61	67.8
	No	29	32.2
The state of nurses' having encountered a practice that negatively affects patient safety throughout their professional life	Yes	25	27.8
	No	65	72.2
The state of accepting verbal/telephone instructions in the administration of chemotherapy and high risk medication	Yes	27	30.0
	No	63	70.0
The state of taking care in filling in the form while receiving verbal/telephone instructions	Yes	58	64.4
	No	32	35.6
Nurses' taking care to keep high-risk drugs in a locked cabinet in the unit they are working	Yes	82	91.1
	No	8	8.9

The difference between the responses of the nurses to the "staffing" sub-dimension of patient safety culture survey in terms of their professional experience was found to be significant (p<.05), differences between the responses given to other sub-dimensions were found to be insignificant (p>.05).

Table 4.
Distribution of Nurses' Views Regarding the Factors Preventing the Occurrence of Patient Safety Culture

	n	%
The fact that the effort of looking for the person who did wrong makes it difficult to obtain patient safety data	51	26.6
Employees' concerns about discussing errors openly	50	26.0
Tendency to look for an obvious error rather than a hidden one	34	17.7
A quality system not focused on the patient	57	29.7

*More than one option was chosen in this question

Discussion

As a result of the study, it was found that the overall mean score of nurses relating their perception on patient safety culture sub-dimensions was 3.25±0.30 and they were found to have moderate level of patient safety culture perception (Table 2). According to the results of studies conducted previously in Türkiye, it can be seen that general patient safety culture is in moderate level and a system that can provide the prevention of possible errors does not exist (Gündoğdu & Bahçecik, 2012; Göz & Kayahan, 2011; Çiftlik et al, 2010; Atan et al, 2012; Vural et al., 2014). This result of the study was found to be in parallel with the results of previously conducted studies (Çiftlik et al, 2010; Atan et al, 2012; Vural et al., 2014; Oksay et al, 2019; Özdemir, 2014; Muftawu, 2017; Dönmez, 2017; Gündoğdu & Bahçecik, 2012; Sarıtaş et al., 2018).

While the highest mean sub-dimension score was found in "teamwork in hospital units", mean score of "teamwork among hospital units" was found to be low. It was found that the item with the highest mean score was "we work together as a team when there is a lot to be done urgently" in the sub-dimension of "teamwork in hospital units". This result was found to be in parallel with the results of previously conducted studies (Dönmez, 2017; Korkmazer et al., 2016; Wagner et al., 2013).

This result is important in terms of showing that although nurses work in harmony and cooperation as a team in the unit they are working, their mean score regarding teamwork among units is lower and that each unit has an independent culture. In creating patient safety culture, teamwork among units is as important as teamwork within the unit (Singer, 2003).

As a result of the study, the lowest mean scores were found in the sub-dimensions of "manager expectations and safety development activities" and "open communication". In "manager expectations and safety development activities" sub-dimension, the item with the highest mean score was "Our managers ignore repeatedly occurring patient safety problems", while in "open communication" sub-dimension, the item with the highest mean score was "Employees are afraid to ask questions when something goes wrong". According to these results, we can say that in the hospital where our study was conducted, managers cannot completely fulfil their responsibilities about patient safety and that they cannot meet employees' expectations in this regard. Activities planned for increasing awareness about patient safety and creating safe environment should first start with managers. Management should show its determination, support the participation of employees to patient safety and turn the existing system into a "safety

oriented" system. In this context, patient and employee safety committees established in healthcare institutions should work more efficiently and authority and responsibility should be delegated to mid-level managers who have closer relationships with employees (Akman, 2010).

In the distribution of responses given to the item on the number of incidents recorded within the last year, it was found that 82% of the nurses did not report any incidents. This result of the study was found to be in parallel with previously conducted studies (Azyabi et al., 2021; Atan et al., 2012; Oksay et al., 2019; Gündoğdu & Bahçecik, 2012; Krokmazer et al., 2016; Wagner et al., 2013; Teleş & Kaya, 2019; Çakır, 2008).

In literature, inadequacy in error reporting is an indicator of lack of efficient patient safety culture. One of the most important obstacles to creating an effective error reporting perception is the dominance of blaming culture in health institutions. Healthcare professionals who are faced with a situation that should be reported hesitate to report or define the situation due to the fear of being accused and punishment. In addition, causes such as the fear of losing job, loss of reputation, adverse effects on career are also other factors that have affected error reporting perception regularly (Azyabi et al., 2021; Göz & Kayahan, 2011). In answers relating the factors preventing the emergence of patient safety culture, it was found that 29.7% of the participants answered as "a quality system not focusing on the quality system", while 26.6% stated that the efforts to look for a person who was wrong made it difficult to obtain data about patient safety (Table 4). In line with the responses given, it can be seen that the concerns of employees and the effort to look for an erroneous person are obstacles in formation of a patient safety culture.

Of the similar studies conducted in the field, Çakır and Tütüncü (2009)'s study showed that the fear of being punished is one of the obstacles in creating patient safety culture.

As a result of the study, the question "evaluation of the unit in terms of patient safety" was answered as "acceptable" by 45.6% of the nurses. In previously conducted studies, in the evaluation of the degree of patient safety, the rate of option "acceptable" was 47.6% in Teleş & Kaya (2019) study, 40.9% in Filiz's (2009) study, 43.8% in Özdemir's (2014) study, 46.6% in Güler's (2014) study, 45.3% in Muftawu's (2017) study, 46.8% in Dönmez's (2017) study,48.7% in Gündoğdu's (2012) study and Tunçel's (2021) 44.6% study. The results of this study were found to be in parallel with the results of previously conducted studies (Dönmez, 2017; Muftawu, 2017; Bodur & Filiz, 2009; Özdemir, 2014; Teleş & Kaya 2019; Güler, 2014; Tunçel & Sökmen 2021; Gündoğdu & Bahçecik, 2012).

No significant correlation was found between the nurses' gender and their responses in the sub-dimensions of patient safety culture questionnaire. In studies conducted, it was stated that the variable of gender does not cause a difference in the perception of patient safety culture, working environment had similar characteristics in terms of gender and that this was an expected result in general (Oksay et al., 2019; Özer, 2019; İkier & Sayan, 2023; Özdemir, 2014; Teleş & Kaya, 2019; Güler, 2014).

No significant correlation was found between the nurses' educational status and their responses in the sub-dimensions of patient safety culture questionnaire ($p>0.05$). This result of the study was found to be in parallel with Oksay et al.'s (2019) and İkier et al.'s (2023) study. As a possible result of this, it is thought that 67.8% of the participants' having been trained on patient safety may have prevented negative patient safety culture perception. A patient safety culture should be established first in order to ensure patient safety. Education and behavior change are effective factors for creating a culture perception (Ovalı, 2010). The result of this study that the state of having received education causes difference in patient safety culture shows that education is an important component in developing cultural structure.

In the study, regarding the questions related with "Recordings of spoken/telephone instructions", it was found that 70% of the nurses did not accept spoken/telephone instructions" in applying chemotherapy and high risk drug and it was found that 64.4% paid attention to filling in the related form while receiving spoken/telephone instructions (Table 3). Our results are in parallel with the results of Tunçel & Sökmen (2021). It is thought that the possibility of encountering a medical error due to misunderstandings that may occur during the verbal/telephone instructions accepted by the participants in high risk drug administration and the desire not to face the legal process and sanctions specific to the medical error experienced are effective in the emergence of this situation.

As a result of the study, it was found that 91.1% of the nurses answered the question "Do you take care to keep high-risk drugs in a locked cabinet in the unit you are working?" positively (Table 3). This result is in parallel with Tunçel's (2009) study. It is thought that keeping high-risk drugs under the responsibility of the service nurse and delivering them in return for signature creates a perception of legal responsibility and provides more care.

Study limitations: This study was conducted in one of the largest training and research hospitals in Türkiye. However, the findings are limited to one hospital because the survey was conducted in only one hospital. Therefore, similar studies should be conducted in diverse hospitals to generalize the findings.

Conclusion and Recommendations

Nurses' perception of patient safety culture was found to be moderate. In the sub-scales, the highest score average was in the "Teamwork within Units" sub-scale and the lowest score average was in the "Hospital Interventions and Change" sub-scale. The majority of the nurses included in the study did not report any incidents in the last year. Fort he "patient safety unit evaluation" the nurses evaluated the patient safety in their own work unit as "acceptable" at a moderate level. Current situation should be determined by evaluating the perception levels of the healthcare professionals about patient safety and the factors affecting these with studies carried out by using appropriate measurement tools at regular intervals. The fact that reporting culture is a system implemented by the management to ensure the safety of individuals who receive and provide service instead of looking for a guilty person should be communicated to individuals at appropriate times and an encouraging approach should be displayed for reporting culture.

Ethics Committee Approval: Ethics Committee approval for this study was received from Ataturk University Faculty of Nursing Ethics Committee (2018-12/14). Written permission was obtained from Ataturk University Health research and training hospital internal medicine clinics.

Informed Consent: After the internal medicine clinic nurses who participated in the study were informed about the study, verbal consent was taken from the individuals who wanted to participate in the study.

Peer-review: Externally peer-reviewed.

Author Contributions: Concept-M.T, C.D; Desingn-M.T, C.D; Supervision-M.T, C.D; Resources- M.T, C.D; Materials-M.T, C.D; Collection and/or Processing-M.T, C.D; Analysis and/or Interpretation-M.T,C.D; Literature Search-M.T,C.D; Writing Manuscript -M.T, C.D; Critical Review -M.T,C.D.

Conflict of Interest: The authors have no conflicts of interest to declare.

Financial Disclosure: The authors declared that this study has received no financial support.

Etik Komite Onayı: Bu çalışma için etik kurul onayı Atatürk Üniversitesi Hemşirelik Fakültesi Etik Kurulundan onay alındı (2018-12/14). Atatürk Üniversitesi Sağlık Araştırma ve Eğitim Hastanesi Dahiliye Kliniklerinden yazılı izin alındı.

Hasta Onamı: Araştırmaya katılan dahiliye kliniği hemşirelerine çalışma hakkında bilgi verildikten sonra, çalışmaya katılmak isteyen bireylerden sözlü onam alınmıştır.

Hakem Değerlendirmesi: Dış bağımsız.

Yazar Katkıları: Konsept-M.T, C.D; Tasarım- M.T, C.D; Denetleme- M.T, C.D; Kaynaklar- M.T, C.D; Malzemeler - M.T, C.D; Toplama ve/veya İşleme - M.T, C.D; Analiz ve/veya Yorum- M.T,C.D ; Literatür Taraması- M.T,C.D; Makaleyi Yazan -M.T, C.D; Eleştirel İnceleme - M.T,C.D.

Çıkar Çatışması: Yazarlar, çıkar çatışması olmadığını beyan etmiştir.

Finansal Destek: Yazarlar, bu çalışma için finansal destek almadığını beyan etmiştir.

References

Akman, A.B. (2010). *A study on patient safety culture and on the evaluation of factors that affect the perceptions of nurses working in a university hospital related with patient safety culture* (Thesis Number: 2501917774) (Master's thesis, T.C. İstanbul University, Institute of Social Sciences).

Aspden, P., Corrigan, J. M., Wolcott, J., & Erickson, S. M. (Eds.). (2004). *Patient safety: Achieving a new standard for care.* National Academies Press, Washington, DC (eBook). doi: 10.17226/10863.

Atan, Ş. Ü., Dönmez, S., & Duran, E. T. (2012). Analysis of patient safety culture in nurses working in a university hospital. *Florence Nightingale Journal of Nursing*, *21*(3), 172-180.

Azyabi, A., Karwowski, W., Davahli, MR. (2021). Assessing patient safety culture in hospital settings. *Int J Environ Res Public Health,* 18(5):2466. doi: 10.3390/ijerph18052466.

Bodur, S., & Filiz, E. (2009). A survey on patient safety culture in primary healthcare services in Turkey. *International Journal for Quality in Health Care*, *21*(5), 348-355.

Çakır, A. (2008). *Analysis of the relationship between patient safety culture and quality management system* (Doctoral dissertation, Dokuz Eylül University, Institute of Social Sciences).

Çakır, A., & Tütüncü, Ö. (2009). *Patient safety perception in hospitals of İzmir province*. International Quality and Performance in Healthcare Congress, Antalya, TR, Ministry of Health Directorate of Performance Management and Quality Development, Ankara.

Çırpı, F., Doğan Merih, Y., & Yaşar Kocabey, M. (2009). Determination of nursing practices for patient safety and views of nurses on the issue. *Maltepe University Journal of Nursing Science and Art,* 2(3), 27-34.

Çiftlik, E.E., Kesmezacar, Ö., Kurt, M., Kesgin, V., Özkan, S., Çoban, D., & Abalı, Y. (2010). *Perception of the patient safety culture in training and research hospitals and state hospitals*. II. International Congress on Performance and Quality in Health, 28 April-01 May 2010, Antalya. Congress Proceedings Book, Vol,1, 3-11.

Davins, J., Oliva, G., Álava, F., Navarro, L., & Vallès, R. (2014). Vision and evolution of patient safety in Catalonia. *Med Clin,* 143(1),1–2. doi: 10.1016/j.medcli.2014.07.004.

Deilkas, E. T., & Hofoss, D. (2008). Psyhometric properties of the Norwegian version of the safety attitudes questionnaire, generic version. *BMC Health Serv Res,* 22(8), 191.

Dönmez, B. (2017). *Evaluation of patient safety culture perceptions in physicians and nurses: Sivas numune hospital* (Master's thesis, Cumhuriyet University,Health Sciences University).

El-Jardali, F., Dimassi, H., Jamal, D., Jaafar, M., & Hemadeh, N. (2011). Predictors and outcomes of patient safety culture in hospitals. *BMC Health Serv Res,* 24(11), 45 doi: 10.1186/1472-6963-11-45.

Göz, F., & Kayahan, M. (2011). Evaluation of the patient safety culture: survey of nurses/. *Journal of Education and Research in Nursing*, 8(2), 44-51.

Güleç, H. D. (2014). Medical error tendencies and the factors affecting these tendencies in nurses. *Ege University Journal of Nursing Faculty*, 30(1), 1-18.

Güler, S. (2014). Evaluation of patient safety culture perceptions of healthcare professionals working in a private hospital (Master's thesis, İstanbul Science University, Institute of Medicine Sciences).

Gündoğdu, S. K., & Bahçecik, N. (2012). Determination of perceptions of patient safety culture in nurses. *Anatolian Nursing and Health Sciences Journal*, 15(2), 119-128.

Hughes, R. G., & Clancy, C. M. (2009). Complexity, bullying, and stress: Analyzing and mitigating a challenging work environment for nurses. *Journal of Nursing Care Quality*, *24*(3), 180-183. DOI: 10.1097/NCQ.0b013e3181a6350a

International Council of Nurses. (2006, May). Safe staffıng saves lıves: Information and action tool kit. Geneva.https://silo.tips/download/safe-staffing-saves-lives#

İkier, F., ve Sayan, İ. (2023). Sağlık kuruluşlarında hemşirelerin hasta güvenliği ikliminin değerlendirilmesi. *SBÜ Hemşirelik Dergisi*, 5(3), 197-204. doi: 10.48071/sbuhemsirelik.1240576

Korkmazer, F., Yildiz, A., & Ekingen, E. (2016). A study conducted to evaluate the patient safety culture perceptions of healthcare professionals. *Muş Alparslan University Journal of Social Sciences*, 4(2), 141-154. DOI:10.18506/anemon.04546

Korkmaz, A. Ç. (2018). Patient safety from the past to the present. *İnönü University Journal of Healthcare Services Vocational High School*, 6(1), 10-19.

Mir-Abellán, R., Falcó-Pegueroles, A., & Puente-Martorell, M. L. (2016). Attitudes towards patient safety culture in a hospital setting and related variables. *Gac Sanit,* 31(2), 145–149.

Muftawu, M. (2017). *Determination of patient safety culture: A training hospital in Ghana* (Master's thesis, Ankara University, Institute of Health Sciences).

Nieva, V. F., & Sorra, J. (2003). Safety culture assessment: a tool for improving patient safety in healthcare organizations. *BMJ Quality & Safety*, 12(2), 117-123. doi: 10.1136/qhc.12.suppl_2.ii17

Oksay, A., Kılınç, M., & Sayhan, M. (2019). A study on the evaluation of patient safety culture perception in healthcare professionals. *Bolu Abant İzzet Baysal University, Journal of Social Sciances Institute*, *19*(2), 455-475.

Ovalı, F. (2010). Patient safety approaches. *Journal of Performance and Quality in Healthcare*, 1(1), 33-43.

Özer Ö., Şantaş, F., Gün, Ç., ve Şentürk, S. (2019) Hemşirelerin hasta güvenliği tutumlarına ilişkin algılarının değerlendirilmesi. *ACU Sağlık Bil Dergisi,* 10(2), 161-168.

Pronovost, P.J., Weast, B., Bishop, K., Paine, L., Griffith, R., Rosenstein, B. J., Kidwell, R. P., Haller, K. B., & Davis, R. (2008). Senior executive adopt-a-work unit: A model for safety improvement. *Jt Comm J Qual Saf,* 30(2), 59–68.

Rızalar, S., Büyük, E. T., Şahin, R., Tülin, A. S., & Uzunkaya, G. (2016). Patient safety culture and the factors affecting patient safety culture in nurses. *Dokuz Eylül Üniversitesi Faculty of Nursing Electronic Journal*, 9(1), 9-15.

Sarıtaş, F., Sarıtaş, G., Özer, Ö., & Say Şahin, D. (2018). Sağlık çalışanlarının güvenlik iklimi algılarının belirlenmesine ilişkin bir kamu hastanesinde araştırma. *Pamukkale University Journal of Social Sciences Institute*, 30, 297-307. doi: 10.5505/pausbed.2018.78557

Sayek, F. (2011). Patient safety: Turkey and the world. *Füsun Sayek Ttb Reports/Books-2010 First Edition, Ankara Türk Tabips Union*.

Singer, S. J., Gaba, D. M., Geppert, J. J., Sinaiko, A. D., Howard, S. K. S., & Park, K. C. (2003). The culture of safety: results of an organization-wide survey in 15 California hospitals. *BMJ Quality & Safety*, 12(2), 112-118. DOI: 10.1136/qhc.12.2.112

Somyürek, N., & Uğur, E. (2016). Creating patient safety culture in intensive care units: Medical errors in nurses' point of view. *Journal of Health and Nursing Management*, 3(1), 1-7. doi:10.5222/SHYD.2016.001

Nordin, A., Nordström, G., Wilde-Larsson, B., Hallberg, A., & Theander, K. (2020) Patient Safety Culture Change over Time-Health Care Staffs' Perceptions. *Open Journal of Nursing,* 10, 320-339. https://doi.org/10.4236/ojn.2020.103022

Teleş, M., & Kaya, S. (2019). Staff perceptions of patient safety culture in general surgery departments in Turkey, *African Health Sciences*, 19(2), 2208-2218

The Ministry of Health of Türkiye, author. *Strategic Plan. 2012–2013.* Ankara: 2012.

The Ministry of Health of Türkiye, author. 2022. Available from: https://hgbs.saglik.gov.tr/ 2022.

Tunçel, K., & Sökmen, S. (2021). Nurses' Perception of Patient Safety Culture and Adverse Event Reporting Tendency. *YOBU Faculty of Health Sciences Journal*, 2 (2), 70-77.

Vural, F., Çiftçi, S., Şükran, F. İ. L., Aydin, A., & Vural, B. (2014). Healthcare professionals' patient safety climate perceptions and reporting medical errors. *Acıbadem University Journal of Health Sciences*, 2(2), 152-157.

Wagner, C., Smits, M., Sorra, J., & Huang, C. C. (2013). Assessing patient safety culture in hospitals across countries. *International Journal for Quality in Health Care*, 25(3), 213-221. DOI: 10.1093/intqhc/mzt024

Genişletilmiş Özet

Hasta güvenliği kavramı küresel sağlık sektöründe öncelikli konu olarak kabul görmüş olup farklı tanımlamaları mevcuttur. Amerikan Tıp Ensitütüsü hasta güvenliğini "hastalara olan zararın önlenmesi" şeklinde tanımlarken; Amerikan Ulusal Hasta Güvenliği Vakfın'ın "sağlık hizmetine bağlı hataların önlenmesi ve sağlık hizmetine bağlı hataların neden olduğu hasta hasarlarının azaltılması" şeklinde tanımlandığı görülmektedir. Uluslararası Hemşireler Konseyi ise (International Council of Nurses ICN) hasta güvenliğini, "profesyonel sağlık bakım personelinin işe alınması, eğitimi, meslekte tutulması, performanslarının iyileştirilmesi, enfeksiyonlar ile mücadele, ilaçların güvenli kullanımı, cihaz emniyeti, sağlıklı klinik uygulamalar, sağlıklı bakım ortamının sağlanması, hasta güvenliği konusunda odaklaşmış bilimsel bilgi ve liderlik gelişmesini sağlayacak alt yapı hizmetlerinin bir bütün halinde birleştirilmesi" olarak tanımlamıştır. Uluslararası sağlık sektöründe olduğu gibi ülkemizde de hasta güvenliği kültürü algısını benimsetmek ve geliştirmek için girişimler uygulanmıştır. 2006 yılında hasta güvenliği derneğinin kurulması ile oldukça önemli bir adım atılmıştır. Hasta güvenliği derneği tarafından uluslararası düzenlenen kongreler ile etkin, güncel hasta güvenliği algısı amaçlanmıştır.

Sağlık Bakanlığı tarafından ilan edilen Dünya Sağlık Örgütü ve Joint Commission International hasta güvenliği ile ilgili amaçlarıyla uyumlu olan Hizmet Kalite Standartları da hasta güvenliğini oluşturabilmek adına düzenlenen etkin çalışmalardandır. Hasta güvenliği ile ilgili yasal boyutta ilk olarak 2009 tarihinde düzenlemeler yapılmış ve 6 Nisan 2011 tarihinde ''Hasta ve çalışan güvenliğinin sağlanmasına yönelik yönetmelik'' şeklinde son güncel halini almıştır. Hasta güvenliği kültürünün tam anlamıyla sağlanabilmesi için sağlık kurumunda bulunan tüm personelin etkin bir şekilde katılımı gerekmektedir. Hastanın güvenliğini riske sokabilecek olayların erken farkına varabilmek, bildirmek ve bu olası risk durumunu ortadan kaldırmak, zarar vermeme ilkesini öncelik olarak kabul edip tanı, tedavi, bakım gibi girişimleri gerçekleştirmek sadece hekim ve hemşireye özgü olmayıp bu girişimlerin kaliteli bir biçimde sunulması tüm çalışanların iş birliği ile mümkündür. Hasta güvenliği insan hayatını doğrudan etkileyen süreçler bütünüdür. Sağlık hizmeti sunumunun herhangi bir aşamasında oluşan olumsuz olaylar hizmet alan bireylerin hayatını kaybetmesi veya geriye dönüşsüz işlevsel ve fonksiyonel kayıplara sebep olabilmektedir. Bu gibi ciddi kayıplara yol açan olumsuz olaylar biyopsikososyo kültürel bir varlık olan insanı çeşitli boyutlarda etkileyebilmektedir. Bu açıdan ele alındığında diğer yüksek riskli sektörlerde oluşturulan güvenlik kültürünün sağlık sektöründeki yansımasının maddi kazançların ötesinde sosyal yararlarını da beraberinde getirdiği izlenilmektedir. Hemşirelik mesleği hasta güvenliğine en önemli katkısını bütüncül bir yaklaşım ile gerçekleştirdiği bakım verici rolünü kullanarak sağlamaktadır. Hiç şüphesiz hemşirelik mesleğinin tam anlamıyla sürdürülmesi için gereken gözlem yeteneği de hasta güvenliğinin sağlanmasında mesleğin etkinliğini artırmaktıdır.

Dünya Sağlık Meslekleri Birliği'nin belirttiğine göre ICN, hemşirelik uygulamalarını, hasta güvenliği ve kaliteli sağlık hizmeti sunumunun anahtarı olarak vurgulamaktadır. Dahili Kliniklerinde etkin bir tedavi ve bakım gerektiren kronik hastalıkların ve yüksek riskli ilaç kullanımının fazla olması nedeni ile etkin hasta güvenliğinin gerekliliği belirtilmektedir. Ülkemizde dahili klinik hemşirelerin de hasta güvenliği kültürü algısını belirlemek adına sınırlı sayıda çalışmalar gerçekleştirilmiştir. Bu çalışma ise özellikle dahili kliniklerde görev yapan hemşirelerde hasta güvenliği kültürü algısını belirlemek amacıyla yapılmıştır. Tanımlayıcı olarak yapılan araştırma Aralık 2018 ve Aralık 2019 tarihleri arasında gerçekleştirilmiştir. Araştırmanın evrenini Erzurum Atatürk Üniversitesi Sağlık Araştırma ve Uygulama Merkezi Dahili Kliniklerinde çalışmakta olan 100 hemşire oluşturmakta olup, örneklemi ise araştırmanın yapıldığı tarihlerde araştırmaya katılmayı kabul eden 90 hemşire oluşturmuştur. Araştırmada veri toplama aracı olarak, "Tanıtıcı Bilgi Formu" ve ''Hasta Güvenliği Kültürü Hastane Anketi'' kullanılmıştır. Verilerin analizinde t testi, Mann Whitney U testi, Kruskal Wallis H testi, Tamhane's Post Hoc testi kullanılmıştır. Hemşirelerin hasta güvenliği kültürü boyutlarına ilişkin algılarının genel puan ortalaması 3.12±0.30 olarak bulunmuştur. Alt boyutlardan en yüksek puan ortalamasının; "Üniteler İçinde Ekip Çalışması" na (3.96±0.18) ait olduğu, en düşük puan ortalamasının; "Hastane Müdahaleleri ve Değişim" (2.20±0.32) alt boyutuna ait olduğu bulunmuştur. Çalışmaya katılan hemşirelerin son bir yılda %82'inin hasta güvenliğini etkileyen olay raporlamadığı bulunmuştur. Hemşirelerin "Hasta güvenliği konusunda birim değerlendirmesi" %45.6' sının çalıştığı birimde hasta güvenliğini "kabul edilebilir'' olarak değerlendirdikleri bulunmuştur. Hemşirelerin cinsiyetleri, eğitim durumları ile hasta güvenliği kültürü hastane anketinin alt alanlarına ait puan ortalamaları arasındaki fark istatistiksel olarak anlamsız bulunmuştur (p>.05). Hemşirelerin yaşlarına göre hasta güvenliği kültürü hastane anketinin "İletişimin açık tutulması" alt alanlarına ait puan ortalamaları arasındaki fark istatistiksel olarak anlamlı olup (p< .05), 25 yaş ve altındaki hemşirelere ait puan ortalamasının diğer yaş gruplarına göre yüksek olduğu bulunmuştur. Hemşirelerin mesleğinden memnuniyet durumlarına göre hastane güvenliği kültürü anketinin ''Güvenliğin kapsamlı algılanması'' ve "İletişimin açık tutulması" alt alanlarına ait puan ortalamaları arasındaki fark istatistiksel olarak anlamlı olup (p <.05), 1-5 yıl çalışma deneyimine sahip hemşirelerin puan ortalamaları diğer gruplara oranla daha yüksek bulunmuştur. Hemşirelerin hasta güvenliği kültürü algılarının orta düzeyde olduğu saptanmıştır. Hasta güvenliğine ilişkin eğitim programlarıyla hemşirelerin farkındalıklarının arttırılması ve hasta güvenliği kültürü algısının geliştirilerek orta düzeyde olan hasta güvenliği kültürü algısının yüksek düzeylere çıkarılması sağlanabilir.