



### Short Communication

## The Relationship between Nurses' Organizational Participation and Patient Safety Culture in Jahrom Motahari Hospital, Iran

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### Abstract

*The main purpose of this study was to investigate the relationship between nurses' organizational participation and patient safety culture in a hospital context. 125 employed nurses in Jahrom hospital, southern of Iran participated in this research. Two standard questionnaires were used as data collecting tools. There was a significant relation between nurses' organizational participation and patient safety culture. In addition, there was a significant relationship between nurses' organizational participation and expectation aspects, organizational learning-continuous improvement, teamwork within and across the words, open and clear communications, and hospital manager supports. There wasn't any significant relation between organization and nurses' overall perception dimensions, feedbacks of nurses' mistakes, no punitive responses to nurses' mistakes, volume of work, patient transferring across wards, and reported events frequency. So the patient safety and patient safety culture can be improved by increasing the participation of staffs, in particular nurses.*

**Keywords:** Safety, patient, safety culture, organizational participation, nurse.

### Introduction

One of indisputable human rights is to be safe from danger during recovery period in hospital<sup>1</sup>. It seems the first essential step of improvement of nursing quality is to get sure about patient safety. Employees of health and medical care in all organizational levels make decisions daily which contains issues related to safety. Patient safety means protecting patients against dangers which may be imposed to them during recovery period. Safe care has been always an international assumption and preference but in recent years we could see growth of unsafe cares which influence all beneficiary key groups. On the other hand increasing public knowledge has led to an active issue and expected to find solutions for unsafe care. Various studies indicate that numerous patients get hurt in medical system instead of treatment and cure. And they also receive only half of necessary cares during their residence in hospital<sup>2</sup>.

During two recent decades, this idea has been universally proposed and studied that health system is not safe enough .and that has got so much attention that patient safety has been looked at as the main preference for costumers (consumers) of health and medical system and universal vast attempts has been done to reduce events, root seeking and omission of their causes and preventing their repetition with special emphasis of WHO (World Health Organization)<sup>3</sup>.

Therefore paying attention to patient safety has got the main and essential topic in different countries and developed ones have got the lead<sup>4</sup>. Organizational culture plays an important role in patient safety activities. Safety behaviors of hospital staff are

partly influenced by the prevailing cultural norms in their organizations and work groups<sup>5</sup>.

To improve patient safety culture, nurse managers should focus on the identified factors and adopt multiple strategies. Specifically, nurse mangers should try to build trust with nurses, demonstrate sincere safety commitments, and set patient safety as a true priority<sup>6</sup>.

Applying structure theory to the concept of safety culture reveals a dynamic system of individual action and organizational structure constraining and enabling safety practice. Nurses are central to the (re)production of this safety culture system<sup>7</sup>.

One of the reasons for which this issue gets importance is being complicated ,vast and daily increasing of variety in problems of organization and the necessity of cooperation of all members for achieving the aims of organization<sup>8</sup>.

Safety level increasing in long period health service centers leads in safer environment and reduction of medical mistakes costs. And evaluation of current level of safety culture is a start point to have safety culture in organization, since making any move toward safer nursing without any knowledge of current situation leads in cost rise and put the organization in a new jeopardy<sup>9</sup>.

Researches indicate that 3 dimensions proposed by Denison et al (2005) for participation has an essential role in performance increase in one hand and employees satisfaction in the other hand. These three dimensions are: 1- ability development 2- teamwork 3- empowering<sup>10</sup>.

Those organizations with high participation and involvement of employees are constantly empowering their own employees and upgrade their abilities so that any one is equipped with required skills in his/her field<sup>10</sup>.

The aim of current study is verification of a correlation between organizational participation of nurses and patient safety culture in a hospital context.

## Material and Methods

This is an operational study and had been done correlatively in 2011. Targeted statistical population for this study was allocated to nurses of Motahari hospital of Jahrom. Using simple random sampling 125 cases were chosen. data were collected by means of two kind questionnaires: 1- questionnaire of patient safety culture containing 12 dimensions (nurses` general perception ,boss expectations about improvement of patient safety, organizational education, constant improvement in patient safety, teamwork within and across the units, open and clear connections, non-punitive responses to nursing mistakes, issues related to volume of works, hospital manager`s support of patient safety, feedback of nursing mistakes, patient transferring across wards and frequency of reported events) and 2- questionnaire of organizational participation containing 3 dimensions (ability development, teamwork, empowering).

Researcher took care of distribution/collection of questionnaires in person and data were analyzed by SPSS software version 16 in two levels (descriptive and inferential statistics).

## Results and Discussion

Findings of this study considering 12 dimensions of patient safety culture indicate dimensions of related issues to volume of works, boss expectations about improvement of patient safety, open and clear connections, patient transferring across wards were in an inappropriate situation and dimensions of general perception of personnel about patient safety culture, hospital manager`s support of patient safety, non-punitive responses to nursing mistakes, teamwork among units were in average situation and the only dimension owning. Good situation was organizational education and constant improvement in patient safety (table 1).

Generally, findings of this study indicate that patient safety culture with an average of 3/15 and nurses organizational participation with an average of 3/20 have an average situation in Motahari Hospital (table2).

There was no significant relation between demographic variables and organizational participation according to study findings.

Findings obtained from Pierson correlation coefficient confirmed a significant positive relation between organizational participation of nurses and dimensions of boss expectations and operations about improvement of patient safety, organizational education about patient safety, Team work inside units, open

and clear connections, hospital manager`s support of patient safety and Team work among units.

Findings related to first hypothesis (correlation between organizational participation of nurses and patient safety culture in Motahari hospital) positively confirms it (table3).

There was no significant relation between nurses` organizational participation and general perception of personnel about patient safety culture, Feedback of nursing mistakes, non-punitive responses to mistakes, issues related to volume of personnel works on patient safety, method of patients transportation between wards, Amount of reported events on patient safety (table 4).

Increase in nurses` organizational participation can lead in improvement of patient safety culture in hospital. Considering the average situation of surveyed hospital in this study it is recommended to let personnel specially nurses have more participation so as to use their own talents skills an creativities and their own individual independent authorities And also it is recommended to pay more attention to nurses participation in form of more skilful designed programs and activities and to remind its importance in the form of educational programs so as to pave the way of joint management of hospital organization. Seaman<sup>11</sup> in an article named" employees` participation" proposed:" It`s a simple way to make the work environment a safer place." Since employees are more familiar to their own tools and job field, they are often the first ones smell potential problems and new dangers. And since they are the first who gets injured if something breaks down they are usually eager to find suitable solutions. With increase in nurses organizational participation boss expectations can rise.

Sadeghzadeh<sup>10</sup> has proposed in his research:"aim acceptance, bounding to the aim, accountability, safety, interest to work satisfaction and creativity are senses that participation leads to them and finally these feelings to optimization and competence of employees. Boss finding these added interests of employees to their tasks will encourage them and take their advices more serious.

With increase in nurses` organizational participation hospital manager`s support of patient safety will increase. Keramati and Qorbani<sup>12</sup> proposed:" participation of employees leads in spurring managers and increase of their competence and finally improvement of organization. High participation is a good support for manager and manager should invest in educational fields to upgrade employees` skills due to participation that have hands in supervisions sections.

Increase of nurses` organizational participation leads in teamwork increase either inside or among units. Zareian<sup>13</sup> proposed in his article named" participation: superior step of managers" : in one joint system a wise manager encourages employees to help each other to solve problems that will cause in more ideas, various views and finally better solution. Team work will form when every body plays both student and teacher roles.

Increase of nurses' organizational participation also leads in increase of organizational education in patient safety.

Sadeghzadeh<sup>10</sup> suggested team work will make a safe environment to exchange information between employers in organization. Employees encounter various views exchange opinions criticize and claim and these feedbacks can help them to upgrade their awareness about educations. Results obtained from other researches such as Denison<sup>14</sup>, Fisher<sup>15</sup>, Gilspy<sup>16</sup> Sharma<sup>17</sup> confirm positive and significant relationship between dimensions of participation and organizational education as this study does.

With increase in nurses organizational participation open and clear connections on patient safety will increase. It's also

possible for organization to make a quick move from current situation to desired one with creation of a network connection and use of collective ideas<sup>18-20</sup>.

There was no significant positive relationship between nurses' organizational participation and general perception of personnel about patient safety culture, Feedback of nursing mistakes, Non-punitive responses to mistakes, issues related to volume of personnel works on patient safety, method of patients transportation between wards and amount of reported events on patient safety. So it can be concluded that changes in amount of nurses' organizational participation can not influence these dimensions.

**Table-1**  
**Average score of 12 dimensions of patient safety culture**

Dimensions	Averages	Variance	Current Situation
general perception of personnel about patient safety culture	3/11	/38	Average
team work inside units	3/83	/89	Average
feedback and connections about mistakes	3/73	/75	Average
non-punitive responses to mistakes	3/5	/80	Average
hospital manager`s support of patient safety	3/04	/65	Average
team work among units	3/12	/80	Average
frequency of reported events	3/43	/95	Average
organizational education, constant improvement in patient safety	4/06	/71	appropriate
open and clear connections	2/82	/68	Inappropriate
issues related to volume of works	2/98	/64	Inappropriate
method of patients transportation between wards	2/15	/78	Inappropriate
boss expectations about improvement of patient safety	2/80	/66	Inappropriate

**Table-2**  
**Average score of organizational participation and patient safety culture**

Variables	Average	Variance	Current Situation
patient safety culture	3/15	/26	average
organizational participation	3/20	/54	average

**Table-3**  
**Significant relationship between organizational participation of nurses and dimensions of patient safety culture**

Organizational participation	Correlation Amount	P-value	Regression Coefficient
Patient safety culture			
team work among units on patient safety	/51	/001	%75
boss expectations about improvement of patient safety	/19	/03	%23
organizational education, constant improvement in patient safety	/20	/02	%26
team work inside units on patient safety	/19	/02	%32
open and clear connections on patient safety	/18	/04	%32
hospital manager`s support of patient safety	/34	/001	%41
patient safety culture	/35	/001	%16

**Table-4**  
**Pierson correlation test on relationship between organizational participation of nurses and dimensions of patient safety culture (non-significant)**

Organizational participation	Correlation Amount	P-value
<b>Patient safety culture</b>		
general perception of personnel about patient safety culture	/049	/586
feedback of nursing mistakes	/16	/06
non-punitive responses to mistakes	/09	/27
issues related to volume of personnel works on patient safety	/08	/34
method of patients transportation between wards	-/13	/14
amount of reported events on patient safety	-/12	/16

## Conclusion

Since there was a positive and significant relation between organizational participation and patient safety culture, and because of a significant relation between organizational participation and some aspects of patient safety culture, so the patient safety and patient safety culture and be improved by increasing the participation of staffs, in particular nurses.

## References

1. Attree M., Cook H. and Wakefield A., Patient safety in an English pre-registration nursing curriculum, *Nurse Education in practice*, **8(4)**, 239-248 (2008)
2. Cohen M., Eustis A. and Gribbins R., Changing the culture of patient safety: Leadership's role in health care quality improvement, *Joint commission Journal on quality and safety*, **29(7)**, 329-335 (2003)
3. Forozan F., Evaluation of Patient Safety Culture in viewpoint of Nurses in training hospitals of Shiraz and Propose some strategies to improve the current condition, M.Sc thesis, Management and Information Faculty of Shiraz (2009)
4. Ravaghi H., Evaluation of Organization Culture. The Summary of Articles in Clinical Governance Conference ,Clinical Management Researches Center of Tehran University of Medical sciences, Tehran, Iran, March (2010)
5. Hui-Fuang N.G. and Hung-Hui L.I., A multilevel model of patient safety culture: cross-level relationship between organizational culture and patient safety behavior in Taiwan's hospitals, *The International Journal of Health Planning and Management*, (2011)
6. Xianqiong F., Kathleen B., Janet W.K. and Barrett L. Factors associated with nurses' perceptions of patient safety culture in china: a cross-sectional survey study, *Journal of Evidence-Based medicine* (2012)
7. Patricia S., Rebecca J. and Jill S., Keeping patients safe in healthcare organizations: a structuration theory of safety culture, *Journal of Advanced Nursing*, **67(8)**, (2011)
8. Toosi M.A., Participation of Staffs in Management. Articles collection of administrative system development conference, public management training center, first edition (1999)
9. Zahavi M., Determination of Nurse Participation for strategic decisions in Shariati Hospital of Tehran, Faculty of Allied Medical Science, Tehran University of Medical Science, *Payavard Salamati Journal*, Autumn and Winter, **3(3)**, 38-46 (2009)
10. Sadegh-zadeh Z., Assessment of Relationship between Organizational Participation and Adaptability among Head Nurses in Namazi Hospital of Shiraz. M.Sc thesis, Faculty of Management and Information, Shiraz (2008)
11. Seaman P., The Fundamentals of Health and Safety, Employee participation, *The Magezine of SafeGuard*, Available from: <http://www.safeguard.co.nz/resources/guides/Guide96.pdf> (2006)
12. Keramati M. and Qorbani M., Successful participatory groups in organizations, *The Journal of Tadbir*, **14(138)**, (2001).
13. Zareian H., The participation: superior step of managers, available from: <http://www.mgtsolution.com/olib/380921110.aspx>. (2007)
14. Denison D.R. and Fey C., Organizational Culture and Effectiveness: Can American Theory be applied in Russia?, *Organization Science*, **14(6)**, (2003)
15. Fisher C.J., Like it or not, Culture Matters—liking Culture to Bottom Line Business Performance, *Employee Relations Today*, *John Wiley and Sons.*, (27) **2** (2000)
16. Gilspy M.A. et al, Organizational Culture and Customer Satisfaction, Denison Consulting, Ann Arbor, MI48104 (2007)
17. Sharma B., Local Government Organization on its Journey to Becoming a Learning Organization. *Business Process Management Journal*, **11(4)**, (2005)
18. Nasiripour A., Afshar Kazemi M. and Izadi A., Effect of Different HRM Policies on Potential of employee Productivity, *Res. J. Recent Sci.*, **1(6)**, 45-54 (2012)
19. Sharma Kalpa, Health IT in Indian Healthcare System: A New Initiative, *Res. J. Recent Sci.*, **1(6)**, 83-86 (2012)
20. Dev Nikhil, Attri Rajesh, Mittal Vijay, Kumar Sandeep, Mohit, Satyapal and Kumar Pardeep, Strategic Supply Chain Management: Perception versus Reality – A Review, *Res. J. Recent Sci.*, **1(5)**, 83-86 (2012)