Patients Safety at Public Hospitals in Arab Countries

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ABSTRACT

The crux of this study was the patient safety at public hospital in Arab countries. Humanism is generally considered to spread through every life aspect and the doctors are accepted to stand by their Hippocratic Oath of 'do no harm'. Health care frameworks are usually examined for endorsement. The safety problem is the major issue for healthcare planners, investors and healthcare employees. Safety measures are about the required pursuit for health planners for the purpose of obtaining a standard healthcare system. Patient safety culture is determined through variety of mechanisms which can assess the areas like communication, cooperation and outlooks towards the mistakes. The result of the study shows that there must be the constant evaluation of safety culture for assessment of efficiency of patient safety programmes and interventions. Healthcare leaders, investigators and legislators in Arab nations must know that patient safety is a significant public health issue. It can be recognized from the review that non punitive response towards error is considered to be a severe problem that must be enhanced because healthcare experts in Arab nations usually consider culture of blame to be present which evades them from telling about the events.

Keywords: *Patient safety, public hospital, public hospital culture, patient safety culture, Arab countries*

INTRODUCTION

Human mistakes in the complicated contexts are quite common since decades and it is a subject of discussion because of the results it leads to. To take an instance, the failures in air travel system industry can lead to a considerable hype and is resolved rapidly due to the effect it has because there are a considerable number of people and resources. Accidents might be too lethal in healthcare sector though they are not publicized much comparatively because they do not affect many at once. The mistakes in the healthcare industry started to attract the focus of people from 90s. 'To err is human' led to the rise of discussion regarding the problem of patient safety and devotion to provide high standards; secure health-care is now the objective of administrations in every part of the globe since last 15 years. Though, the patients keep experiencing preventable harm and inferior care. Institute of Medicine has mentioned that safety is described as freedom of accidental injury. WHO describes patient safety to be the decrease in risk if preventable harm related to healthcare is to a certain extent? Safety culture is a considerable concept now for the healthcare institutions which are hell-bent on

enhancements in patient safety [1]. Changes in volume of the concept of safety culture are significant to understand so there can be positive changes. It is therefore important that fundamental cultural factors in the company must be recognized for the changes in safety culture. There have been some researches on this subject at the organizational and individual levels regarding safety culture having various measurements, methods, and forms for understanding the participating factors. Due to this, managers and leaders are motivated for forming and maintaining safety culture because it is important for total system safety.

Patient safety relies on constant learning because the necessity to report and correcting from the mistakes, accidents, near misses and serious instances is there so these instances cannot be repeated again. Conventional approach to patient safety is on the basis of formation of humanity committees and inspecting accidents being ineffective as health care system gets increasingly complicated. Primary health organizations like WHO, National Patient Safety Foundation (NPSF), the Joint Commission International (JCI) and the Institute for Health Care Improvement (IHI)

boost the healthcare institutions to form a culture of safety as the efficient technique for sustainable safety enhancement [2]. Increasing proof shows that degree of medical mistakes and severe events are related to outlooks of healthcare experts regarding safety. Patient safety culture is regarded as organizational cultural factor and it comprises of mutual opinions, perspectives, principles, standards and behavioral features of the workers that would impact personnel beliefs and behaviors towards the patient safety performance of the institution. The contexts, surveys and evaluation mechanisms are formed in last ten years so the organizations can determine and know the kind of culture present in company and recognize the pluses and minuses so the factors having chance to enhance or degrade enhancement efforts are recognized.

Humanism is generally considered to spread through every life aspect and the doctors are accepted to stand by their Hippocratic Oath of 'do no harm'. Health care frameworks are usually examined for endorsement. The safety problem is the major issue for healthcare planners, investors and healthcare employees. Safety measures are about the required pursuit for health planners for the purpose of obtaining a standard healthcare system [3]. There are events when it can directly influence authorization. For healthcare employees, not enough care regarding safety might lead to risking the career along with the risk of being vulnerable to professional threats. Safety culture seems to be a significant problem because of all this.

Safety culture theory is variously abstracted. Cox and Cox2 operationalized the safety culture to be comprising of outlooks, opinions, perspectives, and principles which workers have towards safety. Neva & Sorra considered safety culture to be a pro-social behavior which can directly affect safety measures in the organizational frameworks [4]. U.K. Health and Safety Commission described safety culture to be comprising of individual and group principles, outlooks, perspectives, skills and structures of behavior which measure commitment to and the style and skills of the health and safety management of a firm [5].

Most significant factor of patient safety culture is the applicability in healthcare frameworks. Rise of culture in patient safety gained importance in background that most of the mistakes and severe instances mostly originate from complicated chain of events which are jointly accountable to cause instead of human errors.

Culture is considered to have a direct effect on the organizational activities and patient safety culture is on the rise as there are huge chunk of research which authorized patient safety culture in numerous countries. It is important for auditing of honesty of health systems and offering a path for enhancement along with satisfying the criteria which is applicable to standard assurance and accreditation. There are uncountable researches on the patient safety though majority of them possess the measurements with no heuristic value to make global comparison. A need to recognize the devices can be found or certain criteria which can seize the differences of patient safety culture in various nations and have the capacity to institute the baseline evaluation. From the current literature, there is one mechanism that is getting more and more sine non qua for the surveying patients and it is Hospital Survey on Patient Safety Culture (HSPSC), which is established by the Agency for Healthcare Research and Quality. HSPSC is a convenient and easy measure of the composites of culture relevant to safety in the organizational framework. Current proof shows that it can be applicable to various populations that have proper psychometric features [6].

Patient safety culture shows the principles about organizational members opining the significant things, the way the function and the contract between inter-departmental, structures and systems being altogether demonstrated in the behavioral standards which are useful for patient safety. Non-punitive organizational culture can be seen that boosts repotting, analyzing and learning from the medical mistakes. Institute of Medicine (IOM) suggested a patient safety culture to establish safety in care procedures, and since then there is increasing proof on significance of cultivating patient safety culture for decreasing severe events and enhancements in the patient safety [7].

Evaluation of the patient safety culture in the hospitals is the initial step in describing and improving a strong safety culture. There are numerous international accreditation firms which need patient safety culture evaluations in the criteria for the hospitals to be able to examine the problems like teamwork, administrative activities, assistance from upper management and leadership for supporting

patient safety, staffing obstacles, reporting events, and so on. All of this leads to healthcare institutions understanding properly about the areas they must focus on for making enhancements in the patient safety culture. Along with that, hospitals holding these evaluations can benchmark the outcomes in oppose of same kind of initiatives in the country or at the global level.

Prior to going on board with development and enhancement of patient safety culture, it is necessary to manage the existing conditions and patient safety culture surveys being important for evaluation of plus and minus points in the patient safety culture. Hospital Survey on Patient Safety Culture (HSOPSC) is the most generally employed patient safety culture study as it evaluates patient safety culture on the basis of 12 dimensions which are: teamwork among the units, Supervisor/manager outlooks and Actions that encourage Patient Safety, Organizational Learning and Constant Enhancement, Management Provision for Patient Safety, General Observations of Patient Safety, Feedback and Communication regarding mistakes, Communication Sincerity, Rate of Events Reported, Teamwork in Units, Handoffs and Changeovers, Staffing and Non disciplinary Response to Error. HSOPSC survey was established by Agency for Healthcare Research and Quality (AHRQ) that has vast international boom which is authorized and employed in various continents and frameworks [8].

Patient safety is the universal public health subject. As per the assumption of WHO, there are millions of patients who experience disabling injuries or deaths because they are not given proper medical care [9]. There is not much information available for unsafe medical care in Arab even today. Because of this, El-Jardali recognized that improvement in quality of healthcare facilities to be a central subject of study in Middle East. The WHO and the associates as well conducted the researches which would be useful in enhancement of patient safety.

From the plans and schemes for making improvements in patient safety, there has been considerable significance provided to patient safety culture. It was mentioned in Institute of Medicine's report that 'To err is human', and the safety culture aptly encourages and improves patient safety [10]. Joint Commission for Accreditation of Healthcare Organizations comprised of the yearly evaluation of safety culture in the 2007 patient safety objectives. This kind of evaluation gives the data on factors of organizational culture which trigger the dynamic failure in patient care and on the underlying situations which must be resolved through the patient safety proposals.

Patient safety culture is determined through variety of mechanisms which can assess the areas like communication, cooperation and outlooks towards the mistakes. Proof on validity and dependability features is restricted or absent for majority of the mechanisms. Hospital Survey on Patient Safety Culture (HSOPSC) has been formed by Agency for Healthcare Research and Quality (AHRQ) and it is among the most applicable mechanisms [11]. It is confirmed and translated in variety of nations like Scotland, Netherlands, Scotland, Norway and Belgium. Not long ago, the Arabic hospitals, especially in Sudan, Lebanon and Jordan implemented the Arabic translation of HSOPSC.

Establishing and preserving a positive patient safety culture is the important factor in decreasing the mistakes and enhancement of patient consequences. Accomplishment of a positive culture is difficult because of outlooks regarding patient safety and nature and severe events varying from nation to nation. There are different outlooks regarding patient safety in Arabic-speaking and supposedly similar Gulf nations of KSA, Jordan, Qatar, Kuwait, Oman, and Bahrain [12]. The factors of patient safety culture which are in need of enhancement differ in Arab hospital contexts. Along with that, there are differences about the knowledge regarding patient safety culture in few Gulf nations. Ministry of Health in Kuwait implemented numerous patient safety and quality enhancement proposals for normalizing and supporting provision of safe healthcare facilities and it involved implementation of nine patient safety solutions (Look-alike, sound-alike medicine names; patient recognition; communication during patient hand-overs; performance of proper performance at proper body site; control of strong electrolyte solutions; declaring medicine precision at evolutions in care; evading tube and tubing misconnections; single use of injection policies; and enhanced hand cleanliness to avert health care-associated infection) suggested by the World Health Organization. Changes in the organizational culture are a difficult activity where the initial step is evaluation of existing patient safety culture for properly knowing about the perceptions of front-lie personnel and managers regarding patient safety.

Subordinate data will be the entire basis of the current research study. The subordinate means includes magazines, peer reviewed periodicals, commentaries and such. Through all such secondary resources, there has been study on various evaluations of patient safety culture in the public hospitals of Arab nations. Many different resources can be found to gather secondary information research and it helps in acquiring the data. Investigator should use information that is gathered before the study and might be useful in various things [13]. Most common resources that can help in gathering information are: articles, newspapers, financial reports, magazines, articles, financial reports and a few internal organizational documents. Through the research outcomes, there can be numerous proposals and plans for the enhancement in systems administering the patient safety practices. Making comparisons in between outcomes of other nations might be helpful for the hospitals and leaders in visualizing performance and establish goals for enhancement. Investment in the places which would impact patient safety culture, especially event reporting, must take place if there is tangible enhancement. Therefore, policymakers must make sure of laws and rules being presented to motivate healthcare firms to carry out patient safety reporting systems that would recognize the risks related to patients and assist healthcare firms to learn lessons from the errors.

LITERATURE REVIEW

Patient Safety in the Arab Countries

Developed and Developing world have an objective to make enhancements in patient safety. The developing nations are boosted by joint universal proposal of WHO and World Alliance for Patient Safety (WAPS) for establishing an intensive effort that would be useful in evaluation of extent of issue [14]. Patient Safety Friendly Hospital Initiative (PSFHI) standards are employed by one of the researches which assessed patient safety in the Arab nations. PSFHI is among the plans of WHO which is useful in assisting the organizations in nations for starting an intense patient safety programme that was commenced through Eastern Mediterranean Regional Office of the WHO in the year 2007 for enhancements in level of patient safety. Ministries of health in seven developing nations were evaluated with the use of PSFHI that comprised of Pakistan, Yemen, Egypt, Morocco, Tunisia, and Yemen. One hospital in every nation was evaluated in oppose of PSFHI standards. It was observed

from the research that there were no involved hospitals that accomplished a reference point score of 50% through PSFHI standards [15]. Dedication of leadership and management are few important areas that were observed to be required in every organization. Leadership is quite important in the patient safety because it considers safe care to be a system-related issue. Along with that, patients in such nations were observed to not be engaging or having any opinion in the matters associated with the care provided. There was also a research conducted by WHO where it was observed that Eastern Mediterranean region did not implement any accreditation programme which motivated some nations for developing and carrying out accreditation programmes in healthcare organizations. It was also mentioned that the accreditation programmes were useful in enhancement of opinions on quality of patient care and patient safety in Saudi hospitals. Along with that, there was a research in the hospitals of Egypt, Jordan, Kenya, Morocco, South Africa, Sudan, Tunisia and Yemen for evaluation of rate and nature of serious events to patients of these nations. It was observed from the research that from the 15548 records being assessed, 8.2% of them had minimum of 1 severe event. Rate of 2.5-18.4% per nation was observed and 83% of those were considered to be avoidable. It was also observed from the research that 30% of the events had a relation to death of patient. It was also mentioned that one out of the seven patients experiences harm in Palestinian hospitals. It was be observed form such stats that patient safety is a primary issue for health policy agenda in the Arab nations and it is important to recognize the reasons of harm and understanding the development in strategies for enhancement [16].

System Changes to Improve Patient Safety

Patients must be safeguarded by the healthcare providers. The systems which reduce the probability of mistakes and enhance the probability of solving the mistakes should be set up. Effective operating mechanism relying on teamwork of subparts for accomplishing the end result properly signifies system approach towards patient safety. Provider organizations in various care contexts, policymakers, regulators, educational organizations and patients are subparts of patient safety system. Extent of errors in the complicated systems like the ones providing healthcare can be impacted through numerous factors. Nested chain of command of factors which measure safety of the healthcare system is recommended by Vincent et al System

factors associated with work environment, organizational framework, organization and management, individual team members, activities and patients can show that enhancement in the work situations will comprise of the enhancements in interface design to physical atmosphere, to ergonomics of mechanisms or decrease in the disruptions and intervals that impact the tendency to commit a mistake. Making use of protocols, checklist and rest of the reminders for patient and clinician communication are a necessity [17]. When these are used, it would be advantageous in decision-making and establishing a safety culture by being obedient to rules and processes. Swiss Cheese Model of safety is an extensively recognized and formed system-based model in patient safety study where it is suggested that the risks inside the complicated systems are secured and safeguarded through numerous obstacles and therefore, a system-based methodology towards patient safety in the Arab nations is required.

Assessment of Patient Safety Culture

Numerous researches and methodical evaluations have handled the matter of patient safety culture around the Arabian region and elsewhere. A methodical evaluation concerning Arab nations recognized non-disciplinary reaction to mistake as a main challenge along with medical specialists in such nations testified that practice of culpability averts them from testifying events. Challenges with regards to non-castigatory reaction to mistake were emphasized in hospitals of Sweden too, operating rooms of Iran, and Tunisia. Concentrating on refining reaction to mistake is vital to improve reporting of mistake, also actually, the probability of intended reporting of case was discovered to develop through concentrating energies on social modifications, for instance, bettering incident reaction systems as well as transmission of incident-related developments [18]. Data has demonstrated that response may surely encourage development in patient safety culture if it is modified to particular branches and if results were understandable for proposed clients. Additional fields needing betterment were emphasized as well in associated proof. They involved Teamwork throughout Units, Transitions and Handoffs, Communication Openness and Staffing.

Several subjects of strength were emphasized too regarding the patient safety culture texts

wherein an Iranian research in discovered that administrative knowledge-continuous development, cooperation among hospital divisions, and hospital administration maintenance for patient safety were each domains of forte. Furthermore, cooperation inside divisions was improved compared to cooperation throughout hospital divisions in Arabian nations. During the assessment evaluating discoveries in particular nations, domains of power in hospitals of Lebanon were chiefly linked to Collaboration within Divisions, Management Support for Patient Safety, and Administrative Education and Constant Development. When it comes to KSA, and particularly Riyadh, regions of power regarding Administrative Education and Constant Development and Cooperation among divisions.

Prognosticators of a compelling and encouraging patient safety culture comprise interaction, warranting movement of knowledge among and through divisions, partaking a mutual idea on patient safety, on top of promise from administration and management, as well as a non-disciplinary viewpoint concerning event reportage. Participating in patient safety culture and quality management programs has been decorated in current researches in the Arabian domain. Refining patient safety culture can additionally and circuitously advance customer-focused openly testified hospital evaluation marks.

Although several states of the Globe have recognized patient safety culture, 6-15 a lack of these activities is there from nations of Arabian descent having a little exclusion. Having growing globalization along with being guardians of hydrocarbon majority, several Arabian nations, in spite the characterization having seismic governmental and communal quandaries, have turned out as being a globalization 'hub'. Analysis regarding patient safety culture is hence vital. Inside the obtainable writings, 4 analyses have appeared from Saudi Arabia regarding patient safety. Majority of such analyses were restricted because of factuality that the analyses have kept focus on quantifying patient safety culture in a solo foundation, 18 areas 5 or merely have devoted implemented that impede intercontinental contrast [19]. Different Arabian nations have recognized few appearance of patient safety culture yet such analyses seem to face likewise reservations as the ones originating from Saudi Arabia. Though, El-Jardali and his contemporaries 15 in Lebanon have scrutinized patient safety with the use of

principles appropriate for intercontinental assessment. Further analyses are required for charting patient safety culture in different Arabian nations and intercontinental evaluation might be an additional advantage.

'Just' culture

A precondition to accomplishing enduring development is the requirement for embedding the aim of offering safe care in the organizational values. Culture renovations are a multifarious effort as it progresses responding to prior occurrences, native situations, the labor force disposition and the governance personality. Then again, safety culture denotes the 'capability of persons or administrations for dealing with hazards and threats for avoiding impairment or damages and however continued at achieving their aims'. Hence, administrations must warrant an encouraging patient safety culture is set up that inspires open revelation of data and which a genuine concern for the rectification of the difficulties is established. It might as well be supposed that Arabian healthcare administrations domain must retreat from the blame culture to a 'just' culture that inspires the recognition of mistake in a way learning from mistakes may be attained. To be precise, personnel must experience that punishment will not me faced by them or obscured for admitting mistakes. This might suggest that encouraging safety culture will aid in promising uprightness and nurturing knowledge through equalizing the singular and organizational answerability for achieving improved quality care.

Patient Safety Reporting Systems

The appraisal specified that personnel of Arabian healthcare are facing discouragement for reporting events that may be examined, for learning lessons. This might be due to these reportage programs are not being executed by administrations of healthcare around the area because of the death of the essential principles for managing and promoting patient safety because the event in advanced nations, counting the United States of America [20]. Therefore, according to Leape, contrary incident-reportage programs will be inefficient inside a castigatory nation. Hence, a requirement is there for an essential transformation of culture to ensure that all innovations which are introduced to improve patient safety can achieve their potential. More importantly, healthcare staff should have the opportunity to learn from such reportage programs through warranting that a strategy for

operative response exists since it will aid in administrations for learning from disasters in the care delivery. To be precise, legislators must put effort in to collaborate with suppliers of healthcare for ensuring reportage programs are under implementation and that personnel are stimulated and reinforced for reporting all occurrences that could affect the health of the patient. Leape declared that reportage programs for patient safety aids healthcare establishments for improving patient safety that is quite momentous for Arabian nations as accounted by this analysis. For ensuring that once instances take place in the place of work, administrations must to comprehend what occurred and the reason for the likelihood of reappearance is diminished along with figuring out in case the present interferences are operative or inoperative.

Education and Regulation

Milligan denoted that a further essential modification is needed inside the curriculum of healthcare for improving patient safety. As suggested by this, the Arabian nations in must concentrate on the requirement of offering educational systems and teaching to experts of healthcare and apprentices regarding the significance of systematic tactic for the creation of a patient safety civilization. The evaluation specified that organizational education and unceasing development has been tiered as being among the domains of forte in the Arabian nations. Nevertheless, there must be an all-inclusive tactic for supervision of patient safety through making sure that every applicable element, for example, assets, exercise, education and strategies are prepared for creating a maintainable civilization of security in the workstation.

Long-Term Care and Palliative Care

Across a century, Long-term care hospitals have taken place in majority of the nations of the area. Even though such services were not offered similar concern as critical hospitals, nonetheless progressions have been made by them for serving the requirements of the populace. Several of such long-term services were initially clinics to treat of tuberculosis or patient's institutes suffering from psychological disorders and singular requirements. The fresh attitude towards psychological disorders has diminished this function. Several of such long-term institutes presently aid as palliative care hospitals. Others have undergone transformation for supporting the extremely helpless senior

populace which caregivers of their family face difficulty in supporting their actions of everyday life. Few of such institutes carry on treating infectious sicknesses, for example, leprosy. The long-term institutes within this area are typically under operation by non-profit, voluntary, altruistic religious societies having economical backing from the health ministry in addition to contributions from the public. The administrative aid is founded on a simple everyday grade each patient.

Emergency medical facilities are offered in majority of nations in the area via the foremost community hospitals. The age of pre-hospital has been deputized chiefly to the civil defense organizations and the police. Emergency facilities of Lebanon are offered by the Red Cross of Lebanon via yearly financial plan subventions offered via the Department of Healthcare financial plan. Recently in Lebanon, few reserved profitable administrations have begun to offer emergency care along with responding to house calls. Emergency facilities are vital for an appropriately operative structure of health care. Accidents of the road traffic are growing in occurrence in the area. Equaled with different OECD (Organization for Economic Co-operation and Development), nations like the France, Germany and Netherlands, pre-hospice emergency facilities in the Arabian domain are somewhat ineffective along with being underdeveloped. It is supposed that the non-obtainability of recompense for these facilities has aided in inhibiting the progression of pre-hospice emergency stages. Attempts have been made recently for aiding more progress of such facilities. It must be kept in mind, nonetheless, that a huge ratio of visitation to emergency sections in several nations are thought as being non-imperative and are deemed by the people to be walk-in health center. It is supposed that communal and social features have stimulated the usage of emergency subdivisions because of narrow hours of operation of primary care services in several nations, and/or the difficulties of organizing for conveyance and dependents care.

In the prior portion of the 20th century within the Arabian Region, General physicians making house calls were quite recurrent. Yet, the quick development of the inhabitants in several metropolises, causing overcrowding of traffic, further expanses to reach to urban greenbelts and trepidations of safety, has added to a decrease in the house calls facility. Lately, nevertheless, revitalization has transpired regarding the house calls practice by household doctors and by societies offering emergency care. Ashkar. Presentation at the annual conference of the Lebanese Society for Family Physicians, Beirut, 2005 Such establishments, for example, the Lebanese Ambulance Conveyance Facilities, are finely furnished and supervised and are able to offer optimum care either at home or transfer the patient to the emergency subdivisions of hospices. Nevertheless, epidemiological, demographic, traditional and communal tendencies are altering conventional care designs within this area. The subsequent eras are probable in witnessing growing degrees of care-reliant senior citizen that will require continued household care towards the disabled. Those variations in requirements and communal organization will need an altered tactic for caring for the senior populace. Household care might offer a maintainable tactic for avoiding the requirement for needless critical or long-term institutionalization and maintenance of persons within their household and society for the longest possible time. Traditionally, household care facility has depended on unauthorized care (chiefly from the household) and this carries on to be the principal design of care in this province for the senior populace. Resilient domestic ties and the religious effect continue to expedite the convention of esteem regarding parentages, predecessors and the senior people generally through their advanced ages. Nevertheless, this is rapidly altering and domestic care providers cannot be trusted during the near upcoming era, due to the immigration of fresher domestic members, the growing contribution of females in the workforce along with the increased educational degree of females generally. A Lebanese analysis shed light on the issues that domestic care providers encounter during the caring for the reliant senior populace. Domestic care is a laborious and rigorous action which depends on several of suppliers to provide medical and communal facilities within the setting of the household. Those suppliers comprise counsellors, nurses, community personnel, dietary professionals and, up to a reduced degree, doctors. Refining the facility of specialized care within the household situation will need nurses to operate self-sufficiently in an increasing manner, for exercising autonomous decision, for organizing as well as handling care groups along with providing further urbane and progressive processes. The previous era, in Lebanon, observed the development of numerous organizations for delivering domestic

care, operated by physiotherapists and nurses with professional training.

CONCLUSION

It is first large scale research which researches on the evaluation of safety culture in public hospitals. Enhancements in the patient safety culture is important when the hospitals intent to enhance quality and safety of medical facilities. Generally, the culture inside a hospital can show operations of hospitals towards safety which can be seen in the patient consequences. Patient safety is a universal issue which can impact developed and developing nations alike. Healthcare organizations must emphasize the importance of evaluation of safety culture because that would offer simple comprehension of safety-related viewpoints of the personnel. Safety culture evaluation mechanisms are useful in healthcare organizations in recognizing the areas for enhancements. Policymakers in Arab nations must form a culture in workplace in which the workers must be motivated to report serious instances, defaults, events, or close misses through which new lessons can be obtained. There must be the constant evaluation of safety culture for assessment of efficiency of patient safety programmes and interventions. Healthcare leaders, investigators and legislators in Arab nations must know that patient safety is a significant public health issue.

It can be recognized from the review that non punitive response towards error is considered to be a severe problem that must be enhanced because healthcare experts in Arab nations usually consider culture of blame to be present which evades them from telling about the events.

REFERENCES

[1] Wong J, Beglaryan H, Association OH. Strategies for hospitals to improve patient safety: a review of the research. Change Foundation, 2004.

[2] Dixon-Woods M, Baker R, Charles K, et al. Culture and behaviour in the English National Health Service: overview of lessons from a large multimethod study. BMJ Qual Saf 2014; 23:106–15.

[3] Nieva VF, Sorra J. Safety culture assessment: a tool for improving patient safety in healthcare organizations. Qual Saf Health Care 2003; 12(Suppl 2):ii17–23.

[4] Gandhi TK, Berwick DM, Shojania KG. Patient safety at the crossroads. JAMA 2016; 315:1829–30.

[5] Deilkas E, Hofoss D. Patient safety culture lives in departments and wards: multilevel partitioning of variance in patient safety culture. BMC Health Serv Res 2010; 10:812.

[6] Azimi L, Tabibi SJ, Maleki MR, et al. Influence of training on patient safety culture: a nurse attitude improvement perspective. Int J Hosp Res 2012; 1:51–6.

[7] Bonner AF, Castle NG, Men A, et al. Certified nursing assistants' perceptions of nursing home patient safety culture: is there a relationship to clinical outcomes? J Am Med Dir Assoc 2009; 10:11–20.

[8] Fleming M, Wentzell N. Patient safety culture improvement tool: development and guidelines for use. Healthc Q 2008;11:10–5

[9] Morello RT, Lowthian JA, Barker AL, et al. Strategies for improving patient safety culture in hospitals: a systematic review. BMJ Qual Saf 2013; 22:11–18.

[10] Siddiqi S, Elasady R, Khorshid I, et al. Patient safety friendly hospital initiative: from evidence to action in seven developing country hospitals. Int J Qual Health Care 2012; 24: 144–51.

[11] Al Awa B, Jacquery A, Almazrooa A, et al. Comparison of patient safety and quality of care indicators between pre and post accreditation periods in King Abdulaziz University Hospital. Res J Med Sci 2011; 5: 61–6.

[12] Wilson RM, Michel P, Olsen S, et al. Patient safety in developing countries: retrospective estimation of scale and nature of harm to patients in hospital. BMJ 2012; 344:e832.

[13] Pfeiffer Y, Manser T. Development of the German version of the Hospital Survey on Patient Safety Culture: dimensionality and psychometric properties. Saf Sci 2010; 48:1452–62.

[14] Bagnasco A, Tibaldi L, Chirone P, et al. Patient safety culture: an Italian experience. J Clin Nurs 2011; 20:1188–95.

[15] Sarac C, Flin R, Mearns K, et al. Hospital survey on patient safety culture: psychometric analysis on a Scottish sample. BMJ Qual Saf 2011; 20:842–8.

[16] Nie Y, Mao X, Cui H, et al. Hospital survey on patient safety culture in China. BMC Health Serv Res 2013; 13:1.

[17] Alahmadi H. Assessment of patient safety culture in Saudi Arabian hospitals. Qual Saf Health Care 2010; 19-17.

[18] Ahmed NG, Adam SM, Abd Al-Moniem II. Patient safety: assessing nurses' perception and developing an improvement plan. Life Sci J 2011; 8:53–64.

[19] AbuAlRub RF, Abu Alhijaa EH. The impact of educational interventions on enhancing perceptions of patient safety culture among Jordanian senior nurses. Nurs Forum 2014; 49:139–50.

[20] Hamdan M, Saleem AA. Assessment of patient safety culture in Palestinian public hospitals. Int J Qual Health Care 2013; 25:167–75.