

# Patient Safety Officers in the shadow of Covid-19: personal and organizational characteristics and functioning during the pandemic

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## Background

- In the Covid-19 pandemic, the potential for medical errors such as diagnostic errors to occur increased, and patients' care quality and safety decreased .
- Under routine conditions, patient safety is expected to be an essential component of the healthcare system.
- The role and responsibilities of the Patient Safety Officer (PSO) in a medical organization in crisis are rarely defined and are usually described in general terms.
- There is no consensus for the role definition for PSOs in healthcare during pandemics or other crises as opposed to their routine activities.

## Aim

- ✓ To examine the contribution of personal characteristics (uncertainty, initiative, and burnout) and systemic factors (organizational functioning) on the performance of PSOs
- ✓ To compare these variables in the first and third waves of the Covid-19 pandemic in Israel.

## Study design and participants

- Cross-sectional study, convenience sample
- 78 (67%) of 117 senior organizational PSOs from hospitals and community services
- An average age of 52.76 years (SD = 10.24), 23.64 (SD = 23.64) years of professional seniority, and 6.24 (SD = 5.34) years of experience in patient safety and risk management

## Tools

- A self-administered questionnaire
- Variables - Uncertainty; Personal Initiative; Burnout; Patient safety and risk management activities; PSO's functioning; Organizational functioning; Personal involvement in risk management activities; and Socio-demographics

## Procedure

The questionnaires were personally distributed by the researcher (DA) and returned manually to the researcher's office. Data collection - at the end of the third wave of the Covid-19 pandemic, June-July 2021.

## Findings

- Only 51.3% (40) and 57.7% (45) PSOs reported active involvement (4-5 ranking) in PS activities and practice in the first and third pandemic waves respectively
- PSOs reported high personal initiative and lower levels of burnout than those reported by other healthcare workers (M = 3.4) in Israel.
- There were significant differences between the two waves for all the study variables (Table 1).
- Regression analysis was used to examine the predictors of PS policies and practices in the clinical field as reported by the PSOs. The organizational functioning with regard to PS in the first wave, predicted the dependent variable, and explained 43% of the variance. However, during the third wave, the uncertainty variable joined the organizational functioning variable, with the model explaining 37% of the variance of the dependent variable.

## Conclusions and discussion

- Many of the PSOs did not take part in the decision-making processes or participate in the management of the medical institution in emergency
- Many PSOs moved to work in the Covid-19 departments where they used clinical skills from previous hospital positions
- As the pandemic progressed, the levels of uncertainty decreased, while personal involvement and professional functioning increased when patient safety practice improved on both a personal and organizational level
- There was an absence of clear definitions for PSOs' functions during a medical crisis

**Table 1:** Study variable distribution and differences between the 1<sup>st</sup> and 3<sup>rd</sup> waves (n = 78)

Study Variables	Min	Max	M	SD	t
Uncertainty, 1 <sup>st</sup> wave	1.86	4.86	3.63	.70	10.01**
Uncertainty, 3 <sup>rd</sup> wave	1.00	4.43	2.54	.75	
Professional functioning, 1 <sup>st</sup> wave	1.38	4.50	3.02	.79	5.71**
Professional functioning, 3 <sup>rd</sup> wave	1.63	5.00	3.47	.68	
Personal involvement in RM activity, 1 <sup>st</sup> wave	1.00	5.00	3.25	1.41	2.72*
Personal involvement in RM activity, 3 <sup>rd</sup> wave	1.00	5.00	3.69	1.18	
RM and PS practice, 1 <sup>st</sup> wave	1.50	5.00	3.29	.79	7.68**
RM and PS practice, 3 <sup>rd</sup> wave	1.50	5.00	3.74	.67	
Organizational PS functioning, 1 <sup>st</sup> wave	1.00	5.00	3.00	.98	5.13**
Organizational PS functioning, 3 <sup>rd</sup> wave	1.00	5.00	3.63	.81	
Personal Initiative	3.00	5.00	4.08	.43	-
Burnout	1.00	5.78	2.93	1.09	-

\*  $p < 0.05$ , \*\*  $p < 0.01$

## Recommendations

In order to improve the performance of PSOs in emergency, we recommend the following:

- To develop policies and define the role of PSOs in hospitals and the community health services in emergency
- To promote awareness of and implementation of the practice of PSOs' involvement in emergency management and decision-making among senior managers in healthcare
- To develop study programs and to train PSOs to function in an emergency.