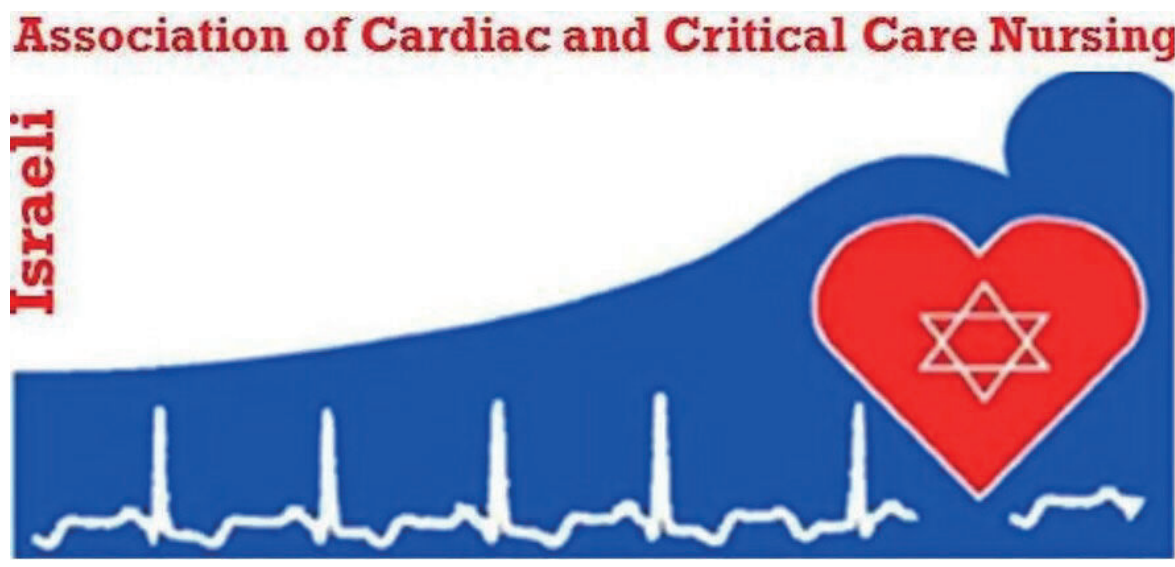


The public's perceptions of patient safety in healthcare: a cross-sectional study

Ilya Kagan, RN,PhD, Ashkelon Academic College, Dana Arad, RN, PhD, Clalit Innovation, Tel Aviv-Yaffo Academic College, Josheph Mendlovic, MD, MHA, Ministry of Health, Yossi Tal, PhD, Tal Advising Services, Yaron Niv, MD, Professor, Ariel University, Israel



Introduction

Patient safety during medical treatment is a central issue for health policy makers and medical teams. In this context, both the Israeli and global health systems, are seeing an increase in the appreciation of the importance of safety indicators for quantitative measurement of treatment safety. Although obviously an important consideration, we did not find any studies of public perception of this important topic.

Aim

To examine the views and opinions of the general public concerning patient safety in the Israeli healthcare system.

Methods

A digital questionnaire was distributed to 620 Israeli citizens, 18 years of age or older, who were randomly sampled from a pool of 75,000 citizens of Jewish origin stratified by gender, age, and area of residence. 500 responded to the questionnaire.

Results

Only 18.8% of the sample considered the healthcare system to be transparent in reporting and dealing with medical errors, while only 23.6% reported receiving an explanation of the risks and side effects of medications before prescription. Only 56.4% reported receiving information about the risks related to surgeries and invasive operations, only 62.2% claimed to understand the given explanation. Only 61.5% reported going through a proper process of patient identification prior to a test or medical procedure.

In a regression model, the outcome variables were the perceived dealing with errors, and the perceived transparency of dealing with errors to assess their contribution to the percentage of explained outcome variability. In both models, gender and age were not found to show significant effect on the outcome variables. Knowledge about errors were found to affect both outcomes, however, in the opposite direction. Higher awareness of PRA was positively associated with higher levels of perceive error treatment and transparency ($\beta=.09$, $p=.055$; $\beta=.14$, $p=.003$; respectively), whereas the index was found to negatively associate with these two outcomes ($\beta=-.18$, $p<.001$; $\beta=-.18$, $p<.001$). In the third model, awareness to risk was found to positively affect the perceived transparency ($\beta=.262$, $p<.001$, 95%ci[0.19,0.38]).

Hierarchical regression model results for error treatment and transparency

Model 1				Model 2		
	b (S.E) p-Value	β	95% CI	b (S.E) p-Value	β	95% CI
Step 1						
Gender	-0.004 (0.10) .985	-.00	-0.20,0.20	-0.04 (0.10).719	-.02	-0.22,0.1
Age	-0.003 (0.01) .282	-.05	-0.01,0.003	-0.004 (0.01) .113	-.05	-0.01,0.001
R ²	.002			.001		
Step 2						
Patient's Rights	-0.08 (0.04) 0.55	.09	-0.01,0.003	0.12 (0.04) .003	.14	0.04,0.21
Medical Error Index	-0.30 (0.07) <.001	-.18	-0.49,-0.10	-0.30 (0.08) <.001	-.18	-0.48,-0.13
ΔR^2	.044			.055		
R ²	.047			.060		
Step 3						
Medical Errors				0.58 (0.04) <.001	.56	0.49,0.6
ΔR^2				.303		
R ²				.363		

Model 1: Outcome is perceived dealing with errors; Model 2: Outcome is perceived transparency; N=485; 95%CI is 95% confidence interval based on bias corrected bootstrapping, n=1,000.

Conclusions

Patient safety is a significant concern for the general public whose perceptions should be considered when planning improvements to the system. Healthcare providers must improve their attitudes and remain vigilant in identifying and minimizing risks associated with medical care and in verifying the patient's comprehension accordingly.