ORIGINAL ARTICLE

WILEY

Perceptions of patient safety culture among emergency room nurses in Jordanian accredited hospitals

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Abstract

Aim: The aim of this study is to assess the perceptions of patient safety culture among emergency room nurses in Jordan.

Background: Patient safety culture is considered an international priority for health care institutions. There is a lack of studies on patient safety culture among emergency room nurses in international and Arab countries including Jordan.

Methods: A cross-sectional design was used to perform among emergency room nurses (N = 424) who are working in two health sectors (government and private) in Jordan.

Results: Results showed that the total perception mean of patient safety culture was 70.6% (M=3.87, SD=0.64), which indicates that the perceptions of patient safety culture among emergency room nurses need potential for improvement. Three areas in patient safety culture were reported as strong, including teamwork within units (77.4%; M=3.87, SD=0.64), feedback and communication about the error (76.6%; M=3.83, SD=0.65) and organisational learning-continuous improvement (75.4%; M=3.77, SD=0.63). The lowest scores were for areas of frequency of events reported (63.6%; M=3.18, SD=0.99) and handoffs and transitions (64.4%; M=3.22, SD=0.78). Patient safety culture was correlated with income, educational level and principal of patient safety.

Conclusion: Regular assessment for emergency rooms is required to provide essential information to hospital managers on the areas that need improvement to promote patient safety culture.

KEYWORDS

culture, emergency departments, patient safety

1 | INTRODUCTION

Patient safety culture (PSC) is considered as an international priority for health care institutions (Azyabi et al., 2021) due to reports about the

high incidence of medical errors and adverse events that cost patients' lives (Kapaki & Souliotis, 2018). There are about 134 million adverse events leading to 2.6 million deaths that occur in hospitals yearly in low and middle-income countries (LMICs) resulting from unsafe care (National Academies of Sciences, Engineering, and Medicine, 2018). These adverse events include medication errors, wrong diagnosis, hospital-acquired infection, bed sores and patient falls.

This research received no specific grant from any funding agency in the public, commercial, or not-for-profit sectors.

J Nurs Manag. 2022;1–8. wileyonlinelibrary.com/journal/jonm © 2022 John Wiley & Sons Ltd.

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