



**Arab American University – Palestine**

**Faculty of Graduate Studies**

**Patient Safety climate in Emergency Departments of West  
Bank Hospitals: Nursing perspective**

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**This thesis was submitted in partial fulfillment of the  
requirements for the Master's degree in**

**Emergency Nursing**

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## Approval form

Patient Safety climate in Emergency Departments of West Bank Hospitals: Nursing  
perspective

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This thesis was defended successfully on 17 August, 2021 and approved by:

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**DECLARATION**

I declare that the thesis was submitted for a master's degree and has not been submitted to another hospital for a higher degree. The work presented in this thesis is based on my own efforts

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Sign 

Date 21/10/2021

## **DEDICATION**

“I dedicate this work to the Almighty Allah for preserving my life”, to my parents and family, to all who support me in my life who give me the power, love, confident to go on ...

Finally I dedicate this work to myself to achieve my dreams,”

Ayham Yousef Ali Othman Amer

## **ACKNOWLEDGEMENTS**

“First and foremost, we are grateful to "Allah" for the good health and wellbeing, and for the strength and help, he has given to us to complete this study”.

“I would like to express our sincere thanks to Dr. Ahmad Ayed, for providing me with all of the necessary facilities for this research. I am extremely thankful and indebted for him for sharing his expertise with me, for her valuable guidance and encouragement extended to me”.

“I take this opportunity to express my gratitude to my parents, wife, and families for the unceasing encouragement, support and attention”.

## Abstract

**Background:** The climate for patient safety has been recognized as a key determinant for improving hospital safety. An important part of safety climate management is the description of workforce perceptions of the patient safety climate.

**Objective:** The main purpose of this study is to assess the relationship between nurses' socio-demographic and profile work and the patient safety climate in West Bank's hospitals and Secondary objectives of the study to assess the current status of emergency departments as a first step to improving its safety climate and to identify factors associated with patient safety climate.

**Design:** A cross-section, non-interventional, descriptive study conducted in the emergency departments of the West Bank (government and private) hospitals. All Government and private hospitals in the West Bank. All nursing work in emergency department.

**Result:** The overall mean of positive responses was 51.87. From statistical analysis, a strong association between safety climate and each of age, experience and job title of nurses who work in emergency department were demonstrated. Age became a great predictor of patient safety climate.

**Keywords:** patient safety culture, public hospitals, Palestine

## ABBREVIATIONS

<b>Abbreviation</b>	<b>Explanation</b>
SPSS	Statistical Package for Social Sciences
ANOVA	Analysis of Variance
t-test	t student statistical test
AAUP	Arab American University Palestine
ED	Emergency department
AE	Adverse Event
M	Mean
SD	Standard deviation
WHO	World health organization
ICN	International Council of Nurses
HSOPSC	Hospital Survey on Patient Safety Culture
AHRQ	Agency for Healthcare Research and Quality
PSCSE	Psychometric evaluation of a patient safety competency
PSC	patient safety culture
CIRS	Critical Incident Reporting System

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## Chapter One

### Introduction

#### 1.1 Background:

In the acute health systems, the emergency hospitals play an important role in providing care to acute disease and injury patients (He, 2011). A growing demand has led to the importance of studying patient safety climate in emergency departments. In 2019, approximately 1033878 patients visited emergency departments of West Bank hospitals (Salemme & Salemme, 2019).

The overcrowding emerges more risk behaviors that increase the mortality rate (Paranaguá et al., 2017). While urgency and emergency services have a high flow of patients and complex requirements, it is important to note that there is no justification to risk patient safety (Santos, 2018).

Adverse event or experience is defined as "any adverse medical event that may occur during treatment with a medicine but does not necessarily have a causal relationship to that treatment" (World health organization [WHO], 2002), upon the world health organization says that 64 million- disability cases are suffering from unsafe treatment (WHO, 2018). In addition, it became from the top reasons of health care problems and death cases (WHO, 2018).

Patient safety is considered as a serious worldwide public health problem. The risk of dying while flying by plane is estimated to be 1 out of 3 million. On the other hand, 1 out of 300 people is likely to die because of preventable medical accidents. As well as the industrial areas, supposed to have a higher risk much greater safety record than health care, such as the aviation and nuclear industries (WHO, 2019).

Patient safety is the basement of health care delivery just as the biological, physiological, and safety needs form the foundation of Maslow's hierarchy (Ulrich & Kear, 2014). Patient safety began in the early 1990s after adverse events with 30,000 patients were reported in New York hospitals in 1984 despite reports of medical injuries and drug errors from 1960 to 1980(Chung & Custer, 2017).

Moreover, the definition of patient safety is the prevention, avoidance, and enhancement of adverse effects or accidents arising from the healthcare process. Patient safety is the highest important medical issue to health care institutions. As well as the World Health Organization has stated that patient safety is a basic concept in the health care field (Burström et al., 2014).

In recent years, medical mistakes and patient safety have become highly centered. Until recently, the problems of patient safety have primarily been discussed in hospital care environments (Bondevik et al., 2019).

The safety climate assessment focused on the fields that needed to be improved, and the internal and external variables of professionals who need a priority can be useful for the diagnosis, planning, and execution of operations. This will lead to a better improvement opportunity.(Castilho et al., 2020)

The key threats for patient safety are: clinical treatment, diagnosis, and drug problems, adverse conditions in urgent and emergency departments, stress circumstances due to poor working conditions, the limited size of the health-care workforce and staff, overcrowded zones, the need to wait a long time, and the workers' exposure to a stressful condition can affect quality and safety of care (Castilho et al., 2020). Blaming individuals for errors to one in which errors are treated not as personal failures, but as opportunities to improve the system and prevent harm.”(Nieva & Sorra,

2003) and According to the Institute of Medicine, “the biggest challenge to moving toward a safer health system is changing the culture from one.

### **1.2 Problem Statement:**

A safe patient lifestyle is perceived to be a priority feature of an efficient health care service. To be treated under a good care quality, it is essential to be safe, effective, timely, efficient, and focuses on the patient. In comparison, better health performance, higher safety incident reports, and lower rates of adverse events are attributed to patient-centered care, coordination, and a safe environment.(Mosadeghrad, 2014).

It is known very well that the health system in Palestine is encountering significant health problems mostly due to its inadequate funding and weak facilities. It is also very important to consider the nature of the issue in Palestinian hospitals in order to take more efficient and effective curative steps.

Research studies have documented variations in safety climate among different work areas both within and across institutions. A Better disclosure of the previous point would facilitate the planning and implantation of interventions. Therefore, it becomes necessary to identify the perceptions of the nurses toward the safe environment that may foster or hinder safe patient care. This study is the first study that assesses the relationship between the socio-demographic and work profile of nurses' professionals and the patient safety climate in emergency departments of West Bank hospitals.

### **1.3 Significant of The Study:**

Patient safety is a central element in the quality of patient health services, and the safety culture for patients when receiving it is essential if they are to be included within the facilities and the individuals who provide services.

The results of this study will also provide a database for researchers in Palestine and other Arab and global countries.

Nursing is also the backbone of medical teams working in emergency centers and is the link between the medical staff and the patient, so they are very influential in developing this concept and establishing its principles in their workplaces.

### **1.4 Study Objective:**

General objective:

The main purpose of this study was to assess the relationship between nurses' socio-demographic and profile work and the patient safety climate in West Bank's hospitals.

Secondary objectives of the study were to assess the status of emergency departments as a first step to improve its safety climate and to identify factors associated with patient safety climate.

Secondary objectives of the study:

1. To assess the status of emergency departments as a first step to improving its safety climate.
2. To identify factors associated with patient safety climate.

### **1.5 Research Questions**

1. What is the level of the perception of patients' safety climate among nurses in the emergency departments of West Bank hospitals?
2. Are there difference between the patients' safety climate mean and selected socio-demographic characteristics among nurses in the emergency departments of West bank hospitals?
3. What are the predictors of patients' safety climate among nurses in the emergency departments of West Bank hospitals?

### **1.6 Conceptual Definitions and Operational Definitions**

#### **Conceptual definitions:**

**Patient Safety climate:** is defined as “the measurable components of safety culture”(Halligan & Zecevic, 2011). Safety culture refers to “shared beliefs, values, attitudes and behavior regarding safety within an organization” (Singer & Vogus, 2013)

**Nurse:** International Council of Nurses (ICN) define the nurse as “a person who has completed a program of basic, generalized nursing education and is authorized by the appropriate regulatory authority to practice nursing in his/her country” (Hall & Ritchie, 2013).

#### **Operational definitions:**

**Patient Safety climate:** patient safety climate was measured by Safety Attitudes Questionnaire.

**Nurse:** Everyone works in the emergency department with a nursing degree.

**1.7 Variables:**

Dependent variable: patients' safety climate

Independent variable: nurses socio-demographic characteristics

## **Chapter Two**

### **Literature review**

#### **2.1 Introduction**

This chapter reviews the relationship between literature and variable of the study. It is categorized into: a) searching strategy and b) previous studies related to study.

#### **2.2 Searching Strategy**

The terms used in searching included Patient safety, safety, safety climate, nurse, nursing, emergency room, emergency department. The EBSCO, CINAHL, Google Scholar, PubMed, and Science Direct databases was adopted for searching process. The articles inclusion criteria relayed on a period between 2011 and 2021 and written in the English language, however, there were exceptions for the use of old studies like those related to measurement methods, conceptual definitions, and history of patient safety.

Many articles were excluded through the review because they did not concentrate on healthcare providers or nurses specifically, published before the year 2011, and were in languages other than English. However, old references were used to cover some missed data that was not found within the stated time limits.

#### **2.3 Previous Studies Related to Study**

The research titled as " patient safety climate in emergency departments in governmental and private hospitals in west bank " which aimed to assess the relationship between nursing professionals' socio-demographic and profile work and the

patient safety climate in West Bank's hospitals. In addition, to assess the status of emergency departments as a first step to improving its safety climate and to identify factors associated with patient safety climate.

### **Local Studies**

In a retrospective, exploratory study conducted by Najjar's (2015) to investigate associations between the culture of patient safety and adverse events at unit levels in Palestinian hospitals. The study utilized the IHI Global Trigger Tool for measuring adverse events and the Hospital Survey on Patient Safety Culture (HSOPSC). The outcome of the research supports the belief that lower adverse effects in hospitals at departmental levels in Palestine are correlated with more optimistic patient safety culture. A more diverse study to explore the causal association between patient safety culture and adverse events should be used in further researches. (Najjar et al., 2015)

In a cross-sectional study conducted by A Cheikh et al. (2016) to assess the extent of the safety culture of patients among university hospital healthcare professionals, the Farhat Hached Sousse Center (Tunisia). The study conducted on all doctors (n =116) and a representative sample of paramedical employees (nurses and superior technicians) (n =203). The research used the Hospital Patient Safety Culture Survey (HSOPS). The outcome study allowed to infer that among the practitioners in the establishment, all aspects of the safety culture of patients need to be strengthened. Further measures are therefore required to build a safety culture focused on confidence, learning, communication and teamwork, and to condemn punishment, guilt, criminalization and punitive reporting. (Cheikh et al., 2016)

Another, cross sectional study conducted by Abu-El-Noor et al. (2019) to evaluate the attitudes of nurses employed in government hospitals in the Gaza Strip towards patient safety and to explore factors influencing their attitudes. The study conducted with a convenient sample of 424 nurses. The study used The Attitudes to Patient Safety Questionnaire III. It revealed slightly optimistic attitudes towards patient safety, with some differences between hospitals and units. A particular challenge for nursing instructors would be to incorporate patient safety into the program, since a significant percentage of participants did not find the incorporation of patient safety in the curriculum helpful. Therefore, this aspect of the nurse-training program should be targeted and improved in order to be linked to clinical experience. In addition, hospital administration must create and utilize non-punitive reporting systems for adverse events as an incentive to benefit about them. (Abu-El-Noor et al., 2019)

In addition, in a cross-sectional study performed by Bottcher et al. (2019) in four major governmental hospitals in the Gaza- Strip. The attitudes of nurses and doctors as a key concepts of patient safety were analyzed. Differences and correlations within professional groups were evaluated and positive and negative attitudes were measured to identify focus areas for future training. The research was performed on a convenience sample of 424 nurses and 150 doctors working in the hospitals for at least 6 months. The researchers uses the Questionnaire Attitudes of Patient Safety. Results indicated that Patient safety attitudes of all occupational classes are moderately positive. The study recommended patient safety training and workshops to increase the awareness of medical errors among professional staff. (Bottcher et al., 2019)

### **International studies**

A retrospective study conducted by Halfon et al. (2017) to estimate the incidence of AE in one acute care hospital as a basis for a safety improvement program in a medium size community hospital, Switzerland. A stratified sample of 600 medical and 400 surgical hospitalizations whose records fulfilled a set of information quality criteria. The research study used screening criteria and full review of positively screened records. The incidence of preventable AE in patients hospitalized in one hospital in Switzerland is comparable to previously reported rates. Further, patient safety improvement is needed, especially among older patients, and for surgical procedures.(Halfon et al., 2017)

Another, an exploratory study conducted by Minuzzi et al. (2016) to assess patient safety culture aspects from the health providers' viewpoint in the Intensive Care Unit in a State in the South of Brazil applied to 59 health professionals. The study used the HSOPSC edition translated and validated by the Agency for Healthcare Research and Quality (AHRQ). The results revealed better evaluations in the following areas: the priorities and actions of the supervisor to support patient care, teamwork in the health services and communication transparency. The administration support for patient safety was the worst rating factor, in addition to Non-punitive reactions to mistakes in health care and teamwork. The research revealed a safety culture that could enhance patient safety cultures in all areas and promoted the creation of hospital-based healthcare strategies.(Minuzzi et al., 2016)

Also, Qualitative study with focus group interview conducted by Jang & Lee (2017) to assess nursing educators' competencies and educational needs for patient safety in hospitals and nursing schools, South Korea. The research performed on 38

questionnaires completed by clinical instructors from six-four-year nursing universities, and 106 nurse preceptor questionnaires from three high-level general hospitals in Seoul, Focus group interviews were conducted between six clinical instructors from one nursing school and four nurse preceptors, from one high-level general hospital in Seoul (PSCSE). It is vital to improve the patient safety knowledge and skills of nursing educators; by developing and providing an integrated patient safety program with different methods of teaching, in order to meet the educational needs. The results of this research include the fundamental knowledge needed to better reform patient safety education systems to meet the needs of nursing educators in both clinical practice and academics and their patient safety competencies. In addition, the results have shown the value of good communication in rendering patient safety education seamless between clinical and academic environments.(Jang & Lee, 2017)

In addition, Florescu et al. (2019) to assess whether the risk assessment tools adopted really strengthened the patient safety culture (PSC) conducted qualitative exploratory study. The study conducted with quasi structured interviews with health professionals (N = 32). The inductive content analysis and technique of content structuring was utilized to analyze and systemize extensive qualitative data material. The findings of the first component, the Critical Incident Reporting System (CIRS), indicate that in terms of staff education, teamwork, and communication, hospitals do have the capacity for the change. The evidence from the second issue, the surgical checklist, indicates that there was inadequate education and that these checklists are not adequately treated and are still used fragmentarily. Regarding the “transfer/report” third element, it can be reported that systemic transfer/reports are largely unknown. In addition, the fourth element, hand hygiene, lacks a formal definition of preparation and

compliance regulation. The fifth factor, risk manager preparation, has brought a range of general benefits.(Florescu, 2019)

Also, a cross-sectional study conducted by Akologo et al. (2019) to assess patient safety culture perception of healthcare professionals in three chosen hospitals in Ghana's Upper East. The study conducted on 406 clinical staff and the Hospital Survey on Patient Safety Culture (HSOPSC) questionnaire was-used. The findings were quite positive for healthcare providers in their unit. Few respondents thought that the response to errors was draconian. In the future, health policymakers and administrators should emphasize patient care culture. The management should consider developing a 'blame-free' atmosphere to encourage hospital notification of adverse outcomes.(Akologo et al., 2019)

Moreover, a cross-sectional study conducted by Wu et al (2019) to evaluate PSC association, staff safety behavior, and hospital safety performance in hospital safety in Harbin, China. The study was completed with 507 physicians and nurses. It was utilized the HSOPSC scale, which was translated into Chinese language. The findings indicated that PSC and staff safety behavior is correlated with the performance of hospital safety. Staff safety behavior exerts positive effects on safety performance.(Wu et al., 2019)

Furthermore, in a cross-sectional study carried out by A Khoshakhlagh et al. (2019) to study the views of healthcare workers in public and private hospitals in Tehran, Iran. The study determines and compare the healthcare staff views on the patient safety culture and the impact of effective factors on patient safety culture in public and private hospitals. The research performed in 3 public and 3 private hospitals of 1203 health care staff. The study used HSOPSC to assess the patient safety culture. The results indicated to importance of having reviews on errors and criteria for regular

event reporting and sharing of patient records. In addition to taking into consideration the negative impact of shift work and burnout on the culture of patient safety, corrected steps should be designated to strengthen the safety culture by planning and managing these factors accordingly.(Khoshakhlagh et al., 2019)

A recent, cross-sectional study conducted by Edwiges et al. (2020) to evaluate relationship between socio-demographic and work profile of nursing professionals and the patient safety climate in a public emergency hospital. The study was completed with 177 nursing professionals at a public emergency hospital and Safety Attitudes Questionnaire – short form 2006 was used which was tested and modified in the Portuguese language. The outcomes have shown that the detection of patient safety predictors is an effective tool in the diagnosis, planning and execution of activities from areas to be enhanced.(Castilho et al., 2020)

### **Summary**

Generally, the results revealed better evaluations in the following areas: the priorities and actions of the supervisor to support patient care, teamwork in the health services and communication transparency. It also mentioned that it is important to have reviews on errors and criteria for regular event reporting and sharing of patient records. In addition to taking into consideration, the negative effects of shift work and burnout on the culture of patient safety. Where one of the studies showed that, the incidence of preventable AE in hospitalized patients is comparable to previously reported rates. The results have shown the value of good communication in rendering patient safety education seamless between clinical and academic environments. In the other hand, the administration support for patient safety was the worst rating factor, in addition to Non-

punitive reactions to mistakes in health care and teamwork which was revealed in one of these studies.

Patient safety improvements are needed, especially among elderly patients, and for surgical procedures therefore; the studies were recommended that the health policymakers and administrators should emphasize patient care culture. The management should consider developing a 'blame-free' atmosphere to encourage hospital notification of adverse outcomes. Further measures are required to build a safety culture focused on confidence, learning, communication and teamwork, and to condemn punishment, guilt, criminalization and punitive reporting in order to strengthen patient safety climate. Thus, corrected steps should be designed to strengthen the safety culture by planning and managing of these factors accordingly.

## **Chapter Three**

### **Methodology**

#### **3.1 Introduction:**

The current study methodology is described in the following sections: study design, setting, population and sample, study instruments, data collection methods, data analysis, and ethical considerations.

#### **3.2 Study Design**

The current study was cross-sectional, descriptive study to assess nurses' socio-demographic and profile work and the patient safety climate in West Bank's hospitals.

The descriptive design is a scientific method, which involves observation, description and documentation. Its purpose is to provide information. In natural contexts does not involve the manipulation of variables, helps to obtain more information about the characteristics, and develop theories and identify the problems of current practices.

#### **3.3 Study Sitings**

The study conducted in the emergency departments of the West Bank (government and private) hospitals from December 2020 to April 2021.

In the year 2019, the number of operating hospitals in Palestine reached 84, of which 52 operate in the West Bank, including East Jerusalem, and constituted 61.9% of the total operating hospitals in Palestine. (Salemme & Salemme, 2019)

There are 15 Ministry of Health hospitals in the West Bank, with bed capacity of 1,749 beds, which is equivalent to 49.5% of the total hospital beds of the Ministry of Health. (Salemme & Salemme, 2019)

Hospitals affiliated with the Ministry of Health are distributed at the rate of one hospital for almost every governorate, with cases such as two hospitals in Nablus (1 for surgical specialties and the other for internal medicine) and three hospitals in Hebron according to the population.

In the year 2019, the number of visits to emergency services in the Ministry of Health hospitals reached 1004362 visits in Palestine. As the focus of this study is on emergency departments specifically, the following table summarizes the number of nurses working in the emergency department of each hospital, the number of beds in the emergency department of each hospital, in addition to the approximate number of cases received annually according to (Salemme & Salemme, 2019).

**Table 3.1: Distribution of Governmental Hospital in The Study**

MOH Hospital	District	Total beds	No. of ER Nurses	No. of Patient's/year
Dr. Kalil Suliman hospital	Jenin	207	14	105,282
Alwatani hospital	Nablus	62	15	66,254
Rafedia hospital	Nablus	201	30	138,791
Palestine Medical complex	Ramallah & Al Bireh	269	30	155,314
Tubas-Turkish Hospital	Tubas	44	6	45,656
Jericho hospital	Jericho & Al Aghwar	54	13	52,013
Beit-Jala hospital	Bethlehem	131	17	73,183
Alia hospital	Hebron	259	20	115,896
Darweesh Nazzal hospital	Qalqiliya	62	10	50,491
Thabet Thabet hospital	Tulkarm	126	21	74,271
Salfet hospital (Yasser Arafat)	Salfit	50	11	43,592
Yatta hospital (Abu Al Hassan Al Kassem)	Hebron	74	12	65,907
Al-Muhtaseb hospital	Hebron	30	15	47,228

The following table summarizes private hospitals in terms of the number of nurses working in the emergency departments, and the number of beds in the emergency department for each hospital, in addition to the number of cases that visit the emergency approximately per year.

**Table 3.2: Distribution of Private Hospitals in The Study**

<b>Private hospital</b>	<b>District</b>	<b>No. of ER Nurses</b>
Caritas Baby Hospital	Bethlehem	<b>16</b>
Bethlehem Arab Society for Rehabilitation	Bethlehem	<b>9</b>
Ahli Hospital	Hebron	<b>20</b>
Palestine Red Crescent Society	Hebron	<b>5</b>
Almezan Hospital	Hebron	<b>11</b>
Arab Care Hospital	Ramallah & Al Bireh	<b>15</b>
Istishari Arab Hospital	Ramallah & Al Bireh	<b>11</b>
Palestine Red Crescent Society	Ramallah & Al Bireh	<b>10</b>
Al-Ainjil Hospital	Nablus	<b>9</b>
Specialized Arab Hospital	Nablus	<b>17</b>
Specialized Nablus Hospital	Nablus	<b>11</b>
Arab Women Union Society	Nablus	<b>7</b>
Al- Zaka Hospital	Tulkarem	<b>10</b>
Alrazi Hospital	Jenin	<b>5</b>

### **3.4 Study Population and Sampling**

Patient safety climate is studied among nurses in emergency departments in West Bank government and private hospitals, so the population is the total number of nurses working in emergency departments in government and private hospitals in the West Bank in 2021.

The whole population (census) included in this study aimed to increase the reliability and validity of the obtained results and generalize them to the research population.

### **Inclusion criteria**

The study was included all nurses working in the emergency department of the targeted hospitals.

### **Exclusion criteria**

The nurses whose experience was less than 6 months were excluded.

### **3.5 Study Instrument**

The study was completed with self-administered questionnaire consists of the following parts (Appendix A):

1. Demographic data. It involves age, gender, educational level, nursing job position, and years of experience.
2. The second part was Safety Attitudes Questionnaire SAQ - Short Form which was developed by Bryan Sexton, Eric Thomas, and Bob Helmreich (2006).

The six-factor model of provider attitudes is consistent with the evidence for both the clinical setting and the respondent embedded in the clinical setting. The factors included Teamwork Climate, Safety Climate, perceptions of management, Job Satisfaction, working conditions, and Stress Recognition (Sexton et al., 2006)

The Safety Attitudes Questionnaire showed good psychometric properties. The survey can be used by health care organizations to assess nurses' attitudes toward six areas related to patient safety, to compare with other organizations, to promote

interventions to develop attitudes toward safety, and to evaluate these interventions effectiveness (Sexton et al., 2006)

“The questionnaire contains 36 items of which correspond to the six domains: First, the Teamwork Climate (quality of relationship and cooperation among team members). Second, Safety Climate (perceptions of professionals (perception of organizational commitment to patient safety). Third, Job Satisfaction (positive view of the workplace). Fourth, Perception of stress (recognition of the extent to which stressors can influence work practices). Fifth, Perception of management (agreement with the actions of management in the service where the professional works or in the hospital). Sixth, working conditions (quality of the working environment) in the SAQ. Five items do not belong to any domain, which are interpreted separately”.

“Each item is answered on a six-point Likert scale: 'disagree strongly', 'disagree slightly', 'neutral', 'agree slightly', 'agree strongly', and 'not applicable'. The final score ranges between 0 and 100, the former indicates the worst perceived safety climate and 100 indicates the best. According to the authors of the original scale, positive scores are considered as  $\leq 75.6$  as a leveling criterion to interpret the data in this study, the score suggested by the creators of the tool was used”.

### **3.6 Data Collection**

In order to reach the goal that drew to this study, which is assess the relationship between nursing professionals' socio-demographic and profile work and the patient safety climate in West Bank's hospitals and the research tool was adopted which is The Safety Attitudes Questionnaire - SAQ – Short Form 2006 which consists of 36 items

In the beginning, written correspondence was made to the hospitals participating in the study, where correspondence was made to government hospitals through correspondence with the Ministry of Health and private hospitals through correspondence with them separately, and the correspondence will be included in the index.

After the correspondence was answered, they went to each hospital separately, and approval was taken from the Director of Nursing to begin collecting data from the emergency nurses. Data collection began from 1 January to 1 April 2021.

Information was collected from all the nurses who work in districts by going to the emergency room in the three shifts, and after asking the nurse about his desire to participate in the research to get approval from him, the goal of the research is explained to him and the questionnaires are given to him to fill out.

### **3.7 Validity and Reliability**

The questionnaire was sent to five experts in emergency and medicine to assess the validity of the questionnaire with no comments. Also, the internal consistency reliability for the current study was performed with Cronbach's alpha coefficient (0.91).

### **3.8 Pilot Study**

“The author conducted a pilot study in a governmental hospital on a convenience sample of 20 patients before starting the actual study. The pilot study was intended to identify expected problems or obstacles to the data collection procedure, and the suitability of the items in the questionnaire. This step helped the author to evaluate and ensure the clarity and familiarity of the questionnaire's words and phrases from the

participants' perspective. Their comments revealed that the items were clear, not confusing, comprehensive, suitable, and were easy to complete. The pilot study participants were excluded from the actual study”.

### **3.9 Ethical Consideration**

The voluntary involvement of respondents in the analysis was voluntary. Participants have the withdrawal right from the sample at any point if they want to do so. Respect for personal beliefs whatever they are; Use of insulting, bigotry or other inappropriate terminology was prevented in the formulation of the Questionnaire. Choosing the right place to collect information

In addition, privacy and anonymity of the respondents are very important and this has been shown in the consent to participate also the highest degree of objectivity was preserved in the study discussions and evaluations.

### **3.9 Data Analysis**

After collecting the questionnaires, the data was analyzed using SPSS program. The first question was analyzed using the mean and the standard deviation, the second question was analyzed using t-test and One Way ANOVA, and the third question was using multiple regression. Different types of analysis were used depending on what the answer to the research question required.

## **Summary**

Descriptive design study conducted in the West Bank in all governmental and private hospitals In order to assess the relationship between nursing professionals' socio-demographic and profile work and the patient safety climate the population is the total number of nurses working in emergency Data collection for the study occurred over a three-month period from January 2021 to April 2021. The respondent Criteria included all healthcare workers in the emergency department and the Safety Attitudes Questionnaire - SAQ – was used as a tool in the study

The voluntary involvement of respondents in the study was voluntary. Participants have the right to withdraw from the sample at any point if they want to do so. The data were analyzed in the study using the SPSS program. Different types of analysis were used depending on what the answer to the research question required.

## **Chapter Four**

### **Results**

#### **4.1 Introduction**

This chapter deals with the data collected for analysis. The statistical method allowed the investigator to deduce, analyze, coordinate, measure, evaluate and convey the numerical information. The aim of data analysis is to provide answers to questions about the study. The data analysis strategy comes directly from the question, the design and the data collection process and the level of measurement of the data. This chapter edits, tabulates, analyzes and interprets the data collected.

This chapter expresses the findings concerning to assess the relationship between nursing professionals' socio-demographic and profile work and the patient safety climate in West Bank's hospitals.

Statistical analyses were directed to explore three research questions:

1. What is the level of the perception of patients' safety climate among nurses in the emergency departments of West Bank hospitals?
2. Are there difference between the patients' safety climate mean and selected socio-demographic characteristics among nurses in the emergency departments of West bank hospitals?
3. What are the predictors of patients' safety climate among nurses in the emergency departments of West Bank hospitals?

## 4.2 Response Rate:

The nurses in the current study composed of all nurses working in emergency department at the targeted hospitals in West Bank/ Palestine. Three hundred and forty nine out of 375 questionnaires (93.1% response rate) were completed and returned by the nurses.

From an organizational point of view the response rate obtained for this research was very good; as such the findings should include more reflective details about the nursing population. The target of researchers should be response rates of approximately 60% for most research (Fincham, 2008).

## 4.3 Participants' Characteristics

The findings revealed that the mean age of nurses was 30.7 (SD= 7.6) years. More than half of the participants 207 (59.3%) were 30 years or less old. With regard to gender, the majority 233(66.8%) were males and remaining were females. Also, approximately 227(65.0%) had a Bachelor degree in nursing. Further, around 70 (20.1%) had 11 -20 years of experience. Table 4-1 showed these demographic characteristics of the nurses.

**Table 4-1: Demographic characteristics of the participants (N=349)**

Characteristics		M (SD)	n (%)
Age		30.7(7.6)	
	30 years or less	207(59.3)	
	above 30 years	142(40.7)	
Gender	Male	233	66.8
	Female	116	33.2

Characteristics		M (SD)	n (%)
Nursing Degree: Education	Diploma	93	26.6
	Bachelor's degree	227	65.0
	Master	29	8.3
Years of Experience	Less than 6 month	31	8.9
	6 - 11 month	34	9.7
	1 - 2 years	51	14.6
	3 to 4 years	52	14.9
	5 - 10 years	91	26.1
	11- 20 years	70	20.1
	21 Years or more	20	5.7

*M= Mean, SD= standard deviation*

Also, the analysis revealed that most of participants were staff nurses 241 (69.05%), then practical nurses 92 (26.36%), as seen in figure 4-1.

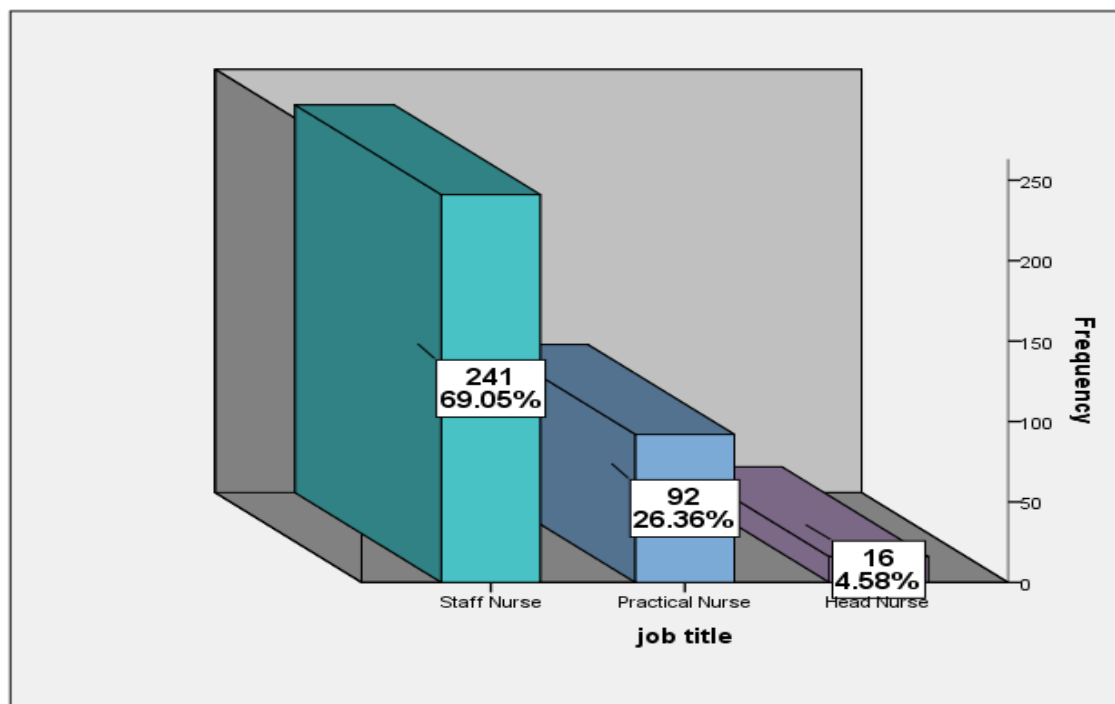


Figure 4-1: Distribution of the participants according to job title (N=349)

#### 4.4 Testing Research Questions

**Research question 1: What is the level of the perception of patients' safety climate among nurses in the emergency departments of West Bank hospitals?**

The participant's mean scores for each item of the six domains and the percentage of positive responses are presented in Table 4-2. The mean of the overall scale of the positive responses was 51.87. Also, on average, the domain that scored the highest number of positive responses was Job satisfaction with 59.8, followed by 59.1 in Stress recognition, then teamwork climate 51.18, working conditions 60.1, 49.34 safety climate, then work condition with 47.43, and finally perceptions of management with 44.32.

The lowest percent positive scale was teamwork climate; 25.2% reported that in this clinical area, it is difficult to speak up if I perceive a problem with patient care. Table 4-2 demonstrates the average percentage of positive responses per SAQ domains.

**Table 4-2 Safety Climate Domains and Items, and Percentage of Positive Responses (N=349)**

#		M	SD	% of positive respondents
	<b>Teamwork climate</b>			<b>Mean (SD) =51.18(12.89)</b>
1	Nurse input is well received in this clinical area.	3.4986	1.13113	54.7
2	In this clinical area, it is difficult to speak up if I perceive a problem with patient care.	2.6848	1.17117	25.2
3	Disagreements in this clinical area are resolved appropriately (i.e., not <i>who</i> is right, but <i>what</i> is best for the patient).	3.2264	1.17091	55.8
4	I have the support I need from other personnel to care for patients.	3.5215	1.23070	53.9
5	It is easy for personnel here to ask questions when there is something that they do not understand.	3.6074	1.14623	59.0
6	The physicians and nurses here work together as a well-coordinated team.	3.6619	1.13728	58.5

	<b>Safety climate</b>			<b>Mean (SD) 49.34 (10.8)</b>
7	I would feel safe being treated here as a patient.	3.5960	1.13719	58.2
8	Medical errors are handled appropriately in this clinical area.	3.4269	1.17858	51.4
9	I know the proper channels to direct questions regarding patient safety in this clinical area.	3.4670	1.20924	53.9
10	I receive appropriate feedback about my performance.	3.4556	1.13279	53.0
11	In this clinical area, it is difficult to discuss errors.	2.6619	1.20833	25.8
12	I am encouraged by my colleagues to report any patient safety concerns I may have.	3.3496	1.15638	48.1
13	The culture in this clinical area makes it easy to learn from the errors of others.	3.5387	1.18264	55.0
	<b>Job satisfaction</b>			<b>Mean (SD) 59.86(3.19)</b>
15	I like my job.	3.7335	1.21558	63.0
16	Working here is like being part of a large family.	3.7507	1.16376	62.8
17	This is a good place to work.	3.6533	1.19271	59.5
18	I am proud to work in this clinical area.	3.6103	1.14345	58.7
19	Morale in this clinical area is high.	3.5989	1.20564	55.3
	<b>Stress recognition</b>			<b>Mean (SD) 59.1(1.58)</b>
20	When my workload becomes excessive, my performance is impaired.	3.6533	1.17328	59.0
21	I am less effective at work when fatigued.	3.6390	1.18238	61.3
22	I am more likely to make errors in tense or hostile situations.	3.5645	1.17175	57.6
23	Fatigue impairs my performance during emergency situations (e.g. emergency resuscitation, seizure).	3.5845	1.17781	58.5
	<b>Perceptions of management</b>			<b>Mean (SD) 44.32(7.40)</b>
24	Management supports my daily efforts (Unit Management )	3.4928	1.20013	52.7
25	Management doesn't knowingly compromise pt. safety (Unit Management):	3.0401	1.21229	35.2
34	The levels of staffing in this clinical area are sufficient to handle the number of patients.	3.1834	1.26203	42.4

28	I get adequate, timely info about events that might affect my work, from (Unit Management) :	3.3610	1.10447	47.0
32	Work condition			<b>Mean (SD)</b> <b>47.43(2.82)</b>
27	Problem personnel are dealt with constructively by our	3.2178	1.15899	43.3
35	This hospital does a good job of training new personnel.	3.3840	1.20171	48.4
36	All the necessary information for diagnostic and therapeutic decisions is routinely available to me.	3.3954	1.20991	49.0
37	Trainees in my discipline are adequately supervised.	3.3954	1.18834	49.3
	Overall Scale			<b>Mean (SD)</b> <b>51.87</b>

*M= Mean; SD= Standard deviation.*

**Research question 2: Are there difference between the patients' safety climate mean and selected socio-demographic characteristics among nurses in the emergency departments of West bank hospitals?**

A statistically significant difference was found between the mean patient safety climate score and the age. Participants' age 30 years or less score a mean of 3.7 compared to participants' age more than 30 years who scored a mean of 3.0 ( $P < 0.001$ ). Moreover, a significant difference was found between the mean score of all domains of patient safety climate and age ( $P < 0.001$ ), as seen in table 4-3.

**Table 4-3: The Differences Between The Patients' Safety Climate and Age Among Nurses in the Emergency Departments of West Bank Hospitals (N=349)**

patients' safety climate domains	Age	N	Mean	Std. Deviation	T test	P-value
patients' safety climate	30 years or less	207	3.7256	.50083	12.994	0.000
	Above 30 years	142	3.0035	.52309		
Teamwork	30 years or less	207	3.6135	.60728	9.455	0.000
	Above 30 years	142	3.0070	.56034		
Safety	30 years or less	207	3.7378	.52332	16.695	0.000
	Above 30 years	142	2.8008	.50269		
Job satisfaction	30 years or less	207	3.9710	.77530	8.045	0.000
	Above 30 years	142	3.2296	.93928		
Stress recognition	30 years or less	207	3.8527	.85582	6.276	0.000
	Above 30 years	142	3.2570	.89271		
Management	30 years or less	207	3.5242	.81216	7.137	0.000
	Above 30 years	142	2.8979	.79513		
Working condition	30 years or less	207	3.6401	.93590	7.207	0.000
	Above 30 years	142	2.9225	.88033		

*M= Mean; SD= Standard deviation.*

However, the analysis revealed that no statistically significant difference was found between the mean patient safety climate score and the gender ( $P > 0.05$ ). In addition, no significant difference was found between the gender of the nurses and all domains of patient safety climate scores ( $P > 0.05$ ), as seen in table 4-4.

**Table 4-4: The Differences Between The Patients' Safety Climate and Gender of Nurses in The Emergency Departments of West Bank Hospitals (N=349)**

patients' safety climate domains	Gender	N	M	SD	t test	P-value
patients' safety climate	Male	233	3.4152	.61082	-.709	.479
	Female	116	3.4652	.64210		
Teamwork	Male	233	3.3455	.68051	-.854	.394
	Female	116	3.4095	.61479		
Safety	Male	233	3.3440	.69063	-.481	.631
	Female	116	3.3818	.69292		
Job satisfaction	Male	233	3.6927	.87906	.672	.502
	Female	116	3.6224	.99940		
Stress recognition	Male	233	3.6116	.93073	.037	.971
	Female	116	3.6078	.89517		
Management	Male	233	3.2146	.84625	-1.688	.092
	Female	116	3.3793	.88372		
Working condition	Male	233	3.3015	.97712	-1.263	.207
	Female	116	3.4418	.97822		

*M= Mean; SD= Standard deviation.*

One-way ANOVA test was performed to assess significant differences between mean of patient safety climate scores and job title. The analysis revealed that there is a statistically significant difference was found between the mean patient safety climate score and the job title ( $P < 0.001$ ). Also, significant differences were found between the job title of the nurses and teamwork, safety, perception of management, and work condition scores ( $P < 0.001$ ). However, no significant was found between job title of nurses and each of job satisfaction, and stress recognition scores ( $P > 0.05$ ), as seen in table 4-5.

**Table 4-5: The Differences Between The Patients' Safety Climate and Job Title of Nurses in The Emergency Departments of West Bank Hospitals (N=349)**

patients' safety climate domains		N	M	SD	ANOVA	P. Value
patients' safety climate	Staff Nurse	241	3.4647	.61931	10.950	0.000
	Practical Nurse	92	3.4656	.57190		
	Head Nurse	16	2.7417	.53962		
	Total	349	3.4318	.62092		
teamwork	Staff Nurse	241	3.4011	.67992	8.182	0.000
	Practical Nurse	92	3.3877	.56241		
	Head Nurse	16	2.7292	.55736		
	Total	349	3.3668	.65920		
Safety	Staff Nurse	241	3.3948	.68484	11.489	0.000
	Practical Nurse	92	3.3929	.66117		
	Head Nurse	16	2.5714	.46948		
	Total	349	3.3565	.69063		
Job satisfaction	Staff Nurse	241	3.7187	.91707	1.611	.201
	Practical Nurse	92	3.5957	.91145		
	Head Nurse	16	3.3500	.97843		
	Total	349	3.6693	.91996		
Stress recognition	Staff Nurse	241	3.5975	.93699	2.874	.058
	Practical Nurse	92	3.7255	.83210		
	Head Nurse	16	3.1406	.98729		
	Total	349	3.6103	.91778		
management	Staff Nurse	241	3.2905	.83583	9.068	0.000
	Practical Nurse	92	3.3641	.85277		
	Head Nurse	16	2.4063	.87023		
	Total	349	3.2693	.86113		
Working condition	Staff Nurse	241	3.4066	.96587	11.537	0.000
	Practical Nurse	92	3.3886	.93200		
	Head Nurse	16	2.2344	.78776		
	Total	349	3.3481	.97832		

*M= Mean; SD= Standard deviation.*

However, the analysis revealed that no statistically significant difference was found between the mean patients' safety climate scores and the level of education

( $P>0.05$ ). Also, no significant difference was found between the level of education of the nurses and all domains of patients' safety climate ( $P> 0.05$ ), as seen in table 4-6.

**Table 4-6: The Differences Between The Patients' Safety Climate and Level of Education of Nurses In The Emergency Departments of West Bank Hospitals (N=349)**

patients' safety climate domains		N	M	SD	ANOVA	P. Value
Patients' safety climate	Diploma	93	3.4595	.57180	1.619	.200
	Bachelor's degree	227	3.4457	.63852		
	Master	29	3.2345	.61827		
teamwork	Diploma	93	3.3781	.56687	.471	.625
	Bachelor's degree	227	3.3767	.68715		
	Master	29	3.2529	.72048		
Safety	Diploma	93	3.3840	.66306	1.083	.340
	Bachelor's degree	227	3.3682	.69930		
	Master	29	3.1773	.70675		
Job satisfaction	Diploma	93	3.5978	.90674	1.776	.171
	Bachelor's degree	227	3.7295	.91030		
	Master	29	3.4276	1.01097		
Stress recognition	Diploma	93	3.7231	.82790	2.106	.123
	Bachelor's degree	227	3.6002	.95219		
	Master	29	3.3276	.87908		
management	Diploma	93	3.3656	.84824	1.532	.217
	Bachelor's degree	227	3.2577	.86038		
	Master	29	3.0517	.89238		
Working condition	Diploma	93	3.3710	.94237	.616	.541
	Bachelor's degree	227	3.3634	1.00307		
	Master	29	3.1552	.90241		

*M= Mean; SD= Standard deviation.*

The analysis revealed that, a statistically significant difference was found between the mean patients' safety climate scores and the experiences of nurses in emergency department ( $P<0.001$ ). Moreover, a significant difference was found between the mean score of all domains of patients' safety climate scores and experience of nurses ( $P<0.001$ ), as seen in table 4-7

**Table 4-7: The Differences Between the Patients' Safety Climate and Experience of Nurses in The Emergency Departments of West Bank Hospitals (N=349)**

patients' safety climate domains		N	M	SD	ANOVA	P. Value
Patients' safety climate	Less than 6 month	31	3.7419	.47172	20.662	0.000
	6 - 11 month	34	3.6010	.54114		
	1 - 2 years	51	3.7536	.62610		
	3 to 4 years	52	3.7538	.41382		
	5 - 10 years	91	3.3553	.56021		
	11- 20 years	70	3.0352	.51352		
	21 Years or more	20	2.7417	.62238		
teamwork	Less than 6 month	31	3.6290	.62614	12.016	0.000
	6 - 11 month	34	3.5980	.63976		
	1 - 2 years	51	3.5850	.59570		
	3 to 4 years	52	3.6603	.62445		
	5 - 10 years	91	3.2839	.63318		
	11- 20 years	70	3.0452	.52315		
	21 Years or more	20	2.7500	.60818		
Safety	Less than 6 month	31	3.7972	.40199	32.370	0.000
	6 - 11 month	34	3.6891	.59003		
	1 - 2 years	51	3.7255	.64829		
	3 to 4 years	52	3.7253	.48246		
	5 - 10 years	91	3.2857	.57538		
	11- 20 years	70	2.7633	.58417		
	21 Years or more	20	2.6071	.41682		
Job satisfaction	Less than 6 month	31	4.0258	.89255	7.870	0.000
	6 - 11 month	34	3.7412	.83489		
	1 - 2 years	51	4.0078	.88811		
	3 to 4 years	52	3.9538	.67866		
	5 - 10 years	91	3.6242	.89683		
	11- 20 years	70	3.2943	.93976		
	21 Years or more	20	2.9100	.90722		
Stress recognition	Less than 6 month	31	4.0081	.78921	4.494	0.000
	6 - 11 month	34	3.8529	.90058		
	1 - 2 years	51	3.7157	1.07589		
	3 to 4 years	52	3.7885	.71809		
	5 - 10 years	91	3.5659	.91806		
	11- 20 years	70	3.3286	.80143		
	21 Years or more	20	3.0375	1.07384		
Management	Less than 6 month	31	3.3387	.87452	9.806	0.000
	6 - 11 month	34	3.2279	.88628		
	1 - 2 years	51	3.6471	.84879		
	3 to 4 years	52	3.7260	.66284		

	5 - 10 years	91	3.2225	.76326		
	11- 20 years	70	2.9107	.79176		
	21 Years or more	20	2.5500	.95145		
Working condition	Less than 6 month	31	3.5968	1.17558	8.557	0.000
	6 - 11 month	34	3.3971	.90058		
	1 - 2 years	51	3.8824	.87800		
	3 to 4 years	52	3.6875	.75711		
	5 - 10 years	91	3.1703	.94419		
	11- 20 years	70	3.0036	.86967		
	21 Years or more	20	2.6500	1.05569		

*M= Mean; SD= Standard deviation.*

### **Research question 3: What are the predictors of patients' safety climate among nurses in the emergency departments of West Bank hospitals?**

The third research question was to determine the predictors of safety climate after adjusting demographic characteristics. All assumptions were met for multiple regression.

#### **Results from regression**

Analyses found that age accounted for 32.7% of the safety climate variance (Model 1) (Table 4-8). When other demographic characteristics have been included in the model (Model 2),  $R^2$  has been expanded by another 0.08%, making the overall variance reach 33.5%.

Gender of nurses, experience, level of education, and job title didn't have a significant effect on safety climate. Age showed significant semi partial correlations with safety climate of 0.572 ( $p < 0.001$ ).

Based on the squared semi partial correlations, the amount of unique variance in safety climate was explained by age (0.08%)

**Table 4-8: Predictors for Patient Safety Climate (N=349)**

	<b>Variable</b>	<b>B</b>	<b>SE</b>	<b>B</b>	<b>t</b>	<b>Significance</b>
<b>Model 1</b>	Age	-.722	.056	-.572	-12.994	.000
<b>Model 2</b>	Age	-.632	.077	-.501	-8.226	.000
	Gender	-.014	.058	-.011	-.240	.810
	Years in specialty	-.029	.022	-.080	-1.318	.188
	job title	-.069	.059	-.063	-1.167	.244
	level of education	-.062	.059	-.056	-1.046	.296

*Dependent Variable: patient Safety climate*

*“Note. Model 1.  $R^2 = 0.327$ , adjusted  $R^2 = 0.325$ ,  $F$ -statistic = 168.839,  $df = 1$*

*Model 2.  $R^2 = 0.335$ , adjusted  $R^2 = 0.325$ ,  $F$ -statistic = 34.539,  $df = 5$*

### **Summary**

The mean of the overall of the positive responses was 51.87. The statistical analyzes demonstrated a strong association between safety climate and each of age, experience and job title of nurses who work in emergency department. Age has become a great predictor of patient safety climate.

## **Chapter Five**

### **Discussion, Recommendations, and Conclusion**

#### **5.1 Introduction**

In this chapter, discussion, conclusions, and recommendations will be explained. The conclusion will be formulated according to the purpose of the study. The purpose of this study was to assess the relationship between nurses' socio-demographic and profile work and the patient safety climate in West Bank's hospitals.

#### **5.2. Discussion:**

Overall, the finding showed that the positive responses were 51.87. The statistical analysis revealed a strong association between safety climate and each of age, experience and job title of nurses who work in emergency departments of hospitals included in this research. Age has become a great predictor of patient safety climate. However, some results showed less positive responses towards some other dimensions.

The results were divided into two sections, the demographic section, and the questions section measuring the climate of patient safety. The analysis revealed that most of the participants in the study were from the under 30 age groups, male, and had bachelor's degree in nursing. The rising graduation of bachelors' degree in nursing in the West Bank relates to the requirement for the labor market and the emergency measure which is the primary aspect of the hospitals and an enormous amount for highly qualified management and specialists.

The research found that nurses' safety attitude was mostly neutral. This result is consistent with findings from Bahar and Önlü (2020), who investigated patient safety attitudes among cardiology and cardiovascular surgery nurses in a Turkish facility.

The results in current study, from a perspective of nurses, highlighted better ratings in the Job satisfaction, Stress recognition, and Teamwork climate. It is important to highlight that the perception of the unit management and work conditions domains were those with the lowest scores, a finding that corroborates previous studies (Elsous, et al., 2017; Dorigan, et al., 2020; Guirardello, 2017).

These results were supported by Elsous, et al. (2017) who found Job Satisfaction was the most highly perceived factor affecting patient safety among nurses. Also, the results of the current study were supported by Dorigan, et al (2020) study in which participants reported a positive safety attitude for job satisfaction. In a cross sectional study conducted by Guirardello (2017) on nurses assessed the quality of care as good and reported a positive perception on the safety attitude for the domain job satisfaction. Job Satisfaction was the most highly perceived factor affecting patient safety. Another study in Ghana reported the highest rate of positive response was teamwork within units (Akologo et al., 2019). Similarly, job satisfaction items score came in at highest level in the domains, which was similar to the results in the studies of Zhao et al., 2019, Bitan et al., 2019.

On the other side of the analysis, based on ANOVA test results, there were no statistically significant differences between the mean positive attitude scores in the dimensions of gender and educational level; however, age, years of experience, job position had a strong effect on nurses' attitudes toward patient safety ( $p$ -value  $< 0.05$ ). This result is similar to that of Nie et al. (2013), who found a significant difference in

the perception of patient safety culture and educational level. Also, these result was supported by recent study conducted at Mansoura University Hospital revealed that the attitude of nurses towards patient safety was strongly associated with years of experience (Salih, et al., 2021). In contrast, our findings differ from those reported by Bahar and Önlér (2020), that years of job experience did not affect attitudes to patient safety. Also, Dorigan, et al (2020) reported a negative correlation between experience and perception of safety climate. Another national study obtained a weak correlation between the time of experience in the unit variable and the domains of safety climate (Guirardello, 2017).

According to predictors of patient safety attitude from participants characteristics, the results revealed that age showed significant semi partial correlations with patient safety climate. Other studies focused on predictors of patient safety climate or culture with organizational structures.

### **5.3 Limitations of The Study**

There are several limitations to this research. The questionnaire was self-administered questionnaire. Also, data were often taken during the day shift, where the workload is typically increased and the validity of the findings was affected. Future studies is encouraged to approach nurses working different shifts.

#### **5.4 Recommendations:**

This study underlines, in order to lower the accident rates and their effects in clinical settings, the significance of post-graduate education & training for nurses. In addition, our findings should encourage educational decision-makers to update the curriculum. Focusing more on patient safety in undergraduate courses would help foster a positive approach for nurses. Further conducting more research in this field to assess the factors affecting patient safety as well as work on health protocols aimed at increasing the safety climate of patients to reach a working environment that ensures safety for both the nurse and the patient.

#### **5.5 Conclusion:**

Patient safety is a concern that must be controlled on more strongly and globally; to make importance representation in government agendas to support quality management systems and the culture of patient safety at the institutional level as the foundations to guarantee an efficient and safe service.

This study affords an overview and explanation of nurses' attitudes to patient safety in Palestine Hospitals. We assessed attitudes in six domains: job satisfaction, safety climate, teamwork, stress recognition, perception of management and working conditions

The study confirmed that patient safety climate positive responses was 51.87. Also, the study confirmed a strong association between safety climate and each of age, experience and job title of nurses who work in emergency department. Furthermore, age was a predictor of patient safety climate.

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## **Appendix A**

### **Questionnaire**

#### **Patient Safety climate in Emergency Departments of West Bank Hospitals**

#### **1. Background Information**

**Q1. Age** \_\_\_\_\_

**Q2. Gender:**

A. Male

B. Female

**Q3. Years in specialty:**

A. Less than 6 month

B. 6 to 11 month.

C. 1 to2 years.

D. 3 to 4 years.

E. 5 to 10 years

F.11 to 20 years

G. 21 Years or more

**Q4. Position: (mark only one):**

A. Practical Nurse

B. Staff Nurse

C. Head Nurse

**Q5 level of education**

A. Diploma

B. Bachelor

C. Master

## 2. Safety attitude scale

Please answer the following items with respect to your specific unit or clinical area. Choose your responses using the scale below:

#	Q	Disagree Strongly	Disagree Slightly	Neutral	Agree Slightly	Agree Strongly
1.	Nurse input is well received in this clinical area.					
2.	In this clinical area, it is difficult to speak up if I perceive a problem with patient care.					
3.	Disagreements in this clinical area are resolved appropriately (i.e., not <i>who</i> is right, but <i>what</i> is best for the patient).					
4.	I have the support I need from other personnel to care for patients.					
5.	It is easy for personnel here to ask questions when there is something that they do not understand.					
6.	The physicians and nurses here work together as a well-coordinated team.					
7.	I would feel safe being treated here as a patient.					
8.	Medical errors are handled appropriately in this clinical area.					
9.	I know the proper channels to direct questions regarding patient safety in this clinical area.					
10.	I receive appropriate feedback about my performance.					
11.	In this clinical area, it is difficult to discuss errors.					
12.	I am encouraged by my colleagues to report any patient safety concerns I may have.					
13.	The culture in this clinical area makes it easy to					

	learn from the errors of others.					
14.	My suggestions about safety would be acted upon if I expressed them to management.					
15.	I like my job.					
16.	Working here is like being part of a large family.					
17.	This is a good place to work.					
18.	I am proud to work in this clinical area.					
19.	Morale in this clinical area is high.					
20.	When my workload becomes excessive, my performance is impaired.					
21.	I am less effective at work when fatigued.					
22.	I am more likely to make errors in tense or hostile situations.					
23.	Fatigue impairs my performance during emergency situations (e.g. emergency resuscitation, seizure).					
24.	Management supports my daily efforts (Unit Management )					
25.	Management doesn't knowingly compromise pt safety (Unit Management):					
26.	Management is doing a good job (Unit Management):					
27.	Problem personnel are dealt with constructively by our (Unit Management):					
28.	I get adequate, timely info about events that might affect my work, from (Unit Management) :					
29.	The levels of staffing in this clinical area are sufficient to handle the number of patients.					
30.	This hospital does a good job of training new personnel.					
31.	All the necessary information for diagnostic and therapeutic decisions is routinely available to me.					

32.	Trainees in my discipline are adequately supervised.					
33.	I experience good collaboration with nurses in this clinical area.					
34.	I experience good collaboration with staff physicians in this clinical area.					
35.	I experience good collaboration with pharmacists in this clinical area.					
36.	Communication breakdowns that lead to delays in delivery of care are common.					

التاريخ: 14/2/2021

حضرة د. عبد الله القواسمي المحترم  
رئيس وحدة التعليم الصحي والبحث العلمي في وزارة الصحة الفلسطينية  
تحية طيبة وبعد،

**الموضوع: "تسهيل مهمة بحث لطلاب الدراسات العليا-تخصص ماجستير تمريض الطوارئ"**

تهديكم الجامعة العربية الأمريكية أطيب تحياتها، وبالإشارة إلى الموضوع أعلاه وتماشياً مع سياسة دائرة التمريض في كلية العلوم الطبية المساندة/ الجامعة العربية الأمريكية المتعلقة بتعزيز التعاون بين المؤسسات و وزارة الصحة الفلسطينية الموقرة بإتاحة فرص الثراء العلمي للطلبة والخريجين في المؤسسات الوطنية واسهامها في تنمية قدراتهم وخبراتهم ونرجو من حضرتكم التكرم بالإيعاز للجهات المعنية لتسهيل مهمة الطالب: أميم يوسف علي عامر في الدراسات العليا حسب المجموعة المبينة أدناه لاستكمال بحثه العلمي بعنوان: مناخ سلامة المرضى في أقسام الطوارئ في مستشفيات الضفة الغربية. تحت اشراف د. احمد العايدي. وذلك لغرض البحث العلمي حيث سيكون الهدف من الدراسة: "تقييم العلاقة بين المجال الاجتماعي الديموغرافي للمرضين وبيئة المريض الامنة في مستشفيات الضفة الغربية، والتعرف على العوامل المؤثرة والمرتبطة ببيئة المريض الامنة، وتقييم الوضع الحالي لإدارة الطوارئ كخطوة أولى لتحسين بيئة المريض الامنة ". عن طريق استمارة يتم تعبئتها من قبل ممرضي اقسام الطوارئ في مستشفيات وزارة الصحة (مستشفى رفيديا الجراحي- نابلس، مستشفى الوطني-نابلس، مستشفى الدكتور درويش نزال- قلقيلية، مستشفى الشهيد الدكتور ثابت ثابت-طولكرم، مستشفى الشهيد ياسر عرفات-سلفيت، مستشفى الشهيد الدكتور خليل سليمان-جنين، مستشفى طوباس التركي -طوباس، مجمع فلسطين الطبي -رام الله، مستشفى ارحا الحكومي- ارحا، مستشفى الأميرة عالية الحكومي-الخليل، مستشفى محمد علي المحتسب-الخليل، مستشفى الشهيد أبو الحسن القاسم-يطا، مستشفى بيت جالا-بيت لحم).

نأمل من حضرتكم الإيعاز لمن يلزم لمساعدته في الحصول على المعلومات اللازمة للدراسة. علماً " ان المعلومات ستستخدم لغاية البحث فقط وسيتم التعامل معها بغاية السرية، وقد أعطيت هذه الرسالة بناء " على طلبه.

مع فائق الشكر والتقدير،

  
د. أشرف الميحي

عميد كلية الدراسات العليا



التاريخ: 14/2/2021

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مع فائق الشكر والتقدير

  
د. أشرف الميجي  
عميد كلية الدراسات العليا



التاريخ: 14/2/2021

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**الموضوع: "تسهيل مهمة بحث لطلاب الدراسات العليا-تخصص ماجستير تمريض الطوارئ"**

تهديكم الجامعة العربية الأمريكية أطيب تحياتها، وبالإشارة إلى الموضوع أعلاه وتماشياً مع سياسة دائرة التمريض في كلية العلوم الطبية المساندة/ الجامعة العربية الأمريكية المتعلقة بتعزيز التعاون بين المؤسسات و وزارة الصحة الفلسطينية الموقرة بإتاحة فرص الثراء العلمي للطلبة والخريجين في المؤسسات الوطنية واسهامها في تنمية قدراتهم وخبراتهم ونرجو من حضرتكم التكرم بالإيعاز للجهات المعنية لتسهيل مهمة الطالب: أميم يوسف علي عامر في الدراسات العليا حسب المجموعة المبينة أدناه لاستكمال بحثه العلمي بعنوان: مناخ سلامة المرضى في أقسام الطوارئ في مستشفيات الضفة الغربية. تحت اشراف د. احمد العايدي. وذلك لغرض البحث العلمي حيث سيكون الهدف من الدراسة: "تقييم العلاقة بين المجال الاجتماعي الديموغرافي للمرضيين وبيئة المريض الامنة في مستشفيات الضفة الغربية، والتعرف على العوامل المؤثرة والمرتبطة ببيئة المريض الامنة، وتقييم الوضع الحالي لإدارة الطوارئ كخطوة أولى لتحسين بيئة المريض الامنة ". عن طريق استمارة يتم تعبئتها من قبل ممرضي قسم الطوارئ في المستشفى.

نأمل من حضرتكم الإيعاز لمن يلزم مساعدته في الحصول على المعلومات اللازمة للدراسة. علماً " ان المعلومات ستستخدم لغاية البحث فقط وسيتم التعامل معها بغاية السرية، وقد أعطيت هذه الرسالة بناء " على طلبه.

مع فائق الشكر والتقدير،

  
د. أشرف الميجي

عميد كلية الدراسات العليا



التاريخ: 14/2/2021

حضرة مدير مستشفى الفرنساوي المحترم

تحية طيبة وبعد،

**الموضوع: "تسهيل مهمة بحث لطلاب الدراسات العليا-تخصص ماجستير تمريض الطوارئ"**

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نأمل من حضرتكم الإيعاز لمن يلزم لمساعدته في الحصول على المعلومات اللازمة للدراسة. علماً " ان المعلومات ستستخدم لغاية البحث فقط وسيتم التعامل معها بغاية السرية، وقد أعطيت هذه الرسالة بناءً على طلبه مع فائق الشكر والتقدير،

  
د. أشرف الميحي

معيد كلية الدراسات العليا



التاريخ: 14/2/2021

حضرة مدير مستشفى الفرنساوي المحترم

تحية طيبة وبعد،

**الموضوع: "تسهيل مهمة بحث لطلاب الدراسات العليا-تخصص ماجستير تمريض الطوارئ"**

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نأمل من حضرتكم الإيعاز لمن يلزم لمساعدته في الحصول على المعلومات اللازمة للدراسة. علماً " ان المعلومات ستستخدم لغاية البحث فقط وسيتم التعامل معها بغاية السرية، وقد أعطيت هذه الرسالة بناءً على طلبه، مع فائق الشكر والتقدير،

  
د. أشرف الميحي

معيد كلية الدراسات العليا



التاريخ: 14/2/2021

حضرة مدير مستشفى الفرناساوي المحترم

تحية طيبة وبعد،

**الموضوع: "تسهيل مهمة بحث لطلاب الدراسات العليا-تخصص ماجستير تمريض الطوارئ"**

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نأمل من حضرتكم الإيعاز لمن يلزم لمساعدته في الحصول على المعلومات اللازمة للدراسة. علماً " ان المعلومات ستستخدم لغاية البحث فقط وسيتم التعامل معها بغاية السرية، وقد أعطيت هذه الرسالة بناءً على طلبه مع فائق الشكر والتقدير،

  
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معيد كلية الدراسات العليا



التاريخ: 14/2/2021

حضرة مدير مستشفى الفرنسيواي المحترم

تحية طيبة وبعد،

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نأمل من حضرتكم الإيعاز لمن يلزم لمساعدته في الحصول على المعلومات اللازمة للدراسة. علماً " أن المعلومات ستستخدم لغاية البحث فقط وسيتم التعامل معها بغاية السرية، وقد أعطيت هذه الرسالة بناءً على طلبه، مع فائق الشكر والتقدير،

  
د. أشرف الميحي

معيد كلية الدراسات العليا



التاريخ: 14/2/2021


حضرة مدير مستشفى الفرناوي المحترم

تحية طيبة وبعد،

**الموضوع: "تسهيل مهمة بحث لطلاب الدراسات العليا-تخصص ماجستير تمريض الطوارئ"**

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د. أشرف الميحي  
معيد كلية الدراسات العليا



التاريخ: 14/2/2021

حضرة مدير مستشفى الاستشاري المحترم

تحية طيبة وبعد،

الموضوع: "تسهيل مهمة بحث لطلاب الدراسات العليا-تخصص ماجستير تمريض الطوارئ"

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مع فائق الشكر والتقدير

  
د. أشرف الميحي  
عضو هيئة تدريسية  
كلية الدراسات العليا  
FACULTY OF GRADUATE STUDIES

التاريخ: 14/2/2021

حضرة مدير مستشفى النجاح الوطني الجامعي المحترم

تحية طيبة وبعد،

**الموضوع: "تسهيل مهمة بحث لطلاب الدراسات العليا-تخصص ماجستير تمريض الطوارئ"**

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نأمل من حضرتكم الإيعاز لمن يلزم لمساعدته في الحصول على المعلومات اللازمة للدراسة. علماً ان المعلومات ستستخدم لغاية البحث فقط وسيتم التعامل معها بغاية السرية، وقد أعطيت هذه الرسالة بناء " على طلبه.

مع فائق الشكر والتقدير،

  
د. أشرف الميحي  
كلية الدراسات العليا  
FACULTY OF GRADUATE STUDIES

التاريخ: 14/2/2021

حضرة مدير مستشفى الاتحاد المحترم

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**الموضوع: "تسهيل مهمة بحث لطلاب الدراسات العليا-تخصص ماجستير تمريض الطوارئ"**

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مع فائق الشكر والتقدير،

  
د. أشرف الميحي  
عميد كلية الدراسات العليا  
كلية الدراسات العليا  
SCHOOL OF GRADUATE STUDIES

التاريخ: 14/2/2021

حضرة مدير مستشفى الانجيلي المحترم

تحية طيبة وبعد،

**الموضوع: "تسهيل مهمة بحث لطلاب الدراسات العليا-تخصص ماجستير تمريض الطوارئ"**

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FACULTY OF GRADUATE STUDIES

التاريخ: 14/2/2021

حضرة مدير مستشفى نابلس التخصصي المحترم

تحية طيبة وبعد،

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د. أشرف الجبي  
معيد كلية الدراسات العليا

## الملخص

الخلفية: تم الاعتراف بمناخ سلامة المرضى كعامل محدد رئيسي لتحسين سلامة المستشفيات. جزء مهم من إدارة مناخ السلامة هو وصف تصورات القوى العاملة لمناخ سلامة المرضى. الهدف: الغرض الرئيسي من هذه الدراسة هو تقييم العلاقة بين العمل الاجتماعي والديموغرافي والملف الشخصي للممرضات ومناخ سلامة المرضى في مستشفيات الضفة الغربية والأهداف الثانوية للدراسة 1 لتقييم الوضع الحالي لأقسام الطوارئ كخطوة أولى نحو تحسين مناخ السلامة وتحديد العوامل المرتبطة بمناخ سلامة المرضى.

التصميم: دراسة وصفية مقطعية غير تدخلية أجريت في أقسام الطوارئ في مستشفيات الضفة الغربية (الحكومية والخاصة). جميع المستشفيات الحكومية والخاصة في الضفة الغربية. جميع الممرضات العاملات في قسم الطوارئ.

النتيجة: كان المتوسط العام للإجابات الإيجابية 51.87%. من التحليل الإحصائي ، تم إثبات وجود علاقة قوية بين مناخ السلامة وكل من الأعمار والخبرة والمسمى الوظيفي للممرضات الذين يعملون في قسم الطوارئ. أصبح العمر مؤشرا عظيما لمناخ سلامة المرضى.

الكلمات المفتاحية: ثقافة سلامة المرضى ، المستشفيات العامة ، فلسطين