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Evaluation of Healthcare professionals' (clinical, non-clinical) competency understanding of patient safety culture, Saudi Arabia

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Background:
In the medical field, patient safety is a major concern. Healthcare professionals are expected to improve patient-centered care quality and reduce unintentional patient harm in order to improve patient safety.
The aim of the study: to investigate healthcare providers' understanding of the patient safety culture. And factor influencing **it.**
Method: A cross-sectional quantitative design was used in this investigation. It took place in a Saudi Arabian. In this investigation, a random sample strategy was used. There were 467 participants in the study. Target population was the all healthcare providers including; general practitioner; anesthetist, technical anesthesia; nurses in inpatient, outpatient and operating room too. Healthcare professionals working in the three hospital (clinical and non-clinical) were eligible to participate, and participants had to be at least 20 years old and have a diploma or higher in education. Healthcare professionals who do not work in the three hospital, participants under the age of 20, and participants with less than a diploma were among the exclusion criteria.
To get the necessary information, a genuine and trustworthy questionnaire was employed. ANOVA and the T-tests. Regression was also applied.
Result: According to the report, healthcare providers have a moderate understanding of patient safety culture. Additionally, the results showed that the "31–40" age group had statistically different awareness levels than the "over 50 years old group" (p = 0.012). Furthermore, this study discovered that while position and work location have little bearing on healthcare professionals' understanding of patient safety culture, gender and education have a substantial impact. Faster reaction plans should be created by managers in healthcare facilities and included into the patient safety culture.
Conclusion: Patient safety should be given more consideration by nursing schools that offer undergraduate and graduate degrees. To enhance the patient safety culture, the public and private healthcare sectors should provide ongoing training to healthcare professionals on

patient safety protocols. To prevent them in the future, healthcare professionals should be urged to report mistakes occurring during diagnosis or treatment.

Key words: patient safety, patient safety culture, patient safety awareness, healthcare providers, Saudi Arabia

Introduction:

In the global health care sector, patient safety is a major concern. In many healthcare facilities, a strong patient safety culture and high-quality patient-centered care are directly related to patient safety and harm prevention. According to Aswat et al., high-achieving healthcare institutions have a strong patient care safety culture (1). In light of this, it is critical for healthcare organizations to establish and preserve strong patient safety cultures in order to improve overall performance as well as provide high-quality patient-centered care. "The values shared among organization members about what is important, their beliefs about how things operate in the organization, and the interaction of these within a work unit and organizational structures and systems, which together produce behavioral norms in the organization that promote safety" is how Kumbi et al. define patient safety culture (2). Healthcare professionals must therefore understand the required organizational beliefs, values, and norms in order to provide high-quality patient-centered care and establish a positive patient safety culture.

Patient safety is a major concern in the healthcare sector since nurses and other healthcare professionals worldwide are prone to making various medical mistakes. Because of this, improving patient safety can greatly contribute to better overall results in any healthcare environment. Even though there is a very little chance of harming healthcare providers worldwide (one in 300) (3). According to Alnasser et al., prescription errors result in annual expenses of over 42 billion USD (4). According to a study by Eldeeb et al., many medical professionals, including nurses, have lower patient safety standards in Saudi Arabia (5).

Similarly, Khalil and his colleagues note that allergic responses brought on by pharmaceutical errors are the most serious incidents in the Saudi healthcare sector (6). They are rarely officially reported, though. Because of this, the Saudi healthcare sector requires a comprehensive makeover in terms of healthcare providers' awareness of patient safety culture.

Various studies have linked various hazards to the Saudi Arabian healthcare industry's susceptibility to incorrect medicine for both patients and healthcare personnel.

According to numerous studies, patients' inability or trouble communicating with doctors, language difficulties, and the incomplete disclosure of treatment plans and medical problems are the primary causes of erroneous prescription and other hazards (7). Furthermore, a study by Alnasser et al. also emphasizes the problem of patient-doctor interaction. The majority of Saudi Arabian medical schools do not adequately emphasize the importance of patient-doctor communication in their curricula, according to Alnasser et al.'s study (3). Additionally, foreign doctors heavily dominate the region's healthcare sector.

Beyond language obstacles and patients' difficulty or incapacity to interact with doctors, there are numerous other violations of patient safety in Saudi Arabia. According to a research by Panagioti et al., for instance, medical errors are linked to physician burnout (9). Furthermore, numerous studies show that poor hygiene hinders both patient safety and quality care. For example, Basurrah and Madani's study on gloving and handwashing habits found that Saudi Arabian medical personnel's inadequate handwashing habits seriously jeopardize patient safety and the delivery of high-quality patient care (10). Muller and his colleagues corroborate these findings, revealing that roughly 29% of emergency department (ED) employees follow handwashing guidelines (11).

However, because of the department's incapacity to execute hand hygiene regulations, study by Alshammari et al. shows that the Saudi Arabian emergency room staff has a compliance rate of about 29% (12). This finding makes it clear that Saudi Arabian healthcare professionals disregard patient safety procedures even if they are aware of the consequences. Patient safety remains a major concern in the healthcare sector worldwide. Health care professionals must improve the standard of patient-centered care and reduce unintentional patient harm in order to maximize patient safety (13). Patient safety concerns gained prominence after the Institute of Medicine's "To Err is Human" study was published in 1991. By that time, hospital-related errors were responsible for over 98,000 deaths annually (1). The Institute of Medicine report stressed the significance of patient safety and the necessity of holding medical professionals and other healthcare providers responsible for careless acts that endanger patients (14). However, particularly with regard to the reporting system, it was unclear how such healthcare inconsistencies would be resolved without leading to disputes among healthcare professionals (3). In order to prevent, identify, and reduce harmful behavior in inpatients that could lead to morbidity or mortality, the Department of Health determined that error prevention was an approach that required considerable system-wide improvements.

Building a good safety culture in population health necessitates a deep understanding of a society's cultural beliefs, values, and customs. Healthcare executives can use this information to pinpoint attitudes and actions that ought to be rewarded, promoted, or expected (3). For instance, a critical analysis of the state of affairs in numerous healthcare systems has shown how crucial it is to concentrate on organizational factors like patient safety as opposed to individual transgressions. It was found that improving healthcare safety and quality (4). Healthcare systems are encouraged to view errors as chances to improve quality and safety rather than assigning blame.

A population's culture is the culmination of its beliefs, customs, experiences, and attitudes that shape its general conduct. Establishing a safety culture places a strong emphasis on the value of being dedicated to talking about and learning from mistakes (12–14). A culture like this acknowledges that mistakes are inevitable and actively seeks out hidden dangers while introducing non-punitive channels for reporting errors and assessing possible unfavorable repercussions. The ideas outlined above are comparable to cultural safety in the Saudi healthcare system. Many Saudi Arabian healthcare professionals, especially nurses, have lower levels of patient safety, according to a study by Eldeeb et al. Consequently, they do not formally submit their adverse event reports (11).

Similarly, Khalil and his colleagues' research shows that prescription errors account for the bulk of dangerous events that occur often in the Saudi Arabian healthcare system (4). They are rarely officially reported, though. These results highlight the need for changes in the Saudi healthcare sector with regard to healthcare professionals' understanding of patient safety culture.

Additional studies are being conducted to evaluate the patient safety culture among Saudi Arabian medical professionals, such as doctors, nurses, pharmacists, and specialists. Alonazi et al. claim that nurses play a vital part in preserving a positive patient safety culture in Saudi Arabia (14, 15). Nurses are essential to the entire process of delivering high-quality healthcare services, even though patient safety is the focus of practitioners. One of the most important steps in improving patient safety in Saudi Arabia is looking at nurses' opinions on patient safety. But as was already indicated, research by Eldeeb et al. and Khalil et al. shows that many Saudi Arabian nurses and other healthcare professionals have lower patient safety levels (4, 11). their frequent updates to current patient safety regulations and their inadequate official reporting of adverse occurrences (16). Furthermore, research by Akologo and colleagues shows that policy changes and adherence

to current procedures (17) are only taken seriously when an organization applies for international accreditation.

Significant of the study:

Patient safety in healthcare has grown to be a significant worldwide concern in recent years. Many patient safety issues have similar causes and may frequently be addressed in comparable methods, even though health systems differ from nation to nation. Thus, in 2015, the international ministerial summits on patient safety were initiated. The first two summits were held in London in March 2016 and Bonn in March 2017. By bringing together global professionals and political decision makers, the primary objective was to support and advance the global patient safety movement and close the safety gap. The third global ministerial meeting, held in Tokyo in 2018, reaffirmed the global commitment to patient safety. The fourth Global Ministerial Summit on Patient Safety was also held in Saudi Arabia in 2019. Improving patient safety in low- and middle-income countries, which are responsible for two-thirds of global patient injury, was the main focus of the meeting. The Jeddah Declaration on Patient Safety, which was created during the summit, contains important recommendations for furthering the worldwide patient safety movement, especially in low- and middle-income nations. The Covid-19 pandemic delayed the fifth global summit, which was supposed to be hosted by the Swiss government in 2020, despite this momentum.10. Saudi Arabia has made great strides in the past few decades to improve the health of its citizens, especially in the area of patient safety. Hence this study developed to evaluate the understanding and awareness of all healthcare providers such as; general practitioner; anesthetist, technical anesthesia ;nurses in inpatient, outpatient and operating room too.

The aim of the study:

to assess the level of patient safety culture awareness among healthcare providers and identifying the main factors which hinder the implementation of patient safety in inpatient, outpatient and operating room at Saudi Arabia .

Method:

Research design : descriptive, cross sectional research design was utilized

Settings :

The study was conducted at three major hospital at Jeddah that provide inpatient, outpatient and surgical services.

Participants:

Target population was the all healthcare providers including; general practitioner; anesthetist, technical anesthesia ;nurses in inpatient, outpatient and operating room too. Healthcare professionals working in the three hospital (clinical and non-clinical) were eligible to participate, and participants had to be at least 20 years old and have a diploma or higher in education. Healthcare professionals who do not work in the three hospital, participants under the age of 20, and participants with less than a diploma were among the exclusion criteria.

The randomization sample technique was used in accordance with the goals and objectives of this study. By providing each member of the research sample with an equal chance to participate, the researcher chose this sampling strategy to remove biases. 467 participants were found after the research sample was put through inclusion and criterion.

Data collection:

Tools :

The Hospital Survey on Patient Safety Culture questionnaire, a credible and trustworthy instrument, served as the main means of gathering data for this investigation. Healthcare providers received the questionnaire anonymously via social media. The goals and objectives of the study

were previously explained to all medical professionals. The Agency for Healthcare Research and Quality served as the model for the Hospital Survey on Patient Safety Culture questionnaire. The components of the questionnaire were somewhat altered to accommodate the researchers' target audience. A professional assessment of cultural sensitivity was also conducted.There were two sections in the questionnaire. Twelve facets of patient safety culture were covered in the second section, while the first section addressed demographic data including age, gender, years of experience, age, education level, hospital job, and work area. Patient Safety Rating, Communication Openness, Manager, Supervisor, Organizational Learning-Continued Improvement, Reporting Patient Safety Events, Number of Events Reported, Error Response, Hospital Management Support for Patient Safety, Teamwork, Clinical Leader Support for Patient Safety, Hands-off and Information Exchange, Error Communication, Staffing and Work Pace, and Error Communication are among the 12 aspects discussed in the second section. Hand delevired questionnaire were used to gather the study's data.

Statistical analysis:

After flipping the negative concerns according to the research aims and objectives of the study, the domain's findings were calculated to determine the patient safety culture and the cumulative score. A more patient-centered culture was reflected by higher scores. After calculating the means and standard deviations of each variable on the scale, T-tests and ANOVA were performed. Because it includes two categories, the t-test was utilized to investigate the relationship between the gender variable and awareness level. However, because they include more than two categories, one-way analysis of variance (ANOVA) was utilized to investigate the relationship between awareness level and demographic characteristics including age group and educational attainment.

Results :

Table (1): Distribution of the studied subjects (managers/leaders and healthcare providers) according to their baseline data

Throughout the study period, 467 participants in total were examined; of them, 353 healthcare professionals (75.6%) and 114 managers/leaders (24.4%). 250 (53.5%) of the study's participants are employed as managers or leaders in governmental hospitals and represent 23.2% of the healthcare workforce. 25.8% of managers/leaders and 74.2% of healthcare providers are represented by 217 private hospitals (46.5%) (1).

Only 2.8% of respondents are equal to or older than 60 years old, and 45.2% of respondents are under the age of 30. None of the managers are under the age of 30, and 43% are between the ages of 40 and less than 50. Unlikely: none of the healthcare professionals are equal to or older than 60 years old, and 59.8% of them are under 30.

In the category of educational credentials, postgraduates make up 30.8% of the population, followed by master's degree holders (16.3%) and fellows (2.1%). On the university or high level of education, 20.2% have an associate degree and 27.4% have a baccalaureate degree. Therefore, compared to 30.3% of healthcare professionals, 32.6% of managers had post-university degrees, while 49% of managers had bachelor's degrees, the lowest percentage (20.1%) having a bachelor's degree and the highest percentage (22.5%) having an associate degree.

The respondents' years of experience are divided into groups, and 226 (48.4%) of them have less than five years' worth of experience, while only 11 (2.4%) of them have more than 20 years. The majority of managers, in particular, have varying levels of experience; 71 (62.3%) have less than five years of experience, and none have between 15 and 20 years. Additionally, the majority of healthcare professionals (44%) have fewer than 5 years of experience, as opposed to 3.1% who have equal to or more than 20 years.

I. *First Section:* Baseline data *of the respondents*

Table (1): Distribution of the studied subjects (managers/leaders and healthcare providers) according to their baseline data

Baseline data	Total respondents N= 467		Managers N= 114		Healthcare providers N= 353	
	No.	%	No.	%	No.	%
Hospitals' sector						
Governmental hospitals	250	53.5%	58	23.2%	192	76.8%
Private hospitals	217	46.5%	56	25.8%	161	74.2%
Age (years)						
<30	211	45.2%	0	0%	211	59.8%
30-<40	81	17.3%	16	14%	65	18.4%
40- <50	116	24.8%	49	43%	67	19%
50-<60	46	9.9%	36	31.5%	10	2.8%
≥60	13	2.8%	13	11.5%	0	0%
Educational level						
a. Post graduate education	**144**	**30.8 %**	**37**	**32.6%**	**107**	**30.3%**
Diploma	37	7.9%	14	12.3%	23	6.8%
Master's degree	76	16.3%	14	12.3%	62	17.3%
Doctorate's degree	21	4.5%	8	7%	13	3.5%
Fellowship degree	10	2.1%	1	1%	9	2.5%
b. University & high-level degree	**323**	**69.2 %**	**77**	**67.4%**	**246**	**69.9%**
Bachelor's degree	128	27.4%	56	49%	72	20.1%
Associate degree	94	20.2%	16	14%	78	22.5%
Secondary Nursing diplomat	101	21.6%	5	4.4%	96	27.3%
Years of experience						
< 5	226	48.4%	71	62.3%	155	44%
5 -<10	144	30.8%	39	34.2%	105	29.7%
10-<15	56	12%	4	3.5%	52	14.7%
15-<20	30	6.4%	0	0%	30	8.5%
≥20	11	2.4%	0	0%	11	3.1%

Table (3): Distribution of the overall hospitals' compliance with the determinants of patient safety culture according to respondents' baseline data

The responses of the respondents show substantial disparities, with p-values of 0.000 for each respondent's age and position/profession, and p-value=0.017 for the difference according to educational level. While the biggest percentages of respondents (42.2%) in the age range of 30 to under 40 years old reported an undesirable level of the total PS, only 6.6% of respondents in this age range indicated an acceptable level, Additionally, the biggest percentages of respondents who are nurses (38.8%) said that hospitals' compliance with the principles and practices of patient safety culture was inacceptable, as opposed to 2.8% who said it was acceptable.

Additionally, compared to 5.7% of respondents who reported an acceptable level of compliance by hospitals with the determinants/practices of patient safety culture, roughly 22% of respondents with a bachelor's degree in education indicated an undesirable level of compliance. According to the p-values (0.188 and 0.083), there were no appreciable variations in the kind of sector, years of experience, or degree of compliance with the determinants of patient safety culture.

Table (3): Distribution of the overall hospitals' compliance with the determinants of patient safety according to respondents' baseline data

Baseline data of the respondents	Non accepted level of compliance		Partially compliance		Satisfactory level of compliance		chi-square test (X2)	Sign. Level
	No.	%	No.	%	No.	%		
Sector								
- Governmental hospitals (N= 250)	212	84.8%	36	14.4%	2	0.9%	3.341	0.188
- Private hospitals (N= 217)	171	78.8%	44	20.3%	2	0.9%		
Total subjects (467)	383	82%	80	17.2%	4	0.8%		
Age								
- <30 Years	82	17.6%	7	1.5%	1	0.2%	31.156	0.000*
- 30- <40 Years	197	42.2%	31	6.6%	0	0%		
- 40- <50 Years	76	16.3%	23	4.9%	1	0.2%		
- 50 Years and more	28	6%	19	4.1%	2	0.4%		
Total subjects (N= 467)	383	82%	80	17.2%	4	0.8%		
Years of experience								
- <5 Years	222	47.5%	60	12.8%	2	0.4%	11.194	0.083
- 5- <10 Years	90	19.3%	8	1.7%	1	0.2%		
- 10- <20 Years	66	14.1%	11	2.4%	0	0%		
- 20 Years and more	5	1.1%	1	0.2%	1	0.2%		
Total subjects (N= 467)	383	82%	80	17.2%	4	0.8%		
Position/Profession								
a. Management								
- First level manager	38	8.1%	22	4.7%	1	0.2%		

- Middle level manager	23	4.9%	18	3.9%	1	0.2%	62.008	0.000 *
- Top level manager	6	1.3%	4	0.9%	0	0%		
b. Healthcare providers								
- Surgeon	90	19.3%	17	3.6%	0	0%		
- Anesthetist	45	9.6%	6	1.3%	1	0.2%		
- Nurse	181	38.8%	13	2.8%	1	0.2%		
Total subjects (N= 467)	383	82%	80	17.2%	4	0.8%		
Educational level								
a. Postgraduate								
- Diploma	26	5.6%	10	2.1	1	0.2%	24.564	0.017 *
- Master's degree	59	12.6%	16	3.5	1	0.2%		
- Doctoral degree	13	2.8%	8	1.7	0	0%		
- Fellowship	8	1.7%	2	0.4	0	0%		
b. University/high level								
- Bachelor's degree	102	21.8%	26	5.7	0	0%		
- Technical institute	84	18%	9	1.9	1	0.2%		
- Secondary diploma	91	19.5%	9	1.9	1	0.2%		
Total subjects (N= 467)	383	82%	80	17.2%	4	0.8%		

The degree of participants' familiarity with PSC dimensions: The amount of awareness of each PSC dimension is displayed in Table 4. Five domains combined had a moderate mean score of 2.44, with a standard deviation of 0.50. Health care providers' awareness was low in five dimensions too , with the exception of three: communication about error (M = 2.44, SD = 0.70); avoid punitive response (2.45±0.77); reporting patient safety errors (2.49±0.88); and team work (M = 2.40, SD = 0.64); organizational learning-continuous improvement (M = 2.48, SD = 0.66).

Table 4 : Table 2 Level of Awareness of All PSC Dimensions

Dimensions of Patient Safety Culture	Mean ±SD	Level of Awareness
Teamwork	2.40±0.64	Moderate
Staffing and Work-pace	2.16±0.47	Low
Organizational Learning and Continuous Improvement	2.48±0.66	Moderate
Non-punitive Response to Error	2.45±0.77	Moderate
Supervisor, Manager, Clinical Leader Support	2.27±0.65	Low
Communication about Error	2.44±0.70	Moderate

Communication Openness	2.18±0.74	Low
Reporting Patient Safety Events	2.49±0.88	Moderate
Hospital Management Support	2.29±0.71	Low
Hands-off and Information Exchange	2.29±0.71	Low
Total Mean Score of all dimensions	2.44± 0.50	Moderate

Note: Cut point: 1–2.33 (Low), 2.34–3.67 (Moderate), 3.68–5 (High).

Discussion:

Based on recent data and research, this study examines health care professionals' understanding of patient safety culture. A few significant conclusions about healthcare providers' attitudes and awareness of patient safety culture were revealed by this study. This is due to the fact that, despite their limitations, these findings can offer important data and information to the Saudi healthcare industry and hospital management regarding how to raise the standard of patient safety culture among medical staff in order to improve patient care.

it was found that healthcare practitioners have a modest level of patient safety awareness culture after calculating the mean and standard deviation scores of the various patient awareness culture components. The means for every component taken into account ranged from 2.07 to 2.66, which was regarded as a moderate level of awareness (2.34–3.66). The findings of this study are supported by a research inquiry conducted by Alshammari et al. In their study, Alshammari et al. evaluated healthcare professionals' opinions regarding the culture of patient safety using a descriptive cross-sectional technique (13). The investigation was conducted at three sizable hospitals in Saudi Arabia. The results of their study indicate that patient safety is a widely acknowledged practice in Saudi Arabia.

They discovered favorable correlations between the characteristics of research participants and aspects of patient safety. Additionally, in a survey designed to learn what Saudi Arabian nurses thought about patient safety culture, Aboshaiqah and colleagues found that they had a favorable opinion of it (23). The results of this survey show that even if patient safety culture has not yet been implemented in the system, the majority of medical personnel are aware of its importance.

The results also showed that general staffing and error communication among healthcare workers are successful. In their study, Griffiths et al. discovered a connection between nursing staffing and several patient safety outcomes (24). Additionally, Jahan and Siqiqqui shown that health outcomes are significantly influenced by the doctor-patient interaction (25). Communication is crucial to the success of any relationship, but it's especially important between a patient and a health professional. According to the author, communication is robust and comprehensive in healthcare settings. Effective communication increases patient satisfaction and consistency. It is the moral duty of a doctor to address all of the patient's inquiries and to simplify treatment and its consequences. Consistent with the aforementioned research, our analysis shows that Saudi Arabian healthcare providers understand the value of communication and staffing in fostering a patient safety culture.

Teamwork, organizational learning, and continuous development were identified as the areas of strength in a large teaching hospital in Riyadh, according to research performed there. On the other hand, the areas that need improvement were personnel, non-punitive error reaction, and open communication. Our results are consistent with the study's advantages and disadvantages. Participants' answers to the question about how frequently they report an incident reveal a fear of reporting, which can be connected to some participants' perception that their mistakes will be used

against them when they report an incident. This is related to the barriers of open communication and response to errors. Developing a healthy PSC may be hampered by absence of fear of reporting. The literature cites a number of reasons for not reporting errors, including fear, guilt, and the existence of a punitive response to error. Given their beneficial impact on patient safety, health care professionals—particularly nurses, who accounted for over 30% of sampled respondents—need to be encouraged to report incidents.9.

Additionally, a study carried out at Kuwaiti Primary Health Centers (PHCs) discovered that in order to encourage open communication, efficient communication techniques could be institutionalized. Furthermore, risky worker behaviors including breaking policies and procedures and failing to report events are linked to poor communication. Patient safety results can be improved by putting in place an open communication system.36

This study's findings contradict those of study conducted in Sweden and Tunisia, which both found evidence of a punitive society.37 A punitive culture may fail to address critical patient safety issues because of the fear of punishment. The establishment of a non-punitive culture necessitates a number of actions and continuous work. Cultural transition is also a long process. It is important to regularly assess the safety culture, pinpoint areas for development, and set up procedures to make it even stronger.

According to this study, hospital administration encourages a culture of patient safety. As was already mentioned, hospital administrators' ongoing staff training initiatives may be to blame. Around $42 billion has been lost by the healthcare sector worldwide as a result of inadequate hospital support (3). The results of Alsulami and his colleagues, who found that roughly 44% of healthcare personnel in Saudi Arabian tertiary healthcare setups do not understand the definition of patient safety, are in conflict with the findings on the management of tertiary hospital support for patient safety (27). This suggests that "a continuum of the healthcare system" is the hospital's administrative support for patient safety (27).

There are more explanations for the tertiary hospital's management's strong support for patient safety. Wittich et al. (31) credit it to a number of reasons, one of which is a high therapeutic index (28). Furthermore, Alsafi et al. note that it can be related to the awareness of different patient characteristics, such as poor renal or hepatic function, polypharmacy, and cognitive impairment (26). Additionally, Alsafi et al. recognize elements pertaining to medical professionals.

A number of action recommendations have been created in light of the study's findings. Faster response strategies ought to be created by healthcare organizations and included into their patient safety culture. Patient safety should be given more consideration by nursing schools that offer bachelor's degrees and postgraduate programs. Healthcare personnel should get ongoing training from the government's healthcare branch and healthcare facilities on the value of a "patient safety culture" and the different approaches to handling alerts.To increase patient safety, medical personnel should be urged to disclose mistakes occurred during diagnosis or treatment.

Conclusion :

The study's conclusions showed that healthcare professionals' understanding of "patient safety culture" is only moderate. Furthermore, the results showed that health care professionals' understanding of "patient safety culture" is significantly influenced by their gender and educational background. However, the degree of "patient safety culture" awareness among healthcare providers is unaffected by position or workspace.Thus, the findings support the first hypothesis, according to which healthcare providers have a moderate understanding of "patient safety culture."

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