

**PERSPECTIVES OF HEALTH CARE PROFESSIONALS ON PATIENT INVOLVEMENT IN
PATIENT SAFETY AS A POTENTIAL PATIENT AT TERTIARY CARE WOMEN'S
HOSPITALS IN COLOMBO DISTRICT.**

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ABSTRACT

Background

In modern medicine, there's an important recognition on patient safety culture and patient's participation in treatment procedure. However, very little known about health care professionals' attitude on patient participation in such patient safety related procedures. Secondly, there's a paucity of data about patient involvement in patient safety. Hardly any research is done on Sri Lanka up to now. Instead of using actual patient we decided to get the selected health care professionals perception on patient involvement in patient safety as a potential patient.

Objective

The study aims to describe the perspectives of selected health care professionals on patient involvement in patient safety as a potential patient at tertiary care women's hospitals in Colombo district. Health Care Professionals perspectives as a potential patient were assessed in 05 different areas. They were as follows. a. To study the selected HCPs attitudes towards factual questions b. To study the selected HCP's attitudes towards challenging questions c. To study the selected HCP's attitudes towards notifying questions d. To study the selected HCP's attitudes towards information provision questions e. To study the selected HCP's attitudes towards reporting incidents

Methods

This is a hospital-based descriptive, cross-sectional study were carried out in tertiary care Women's hospitals in the Colombo district. The study was carried out from 10th November 2016 to 22nd August 2017. The data was collected using a self-administered questionnaire. Stratified random sampling method were used to get the required sample size.

Results

Overall, all three selected health care professionals were had positive attitudes towards patient involvement in patient safety as a potential patient. Nurses were scored highest in all components except one (Information provision questions), where midwives also scored highest as well.

Conclusion

our research finding suggest that health care professionals are willing to involve in patient safety behaviours as a potential patient in safety related issues. However, further in-depth studies necessary to identify the behavior of different clinical specialties as we were confined to obstetrics and gynaecology

Selected Health Care Professionals (HCP) in this study include Consultants, Postgraduate trainees, Senior Medical Officers, Relief House Officers, Intern Medical Officers, Nursing Sisters, Grade Nursing Officers and Midwives.

KEYWORDS: Health Care Professionals (HCP), Patient safety, Patient involvement

1. INTRODUCTION

Patient safety can, be defined as: ‘The avoidance, prevention and reduction of adverse events or injuries stemming from healthcare delivery process’.¹ Patient safety should consider broad spectrum of minor errors to major hazards. Patient safety always interplays with the other key components of health care system. Therefore, patient safety management is a collective task involving medical administrators, clinicians and clients. overall aim should be to minimize or avoidance of recognizable errors and mistakes rather than zero adverse events. Patient safety is very much relevant to ‘quality of health care’, but the two theories are not the same. Safety is an integral component of quality. Up to now, measures to improve quality have not focused enough on patient safety related issues.

1.1 Safety Culture

Concept of safety culture was first described outside the medical field, areas with more complex and high risk works like aviation. High reliability organizations committed to provide safety at all levels, from frontline managers to executives. This commitment creates a "culture of safety" that comprises following key features:²

- Emphasis on high-risk nature of an organization's tasks and the commitments to achieve consistently safe operations
- Creation of blame-free environment where workers are able to report mistakes or near misses without fear of punishment
- Collaboration across different ranks and disciplines to seek solutions to improve patient safety.

• organizational commitment of resources to address safety concerns A culture of safety has been regarded as a key mechanism of underlying safe, effective, and timely health care. It has been considered as a most important factor underlying continuous medical education and efficient teamwork, as well as a driver of safety related behaviors such as medical error reporting, and safety outcomes such as reduced adverse events.³

1.2 Patient participation

Active participation of patient in decision making process leads to develop new concept in health care. In the past patient had a passive role in their care and health care providers were able to take decisions on patients' health irrespective of patients wishes. This was known as paternalistic approach in patient care, leaving patients without having any rights.

Key features in paternalistic approach

1. Only clinicians can make decision on diagnosis and treatment procedures.
2. Clinical decisions solely depend on clinician's knowledge (Asymmetry of information)
3. Patient should respect the principle of beneficence
4. There's no active involvement of patient.

Patient has an active key role in their care according to current consensus.⁴ Previous studies suggest that the patients have different attitudes towards patient safety depending on different clinical situations. For an example patient might ask about hand washing from nurses, but they have reluctance to ask same question from doctors.⁵

Patient involvement in patient safety is a multifactorial concept. Patient participation in their medical care was acquired global attention following consumer's right movement in early 90. They recognize that patient as a consumer who has a right to select, to get adequate information and also right to safety.⁶ Patient participation in their own health care is a globally recognize concept which is known to improve the quality and safety of health care.⁷ Patients could play vital role in identifying and reducing health hazards otherwise would lead to serious health consequences according to UK's National Patient Safety Agency (NPSA).

Patient participation in health care does not mean they should take over total responsibility in decision making process. Patients could only function as a "safety buffer" in addition to existing safety measures. However, patients do not wish or are unable to contribute to their own safety should not receive suboptimal care. In other words, delivery of safe health care remains in the hands of the health care providers.⁸

Majority of the public feel that patients are responsible in varying degrees for errors in their own care.⁹

Patients feel they have a role in reducing their susceptibility to patient safety incidents, including medication errors.²

Patients' willingness to participate varied hugely depending on different situations.

Patients generally willing to ask general issues about their healthcare, but less

willing to ask more challenging actions.^{10,11} Another study found

that doctors and nurses can encourage patients to ask such a question.¹²

General Objective

The study aims to describe the perspectives of selected health care professionals on patient involvement in patient safety as a potential patient at tertiary care women's hospitals in Colombo district.

Specific Objectives

- To study the selected HCPs attitudes towards factual questions
- To study the selected HCP's attitudes towards challenging questions
- To study the selected HCP's attitudes towards notifying questions
- To study the selected HCP's attitudes towards information provision questions
- To study the selected HCP's attitudes towards reporting incidents

2. METHOD

2.1 Study Design

This is a hospital-based descriptive, cross-sectional study was carried out in tertiary care Women's hospitals in the Colombo district Sri Lanka.

2.2 Study Setting

There are three tertiary care women's hospitals in Sri Lanka. Of which two are in Colombo district namely De Soysa Hospital for Women (DSHW) and Castle Street Hospital for Women (CSHW). These two hospitals in Colombo district are selected as the study setting.

2.3 Study Period

The study was carried out from 10th November 2016 to 22nd August 2017

Data collection were carried out from 01st of April 2017 to 30th of April 2017 in De zoysa Hospital for Women and Castle Street Hospital for women.

2.4 Ethical and research approvals

Ethical approval of the study was obtained from ethical review committee Post graduate Institute of Medicine, University of Colombo.

Approval was also obtained from the Directors of CSHW and DSHW concerned were also informed of the study and necessary approval was obtained. Explanation was made to them on the nature of the study, expectation from participants, and how confidentiality would be ensured.

2.5 Data collection

The sample size was 422. The sample size was calculated based on the formula.¹³ Stratified random sampling method were used to get the required sample size. The data was collected using a self-administered questionnaire.

Questionnaire -01 was developed to assess the basic socio –demographic characteristics of the participants.

Questionnaire- 02 was developed comprising 20 items and assess perceived attitude in different safety-related behaviors recommended by current patient safety initiatives. Twenty items capture attitude to participate in 3 main categories of “interactional” behaviors as a patient: asking factual questions (05 items), challenging questions (03 items) and notifying selected HCP problems or errors in their care (03 items).09 items used to assess attitude to support “non-interactional behaviors” this include information provision questions (06 items) and incident reporting questions (03 items).

The responses to these questions were assessed in the Likert Scale that has six ratings.

The points given for questions are as follows:

Strongly disagree = 1

Disagree = 2

Somewhat disagree = 3

Somewhat agree = 4

Agree = 5

Strongly agree = 6

2.6 Data Process and Analysis

The principal investigator was checked the data collected before it was fed into the computer for analysis. The data was checked for missing and unused values. The data entry was carried out in SPSS 20 statistical package. Before analysis the computer base was screened for possible data entry errors. Analysis of the data was carried out manually as well as with the aid of computer. The software package was used for this study was MS–Excel, MS–Access and SPSS 20.

The maximum score for each variable was given below: The mean of a variable for the study was calculated by the following method:

1. First, mean of one sample of all variables were calculated.

$$\frac{v_1 + v_2 + v_3 + \dots + v_n}{n}$$
 Mean of a variable of each sample = ----- n v 31
 Where v1 to vn are the rank obtained by each question under each variable, and n is the number of questions under each variable.
2. Secondly, the mean of each variable of the study was calculated. $N \Sigma$ mean of a variable $i = 1$
 Mean of each variable of the study = ----- N Where N is the total sample studied. Thus, the mean value for each variable was calculated.

3. RESULTS

Table 1 Participant Characteristics - CSHW and DMHW Hospitals

Sociodemographic		Doctors	Nurses	Midwives	Total
Variables		n=94 (24.04%)	n=215 (54.98%)	n =82(20.97%)	n=391(100%)
Sex	Male	75 (79.8%)	0	0	
	Female	19 (20.2%)	215 (100%)	82 (100%)	
Age					
	1 (<30 yrs)	46 (48.9%)	48 (22.3%)	07 (8.5%)	101 (25.8%)
	11 (31-40 yrs)	25 (26.6%)	92 (42.8%)	36 (43.9%)	153 (39.1%)
	111 (41-50 yrs)	18 (19.1%)	59 (27.4%)	29 (35.4%)	106 (27.1%)
	1V (>51yrs)	05 (5.3%)	16 (7.4%)	10 (12.2%)	31 (7.9%)
Professional category					
	Consultants		05 (1.3%)		
	Post Graduate Trainee		10 (2.6%)		
	Senior House Officer		35 (9%)		
	Resident House Officer		18 (4.6%)		
	Intern House Officer		26 (6.6%)		
	Ward Sister		07 (1.8%)		
	Grade Nursing Officer		208 (53.2%)		

Midwife	82 (21%)			
Total Working experience				
Years				
<5	48 (51.1%)	34 (15.8%)	18 (22%)	100 (25.6%)
6- 10	17 (18.1%)	73 (34.0%)	20 (24.4%)	110 (28.1%)
11-15	20 (21.3%)	47 (21.9%)	19 (23.2%)	86 (22%)
16-20	04 (4.3%)	46 (21.4%)	16 (19.5%)	66 (16.9%)
21-25	02 (2.1%)	07 (3.3%)	08 (9.8%)	17 (4.3%)
> 26	03 (3.2%)	08 (3.7%)	01 (1.2%)	12 (3.1%)
Working experience in current institution				
Years				
< 5	92 (97.9%)	127 (59.1%)	42 (51.2%)	261 (66.8%)
6- 10	00 (0.0%)	74 (34.4%)	24 (29.3%)	98 (25.1%)
11-15	01 (1.1%)	10 (4.7%)	13 (15.9%)	24 (6.1%)
16-20	01 (1.1%)	04 (1.9%)	03 (3.7%)	08 (2.0%)
Qualifications				
Diploma	00 (0.0%)	00 (0.0%)	82 (100%)	82 (21%)
Basic Degree	00 (0.0%)	215 (100%)	00 (0.0%)	215 (55%)
Undergraduate Degree	89 (94.7%)	00 (0.0%)	00 (0.0%)	89 (22.8%)
Postgraduate Degree	05 (5.3%)	00 (0.0%)	00 (0.0%)	05 (1.3%)

Table 1 shows participant characteristics. Altogether there were 391 respondents. (Total sample was 422 with a 92% response rate). There were 94(24%) doctors, 215(55%) nurses and 82 (21%) midwives for the study as a whole. Age distribution showed that around 50% of doctors were in less than 30 years' age category. major proportion of nurses and midwives were in age 31- 40 category,43% and 44% respectively. Majority of doctors 48(51%) had total working experience, in contrast nurses and midwives more spread in total working experience. Current working experience showed that majority of three selected HCPs' were in less than 05 years' category. Professional qualification showed that all midwives holding a diploma (100%), nurses were holding a basic degree (100%) and majority of doctors holding an undergraduate degree (95%).

Descriptive Statistics for Survey: Attitudes Toward Supporting Patient Involvement as a potential patient

Table 2 - Selected HCP's attitudes towards factual questions as a potential patient in both CSHW and DSHW

Item Description	Doctors n= 94 (24%)	Nurses n=215 (55%)	Midwives n=82 (21%)	Total N=391 (100%)	F	P value
Factual questions (interactional behaviour)						
Would you prefer if patient ask?						
1. How long will I be in hospital for?	4.64 0.66	5.16 0.54	4.90 0.77	4.98 0.66	22.64	0.00**
2. How long will the pain last?	4.81 0.77	5.54 0.62	5.20 0.81	5.29 0.76	35.49	0.00**
3. What signs should I look out for if my wound is not healing as it should?	4.79 0.77	5.25 0.60	5.15 0.69	5.12 0.69	15.26	0.00**
4. When can I return to my normal activities?	5.15 0.78	5.47 0.59	5.25 0.62	5.33 0.65	10.96	0.00**
5. How is the procedure done?	4.88 0.54	5.24 0.53	5.26 0.78	5.16 0.61	13.39	0.00**
Total	4.86 0.36	5.23 0.26	5.15 0.44	5.18 0.38	62.62	0.00**

* P < 0.05

** P < 0.01

Source - survey data.

Table 2 displays descriptive statistics for items measuring selected HCPs attitudes as a potential patient for the above-mentioned factual questions. Three categories of HCPs have positive attitudes about asking factual questions as a potential patient. Means score of five items of factual questions were highest among nurses and lowest among doctors. Three groups of HCPs were statistically significant to each other factual questions as a whole according to post hoc analysis (P < 0.001).

Table 3 - Selected HCP's attitudes towards challenging questions as a potential patient in both CSHW and DSHW

Item Description	Doctors	Nurses	Midwives	Total	F	P value
	n= 94 (24%)	n=215 (55%)	n=82 (21%)	N=391 (100%)		
	Mean SD	Mean SD	Mean SD	Mean SD		
Challenging questions (interactional behaviour)						
If you are a patient would you ask a HCP:						
6. Can you check that this is the correct medication for me?	4.45 0.61	4.49 0.74	4.81 0.86	4.55 0.75	6.57	0.00**
7. What is your name and what do you do?	4.73 0.74	4.73 0.88	4.57 1.08	4.62 0.90	3.65	0.02*
8. Have you washed your hands?	4.23 0.83	4.95 0.72	4.64 0.97	4.71 0.68	26.58	0.00**
Total	4.37 0.51	4.72 0.59	4.67 0.79	4.63 0.64	10.68	0.00**

* P < 0.05 ** P < 0.01 Source - survey data.

Table 3 illustrates the descriptive statistics for items measuring selected HCPs attitudes as a potential patient for the above-mentioned challenging questions. Overall, three categories of HCP had positive attitudes towards challenging questions. Nurses showed the most interest in asking majority of challenging questions. Post hoc comparison, showed that there was a significant difference between doctors-nurses (p <0.001) and doctors-midwives (p <0.001), but no significant difference noted between nurses-midwives in three items of challenging questions collectively.

Table 4 - Selected HCP's attitudes towards notifying questions as a potential patient in both CSHW and DSHW

Item Description	Doctors	Nurses	Midwives	Total	F	P value
	n= 94 (24%)	n=215 (55%)	n=82 (21%)	N=391 (100%)		
	Mean SD	Mean SD	Mean SD	Mean SD		
Notifying (interactional behaviour)						
Would you notify a HCP						
9. If you thought your wound had become infected?	5.07 0.49	5.09 0.48	5.15 0.74	5.10 0.55	0.54	0.57
10. If you had not received the results of a medical test?	5.27 0.70	5.74 0.56	5.24 0.71	5.36 0.64	4.15	0.02*
11. If you thought an error had occurred in your care?	5.14 0.62	5.52 0.57	5.36 0.74	5.39 0.64	11.65	0.00**
Total	5.16 0.37	5.35 0.34	5.25 0.51	5.28 0.39	7.99	0.00**

* P < 0.05

** P < 0.01

Source - survey data.

Table 4 displays descriptive statistics for items measuring selected HCPs attitudes as a potential patient for the above-mentioned notifying questions. Similar positive attitude was noted across three professional categories as well. At the same time nurses were more prominent in responding to notifying questions. Following post hoc comparison difference between doctors - nurses was only significant as a whole (P < 0.001).

Table 5 - Selected HCP’s attitudes towards information provision questions as a potential patient in both CSHW and DSHW

Item Description	Doctors	Nurses	Midwives	Total	F	P value
	n= 94 (24%)	n=215 (55%)	n=82 (21%)	N=391 (100%)		
	Mean SD	Mean SD	Mean SD	Mean SD		
Information provision,						
Would you be willing to ,						
12. Bring into hospital drugs that you are currently taking?	5.11 0.68	5.21 0.48	5.24 0.59	5.19 0.56	1.33	0.266
13. Tell HCP list of allergies?	5.40 0.62	5.66 0.50	5.62 0.48	5.59 0.54	8.01	0.00**
14. Provide information regarding current medical conditions?	5.50 0.63	5.30 0.51	5.53 0.53	5.40 0.55	7.14	0.00**
15. Provide information for analyzing any adverse events?	5.12 0.67	5.46 0.56	5.17 0.71	5.31 0.64	12.06	0.00**
16. Provide information for incident reporting?	4.88 0.71	5.07 0.69	5.09 0.79	5.03 0.72	2.69	0.06
17. Provide information on my native language	4.88 0.77	5.48 0.55	5.30 0.66	5.30 0.68	29.20	0.00**
Total	5.15 0.33	5.36 0.25	5.32 0.34	5.30 0.30	17.6	0.00**

* P < 0.05

** P < 0.01

Source - survey data.

Table 5 displays descriptive statistics for items measuring selected HCPs attitudes as a potential patient for the above-mentioned information provision questions. Information provision component showed that midwives got highest score for three items and nurses got highest score for three items. Doctors had lowest score but still with the positive attitudes. Post hoc comparison showed that between doctors-nurses and doctors –midwives were highly significant considering all six items (p <0.001).

Table 6 - Selected HCP’s attitudes towards incident reporting questions as a potential patient in both CSHW and DSHW

Item Description	Doctors	Nurses	Midwives	Total	F	P value
	n= 94 (24%)	n=215 (55%)	n=82 (21%)	N=391 (100%)		
	Mean SD	Mean SD	Mean SD	Mean SD		
Reporting incidents,						
If you experienced an error in your care,						
18. would you report to hospital authority about adverse events?	4.62 1.28	4.66 0.66	4.70 0.92	4.66 0.90	0.17	0.84
19. would you request for a compensation?	4.05 1.58	3.39 1.79	3.79 1.69	3.63 1.74	5.23	0.01**
20. would you expose to public by mass media?	3.67 0.98	4.27 1.53	3.89 1.52	4.04 1.44	6.53	0.00**
Total	4.11 0.96	4.11 0.96	4.13 1.08	4.11 0.98	0.010	0.99

* P < 0.05

** P < 0.01

Source - survey data.

Table 6 shows descriptive statistics for items measuring selected HCPs attitudes as a potential patient for the above-mentioned incident reporting items. All three HCP categories showed positive attitude towards incident reporting questions. However, difference between groups were not statistically significant as a whole.

4. DISCUSSION

To the best of our knowledge, this could be the first research done in Sri Lanka on health care professional’s perspectives on patient involvement in patient safety as a potential patient. Our research finding suggested that HCPs’ attitudes can be varied with type of behavior (interactional and non-interactional behavior) and type of HCP category.

4.1 Sociodemographic data

Sociodemographic results (Table 1) showed that there were 94(24%) doctors, 215(55%) nurses and 82 (21%) midwives with the total of 391. Current working experience showed that majority of three selected HCPs' were in less than 05 year category. Professional qualification showed that all midwives holding a diploma (100%), nurses were holding a basic degree (100%) and majority of doctors holding an undergraduate degree (95%). There was no significant difference noted among participant characteristics between two health care institutions.

4.2 Attitudes on patient involvement in patient safety as a potential patient

Survey consisted of five components which were subdivided into twenty items. Five components were,

1. Factual questions - 05 items (interactional behavior)
2. Challenging questions - 03 items (interactional behavior)
3. Notifying questions - 03 items (interactional behavior)
4. Information questions - 06 items (noninteractional behavior)
5. Reporting questions - 03 items (noninteractional behavior)

Overall, three categories of HCP had positive attitudes towards in patient involvement in patient safety as a potential patient. Nurses were scored highest in all components except one (Information provision questions), where midwives scored highest as a potential patient. This different behavior clearly reflects their varying expectations with the changing role. Another remarkable interactional behavior of nurses was scoring highest on "about your hand washing" as a potential patient (Table 3). This is compatible with nurse's day today practices the incident reporting component (Table 6) showed positive attitudes towards involving in patient safety in three groups of HCPs as potential patients. Rachel E Davis et al found that when doctors and nurses as a potential patient, they may be more likely to involve across all patient safety-related issues which was similar to our findings. Another research found that HCPs as a potential patient were reluctant to question health care providing staff if they perceived as confrontational in nature. ("have you washed your hands?").¹⁴ Another study found that doctors and nurses can encourage patients to ask such a question.¹² Finally, we can conclude that it is important to educate HCPs about possible challenging behaviours of patients and accept such behaviours to relieve patients concerns.

Limitations of the study

There were few limitations in our research. First, our sample was confined to two women's hospitals in Colombo and only involving obstetric and gynaecological specialties. Therefore, our research findings need to be generalized with caution as one specialty of medicine was involved. Therefore, much larger sample with different medical specialties needed before applying for general population.

Secondly, our selected HCPs' were act as a potential patient rather than them as actual patients. Therefore, this might not reflect the real life situations as a patient. Another factor was that HCPs' were responding to potential patient safety incidents rather than observing the real safety related issues.

Third, we did not take in to account how the different categories of doctors and nurses could affect' attitudes. For example, consultants may have different attitude compare with intern house officer. However, sample was too small for a sub analysis.

Lastly, real life patients can have limitations of expression of ideas due to their ill health or other factors. This limitation was not considered in our research. Despite of above limitations, our research had been shown that positive attitudes of HCPs' in patient safety behaviours HCP as a potential patient.

5. CONCLUSIONS

Our research findings suggest that three categories of selected HCPs' were willing to support patient involvement in patient safety as a potential patient. Nurses were scored highest in all components except one, where midwives scored highest. This different behavior clearly reflects their varying expectations with the changing role.

Another remarkable interactional behavior of nurses was scoring highest on "about your hand washing" as a potential patient. This is compatible with nurse's day today practices

6. RECOMMENDATIONS

1. Establishing a no blame culture in health care institutions will play key role in changing their behaviour. Updating or developing guidelines on incident reporting and distributing among HCPs' can encourage their participation in incident reporting.

2.. Periodically (e.g., quarterly, annually) conducting training and educational program on patient safety allow HCPs' to refresh and update current knowledge on patient safety. Induction programs should have a patient safety component which allow new comers to familiar with patient safety issues at the beginning.

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