

HEM/S-71**ENSURING OF PATIENTS PARTICIPATION IN PREVENTING MEDICAL ERRORS**

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ABSTRACT

Introduction: Nowadays, hospitals are defined as high-risk places and, even if unintentionally, medical errors can occur and harm patients. Although there are many strategies and practices to prevent medical errors, but medical errors are still very common. The World Health Organization and International Nurses Association reported that patient participation is an important and effective way to reduce medical errors.

Aim: In this study, it was aimed to determine the factors related to the patient and health personnel to ensure patient participation in the prevention of medical errors.

Method: In this review, the related literature was scanned and the importance of patient participation in the prevention of medical errors was discussed. At the same time, in this review, the factors related to patients and healthcare workers were determined and discussed in the light of current literature to ensure patient participation.

Results: The participation of patients in the prevention of medical errors in the world to try to keep it applies also seen as an important strategy has not yet encountered any application and work with it in Turkey. As a result of the literature review; Patient-related factors, such as Acceptance of the new patient role, Health literacy and knowledge, Legitimacy of the intervention, Severity of the disease, Socio-demographic variables all affect willingness to participate in the health care process. The acceptance of the role of the new healthcare worker, Education in the healthcare worker-patient relationship, Institutional support, Perception of lack of time, Demographic variables, patient participation have been found to be related factors in terms of healthcare providers.

Conclusion: Patient participation is increasingly recognized as a key component in the redesign of health care processes and is advocated to improve patient safety. Key determinants are essential for the success of patient participation in reducing medical errors. More research is recommended for this.

Keywords: medical errors, prevention, patient participation,

TIBBİ HATALARIN ÖNLENMESİNDE HASTA KATILIMININ SAĞLANMASI**ÖZET**

Giriş: Günümüzde hastaneler yüksek riskli yerler olarak tanımlanmakta ve istemeden de olsa tıbbi hatalar meydana gelerek hastalara zarar verebilmektedir. Tıbbi hataların önlenmesine yönelik birçok strateji ve uygulama olmasına rağmen hala tıbbi hatalar çok fazla görülmektedir. Dünya Sağlık Örgütü ve Uluslararası Hemşireler Derneği tıbbi hataların azaltılmasında hasta katılımının önemli ve etkili bir yol olduğunu bildirmiştir.

Amaç: Bu çalışmada, tıbbi hataların önlenmesinde hasta katılımının sağlanabilmesi için hasta ve sağlık personeli ile ilişkili faktörlerin belirlenmesi amaçlanmıştır.

Yöntem: Bu derlemede ilgili literatür taranmış, tıbbi hataların önlenmesinde hasta katılımının önemi ele alınmıştır. Aynı zamanda bu derlemede hasta katılımının sağlanabilmesi için hasta ve sağlık çalışanları ile ilgili faktörler güncel literatür ışığında belirlenerek tartışılmıştır.

Bulgular: Dünya’da tıbbi hataların önlenmesinde hastaların katılımı önemli bir strateji olarak görülüp uygulanılmaya çalışılsa da henüz Türkiye’de bununla ilgili herhangi bir uygulama ve çalışmaya rastlanmamıştır. Yapılan literatür incelemesi sonucunda; Yeni hasta rolünün kabulü, Sağlık okuryazarlığı ve bilgi, Müdahalenin meşruiyeti, Hastalığın şiddeti, Sosyo-demografik değişkenler hasta katılımının hastayla ilişkili faktörleri olarak görülmektedir. Yeni sağlık çalışanı rolünün kabulü, Sağlık çalışanı-hasta ilişkisinde eğitim, Kurumsal destek, Zaman

eksikliği algısı, Demografik değişkenler, hasta katılımının sağlık bakım hizmeti sunanlar açısından ilişkili faktörleri olduğu saptanmıştır.

Sonuç: Hasta katılımı, sağlık bakım süreçlerinin yeniden tasarımıyla giderek daha önemli bir bileşen olarak kabul edilmektedir ve hasta güvenliğini artırmanın bir yolu olarak savunulmaktadır. Tıbbi hataların azaltılmasında hasta katılımının başarısı için anahtar belirleyiciler oluşturmak gerekmektedir. Bunun için daha fazla araştırma yapılması önerilmektedir.

Anahtar kelimeler: tıbbi hatalar, önleme, hasta katılımı,

INTRODUCTION

According to the 2017 report of the World Health Organization; He reported that even in a number of high-income countries, a significant number of patients suffered severe damage while receiving health care, causing damage and disability to patients, and staying in the hospital longer than necessary. Preventable adverse events (medical errors) have been reported to rank 3rd among the causes of death in the United States (USA). In recent estimates, it is reported that 1 out of 10 hospitalized patients suffered from 50% preventable damage. It has been reported that there are 421 million hospital admissions per year worldwide and approximately 42.7 million adverse events are estimated during the hospitalization. The medical costs associated with poor care resulting from unwanted events have shown that between \$ 6 billion and \$ 29 billion annually (WHO 2017).

Nowadays, hospitals are defined as high-risk places and, even if unintentionally, medical errors can occur and harm patients. Medical errors can affect patients, relatives, nurses and even the whole country and may unintentionally harm people while providing health-care services (WHO, 2018). The Joint Commission on Accreditation of Healthcare Organizations (JCAHO) concept of medical error; It defines it as "a healthcare professional's proper and unethical behavior is harmful because of the inadequate and negligent behavior in professional practice" (JCAHO 2006). This concept of the Institute of Medicine is defined as "an unexpected result caused by the unintentional disruption during the healthcare provided to the patient" (IOM 2004). Medical errors can lead to prolonged hospital stay, increased illness and mortality, and a negative psychological impact on patients and their relatives (Berry et al., 2016). Unnecessarily, it may cause loss of work for the patient and relatives, increase in the workload of healthcare personnel, and loss of reputation of the health institution (WHO 2017).

In Turkey, there are some applications that are used for the prevention of medical errors by Ministry of Health. Some of these applications are identification of patients, infection control, safe surgery, and safe drug applications. However, these practices are not sufficient to prevent medical errors. It is recommended by WHO and AHRQ that patients and their relatives take part in patient safety visits, participate in trainings and take security measures in preventing medical errors. For this purpose, "Patient Safety Program for Patients" was developed by WHO, bringing together hospital staff, patients, patient families and policy makers (WHO 2018; AHRQ 2018). So that patients have an important role and responsibilities in preventing medical errors. Therefore, in this study aim to develop solutions and determining the applications to be done to ensure of patient participation in the prevention of medical errors.

PATIENT-RELATED FACTORS IN ENSURING OF PATIENTS PARTICIPATION IN PREVENTING MEDICAL ERRORS

Acceptance of the new patient role: At the center of patient participation resides a redefinition of the patient role. Historically, in many cultures, the relationship between the patient and the health care worker follows a "paternalist" model and the patient has been traditionally a passive spectator in his or her own healing process (Emanuel & Emanuel 1992). However, in today's definition of health care, the patient is a key player. Several factors have contributed to this change. Humanist considerations state that every human being is endowed with will and with a right to self-determination (Gillon 1994).

By participating in the decision-making process, the patient exercises his or her most fundamental rights. Consumerism also contributed to modification of the patient's role in the treatment process (Kizer, 2001). Like any consumer, the patient may demand quality services (Coulter & Ellins 2006). By continuously evaluating the service and sometimes lodging complaints toward it, the patient-consumer can improve the health care system. This new vision of the patient role is advocated in several official documents of professional medical (General Medical Council 2009) and nursing bodies and in governmental policies in the United States, In the context of patients' rights "The patient has the right to be informed about all the treatments to be applied to him" is included in Turkey. However, in these applications, there is no application for patients to report errors.

Health literacy and knowledge: Patients are more likely to be involved in decisions that do not require medical knowledge than those that require clinical expertise (Armstrong et al. 2013). Knowledge also confers confidence; patients are more likely to trust their capacity to make decisions when thoroughly informed (Vaismoradi et al. 2014). For example, in a randomized controlled study, participation in therapy for ulcer disease improved with a 20-minute educational session (Greenfield et al. 1985). Sessions provided patients with the knowledge necessary for their treatment and encouraged them to actively participate in decision making.

Legitimacy of the intervention: The expectation that patients will become increasingly involved in their own care and error prevention has come with some uncertainty how this may change the responsibility of both provider and patient. Critics of increased patient involvement in patient safety have cited that it is unreasonable to expect patients to assume more responsibility for their health when they are already in the vulnerable position of being ill. Lyons (2007) argues that if patients are entrusted with the task of ensuring their safety, then physicians may rely too heavily on this, leading to a reduction of safeguards on the physician side. Liability for medical and medicine errors could also be called into question. However, it is important to note that patient engagement in patient safety practices is not intended to enforce a standard on patients; rather, it is to encourage patients who are interested and willing to become more involved in their care and to become better educated about potential risks. Nonetheless, it will be necessary to ensure that the scope of patient engagement is well defined and that neither the legal responsibilities of physicians are reduced, nor that patient responsibility is increased (General Medical Council 2009).

Severity of the disease: Disease and comorbidity can limit patient participation. In a study that attempted to measure preferences for participation in decision making, patients were more likely to prefer a passive role compared with their companions. The desire to participate in decision making and to be involved in the treatment process is inversely proportional to the patient's disease severity in most but not all conditions (Kim et al. 2020). Patients who are unconscious, patients in intensive care and emergency rooms may not be able to participate in treatment processes due to their serious conditions. It may not be actively involved in the prevention of medical errors.

Socio-demographic variables: Socioeconomic level influences patient participation, and thus education may play a role (Gaston & Mitchell 2005). However, some studies failed to demonstrate such an association. In a systematic review of the effect of the socioeconomic level on patient-physician communication, physicians modified their interviewing style according to the patient's socioeconomic class (Willems et al. 2005). Patients in lower socioeconomic levels were subjected to more directed, less participative medical consultations and were less often invited to build a partnership. Moreover, they were often put at a disadvantage by the practitioner's erroneous belief that they had less need for information and a lower capacity to participate in the decision-making process. Older patients are usually less interested in the decision-making process, independent of their health status. Nevertheless, evidence shows that even the elderly can participate in their care (Lind et al. 2018). Studies are divided on the influence of sex on participation; some showed that women wish to participate more but others established no difference.

HEALTH CARE WORKER-RELATED OBSTACLES TO PATIENT PARTICIPATION

Acceptance of the new health worker role: Health care workers' beliefs, attitudes, and behavior can have a major effect on patient participation. One of the main obstacles is refusal of health care workers to abandon their traditional role and to delegate power. According to Henderson, many nurses exercise almost absolute power and control over patients and consider them unable perception is a major barrier to patient participation (Manojlovich, 2007).

Education in the health worker-patient relationship: Health care workers can be educated to improve relationships with patients (Bergeson & Dean 2006). Medical students specialized educators and physicians who have completed their training in general medicine were all able to improve their attitudes with respect to patient participation through structured training sessions. Furthermore, the benefits of training persisted for up to 10 years (Maguire et al. 1986). However, some studies failed to show such benefit despite formal training presumably because of difficulties in changing established communication patterns (Towle et al. 2006).

Support from the institution: The role of organizational culture in the adoption and dissemination of patient safety practices has been examined increasingly in the past few years. The role of a "safety culture" is well documented in other high-risk sectors, such as the airline industry, but is a relatively new approach in healthcare (AHRQ 2018). Some obstacles to patient participation are not within the control of either the patient or the

health care worker. This is related to the general health system and policies. Patients' desires reflect societal norms and the permissiveness of the health care environment in which they receive treatment (Belcher et al. 2006). If the culture dictates a passive role, a significant proportion of patients is likely not to "want" to participate. Similarly, patient participation is unlikely if health care workers are not interested in receiving patient input. Thus, patient participation reflects societal norms and depends on whether the culture of the organization openly supports it.

Perception of lack of time: Besides the refusal to delegate power, health care workers perceive lack of time as a factor limiting patient input in health care. Educating patients to prevent medical errors is seen as an additional burden for healthcare professionals and healthcare professionals do not want patient participation. Although some studies found that a medical consultation during which the patient participated in decision making was significantly longer others failed to show this relationship (Bell et al. 2018). Health care workers might allow patient participation to varying degrees according to the type of situation.

Demographic variables: Physician sex and agedo not seem to influence patient participation. While the demographic characteristics of the patients affect patient participation, the demographic characteristics of the healthcare professionals do not affect them much (Kravitz et al. 2003; Bettes 2007).

CONCLUSION

For the effective and efficient realization of the patient participation process in health services health institutions, health professionals, policy makers and non-governmental organizations should play an active role and support this process. In addition to the benefits of patient participation such as improving clinical processes, reducing costs, increasing patient satisfaction, and providing better quality healthcare, there are also difficulties stemming from the general characteristics of patients and the approach of health professionals. In order to increase the benefits in the patient participation process and to reduce the difficulties encountered, it is essential that all stakeholders cooperate. It can be said that the policy makers' encouraging the patient participation process and making decisions in this direction will contribute to the quality of service and the increase of the health level of the society. It is thought that it would be beneficial for health institutions to design hospital information systems in accordance with the patient participation process, to develop treatment plans for patients to receive effective and efficient health services, and to encourage strong patient participation. In this context, it is thought that giving importance to patient education, increasing health literacy, and meeting the demands and needs of the patients by including them in the decision-making process will increase the benefits of patient participation. Consequently, it is suggested that strong patient participation plays an important role in protecting and improving both individual and community health, and studies on this subject are recommended.

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