SAFETY CULTURE OF THE FEMALE PATIENTS OF THE MATERNITY HOSPITAL OF ALBA IULIA - RESULT OF THE MEDICAL SERVICES QUALITY MANAGEMENT

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Keywords: *female patient safety, safety culture, public health care system, pregnant women*

Abstract: *The female patients culture of safety means that: All professionals (first line staff, physicians and directors) feel responsible for their own safety, for the safety of their staff members, of the patients and companions. They place safety above financial and operational objectives. They encourage and reward the identification, communication and solving of the safety issues. They act on the corporate learning in order to anticipate incidents. They provide adequate resources, the structure and responsibility needed to maintain effective safety systems.*

Cuvinte cheie: *siguranța pacientelor, cultura siguranței, sistem public de îngrijiri de sănătate, femei însărcinate*

Rezumat: *Cultura siguranței pacientelor presupune ca: Toți profesioniștii (personal de primă linie, medici și administratori) să se simtă responsabili de propria siguranță, de cea a colegilor, a pacienților și însoțitorilor. Plasează siguranța deasupra obiectivelor financiare și operaționale. Încurajează și recompensează identificarea, comunicarea și rezolvarea problemelor de siguranță. Acționează asupra învățământului organizațional pentru a anticipa incidentele. Oferă resurse adecvate, structura și responsabilitatea menținerii unor sisteme de siguranță eficiente.*

INTRODUCTION

The male/female patients' safety means the absence of any unnecessary or possibly injury related medical care.

Patient safety culture is a coherent and integrated individual and organizational behaviors based on shared beliefs and values that is always looking to reduce the patients' discomfort.

Taking into consideration the above state of facts, we followed up safety investigation of 60 women regarding the quality of care received in the maternity and newborn ward of the Hospital of the County of Alba. We chose this area in view of negative indicators identified through the analysis of health indicators. The condition of participation in the study was that each woman to have been given birth to a child in the County of Alba Hospital in year 2010. The questionnaire was applied during the hospitalization days, and six focus groups were formed, with a total of 47 women, on the day of their discharge.

THE AIM OF THE STUDY

Aim was to improve the quality of care provided in the maternity and newborn wards in the County of Alba. The hypothesis from which we started was that the safety level largely depends on the 7 areas (accessibility, waiting times, availability, conditions, communication, interpersonal care, time spent with the medical professional).

In addition to the information we intended to obtain as a results of the questionnaire, we aimed to obtain more information by using the focus-group technique. The results assessment was done by collating data obtained by using the questionnaires to those obtained by organizing focus groups.

RESULTS AND DISCUSSIONS

For statistical interpretation of data we have calculated the occurrence frequencies of each response, and after that we have calculated separately the Pearson correlation coefficient between the level of safety and each item.

A very interesting thing is apparent from the study, namely that after calculation of the Pearson test *c* only 6 questions have higher values than the value *c* corresponding to the appropriate degrees of freedom (g= (m-1)(n-1)=(5-1)(2-1)=4). They are:

1. Physician's available time during de consultation
2. Practical skills of the doctor and of other health professionals
3. Practical skills of the persons attending the birth
4. The care given to the newborn
5. The care provided to me in the hospital after birth
6. Explanations and support received on how to control pain

That means a rejection of the null hypothesis that between felt safety and the six questions there is no connection.

In conclusion, for our target group has been statistically proven that safety is significantly related to: tim availability of health professionals, practical skills, explanations of how to control pain, the care given to the newborn and to the mother after birth.

For the remaining questions in the calculation of Pearson's χ test we obtained a value lower than those corresponding to the related freedom degree, which means that the null hypothesis is proven, i.e. there is no connection between felt safety and responses to these questions.

Following this statistical calculation we might conclude that for the safety assessment of the patients is not important the accessibility, waiting time, the ability to receive information by phone, explanations of tests and procedures to be performed during pregnancy, and how to control pain,

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conditions, friendship and respect.

But in order to avoid to draw foolish conclusion we deemed important to include a new stage in the study, namely to conduct **6 focus groups** involving 47 women who were involved in the study.

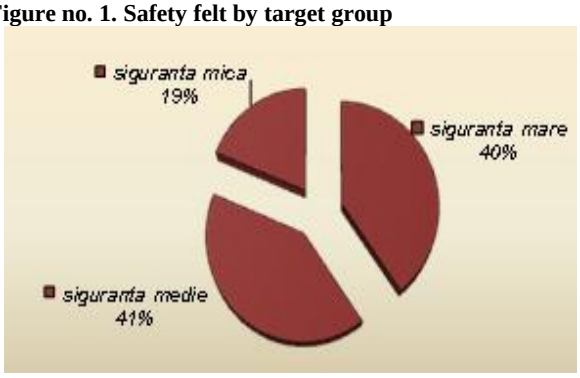
Table no. 1. Calculation of the Pearson test *c*

Question no.	a	b	c	d	e	Pearson correlation coefficient
Question 1	2	8	18	22	10	**C= 0,24**
Question 2	2	5	20	25	8	**C=0,30**
Question 3	9	14	27	6	4	**C=0,40**
Question 4	16	20	15	6	3	**C=0,08**
Question 5	8	10	29	8	5	**C=0,48**
Question 6	10	17	25	6	2	**C=0,34**
Question 7	8	12	16	17	7	**C=0,23**
Question 8	8	12	24	10	6	**C=0,38**
Question 9	7	10	25	11	7	**C=0,41**
Question 10	10	15	19	13	3	**C=0,13**
Question 11	9	15	24	7	5	**C=0,34**
Question 12	10	16	21	9	4	**C=0,44**
Question 13	9	11	20	12	8	**C=0,31**
Question 14	9	13	24	8	6	**C=0,37**
Question 15	11	13	25	7	4	**C=1**
Question 16	46	14	C=0,64			

The overall safety felt by the women surveyed

As a consequence of the analysis of the results obtained by calculating frequencies we can see that the trend regarding the women's safety in relation to the quality of care is greater in the situation "neither safe nor unsafe" of 41% (2), being followed by extremely safe and very safe of 40% (1), and on the third place comes the somewhat safe and unsafe situation of 19% (3).

Figure no. 1. Safety felt by target group



The general safety and accessibility

Bellow is shown the graphical representation of the results from question 1 - "It was easy to find a way to schedule me in the hospital for an appointment to a gynaecologist" and question 15 - "How safe do you feel in relation to the care received in hospital where you gave birth to a child".

At first sight we might conclude that, when it comes to safety, programming to a gynaecologist does not fall within the target group's expectations.

But the reality is that, since there is no phone number by which appointments may be made, the women gave randomly responses.

But the end focus groups have identified as a very important need for women to have access to an appointment to a gynaecologist in the hospital. In addition to this, because of this shortcoming, women prefer to seek a private specialty practice where they have this possibility.

Figure no. 2. Sases distribution depending on the safety felt by the target group

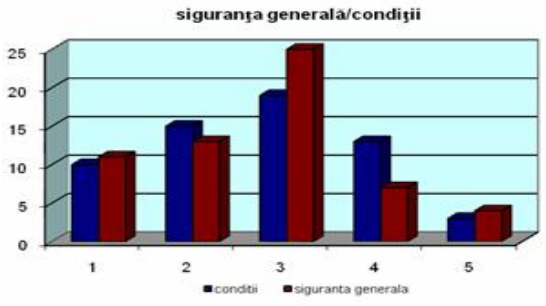
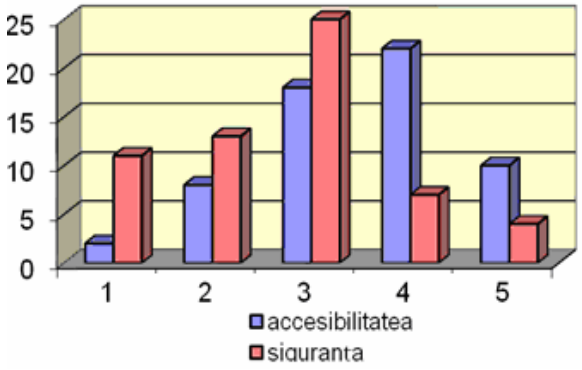


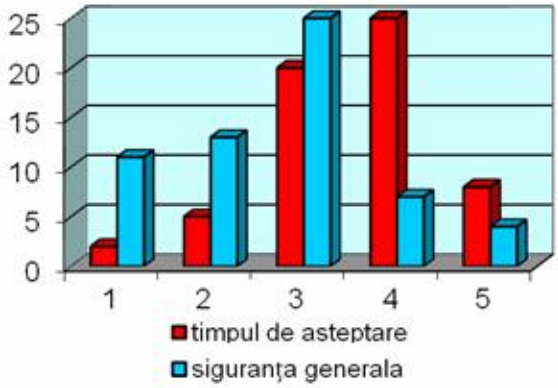
Figure no. 3. Safety - Accessibility



The general safety and waiting times

Bellow is shown the graphical representation of the results from question 2 - "The time I had to wait to see a medical specialist seemed to me " and question 15 - "How safe do you feel in relation to the care received in hospital where you gave birth to a child".

Figure no. 4. Influence of the waiting time for the female patients safety



We might conclude in this case too that waiting time is not an indicator of safety.

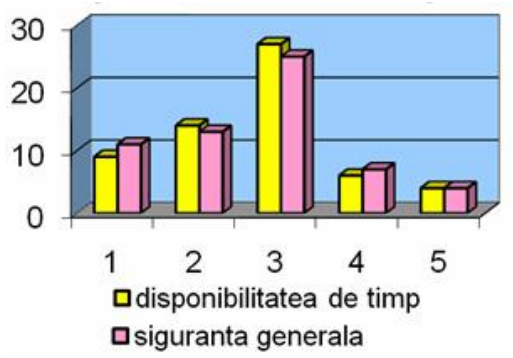
The focus group were those which helped me to draw the right conclusion, namely that a short waiting time was a need for women in the target group, but they did not realized this right, at it was considered as a "state of the facts" that cannot be changed, since there is no way to schedule]n advance.

The general safety / availability

Bellow is shown the graphical representation of the results from question 3 - "The available time of the physician during the consultation was " and question 15 - "How safe do you feel in relation to the care received in hospital where you give birth to a child":

It follows that for women in the target group, the physician's availability of time is a natural expectation.

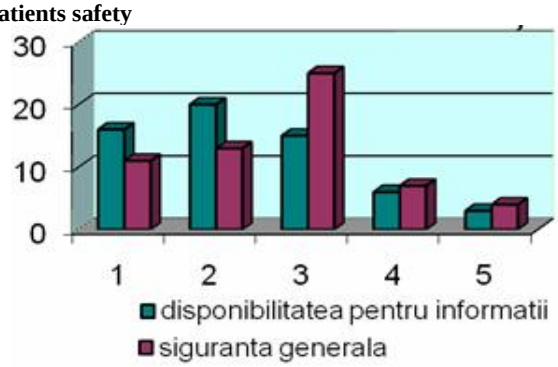
Figure no. 5. The influence on the female patient safety of the rime availability of the physician during the consultation



The general safety and communication

Bellow is shown the graphical representation of the results from question 4 - "The availability of medical professionals to provide information and advices by phone was" and to question 15: - "How safe do you feel in relation to the care received in hospital where you gave birth to a child".

Figure no. 6. The influence of the possibility to provide information and advices by phone regarding thefemale patients safety



The calculation of the correlation between the results from these two questions have proven again to be statistically insignificant, and that is normal since this kind of service does not yet exist in the maternity hospitals in the county of Alba. In this case, this type of service was requested by women in the focus group too.

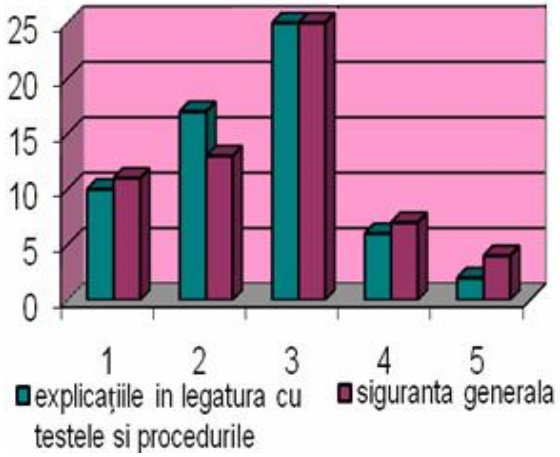
Within this category falls also the correlation calculated between question 6 - "The explanations received in connection with tests and procedures to be performed during pregnancy have been" and question 15 - How safe do you feel in relation to the care received in hospital where you gave birth to a child?"

As a consequence of the analysis of focus groups, in this case the women were not aware of their right, and, consequently, they have not comprised it in their expectations, although they stressed very much the importance of these needs. They used to receive this information from: their families, female neighbours, female friends, TV and generally from mass-media.

The general safety and interpersonal care

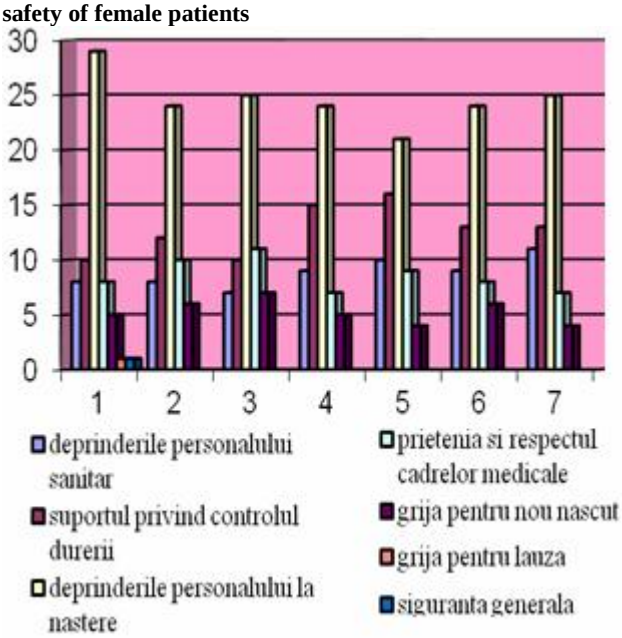
In this category we have correlated the general safety with: practical skills of the physician and other health professionals, support received on how to control pain, the skills of people who participated in the birth, friendship and respect received from health professionals, the care shown to the newborn and care which has been shown to the mother after birth.

Figure no. 7. Explanations related to tests and procedures performed corelated with the female patients safety



From all these correlations the only one that showed not to be statistically significant is that of safety and friendship, together with the respect shown by health professionals

Figure no. 8. Interpersonal care and its influence on the safety of female patients



Within the focus groups this was also deemed to be a need, but has not been highlighted because of old mindsets

General safety and conditions encountered

Bellow is shown the graphical representation of the results for these items. The correlation coefficient of 0.13 between the two is a very small one.

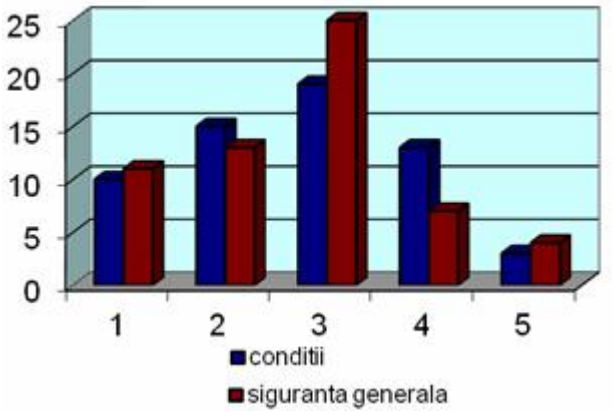
In the focus groups women stated that since "everywhere is the same situation" they have accepted the situation as it is.

The research results have shown that if we want to assess a particular service in the organization we work, it is o good thing, first of all, to identify the most effective communication channels through which to come to the mind and needs of the target group.

In this case, only the questionnaire was an

inadequate way to get to know which the target group expectations are really and if we only have limited to it, then our conclusions would have been wrong.

Figure no. 9. Influences on the female patients safety of the conditions provided by the maternity hospital



The target group we have chosen as a group with a lower education level was much more open / available for communication in the face-to-face discussions within the focus groups technique, wherefrom we also obtained very useful information.

By using both techniques we found that all seven areas identified are indeed some indicators to assess the safety and to get the best possible quality of medical services in maternity and newborn wards in the County of Alba.

It is crucial to develop specialized, accessible, accountable and friendly services which have to adopt a holistic approach, taking into account the physical, emotional and psychosocial need of mother and newborn. This implies that care should be holistic and family-centered, culturally appropriate and should involve women in the decision making process.

The pregnancy should be promoted as a physiological event rather than a disease, birth should not be seen as a problem, and newborn should not be considered patients.

Maternal and perinatal care should be able to meet, within in a holistic approach, the physical, emotional and psychosocial needs of mothers, newborns, fathers and their families.

Pregnancy and birth are normal physiological events and to conduct the interventions in an appropriate manner one should be focused on information, motivation and participation of the whole family and local community.

Whenever possible, all traditional care practices should be respected, but only after they have been tested for safety and efficiency. Each intervention should be evaluated for impact on cultural attitudes, and to facilitate its acceptance there should be conducted several briefings and discussions.

Participation of women in decision making should be fostered through efforts focused on promoting global health awareness and health education. All those listed above may be used to develop strategies and activities that require higher quality health care services.

To ensure that every woman during the pregnancy and after that receives appropriate care, both she and her family need information, skills and motivation to contribute to the support of healthy practices. The female population should be informed on its rights and on the laws in force. An example in this respect arose from discussions in focus groups: many women knew about the material benefits the mother receives for her child up to two years, and even more, but did not know that pregnant women is a priority for any medical service she approaches and that they have no longer to wait).

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