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Comparison of Perceptions between Healthcare Workers and Patients of Patient Participation Promotion Activities That Contribute to Patient Safety — A Questionnaire Survey of Five Hospitals

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ABSTRACT

Introduction: Patient participation is an important element of patient safety. This study aimed to clarify the differences between the perception of healthcare workers regarding patient participation promotion activities that contribute to patient safety and the perception of patients regarding their experience of these activities to identify points of intervention.

Methods: In this study, we administered a questionnaire to 100 healthcare workers and inpatients from each of the five target hospitals included. Ten patient participation promotion activities for improving patient safety were included in the questionnaire; healthcare workers were asked whether they believed that their hospital implemented each of the activities and inpatients whether they had experienced each activity. A Cochran-Mantel-Haenszel test stratified by hospital was performed.

Results: Overall, 467 (93.4%) questionnaires were collected from healthcare workers and 303 (60.6%) from inpatients. Inpatients recognized the items “Explanation that the patient is a member of the medical care team” (61.6% healthcare workers vs. 30.6% inpatients) and “Publicize the patient consultation service” (83.3% vs. 50.4%) less significantly than healthcare workers. Inpatients recognized the “Providing decision support tools” more significantly (38.9% vs. 50.2%). Notably, “Explanation that any hazards or concerns should be pointed out” was low for both (60.8% vs. 60.3%) groups.

Conclusions: To encourage patient participation, healthcare workers may need to explicitly inform patients that they are part of the healthcare team, inform them of the existence of systems for collecting patients’ opinions and complaints, and emphasize decision support tools. Moreover, it should be emphasized that patients can discover medical accidents.

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Introduction

Recently, the need for patients and their families to participate in healthcare has been increasingly recognized.¹⁻⁵⁾ Patient participation is a broad concept with wide-ranging objectives and includes guaranteeing patient rights, improving the quality of healthcare, and ensuring patient safety. For example, shared decision making, which has gained importance in recent years as a tool to support decision making in patient-centered care, is an important element of patient participation.⁴⁻⁶⁾ Patient participation is also recognized as a means of directly preventing medical accidents. In addition to basic processes, such as checking the patient's full name for each consultation and examination and double checking the drugs administered to the patient, the patient can be the discoverer or reporter of medical accidents.^{4,7-9)} Furthermore, the collection of patients' opinions and complaints is useful for improving the quality of healthcare and patient safety and enhancing patient satisfaction.⁷⁾ The participation of citizens and patients in hospital management and health policy making may also be included in the concept of patient participation.^{1,4)} The Tokyo Declaration on Patient Safety, adopted at the Third Global Ministerial Summit on Patient Safety in April 2018, indicated the importance of patient and patient family participation in "all aspects of healthcare services" for the provision of safe and quality healthcare.¹⁰⁾

In Japanese hospitals, although patient participation is stated in philosophy or policy, specific activities are often left to individual healthcare workers and sections.⁴⁾ Even if healthcare workers make conscious efforts to promote patient participation, it has been observed that patients do not always recognize or accept their efforts. To the best of our knowledge, no previous study has examined the differences between healthcare workers' and patients' perceptions of patient participation promotion activities. By clarifying these differences, it is possible to identify areas that require improvement or intervention. This study aimed to identify the differences between the perception of healthcare workers toward the implementation of activities promoting patient participation and the perception of patients concerning their experiences in terms of patient participation promotion activities that contribute to patient safety.

Methods

Sample

A questionnaire survey was administered to 500 healthcare workers (100 each) and 500 inpatients (100 each) from five hospitals across the country in January 2022. The hospitals were selected via purposive sampling from hospitals that are members of the All Japan Hospital Association, which had acute care functions with at least 200 beds, and their consent was obtained individually. The selection of respondents and methods of distribution and collection was left to the hospitals. As for the healthcare workers, we requested the number of respondents to be 20 doctors, 50 nurses, and 30 other healthcare workers for each hospital.

Questionnaires

We selected 10 patient participation promotion activities to improve patient safety with reference to previous studies and public institutional frameworks^{1,3-10)} (Table 1). These 10 activities were grouped into four domains, namely, Domain I "Explanations to encourage patient participation" included one activity, Domain II "Activities related to shared decision making" included five activities, Domain III "Activities directly related to the prevention of medical accidents" included two activities, and Domain IV "Collection of patients' opinions and complaints" included two activities. The patient consultation service in Activity 9 is a contact point for collecting patients' opinions and complaints, which is mandatory for academic medical centers according to the Enforcement Regulations on the Medical Care Act, and many other hospitals have also set up such a service. The Medical Care Safety Support Centers in Activity 10 are public institutions established by all prefectures and some large municipalities to respond to patients' complaints, concerns, and consultations regarding healthcare and to provide advice and information on patient safety to hospitals, patients, and the public. Two types of questionnaires were developed, one for healthcare workers and one for inpatients, asking about the perceptions of the implementation of these 10 activities in hospitals. The questionnaire for healthcare workers was in the form of a four-point Likert scale ("agree," "agree a little," "disagree a little," and "disagree") to determine whether they thought each of the 10 activities

Table 1 Ten identified patient participation promotion activities and question items

	Activities	Question items
Domain I. Explanations to encourage patient participation		
1	Explanation that the patient is a member of the medical care team	We explained that/I was briefed that "Patients are members of the 'medical team' and should actively participate in discussions that determine the course of treatment and other decisions."
Domain II. Activities related to shared decision making		
2	Discussion of treatment goals	We discuss the goals of treatment (to what degree of recovery) with our patients./I discussed the goals of my treatment with healthcare workers.
3	Explanation of treatment options	We fully explain treatment options to our patients./I have been fully informed of my treatment options.
4	Check understanding of explanations	We check the patient's understanding of the explanation./My understanding of the explanation was assessed.
5	Providing decision support tools	We provide decision support tools (leaflets, videos, websites, etc. on diseases and treatments) to our patients./I was provided with decision support tools.
6	Eliciting patients' values and wishes	We ask our patients enough about their values and wishes related to their choice of treatment plan./I was asked enough about my values and wishes related to my choice of treatment plan.
Domain III. Activities directly related to the prevention of medical accidents		
7	Implementation of confirmation	We are actively involved in patient participation in confirmatory actions related to patient safety./I was asked for my full name every time I was examined or tested.
8	Explanation that any hazards or concerns about treatment should be pointed out	We explain that/I was explained that "If there is anything that you feel is dangerous that could lead to an accident, please do not hesitate to tell the staff."
Domain IV. Collection of patients' opinions and complaints		
9	Publicize the patient consultation service	We make our patients aware of the patient consultation service where patients can give their opinion/complaint or ask for advice./I know about the patient consultation service where I can give my opinion/complaint or ask for advice.
10	Cooperation with the medical care safety support centers	We are actively working with the "medical safety support center."/I know about the "medical safety support center."

was being implemented in their hospital. The questionnaire for the inpatients was in the form of a "yes," "no," "not sure," or "not applicable" response to determine whether they experienced any of the 10 activities during their hospital stay.

Statistical analysis

As for the survey of healthcare workers, the responses were grouped into two categories, "implemented" ("agree" or "agree a little") and "not implemented" ("disagree a little" or "disagree"). As for the survey of inpatients, "yes" was regarded as "experienced" and "no" as "not experienced." The responses of "not sure" and "not applicable" were excluded. For each of the 10 patient participant promotion activities, the percentage of healthcare workers responding "implemented" and "not implemented" was compared with the percentage of inpatients responding "experienced" and "not experienced." A Cochran-Mantel-Haenszel test stratified by hospitals was used to identify the items for which healthcare workers

and inpatients had different perceptions. Statistical significance was set at $p < 0.05$.

Ethics statement

The study was approved by the Ethics Committee of the All Japan Hospital Association (December 13, 2021; approval number: R2-001).

Results

Hospitals and participants

The five surveyed hospitals had a minimum of 224 beds and a maximum of 331 beds, with four acute hospitals and one hospital with both acute and chronic functions. Two hospitals were located in Saitama Prefecture, and one each in Ibaraki, Tokyo, and Aichi Prefectures. The number of questionnaires collected was 467/500 (response rate: 93.4%) for healthcare workers and 303/500 (60.6%) for inpatients. The number of questionnaires collected from healthcare workers by occupation was 74 for physicians, 234 for nurses, and 158 for other occupations.

Perceptions of healthcare workers and inpatients

Table 2 shows the perceptions of healthcare workers and inpatients toward patient participation promotion activities. Activity 1 “Explanation that the patient is a member of the medical care team” was answered as “implemented” by 61.6% of healthcare workers. In contrast, 30.6% of inpatients answered “experienced,” which was significantly lower. Four of the five activities in Domain II “Activities related to shared decision making” were not significantly different, with both the proportion of healthcare workers responding “implemented” and the proportion of inpatients responding “experienced” being high. Activity 5, namely, “Providing decision support tools,” was significantly higher on the inpatient side, with healthcare workers and inpatients accounting for 38.9% and 50.2%, respectively. Among the activities in Domain III “Activities directly related to the prevention of medical accidents,” Activity 7, namely, “Implementation of confirmation,” was found to be significantly higher in inpatients; it was also high in healthcare workers at 87.5%. Activity 8, namely, “Explanation that any hazards or concerns about treatment should be pointed out,” was observed to be approximately 60% in both groups. For the two activities in Domain IV “Collection of patients’ opinions and complaints,” both were significantly higher in healthcare workers.

Discussion

The survey revealed that of the 10 patient participation promotion activities that could contribute to patient safety, there were differences between the healthcare workers’ perceptions of the implementation status and patients’ perceptions of their experiences.

Only approximately 30% of patients recognized that they had experienced Activity 1, namely, “Explanation that the patient is a member of the medical care team,” which was significantly lower than the proportion of healthcare workers who recognized that it was implemented. A previous study identified factors that inhibit patient participation, such as patients feeling that their role and status are subordinate to those of physicians, fearing that they will be disliked, and becoming passive.¹¹ To promote patient participation, measures should be undertaken to more reliably and explicitly explain that healthcare workers and patients are equal partners as members of the medical care team and that patients also have a required role to play.

A high proportion of both healthcare workers and patients recognized the implementation or experience of four of the five activities in Domain II. This may be because the need for specific procedures for shared decision making is widely recognized and practiced by healthcare workers. Of those four items, >80% of both healthcare workers and patients recognized Activity 3, namely, “Explanation of treatment options” and Activity 4, namely, “Check understanding of explanations.” These are one-way communications from healthcare workers to patients. Activity 2: “Discussion of treatment goals” and Activity 6: “Eliciting patients’ values and wishes” were recognized by a slightly lower proportion of patients. This was presumably because these items, which require more interactive communication and the ability to elicit hope from the patient in treatment, are more difficult than the previous two items.¹¹ Activity 5, namely, “Providing decision support tools” was significantly higher in the patient group. The actions taken by the patients themselves may make a strong impression on them. It is suggested that patients receive more information regarding decision making from leaflets, videos, and websites than healthcare workers might imagine. These tools, which encourage independent and repetitive patient-directed learning, could be a useful means of providing information to patients and should be implemented more than ever.

As for Domain III, the percentage of both healthcare workers and patients who recognized Activity 7, namely, “Implementation of confirmation,” was high, confirming that confirmatory actions, a basic patient participation promotion activity for patient safety, are widely spread and established. In contrast, only approximately 60% of both healthcare workers and patients recognized Activity 8, namely, “Explanation that any hazards or concerns about treatment should be pointed out.” Previous studies have reported that patients may discover medical accidents or incidents that healthcare workers were unaware of; however, only a fraction of these incidents was reported to healthcare workers, and even fewer reached the point of in-hospital reporting.^{8,9} Both healthcare workers and patients should be made aware that the detection and prevention of medical accidents are among the roles expected of patients. Patients should be repeatedly and reliably informed of this, and healthcare workers should create an environment in which patients do not hesitate to point out hazards or concerns.

The collection of patient opinions and complaints should

Table 2 Healthcare workers' and inpatients' perceptions toward patient participation promotion activities

			"Implemented" or "Experienced"		"Not implemented" or "Not experienced"		Total n	p †
			n	(%)	n	(%)		
Domain I. Explanations to encourage patient participation								
1	Explanation that the patient is a member of the medical care team	Healthcare workers	285	(61.6)	178	(38.4)	463	<0.001 *
		Inpatients	59	(30.6)	134	(69.4)	193	
Domain II. Activities related to shared decision making								
2	Discussion of treatment goals	Healthcare workers	358	(77.2)	106	(22.8)	464	0.629
		Inpatients	182	(76.2)	57	(23.8)	239	
3	Explanation of treatment options	Healthcare workers	384	(82.9)	79	(17.1)	463	0.459
		Inpatients	217	(86.8)	33	(13.2)	250	
4	Check understanding of explanations	Healthcare workers	383	(82.5)	81	(17.5)	464	0.951
		Inpatients	213	(83.5)	42	(16.5)	255	
5	Providing decision support tools	Healthcare workers	180	(38.9)	283	(61.1)	463	0.028 *
		Inpatients	121	(50.2)	120	(49.8)	241	
6	Eliciting patients' values and wishes	Healthcare workers	337	(72.8)	126	(27.2)	463	0.245
		Inpatients	152	(68.2)	71	(31.8)	223	
Domain III. Activities directly related to the prevention of medical accidents								
7	Implementation of confirmation	Healthcare workers	407	(87.5)	58	(12.5)	465	0.001 *
		Inpatients	279	(95.9)	12	(4.1)	291	
8	Explanation that any hazards or concerns about treatment should be pointed out	Healthcare workers	281	(60.8)	181	(39.2)	462	0.582
		Inpatients	135	(60.3)	89	(39.7)	224	
Domain IV. Collection of patients' opinions and complaints								
9	Publicize the patient consultation service	Healthcare workers	390	(83.7)	76	(16.3)	466	<0.001 *
		Inpatients	128	(50.4)	126	(49.6)	254	
10	Cooperation with the medical care safety support centers	Healthcare workers	240	(52.7)	215	(47.3)	455	<0.001 *
		Inpatients	45	(17.7)	209	(82.3)	254	

†Hospitals adjusted by Cochran-Mantel-Haenszel test

*p<0.05

be emphasized to protect patients' rights and improve the quality of healthcare. The collection of and response to patient opinions and complaints is a mandatory requirement in the hospital accreditation of the Japan Council for Quality Health Care.¹²⁾ However, the proportion of patients recognizing Activity 9, "Publicize the patient consultation service," was significantly lower, suggesting that the existence of the patient consultation service is not always well known. It was observed that Activity 10, "Cooperation

with the medical care safety support centers," was even lower in patients. The existence of systems for collecting patients' opinions and complaints should be better publicized.

Limitations of the study

A limitation of this study is that the study included only five hospitals, which were selected purposively. The sample size and methodology of this study were insufficient to examine differences in results based on hospital character-

istics. The results may differ in hospitals of different sizes, functions, locations, and proactiveness in patient safety. Studies with large, random, stratified sampling could be used in the future.

Conclusion

This study identified differences between the healthcare workers' and patients' perceptions toward patient participation promotion activities that may contribute to patient safety. To make patient participation promotion activities more effective, it was suggested that more reliable and explicit explanations of patient participation should be provided to patients, the existing systems for collecting patients' opinions and complaints should be better publicized, and healthcare workers should place more emphasis on decision support tools, such as leaflets. It was also recommended that both healthcare workers and patients should be informed that patients are expected to play a role as medical incident and accident discoverers. It is hoped that these findings will be utilized in medical practice and policy to further promote patient safety through patient participation.

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Authors' contribution: K.H., Y.N., and T.H. substantially contributed to study conceptualization. Y.N., S.I., and T.H. led the implementation of the questionnaire survey. K.H., R.O., Y.H., and S.F. contributed to data analysis and interpretation. K.H., K.S., and K.M. contributed to the drafting of the manuscript. All the authors critically reviewed and revised the manuscript and approved the final version for submission.

Ethics statement: The study was approved by the Ethics Committee of the All Japan Hospital Association (December 13, 2021; approval number: R2-001).

Conflicts of interest: None declared.

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