

Comparison study of Health Care Professionals attitudes toward supporting patient involvement in patient safety in two women's hospitals in Colombo district

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Abstract:-Purpose: It is well recognized that addressing patient safety related incidents have a positive impact on patient healthcare outcomes. However, health care professional's attitudes towards patient participation in patient safety were minimally assessed in Sri Lanka

Methodology This is a hospital-based descriptive, cross-sectional study were carried out in tertiary care Women's hospitals in the Colombo district. The sample size is 422. Stratified random sampling methods were used to get the required sample size. The data was collected using a self-administered questionnaire.

Findings Overall, there was a positive attitude for the patient involvement in patient safety in both women's hospitals among all three-health care professional categories.

Originality/value Comparison study of Perspectives of HCPs on patient involvement in patient safety survey, which was done in SL for the first time in a government woman's hospitals in Sri Lanka.

Key words - Patient involvement, HCP attitude, Patient safety

1 INTRODUCTION

Patient safety can, be defined as: 'The avoidance, prevention and reduction of adverse events or injuries stemming from healthcare delivery process' [1]. In a modern medicine, it is well recognized that patient safety is a key component of a patient care. Patient participation in their own healthcare depends on extend of health care professionals and patients' interpersonal relationship, provision of health-related information and involvement of clinical communication.[2]. It is well established that patient participation has a positive impact on favorable patient outcomes.

Health Care professionals (HCP) generally have a positive attitude towards patient involvement in patient safety. However, there are significant differences among different health care professional categories about patient safety. Therefore, we decided to include three different health care professional categories in our study include Doctors, Nursing Officers and Midwives. Our study conducted two leading women's hospital in Sri Lanka. De Soysa Hospital for Women (DSHW) is the oldest women's hospital in Sri Lanka has a bed strength of 343 with a annually around 7500 births. Castle Street Hospital for Women (CSHW). is the premier women's hospital in Sri Lanka has a bed strength of 442 with a annually performing around 12000 deliveries.

It is well recognized that addressing patient safety related incidents have a positive impact on patient healthcare outcomes. However, patient safety related factors and health care professional's participation in patient safety were minimally assessed in Sri Lanka. Two women's hospitals were used in the study have a certain extend of patient safety culture with a significant difference in two women's hospitals. Therefore, study was designed to analyze the health care professionals' perspectives on patient

involvement in patient safety in two women's hospitals and to identify key differences among the which will obviously provide a initiate patient safety program and to strengthen existing systems of patient safety culture.

General Objective

Comparison study of attitudes toward supporting patient involvement in patient safety as a Health Care Professionals (HCP) among two women's hospitals

Specific Objectives

1. To Compare the HCP attitudes towards the factual questions among two women's hospitals
2. To Compare the HCP attitudes towards the Challenging questions among two women's hospitals
3. To Compare the HCP attitudes towards the Notifying questions among two women's hospitals
4. To Compare the HCP attitudes towards the Information provision questions among two women's hospitals
5. To Compare the HCP attitudes towards the Reporting incidents questions among two women's Hospitals.

Methodology

This is a hospital-based descriptive, cross-sectional study were carried out in tertiary care Women's hospitals in the Colombo district namely De Soysa Hospital for Women (DSHW) and Castle Street Hospital for Women (CSHW). The study was carried out Ten months period of time and data collected two months period of time in each hospital. Study population included those who were attached to five obstetrics and gynaecological units at CSHW and four obstetrics and gynaecological units at DSHW were included for the study. 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.

Sample size were 422 calculated according to Lwanga and Lemeshow, 1991 formula. Stratified Random sampling method were carried out to get the required sampling size. The data collected instruments were self-administered questionnaire. Focus group discussion was held at Quality unit at CSHW. Aim of the focus group discussion was to adapt of the questionnaire to suit local conditions. some variables were omitted from the questionnaire used in that study due to inapplicability in the Sri Lankan context. A few variables were added in relation to the working condition and to suit the Sri Lankan context.

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

Questionnaire- 02 was developed comprising 22 items to assess selected HCP attitudes to support patient involvement in different safety related behaviors. Three main categories of “interactional behaviors” were examined that involve engaging in dialogue with selected HCP: asking factual questions (05 items), challenging questions (5 items) and notifying selected HCP problems or errors in their care (04 items). Two categories were used to assess attitude to support “non-interactional behaviors” this include information provision questions (05 items) and incident reporting questions (03 items). The responses to these questions were assessed in the Likert Scale. 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. Ethical approval of the study was obtained from ethical review committee Post Graduate Institute of Medicine, University of Colombo. Approval were also obtained from the Directors of CSHW and DSHW concerned were also informed of the study and necessary approval was obtained. Explanation were made to them on the nature of the study, expectation from participants,

and how confidentiality would be ensured. The voluntary nature of the participants was explained.

Results

Table 01 Participant Characteristics - CSHW

Sociodemographic		Doctors	Nurses	Midwives	Total
Variables		n=53 (28%)	n=97 (51.3%)	n =39(20.6%)	n=189(100%)
Sex	Male	43 (81.10%)	0	0	
	Female	10 (18.9%)	97 (100%)	39 (100%)	
Age					
	1 (<30 yrs)	26 (49.1%)	21 (21.6%)	02 (5.1%)	49 (29.5%)
	11 (31-40 yrs)	16 (30.2%)	45 (46.4%)	19 (48.7%)	80 (42.3%)
	111 (41-50 yrs)	9 (17%)	24 (24.7%)	15 (38.5%)	48 (25.4%)
	1V (>51yrs)	2 (3.8%)	07 (7.2%)	03 (7.7%)	12 (6.3%)
Professional category					
	Consultants		02 (1.1%)		
	Post Graduate Trainee		06 (3.2%)		
	Senior House Officer		20 (10.6%)		
	Resident House Officer		10 (5.3%)		
	Intern House Officer		15 (7.9%)		
	Ward Sister		03 (1.6%)		
	Grade Nursing Officer		94 (47.7%)		
	Midwife		39 (20.6%)		
Total Working experience					
Years					
	<5	28 (52.8%)	18 (18.6%)	03 (7.7%)	49 (25.9%)
	6- 10	09 (17%)	31 (32%)	11 (28.2%)	51 (27%)
	11-15	12 (22.6%)	28 (28.6%)	12 (30.8%)	52 (27.5%)
	16-20	02 (3.8%)	17 (17.5%)	08 (20.5%)	27 (14.3%)
	21-25	01 (1.9%)	03 (3.1%)	04 (10.9%)	08 (4.2%)
	> 26	01 (1.9%)	00 (0%)	01 (2.6%)	02 (1.1%)
Working experience in current institution					
Years					
	< 5	53 (100%)	78 (80.4%)	13 (33.3%)	144 (76.2%)
	6- 10	00 (0.0%)	16 (16.5%)	13 (33.3%)	39 (15.3%)
	11-15	00 (0.0%)	01 (0.1%)	10 (25.6%)	11 (5.8%)
	16-20	00 (0.0%)	02 (2.1%)	03 (7.7%)	05 (2.6%)
Qualifications					
	Diploma	00 (0.0%)	00 (0.0%)	39 (100%)	39 (20.6%)
	Basic Degree	00 (0.0%)	97 (100%)	00 (0.0%)	97 (51.3%)
	Undergraduate Degree	51 (96.2%)	00 (0.0%)	00 (0.0%)	51 (27%)
	Postgraduate Degree	02 (3.8%)	00 (0.0%)	00 (0.0%)	02 (1.1%)

Table 1 shows participant characteristics in CSHW. There were 189 respondents. (Total sample was 211 with an 89.5% response rate). There were 53(28%) doctors, 97(51%) nurses and 39 (21%) midwives for the study sample. CSHW participants' main characteristics were similar to the total sample.

Table 02 Participant Characteristics - DSHW

Sociodemographic		Doctors	Nurses	Midwives	Total
Variables		n=41 (20.3%)	n=118 (58.4%)	n=43 (21.3%)	n=202 (100%)
Sex	Male	32 (78%)	0	0	
	Female	09 (22%)	118(100%)	43(100%)	
Age					
	1 (<30 yrs)	20 (48.8%)	27 (22.9%)	05 (11.6%)	52 (25.7%)
	11 (31-40 yrs)	09 (22%)	47 (39.8%)	17 (39.5%)	73 (36.1%)
	111 (41-50 yrs)	09 (22%)	35 (29.7%)	14 (32.6%)	58 (28.7%)
	1V (>51 yrs)	03 (7.3%)	09 (7.6%)	07 (16.3%)	19 (9.4%)
Professional category					
	Consultants		03 (1.5%)		
	Post Graduate Trainee		04 (2%)		
	Senior House Officer		15 (7.4%)		
	Resident House Officer		08 (4%)		
	Intern House Officer		11 (5.4%)		
	Ward Sister		04 (2%)		
	Grade Nursing Officer		114 (56.4%)		
	Midwife		43 (21.3%)		
Total Working experience					
Years					
	<5	20 (48.8%)	16 (13.6%)	15 (34.9%)	51 (25.2%)
	6- 10	08 (19.5%)	42 (35.6%)	09 (20.9%)	59 (29.2%)
	11-15	08 (19.5%)	19 (16.1%)	07 (16.3%)	34 (16.8%)
	16-20	02 (4.9%)	29 (24.6%)	08 (18.6%)	39 (19.3%)
	21-25	01 (2.4%)	04 (3.4%)	04 (9.3%)	09 (4.5%)
	> 26	02 (4.9%)	08 (6.8%)	00 (0.0%)	10 (5.0%)
Working experience in current institution					
Years					
	< 5	39 (95.1%)	49 (41.5%)	29 (67.4%)	117 (57.9%)
	6- 10	00 (0.0%)	58 (49.2%)	11 (25.6%)	69 (34.2%)
	11-15	01 (2.4%)	09 (7.6%)	03 (7%)	13 (6.4%)
	16-20	01(2.4%)	02 (1.7%)	00 (0.0%)	03 (1.5%)
Qualifications					
	Diploma	00 (0.0%)	00 (0.0%)	43 (100%)	43 (21.3%)
	Basic Degree	00 (0.0%)	118 (100%)	00 (0.0%)	118 (58.4%)
	Undergraduate Degree	38 (92.7%)	00 (0.0%)	00 (0.0%)	38 (18.8%)
	Postgraduate Degree	03 (7.3%)	00 (0.0%)	00 (0.0%)	03 (1.5%)

Table 02 shows participant characteristics in DSHW. Altogether there were 202 respondents. (Total sample was 211 with a 96% response rate). There were 41(20.3%) doctors, 118(58.4%) nurses and 43(21.3%) midwives for the study sample. DSHW participants' main characteristics were similar to the total sample.

Table 03 - Comparison of doctors in two women's hospitals regarding attitudes toward Supporting patient involvement in patient safety as a selected HCP. (Survey 01)

Item description	CSHW (n=53)		DSHW (n=41)		P value
	Mean	SD	Mean	SD	
Factual questions (interactional behaviour)					
Would you prefer if patient ask ,					
1. Duration of hospital stay?	4.96	0.67	5.04	0.31	0.45
2. Duration of pain?	5.45	0.53	5.48	0.59	0.76
3. Signs should look out for if wound is not healing as it should?	5.24	0.80	5.19	0.74	0.75
4. Returning to normal activities?	5.41	0.53	5.14	0.69	0.03*
5. About the technique of procedure done?	5.47	0.79	5.56	0.67	0.56
Total	5.30	0.31	5.28	0.24	0.71
Challenging questions (interactional behaviour)					
Would you prefer if patient ask,					
6. Whether this is the correct medication for me?	5.05	0.79	5.14	0.61	0.55
7. About your identification?	4.81	0.80	5.04	0.49	0.08
8. About your hand washing?	4.54	0.97	4.75	1.04	0.32
9. About your experience on particular task ?	5.13	0.78	5.24	0.66	0.46
10. Opinion on receiving medication in her native language	5.24	0.75	5.19	0.67	0.74
Total	4.95	0.53	5.07	0.31	0.18
Notifying (interactional behaviour)					
Would you like the patient notifying,					
11. About not receiving the results of a medical test?	5.18	0.59	5.19	0.45	0.95
12. About an error that has occurred during their care?	5.30	0.60	5.43	0.67	0.30
13.If wound become infected	5.16	0.75	5.39	0.58	0.12
14 About the correct site for the surgery?	5.22	0.69	5.36	0.53	0.29
Total	5.22	0.47	5.34	0.29	0.11
Information provision,					
Would you prefer if patient,					
15. Brings the list of medications to the hospital?	5.32	0.58	5.21	0.47	0.36
16. Provides list of allergies	5.56	0.53	5.63	0.48	0.52
17. Provides information regarding current health conditions?	5.75	0.47	5.48	0.59	0.02*
18. Provides information for adverse events analysis?	4.69	1.08	4.19	1.00	0.02*
19. Opinion on Information Provision in her native language	5.24	0.78	5.19	0.55	0.72
Total	5.31	0.44	5.14	0.28	0.02*
Reporting incidents,					
Would you prefer if the patient ,					
20.Reports to local authority/hospital about adverse event?	4.18	1.11	3.70	0.74	0.01**
21.Asks for a compensation?	2.73	1.52	1.92	0.84	0.00**
22. Divulges a medical error to public by mass media?	1.83	1.05	1.52	0.74	0.10
Total	2.91	1.029	2.38	0.60	0.00**

Table 03 displays comparison of doctors in two women's hospitals regarding attitudes toward Supporting patient involvement in patient safety as a selected HCP. Overall doctors had positive attitude towards patient involvement as HCP in both hospitals. Most of the items doctors in both hospitals no significant difference noted except two. Item of "Information provision" and "Incident reporting" showed significantly higher score from CSHW compare to DSHW ($P < 0.05$).

Table 04 - Comparison of nurses in two women's hospitals regarding attitudes toward supporting patient involvement in patient safety as a selected HCP. (Survey 01)

Item Description	CSHW (n=97)		DSHW (n=118)		P value
	Mean	SD	Mean	SD	
Factual questions (interactional behaviour)					
Would you prefer if patient ask ,					
1. Duration of hospital stay?	5.53	0.85	5.00	0.53	0.00**
2. Duration of pain?	5.57	0.59	5.21	0.58	0.00**
3. Signs should look out for if wound is not healing as it should?	4.22	0.53	4.87	0.53	0.00**
4. Returning to normal activities?	5.24	0.54	4.69	0.76	0.00**
5. About the technique of procedure done?	3.86	0.81	5.14	4.47	0.01*
Total	4.89	0.33	4.98	0.90	0.32
Challenging questions, (interactional behaviour)					
Would you prefer if patient ask,					
6. Whether this is the correct medication for me?	3.80	0.79	3.51	0.74	0.01*
7. About your identification?	4.67	0.60	4.11	0.76	0.00**
8. About your hand washing?	5.25	0.76	4.83	0.52	0.00**
9. About your experience on particular task ?	4.48	0.67	4.34	0.47	0.08
10. Opinion on receiving medication in her native language	4.55	0.59	4.86	0.48	0.00**
Total	4.55	0.41	4.33	0.33	0.00**
Notifying questions, (interactional behaviour)					
Would you like the patient notifying,					
11. About not receiving the results of a medical test?	5.29	0.95	4.56	0.61	0.00**
12. About an error that has occurred during their care?	4.61	0.75	5.04	0.46	0.00**
13.If wound become infected	4.60	0.71	5.15	0.48	0.00**
14. About the correct site for the surgery?	4.71	0.87	5.51	0.63	0.00**
Total	4.68	0.49	5.06	0.26	0.00**
Information provision questions,(non interactional behaviour)					
Would you prefer if patient,					
15 brings the list of medications to the hospital?	5.42	0.82	5.12	0.35	0.00**
16 provides list of allergies	5.48	0.50	5.75	0.47	0.00**
17 provides information regarding current health conditions?	5.45	0.57	5.07	0.43	0.00**
18 provides information for adverse events analysis?	4.22	0.96	4.02	1.22	0.18
19.Opinion on Information Provision in her native language	4.79	0.53	5.50	0.68	0.00**
Total	5.07	0.32	5.09	0.27	0.62
Reporting incidents,					
Would you prefer if the patient ,					
20. Reports to local authority/hospital about adverse event?	3.81	0.74	4.63	0.60	0.00**
21. Asks for a compensation?	1.91	1.22	2.27	0.62	0.01*

22. Divulges a medical error to public by mass media?	1.80	0.93	1.38	0.79	0.00**
Total	2.51	0.78	2.76	0.44	0.00**

Table 04 displays comparison of nurses in two women’s hospitals regarding attitudes toward Supporting patient involvement in patient safety as a selected HCP. Result showed that nurses at DSHW scored significantly higher than of CSHW for two components (P < 0.01). Components were notifying questions and incident reporting questions. Nurses at CSHW scored significantly higher than DSHW in “challenging questions” (P < 0.01).

Table 05 - Comparison of midwives in two women’s hospitals regarding attitudes toward supporting patient involvement in patient safety as a selected HCP. (Survey 01)

Item Description	CSHW	n=(37)	DSHW	n=(43)	P value
	Mean	SD	Mean	SD	
Factual questions (interactional behaviour)					
Would you prefer if patient ask ,					
1. Duration of hospital stay?	4.79	0.86	4.81	0.85	0.92
2. Duration of pain?	4.87	0.83	5.09	0.78	0.21
3. Signs should look out for if wound is not healing as it should?	4.48	0.82	4.72	0.85	0.21
4. Returning to normal activities?	4.74	0.63	5.30	0.70	0.00**
5. About the technique of procedure done?	4.12	1.15	4.27	0.76	0.49
Total	4.60	0.50	4.84	0.45	0.03*
Challenging questions (interactional behaviour)					
Would you prefer if patient ask,					
6. Whether this is the correct medication for me?	4.23	0.77	3.97	0.83	0.15
7. About your identification?	4.71	1.02	4.53	0.88	0.38
8. About your hand washing?	4.64	0.98	4.93	0.70	0.13
9. About your experience on particular task ?	4.64	0.87	4.62	0.84	0.94
10. Opinion on receiving medication in her native language	5.00	0.76	4.69	0.59	0.04*
Total	4.64	0.53	4.55	0.48	0.41
Notifying questions (interactional behaviour)					
Would you like the patient notifying,					
11. About not receiving the results of a medical test?	4.89	0.55	4.95	0.99	0.75
12. About an error that has occurred during their care?	4.82	0.68	4.79	0.77	0.85
13.If wound become infected	5.20	0.83	4.49	1.08	0.05
14. About the correct site for the surgery?	4.58	1.06	4.83	1.04	0.29
Total	4.87	0.60	4.84	0.62	0.79
Information provision questions (non interactional behavior),					
Would you prefer if patient,					
15 Brings the list of medications to the hospital?	5.25	0.67	5.18	0.90	0.69
16 Provides list of allergies	5.41	0.54	5.79	0.41	0.00**
17 Provides information regarding current health conditions?	5.58	0.54	5.34	0.57	0.05*
18 Provides information for adverse events analysis?	5.17	0.82	4.18	1.18	0.00**
19.Opinion on Information Provision in her native language	5.15	0.74	4.97	0.80	0.30
Total	5.31	0.41	5.09	0.39	0.01*
Incident Reporting questions, (non interactional behavior)					
Would you prefer if the patient ,					

20.Reports to local authority/hospital about adverse event?	4.43	0.64	4.02	0.96	0.02*
21.Asks for a compensation?	3.10	1.09	2.09	1.28	0.00**
22. Divulges a medical error to public by mass media?	2.25	1.11	1.53	0.90	0.00**
Total	3.26	0.75	2.55	0.84	0.00**

Table 05 shows comparison of midwives in two women's hospitals regarding attitudes toward Supporting patient involvement in patient safety as a selected HCP. Result showed midwives at CSHW were scoring significantly higher in two components, namely "Incident reporting" questions and "Information provision" questions ($P < 0.01$). For the "Factual questions", midwives got the significantly higher results ($P < 0.01$).

Discussion

Comparison of two women's hospitals showed similarities and dissimilarities between two health care institutions. Comparison of doctors of two hospitals as a HCPs' showed that doctors at CSHW had more positive attitude than DSHW doctors in three components and out of which, two components were statistically significant also (Table 03). (Information provision questions and incident reporting questions). Doctors at DSHW scored more in challenging questions however, that was not statistically significant. Studies on doctors' attitudes on medical errors indicate that majority assumed that patients are somewhat responsible for mistakes and errors during their treatment procedures [3]. Another studies showed that providing adequate information to the patient is the better way of minimizing errors and adverse events related to health care[4]. Study done in Nepal found that healthcare professionals have positive attitudes towards adverse drug reactions reporting. Increasing awareness among healthcare professionals, training and collaboration would likely to improve reporting [5].

Comparison of nurses among two women's hospitals as a HCPs showed one component (challenging questions) by CSHW nurses and two components (notifying questions and incident reporting questions) by DSHW nurses were in more favour of patient safety and those were statistically significant also (Table 04). In a Swedish study involving nurse's on patient safety, nurses intimated that provision of rational patient's data is a facilitator for patient safety [6]. Another, study on patient perspective of involvement in their care has emphasized that value of patients realizing their important data , engaging in treatment procedures and to compose informed decisions.[7],[8],[9]

Comparison of midwives' perspectives on patient involvement in patient safety as a HCP result showed that CSHW getting higher marks for four components and out of two were statistically significant (Table 05). Only one component was statistically significant in DSHW.

Conclusion:

Overall, there was a positive attitude for the patient involvement in patient safety in both women's hospitals among all three-health care professional categories. However, CSHW health care professionals showed strong support towards patient safety compared to DSHW.

Limitations of the study

our research was confined to two women's hospitals in Colombo and involving obstetric and gynaecological specialties. Therefore, our research findings need to be generalized to apply for general population.

RECOMMENDATIONS

Negative attitudes on incident reporting need to be emphasized. It's useful to highlight HCPs' about the nature of incident reporting that is as a fact finding process rather than fault finding procedure. Establishing a patient safety culture will play key role in changing their behaviour. Updating or developing guidelines on incident reporting and distributing among HCPs'can **encourage**

their behaviour

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