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Purpose According to Eurostat's population projection, the European population will increase to 521M in 2035. Europe is an ageing society due to high life expectancy, better health, and the baby boom generation reaching old age. The proportion of the population over age 65 will double in the next 40 years and the proportion of persons over 80 years, who constitute the main consumers of health and long-term care, will rise from 4.1% in 2005 to 6.3% in 2025 and to 11.4% in 2050. It is the combination of age and health status that is the real driver of health care needs which will increase and mainly concentrate in the final years of a person's life. This will most likely lead to that more persons will have cognitive impairments, often multiple diseases and are thus in danger of a suboptimal quality of care. Consequently the staff attitudes to patient safety become essential. Therefore we can expect that measuring attitudes on patient safety culture in general, and especially in the field of gerontology, needs to be developed. Since no Swedish instrument on attitudes regarding patient safety was available, the Stockholm County Council launched a project to develop such an instrument. Hearings with expert panels of health care managers from five county councils and the National board of health and welfare were held.

Method A literature review made us scrutinize three questionnaires: HSOPS (AHRQ) facilities, HSOPS inpatient, and SCS (University of Texas). These instruments were translated into Swedish, and back translated to English. To decide which questionnaire would be suitable in the Swedish health care, we conducted cognitive interviews with staff and managers in hospital care, primary, psychiatric, and geriatric care. Several experts also evaluated the questionnaires. The two HSOPS were chosen and a crosswalk between these was conducted. It showed minor differences and therefore we merged these two questionnaires and out of them made one national generic questionnaire. A pilot test was undertaken. One-hundred questionnaires were randomly distributed to staff from several disciplines. The respondents could answer by a web application or a postal questionnaire.

Results & Discussion The response rate was 76%. There was no difference between primary care and hospital care. The interviews and comments on the questionnaires were analyzed on usability in Swedish health care. Attitudes on patient safety seemed to be a generic matter, independent of clinical setting (inpatient/outpatient) or discipline (primary care, geriatric care, etc). Based on this analysis we decided to do some minor changes to have it fit the Swedish health care. So in conclusion, we now have a web based questionnaire that can be used for measurements of attitudes on patient safety throughout the Swedish health care system. By this, the stakeholders can get benchmarks and learn from each other. However, patient safety terminology terms need to be clarified before presenting them in a questionnaire. Otherwise answers can not be interpreted with certainty.

Keywords: patient safety, culture, survey

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