Predictors of patients' intention to engage in patient safety behaviours in the hospital setting

Susan Hrisos[1], Richard Thomson[1], & Dave Green[2]

[1]Institute of Health & Society, Newcastle University, [2]Patient & Public Involvement representative,
in collaboration with the **Yorkshire Quality & Safety Research Group**

Background: '*ThinkSAFE'* is a complex intervention to promote service-user (patient and relative) involvement in improving patient safety. Service-users are encouraged to interact directly with healthcare professionals (HCPs) to reduce patient risk of harm, by *asking* HCPs questions or by *telling* them that something they are doing (or not) is wrong. In a qualitative study to inform the development of *ThinkSAFE* service-users suggested key factors that could influence their motivation to take part in these safety behaviours. A predictive study was conducted with a new sample of patients to strengthen the empirical basis for intervening on these factors as determinants of patients' motivation and behaviour to engage directly with HCPs.

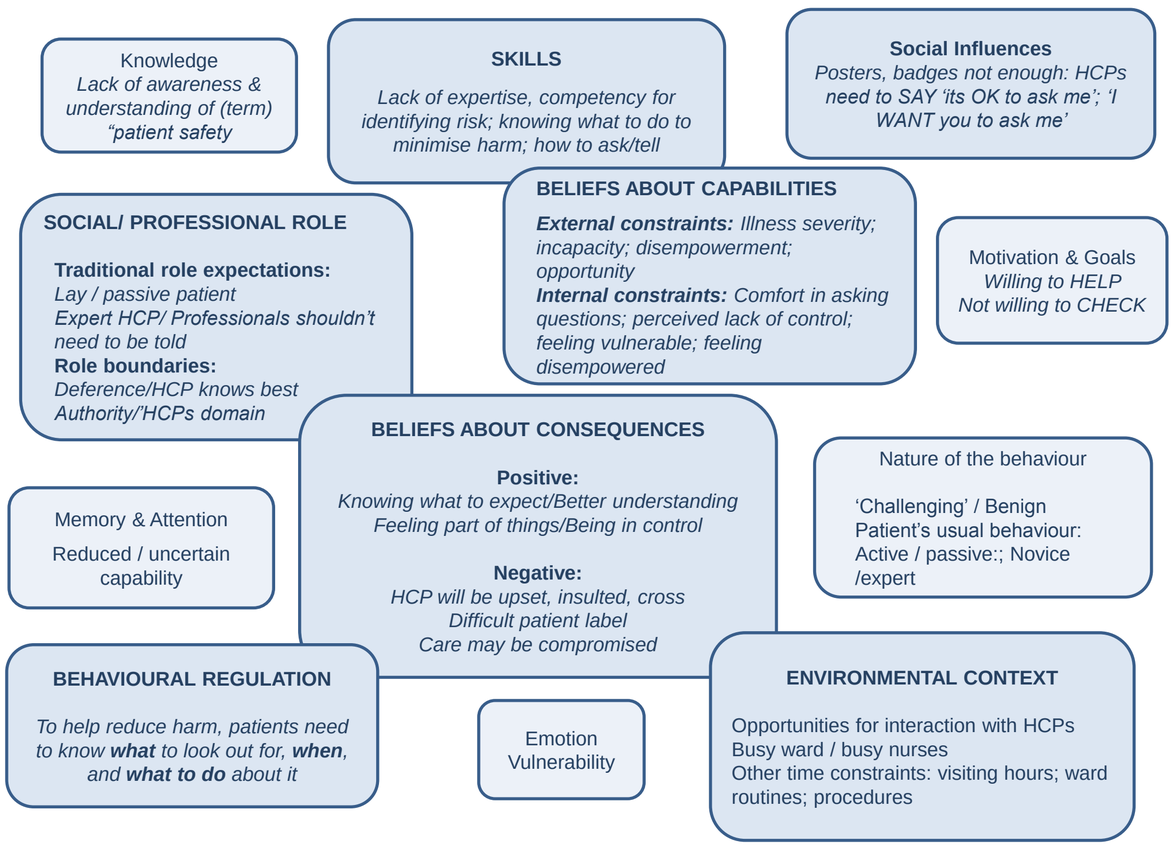
Study aim: To examine the salient beliefs and motivation of patients in relation to the adoption of patient safety behaviours

Methods

Key factors were mapped on to the Theoretical Domains Framework. Relevant domains were: 'Skills'; 'Beliefs about Capabilities'; 'Social & Professional Role'; 'Beliefs about Consequences'; and "Social Support" (Fig.1). Domain constructs informed the content of a self-completion questionnaire, with items scored on 5-point Likert scale.

- Postal survey to adult patients (n=229) on elective lists, two weeks prior to admission to purposively selected surgical & medical wards, in three acute hospitals in North East England.
- *Analysis:* Descriptive statistics, & multiple regression guided by four theoretical models of behaviour: Theory of Planned Behaviour, Social Cognitive Theory, Learning Theory, and Role Theory.

Fig.1: Theoretical Domains Framework



Results

Questionnaires were returned for 82 (36%) patients, with a mean age of 67 years (SD 13). Seventy-two (88%) were surgical patients, 46 (56%) male. 95% had been in hospital before. For 58 (70%) this stay was related to on-going illness.

Table 1. Construct (composite measures*) (specific beliefs**)		Mean (SD)	r	Beta	R^2
Intention/Goals (When I am in hospital I plan to ask …/I plan to tell ..)		4.2 (1.0)	Intention /Goals *All significant p<0.01		
*TPB**	Attitude	3.8 (0.8)	0.524	.405	
	PBC	3.7 (0.8)	0.575	.414	
	Subjective norm	3.4 (1.0)	0.343	-.029[ns]	0.25
*SCT**	Self-confidence	4.2 (0.9)	0.423	.486	
	Outcome expectancies	3.8 (0.8)		.154	0.31
*LT**	Anticipated consequences	2.9 (1.0)	0.391	-.069[ns]	
	Usual involvement behaviour	4.1 (0.9)	0.806	.833	0.69
*RT **	Asking/telling not place of a patient	3.6 (1.5)	0.399	.355	
	Patients are lay people	3.2 (1.4)	0.308	.248	
	Doctor/nurse knows best	3.7 (1.1)	0.325	.258	0.30

Several identified domains provided constructs predictive of patients' intention to directly interact with HCPS (Table 1).

- ***Beliefs about capabilities*:** constructs measuring self-confidence in directly engaging with HCPs and the perception that patients can improve safety.
- ***Beliefs about consequences:*** constructs measuring attitudes (e.g. that intervening is a good thing to do) and outcome expectancies (e.g. that intervening will improve safety). Anticipation of negative consequences (e.g. that HCP will be upset) was inversely correlated with intention.
- ***Social / Professional Role:*** constructs measuring traditional role beliefs (e.g. doctors know best).
- ***Nature of the behaviour:*** constructs measuring patients' current levels of involvement in care (e.g. novel/habitual).
- ***Social Influences:*** constructs measuring normative beliefs did not predict intention but 89% patients strongly agreed they would be more likely to intervene if HCPs *say* to them 'it is OK to/I want you to ask/tell me'.

Discussion

Empirical support is provided for the relevance of domains identified as key to patients' involvement in improving their own safety. Behaviour change techniques systematically linked to these targeted domains form the basis of the multiple intervention components of *ThinkSAFE.* Not all constructs measured in this predictive study are theorised to be mediated through intention (e.g. role beliefs, self-efficacy, anticipated consequences) and may still have a direct effect on behaviour. The patient questionnaire was part of a wider pilot evaluation of *ThinkSAFE* and it is a limitation that we were not able to measure behaviour for the patients who responded to the survey. Other domains – ***Behavioural Regulation*** & ***Environmental Context*** – were also identified by the qualitative study as key to patient involvement behaviours. Further validation for all targeted domains will be an aim of a future definitive evaluation of *ThinkSAFE.*

Contact: Susan Hrisos. Senior Research Associate. Email: susan.hrisos@ncl.ac.uk

Funded by: This poster presents independent research funded by the National Institute for Health Research (NIHR) under its Programme Grants for Applied Research scheme (RP-PG-0108-10049). The views expressed in this publication are those of the author(s) and not necessarily those of the NHS, the NIHR or the Department of Health.