Physicians' and Nurses' Perceptions Regarding Disclosure of Patient Safety Incidents

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Abstract

Patient safety is central to healthcare quality, yet the disclosure of patient safety incidents (PSIs) remains a complex challenge. This study explores the perceptions of physicians and nurses at Al-Noor Specialist Hospital, Saudi Arabia, regarding PSI disclosure. Using a cross-sectional descriptive design, data were collected via a survey distributed to 436 participants, including 272 nurses and 164 physicians. Findings emphasize the importance of clear protocols and training for PSI disclosure, and the role of organizational culture in fostering transparency. Insights from this study can inform strategies to improve PSI disclosure practices and patient trust.

Keywords: *Patient Safety, PSI Disclosure, Healthcare Professionals, Transparency, Organizational Culture, Saudi Arabia.*

Introduction

Patient safety is a critical aspect of modern healthcare systems, serving as a foundational pillar for delivering high-quality care. It encompasses minimizing risks, errors, and harm to patients during the provision of medical services. The World Health Organization (WHO) has highlighted that approximately 10% of inpatients globally experience harm during their care, with nearly half of these incidents being preventable (WHO, 2016). Ensuring patient safety is not only an ethical obligation but also a practical necessity to build trust between healthcare providers and patients, improve outcomes, and reduce healthcare costs.

Disclosure of patient safety incidents (PSIs) is a key component of fostering transparency in healthcare. It refers to the open communication of errors or adverse events with patients and their families, including details about the incident, its causes, and steps taken to prevent recurrence. This practice aligns with principles of patient-centered care, which emphasize respect for patient autonomy and the importance of informed decision-making (Choi & Lee, 2020). Despite its recognized benefits, PSI disclosure remains a challenge for many healthcare providers due to various systemic, cultural, and personal barriers.

Healthcare providers, particularly physicians and nurses, are at the forefront of patient care and play a pivotal role in PSI disclosure. Their attitudes and perceptions significantly influence how and whether such incidents are communicated. However, studies indicate that healthcare providers often hesitate to disclose PSIs, primarily due to fears of litigation, damage to professional reputation, and punitive organizational cultures (Ock et al., 2016; Rashed & Hamdan, 2019). For example, in a study conducted in Korea, 58% of healthcare professionals expressed concern that PSI disclosure might increase the risk of malpractice litigation, underscoring the prevalence of such fears globally (Choi et al., 2021).

In Saudi Arabia, patient safety and transparency have gained increasing attention, with national healthcare mandates emphasizing the importance of open disclosure practices (Albalawi et al., 2020). Despite these efforts, the implementation of PSI disclosure policies faces hurdles. Cultural norms, inadequate training, and insufficient institutional support often impede the effective execution of these policies. For instance, a report by Towhari and Bugis (2020) revealed that while many healthcare professionals in Saudi Arabia recognized the importance of PSI disclosure, a significant proportion lacked the confidence and skills to communicate effectively with patients about errors.

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The reluctance to disclose PSIs not only undermines patient trust but also inhibits learning from mistakes, which is essential for improving healthcare systems. Effective PSI disclosure is linked to reduced patient dissatisfaction, improved healthcare outcomes, and fewer malpractice claims (Kim & Lee, 2020). It also fosters a culture of accountability and continuous quality improvement within healthcare institutions.

This study aims to explore the perceptions of physicians and nurses regarding PSI disclosure at Al-Noor Specialist Hospital in Saudi Arabia. By identifying the barriers, facilitators, and implications of PSI disclosure, the study seeks to provide actionable insights to enhance transparency and patient safety in healthcare. Understanding the perspectives of frontline healthcare providers is critical for designing interventions that address the root causes of reluctance and foster a culture of openness and trust.

Literature Review

The disclosure of patient safety incidents (PSIs) is a pivotal aspect of healthcare, rooted in the principles of transparency, accountability, and patient-centered care. Over the years, PSI disclosure has garnered significant attention as a mechanism to improve healthcare quality and foster trust between healthcare providers and patients. This review examines existing literature on the importance, challenges, and strategies related to PSI disclosure, with a focus on the perspectives of physicians and nurses.

Importance of PSI Disclosure

PSI disclosure plays a critical role in building trust between healthcare providers and patients. Transparent communication about medical errors is essential for maintaining ethical standards and enhancing patient satisfaction (Choi & Lee, 2020). Disclosure allows patients and their families to understand the circumstances surrounding an incident, fostering a sense of respect and accountability. Furthermore, studies indicate that effective PSI disclosure reduces litigation risks and improves patient outcomes by enabling early intervention and preventive measures (Kim & Lee, 2020).

In addition to its benefits for patients, PSI disclosure is a valuable tool for healthcare organizations. Openly discussing incidents promotes organizational learning, allowing healthcare institutions to identify systemic issues and implement corrective actions (Ock et al., 2016). This process contributes to the development of a safety-oriented culture, which is essential for minimizing medical errors and improving care quality.

Challenges in PSI Disclosure

Despite its importance, the disclosure of PSIs faces numerous challenges. Fear of legal repercussions is one of the most significant barriers, with many healthcare providers expressing concern about the potential for malpractice claims following disclosure (Rashed & Hamdan, 2019). A study conducted in Korea revealed that 58% of healthcare professionals hesitated to disclose PSIs due to litigation fears, highlighting a global trend of reluctance (Choi et al., 2021).

Cultural barriers also play a critical role in shaping attitudes toward PSI disclosure. In many settings, a blame-oriented culture discourages open communication about errors, as healthcare providers fear professional stigma or punitive actions (Kim & Lee, 2020). Additionally, inadequate training on effective communication further exacerbates this issue. Healthcare providers often lack the skills needed to discuss errors empathetically and constructively with patients and their families.

Organizational factors, such as unclear policies and insufficient support systems, further hinder PSI disclosure. Research indicates that many healthcare institutions lack standardized protocols for disclosure, leaving providers uncertain about how to approach the process (Albalawi et al., 2020). Moreover, the absence of emotional and psychological support for both patients and providers during disclosure creates additional challenges.

Strategies to Enhance PSI Disclosure

To address these challenges, researchers have emphasized the need for comprehensive training programs that equip healthcare providers with the skills to communicate effectively during PSI disclosure (Kim & Lee, 2020). Training should focus on fostering empathy, managing difficult conversations, and understanding the ethical and legal dimensions of disclosure. Organizational policies must also be revised to create a supportive environment, prioritizing a culture of safety over blame.

Leadership commitment is another critical factor. Leaders play a pivotal role in shaping organizational culture and ensuring that disclosure policies are implemented effectively (Ock et al., 2016). Providing emotional and psychological support for healthcare providers involved in PSIs can also enhance their willingness to disclose incidents openly and constructively.

The literature underscores the transformative potential of PSI disclosure in improving patient safety and healthcare quality. However, addressing the challenges associated with disclosure requires systemic changes, including training, policy reform, and cultural shifts within healthcare organizations. By fostering a supportive and transparent environment, healthcare providers can overcome barriers to disclosure and build stronger, trust-based relationships with patients.

Methodology

Study Design

This study employed a cross-sectional descriptive design to explore the perceptions of physicians and nurses regarding the disclosure of patient safety incidents (PSIs). This approach was selected to provide a comprehensive snapshot of attitudes, barriers, and facilitators associated with PSI disclosure in a specific healthcare context.

Study Population and Sampling

The study was conducted at Al-Noor Specialist Hospital in Saudi Arabia, involving a total sample of 436 healthcare providers, comprising 272 nurses and 164 physicians. Participants were selected through a convenience sampling method to ensure adequate representation from both professional groups actively involved in patient care.

Data Collection

Instrument

Data were collected using a structured, self-administered online questionnaire. The instrument was adapted from validated tools used in previous studies on PSI disclosure (Choi et al., 2021). It comprised six sections:

Demographic Information: Capturing variables such as gender, age, professional title, and years of experience.

Perceptions of PSI Disclosure: Assessing respondents' attitudes toward PSI disclosure and its impact on patient trust and safety.

Timing of Disclosure: Exploring opinions on the appropriate timing for disclosing PSIs to patients.

Barriers to Disclosure: Identifying organizational, cultural, and personal challenges in PSI disclosure.

Effects of Disclosure: Examining the perceived consequences of disclosure on patient-provider relationships and institutional trust.

Role of Legal Frameworks: Investigating the influence of legal protections and organizational policies on disclosure practices.

Responses were recorded using a 3-point Likert scale (agree, neutral, disagree) to simplify data analysis and enhance respondent clarity.

Procedure

The questionnaire was distributed electronically using Google Forms. Participants were provided with clear instructions and informed consent was obtained before their responses were recorded.

Validity and Reliability

To ensure the validity and reliability of the questionnaire:

Content Validity: The survey instrument was reviewed by a panel of experts in patient safety and healthcare quality to ensure it addressed the study objectives comprehensively.

Reliability Testing: Internal consistency was assessed using Cronbach's alpha, which yielded values of 0.84 and 0.80 for different sections, indicating good reliability.

Data Analysis

Quantitative data were analyzed using statistical software. Descriptive statistics, including frequencies, percentages, and means, were used to summarize the demographic information and key findings. Chi-square tests and t-tests were employed to examine differences in perceptions between nurses and physicians. Statistical significance was set at $p < 0.05$.

Ethical Considerations

The study adhered to ethical research principles, including:

Obtaining ethical approval from the hospital's research ethics committee.

Ensuring informed consent from all participants.

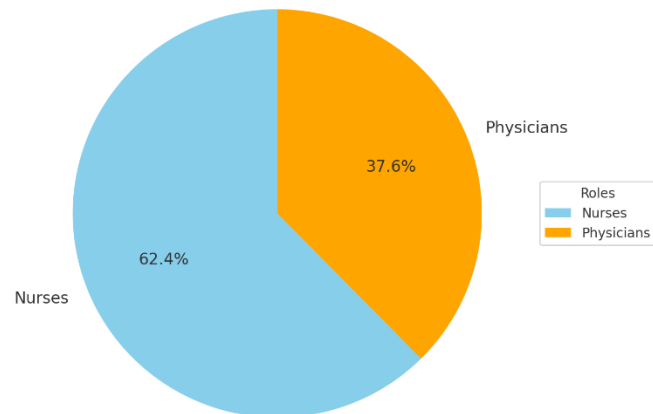Maintaining anonymity and confidentiality of the respondents.

Securing the data in password-protected electronic formats accessible only to the research team.

Results

Demographics of Participants

The study included 436 participants, comprising 272 nurses (62.4%) and 164 physicians (37.6%). The majority of participants were female (65%), while males accounted for 35%. Most respondents were aged between 30–40 years (54%), followed by those aged 20–30 years (26%), and those over 40 years (20%). Professional experience varied, with 48% of respondents having 5–10 years of experience, 32% with more than 10 years, and 20% with less than 5 years.

Figure 1. Demographic Distribution of Participants

(Graphical representation of age, gender, and professional roles)

Perceptions of PSI Disclosure

The majority of participants (78%) agreed that PSI disclosure is critical for building trust with patients and improving safety outcomes. Nurses (82%) were more likely to acknowledge the importance of disclosure compared to physicians (71%). Around 68% of respondents believed that PSI disclosure could mitigate the recurrence of medical errors by fostering organizational learning.
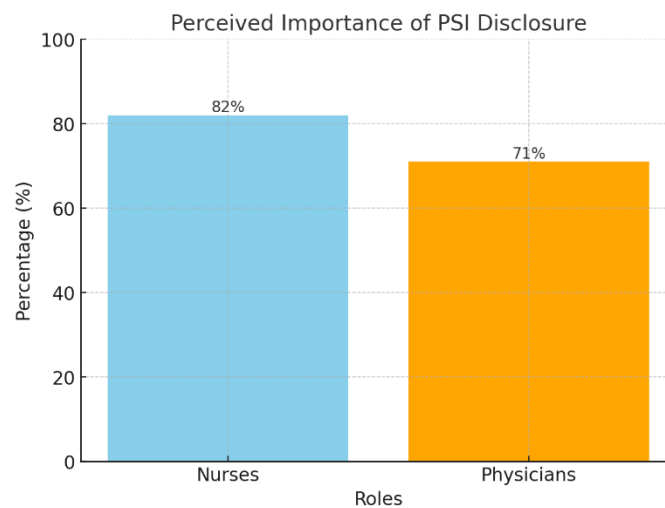
Figure 2. Perceived Importance of PSI Disclosure

(Bar chart comparing responses between physicians and nurses)
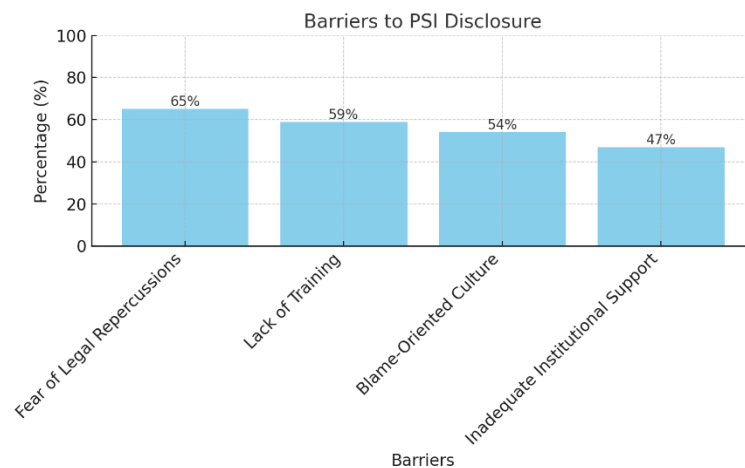
Barriers to PSI Disclosure

Key barriers to PSI disclosure included:

Fear of Legal Repercussions: 65% of respondents cited concerns about malpractice litigation.

Lack of Training: 59% of respondents reported insufficient training in effective communication for disclosure.

Cultural Factors: 54% indicated that a blame-oriented organizational culture discouraged disclosure.

Inadequate Institutional Support: 47% highlighted the absence of clear protocols and supportive leadership as significant obstacles.

Figure 3. Barriers to PSI Disclosure

(Pie chart showing the percentage of respondents identifying each barrier)

Timing and Context of PSI Disclosure

When asked about the timing of PSI disclosure:

82% of respondents favored immediate disclosure after an incident, contingent on the availability of accurate information.

14% preferred delaying disclosure until a complete investigation was conducted.

4% believed disclosure was unnecessary in cases where no harm occurred.
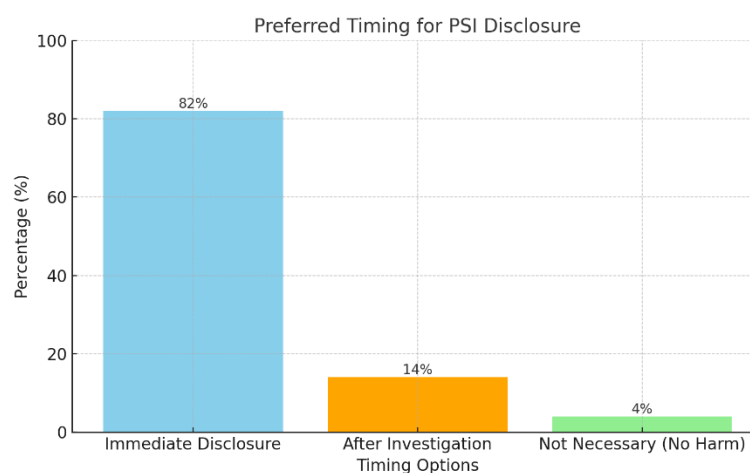
Figure 4. Preferred Timing for PSI Disclosure

(Stacked bar chart illustrating timing preferences among physicians and nurses)
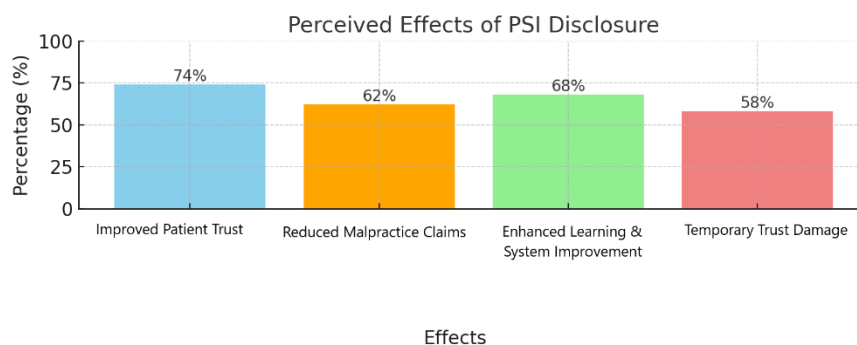
Effects of PSI Disclosure

Participants acknowledged the positive effects of PSI disclosure:

Improved Patient Trust: 74% believed disclosure enhances patient-provider relationships.

Reduced Malpractice Claims: 62% felt that open communication reduces patients' intent to pursue legal action.

Learning and System Improvement: 68% reported that disclosure fosters a culture of learning and quality improvement within the organization.

However, 58% expressed concern that disclosure might temporarily damage patient trust if not communicated effectively.

**Figure 5. Perceived Effects of PSI Disclosure**

(Bar chart comparing positive and negative outcomes identified by respondents)

Role of Legal Frameworks

Respondents overwhelmingly agreed on the importance of robust legal protections for facilitating disclosure:

89% supported the implementation of "apology laws" to protect healthcare providers from litigation when they disclose incidents.

76% favored mandatory training programs on disclosure protocols.
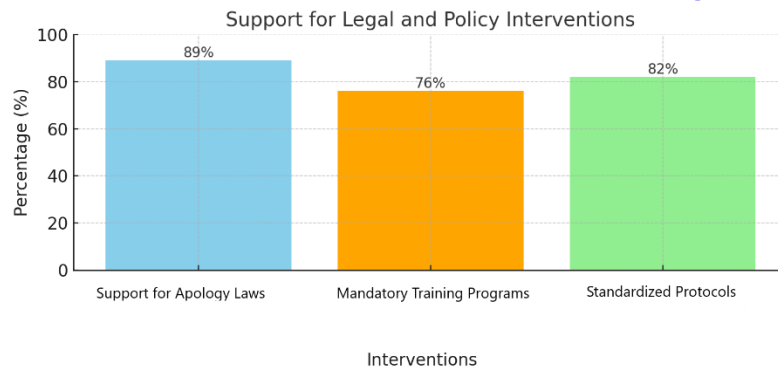
**Figure 6. Support for Legal and Policy Interventions**

(Pie chart showing the proportion of respondents advocating specific legal measures)

Comparative Insights Between Nurses and Physicians

While both groups largely agreed on the importance of disclosure, some notable differences were observed:

Awareness of Institutional Protocols: Nurses (72%) demonstrated higher awareness compared to physicians (63%).

Comfort with Disclosure Communication: Physicians (68%) reported greater confidence in communicating PSIs than nurses (54%).
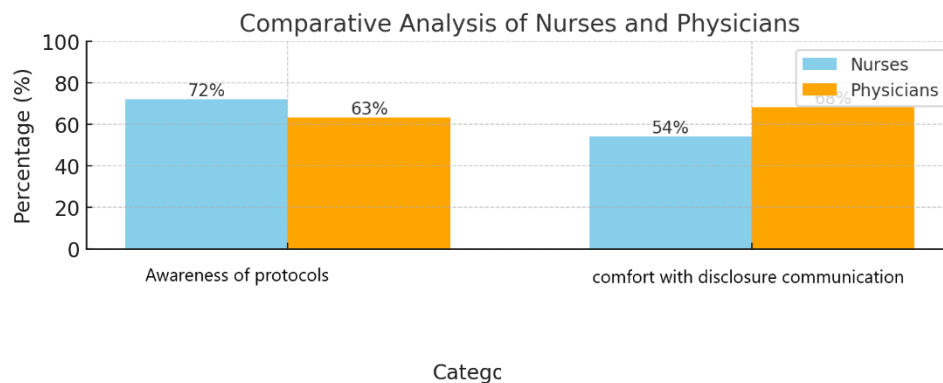
Figure 7. Comparative Analysis of Nurses and Physicians

(Side-by-side bar chart comparing responses across key parameters)

Summary of Results

The findings underscore the critical need for systemic interventions to address barriers to PSI disclosure. While most healthcare providers recognize the importance of transparency, fears of legal repercussions, cultural stigmas, and inadequate training persist as significant challenges. Institutional support, clear protocols, and legal safeguards are essential to foster a culture of open communication and continuous improvement.

Discussion

The findings of this study highlight significant insights into the perceptions of physicians and nurses regarding the disclosure of patient safety incidents (PSIs). Overall, the majority of participants acknowledged the critical importance of PSI disclosure in building trust, enhancing patient safety, and fostering a culture of learning within healthcare organizations. However, several barriers continue to hinder the effective implementation of disclosure practices.

Interpretation of Key Findings

The study confirms that PSI disclosure is viewed as a vital component of patient-centered care, with 78% of participants recognizing its importance. Nurses were more likely than physicians to emphasize the role of disclosure in enhancing patient trust, which aligns with their frequent, close interactions with patients. This disparity underscores the need for tailored training programs that address the unique challenges faced by both professional groups.

Barriers such as fear of legal repercussions (65%) and inadequate training (59%) emerged as significant obstacles. These findings mirror global trends, as highlighted in previous studies (Choi et al., 2021; Kim & Lee, 2020), where healthcare providers expressed similar concerns. The prevalence of a blame-oriented culture, identified by 54% of respondents, further complicates disclosure efforts by discouraging open communication about errors. Addressing these cultural and organizational barriers is essential for promoting transparency and trust.

The results also reveal a consensus on the timing of disclosure, with 82% favoring immediate communication post-incident. This preference emphasizes the need for healthcare organizations to provide clear guidelines on when and how to disclose PSIs. Effective communication strategies can mitigate concerns about damaging patient trust, as reported by 58% of respondents.

Implications for Practice

The findings suggest that systemic interventions are necessary to overcome the identified barriers. Legal protections, such as apology laws, were strongly supported by participants (89%), indicating that regulatory reforms could alleviate fears of litigation and encourage more healthcare providers to disclose incidents. Furthermore, the development of comprehensive training programs that focus on empathetic communication and ethical considerations is critical for improving disclosure practices.

Leadership plays a pivotal role in fostering a culture of safety. Hospital administrators and department heads must prioritize PSI disclosure by establishing supportive policies and promoting an environment where healthcare providers feel empowered to communicate openly without fear of blame or punishment.

This study contributes to the growing body of evidence emphasizing the importance of PSI disclosure. By addressing systemic and cultural barriers, healthcare organizations can enhance transparency, build stronger patient-provider relationships, and improve overall care quality. Future research should explore the long-term impact of legal reforms and training initiatives on disclosure practices.

Conclusion

This study highlights the critical role of patient safety incident (PSI) disclosure in enhancing healthcare quality and fostering trust between healthcare providers and patients. The findings demonstrate that while physicians and nurses recognize the importance of PSI disclosure, significant barriers—such as fear of legal repercussions, cultural resistance, and inadequate training—hinder its effective implementation.

The study emphasizes the need for systemic interventions to overcome these challenges. Legal frameworks, such as apology laws, can provide protection and encourage transparency, while comprehensive training programs focusing on empathetic communication and ethical considerations are essential for equipping

healthcare providers with the skills needed for effective disclosure. Moreover, fostering a supportive organizational culture that prioritizes patient safety over blame is crucial to empowering healthcare professionals to disclose incidents without fear of reprisal.

Leadership commitment is vital in driving these changes. Hospital administrators and policymakers must implement clear protocols, ensure institutional support, and actively promote a culture of safety and continuous learning. These efforts can transform PSI disclosure from a daunting task into a cornerstone of patient-centered care.

By addressing the barriers identified in this study, healthcare organizations can improve patient outcomes, reduce medical errors, and strengthen the patient-provider relationship. Future research should explore the long-term effects of policy reforms and training initiatives on PSI disclosure practices and their impact on patient safety and organizational culture.

In conclusion, PSI disclosure is not merely a procedural requirement but a fundamental ethical obligation that benefits patients, healthcare providers, and the broader healthcare system. A concerted effort to enhance disclosure practices will contribute to a safer, more transparent, and trust-driven healthcare environment.

References

Albalawi, A., Kidd, L., & Cowey, E. (2020). Factors contributing to the patient safety culture in Saudi Arabia: a systematic review. BMJ open, 10(10), e037875.

Antwi, S. K., & Hamza, K. (2015). Qualitative and quantitative research paradigms in business research: A philosophical reflection. European journal of business and management, 7(3), 217-225.

Baylina, P., Barros, C., Fonte, C., Alves, S., & Rocha, Á. (2018). Healthcare workers: Occupational health promotion and patient safety. Journal of medical systems, 42, 1-8.

Bell, S. K., Mejilla, R., Anselmo, M., Darer, J. D., Elmore, J. G., Leveille, S., ... & Walker, J. (2017). When doctors share visit notes with patients: a study of patient and doctor perceptions of documentation errors, safety opportunities and the patient–doctor relationship. BMJ quality & safety, 26(4), 262-270.

Choi, E. Y., Pyo, J., Lee, W., Jang, S. G., Park, Y. K., Ock, M., & Lee, S. I. (2020). Nurses' experiences of patient safety incidents in Korea: a cross-sectional study. BMJ open, 10(10), e037741.

Cheng, H. G., & Phillips, M. R. (2014). Secondary analysis of existing data: opportunities and implementation. Shanghai archives of psychiatry, 26(6), 371.

Choi, E. Y., Pyo, J., Lee, W., Jang, S. G., Park, Y. K., Ock, M., & Lee, H. (2021). Perception gaps of disclosure of patient safety incidents between nurses and the general public in Korea. Journal of Patient Safety, 17(8), e971.

Dossett, L. A., Kauffmann, R. M., Lee, J. S., Singh, H., Lee, M. C., Morris, A. M., ... & Dimick, J. B. (2018). Specialist physicians' attitudes and practice patterns regarding disclosure of pre-referral medical errors. Annals of surgery, 267(6), 1077-1083.

Goekcimen, K., Schwendimann, R., Pfeiffer, Y., Mohr, G., Jaeger, C., & Mueller, S. (2023). Addressing patient safety hazards using critical incident reporting in hospitals: a systematic review. Journal of Patient Safety, 19(1), e1.

Kim, Y., & Lee, H. (2020). Nurses' experiences with disclosure of patient safety incidents: a qualitative study. Risk management and healthcare policy, 453-464.

Mueller, B. U., Neuspiel, D. R., Fisher, E. R. S., Council on Quality Improvement and Patient Safety, Committee on Hospital Care, Franklin, W., Adirim, T., ... & Hsu, B. (2019). Principles of pediatric patient safety: reducing harm due to medical care. Pediatrics, 143(2), e20183649.

Melnyk, B. M., Orsolini, L., Tan, A., Arslanian-Engoren, C., Melkus, G. D. E., Dunbar-Jacob, J., ... & Lewis, L. M. (2018). A national study links nurses' physical and mental health to medical errors and perceived worksite wellness. Journal of Occupational and Environmental Medicine, 60(2), 126-131.

Ock, M., Kim, H. J., Jo, M. W., & Lee, S. I. (2016). Perceptions of the general public and physicians regarding open disclosure in Korea: a qualitative study. BMC medical ethics, 17, 1-13.

Rashed, A., & Hamdan, M. (2019). Physicians' and nurses' perceptions of and attitudes toward incident reporting in Palestinian hospitals. Journal of Patient Safety, 15(3), 212-217.

Ramírez, E., Martín, A., Villán, Y., Lorente, M., Ojeda, J., Moro, M., ... & Frank, A. (2018). Effectiveness and limitations of an incident-reporting system analyzed by local clinical safety leaders in a tertiary hospital: Prospective evaluation through real-time observations of patient safety incidents. Medicine, 97(38).

Towhari, A. A., & Bugis, B. A. (2020). The awareness of violence reporting system among healthcare providers and the impact of new ministry of health violence penalties in Saudi Arabia. Risk management and healthcare policy, 2057-2065.

World Health Organization. (2016). World Health Statistics 2016 [OP]: Monitoring Health for the Sustainable Development Goals (SDGs). World Health Organization.

Wagner, L. M., Harkness, K., Hébert, P. C., & Gallagher, T. H. (2013). Nurses' disclosure of error scenarios in nursing homes. Nursing outlook, 61(1), 43-50.

Zhang, X., Liu, S., Chen, X., Wang, L., Gao, B., & Zhu, Q. (2018). Health information privacy concerns, antecedents, and information disclosure intention in online health communities. Information & Management, 55(4), 482-493.