PATIENT SAFETY CULTURE IN PRIMARY CARE: STRENGTHS AND AREAS FOR IMPROVEMENT

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Introduction
Although primary care is traditionally perceived as a low-risk setting, the World Health Organization (WHO) recently reported that up to 40% of patients experience harm in this setting, with 80% of such harm considered preventable. Despite growing global attention to patient safety, most research has concentrated on hospital settings, leaving primary care underexplored. In Malaysia, where primary care serves as the first point of contact for most patients, understanding patient safety is critical.

Assessing patient safety culture among primary care professionals is crucial for identifying gaps, guiding improvement initiatives, and reducing avoidable harm.
This study aimed to evaluate healthcare providers' perceptions of patient safety culture (PSC) in Malaysian primary care, to establish baseline evidence to guide future safety improvement efforts and policy development.

Method
A cross-sectional survey was conducted between September and November 2024 using the Agency for Healthcare Research and Quality (AHRQ) Medical Office Survey on Patient Safety Culture (MOSPSC), which evaluates ten safety culture composites on a Likert scale. Composite scores were calculated as the average percentage of positive responses. Scores ≥75% were classified as strengths, while scores <60% were considered areas requiring improvement. The questionnaire was distributed to medical doctors, nurses and allied health professionals across seven government health clinics in the Klang district. Data were analyzed descriptively using SPSS version 26.

Results
A total of 220 healthcare professionals participated. The majority were female (n= 172, 83.5%), with 73 (35.4%) identified as medical doctors. More than half (57%) had worked in their current clinic for less than five years. Two composites emerged as strengths: Teamwork (88%) and Organizational Learning (76%). Five required improvements: Overall Perceptions of Patient Safety and Quality (57%), Communication about Error (54%), Communication Openness (54%), Leadership Support for Patient Safety (38%), and Work Pressure and Pace (11%).

Discussion
These findings suggest that, although teamwork and continuous learning are well-established, substantial gaps persist in communication, leadership engagement, and workload management. These weaknesses may compromise patient safety by creating an environment where preventable harm is more likely to occur.

The overarching aim is to enhance the quality of patient care while simultaneously improving satisfaction for both healthcare professionals and patients. Addressing these challenges requires stronger communication channels, visible leadership commitment, and effective workload management.

Future research should investigate the key factors driving low composite scores and rigorously assess the long-term effectiveness of targeted safety culture interventions on patient care outcomes. Multi-regional and longitudinal studies, complemented by qualitative studies, are needed to understand the underlying reasons for the low scores in communication openness and leadership support, as this study suggests these are significant weaknesses.

This study is limited by its single district scope, cross-sectional design, and reliance on self-reported data, which may affect generalizability and introduce response bias.

Keywords: Patient safety, safety culture, primary health care, quality of care, healthcare professionals, communication, Malaysia