

Patients' Safety in Bangladesh: Prospects for Social Work Practice

Atia Binta Abdul Wahid [†]

Abstract

Patient safety refers to preventing medical errors and detrimental effects on patients. As human beings, health care professionals are also bound to make mistakes that can harm the patient, but the number of errors can be decreased. Patient safety can be perceived as a framework that can scale down the prevalence of harm and mistakes and lessen the potential risks. It is inevitable to ensure high-quality health care services. Patient safety is considered a top priority because a tiny error of health care providers can harm the patient, or the consequences can be even more enormous. Nowadays, globally it is becoming a matter of grave concern. It is a significant public health issue worldwide, and a comprehensive solution is needed to this problem. In Bangladesh, a considerable number of people fail to get access to primary health services. Besides, the performance of the health care sector is abysmal. Masses are losing faith in public as well as private medical services. Therefore, an updated health care delivery system is needed to prevent medical errors and ensure patient safety in Bangladesh. The main objective of this study is to explore the factors associated with patient safety in Bangladesh. This study also aims to improve patient-centred care and identify how social work knowledge and skills may be applied to ensure patient safety in Bangladesh. This review article is based on data obtained from various secondary sources like books, articles, and reports. This study has identified distinct factors affecting patient safety and patient-centred care in the context of Bangladesh. The study proposes that social workers themselves can shoulder the responsibility to ensure overall patient safety and patient-centred care in the medical sector in Bangladesh.

Keywords: Patient Safety; Medical Error; Patient-Centred Care; Quality Health Care Services; Social Work; Bangladesh

[†] Assistant Teacher, Apasen International, Sylhet, Bangladesh, Email: atiasust95@gmail.com

© 2022 Wahid. This is an Open Access article distributed under the terms of the Creative Commons Attribution License (<http://creativecommons.org/licenses/by/2.0>), which permits unrestricted use, distribution, and reproduction in any medium, provided the original work is properly cited.

Introduction

Patient safety alleviates preventable harm and errors to a patient while receiving healthcare services from any healthcare setting. Different authors have identified avoidable medical mistakes that broadly impact patient safety (Blendon et al., 2002; Brennan, 2000; Cheragi et al., 2013; Gallagher et al., 2003). These days, patient safety is becoming a prime concern in the medical sector. World Health Organization (WHO, 2010; 2021) have defined patient safety elaborately and conceptualised it as a framework that can scale down the prevalence of harm and errors and reduce the potential risks. Emanuel et al. (2009) defined patient safety as:

Patient safety is a discipline in the healthcare sector that applies safety science methods toward the goal of achieving a trustworthy system of healthcare delivery. Patient safety is also an attribute of health care systems; it minimises the incidence and impact of and maximises recovery from, adverse events. (p. 16)

There is countless evidence that patients encounter injuries even life-threatening injuries due to poor patient safety in both the developed and developing nations. Sharifi et al. (2014) argue that 'patient safety' not adequately ensured can horribly harm the patients.

In 2019, World Health Organisation estimated that four out of 10 patients encounter safety issues while receiving health care services. Besides, a large number of people suffer from debilitating injuries due to medication errors and unsafe medication practices. Surprisingly, each year, 2.6 million people die because of unsafe care in healthcare settings. A study by the Institute of Medicine stated that almost 44000 to 98000 patients in America die each year while receiving healthcare due to medical errors (Kohn et al., 2000). Especially patients from low-income and middle-income countries are the

worst sufferers of this issue (Steffner et al., 2014).

Patients have a right to be safeguarded by healthcare service providers in healthcare settings (Spath, 2012). Also, a patient-centred care system is needed to be ensured where the patients can communicate with doctors, nurses and other medical service providers. In a study, Robinson et al. (2008) have summarised patient-centred care based on four perspectives into two concepts:

- (a) a relationship among patients, healthcare providers and patient's family members that facilitate patients' participation in the care plan and
- (b) care that prioritises the patients and their needs and preferences. So, patient-centred care aims to actively engage patients in their own treatment plans (Reynolds, 2009).

In Bangladesh, like many other developing countries, a significant number of patients get badly injured or even lose their lives due to avoidable adverse events. Moreover, the patients have not gotten adequate access to safe and reliable healthcare in different healthcare settings, especially in public healthcare provider organisations.

This study is a modest attempt to explore how social work knowledge and skills can be applied in promoting patient safety and patient-centred care in primary and secondary health facilities in Bangladesh.

The study begins by outlining the objectives. It then discusses the theoretical framework for patient safety. Following this, it discusses the methodology. Factors affecting patient safety in Bangladesh are discussed in the sections following this. The final section discusses the recommendations.

Objectives

The general objective is to explore the possible application of social work knowledge and skills in ensuring patient safety and patient-centred care

in the healthcare settings of Bangladesh. There are three specific objectives of this study:

- To explore the factors that are associated with patient safety in Bangladesh;
- To improve patient-centred care;
- To identify how social work knowledge and skills can be applied in ensuring patient safety and patient-centred care in Bangladesh.

Theoretical Framework for Patient Safety

Patient safety is a vast area of the modern health care system. To improve patient safety within healthcare systems, this study has applied Deming's theory, also called Deming's System of Profound Knowledge. Deming's System of Profound Knowledge comprises four components: appreciation for a system, knowledge about variation, theory of knowledge, and knowledge of psychology (Austenfeld, 2001).

- **Appreciation for a system:** All personnel (doctors, nurses, social workers etc.) who work within the healthcare setting must have appropriate knowledge of the system to optimise the system as a whole. Even it is crucial that the system be known to the patients and their caregivers.
- **Knowledge about variation:** Variation in a system is normal, but one needs to do everything possible to lessen variation. Health care providers can make meaningful changes to the system within the capacity of the system.
- **Theory of knowledge:** Health care providers should focus on developing and testing theories to advance their understanding. In health care, PDSA (Plan, Do, Study, Act) cycles should be an effective way to develop theories and implement changes systematically.
- **Knowledge of psychology:** Health care professionals need to work with different people in health care settings. So, they must have adequate knowledge of psychology in order to optimize the system in which they operate.

However, the application of these aspects will provide a sound basis for ensuring patient safety in the healthcare settings of Bangladesh.

Methodology

In this review article, secondary data sources have been used to meet the objectives. So, this research has wholly relied on secondary research such as available literature. This study's data have been collected from different secondary sources such as articles, reports and books. This study includes relevant literature on the medical sector, which were published from 1955 onwards but excludes literature published before 1955. These issues were not prominent before 1955. There is hardly any research conducted on patient safety before that time. This study also emphasises on prospects for social work practice. The qualitative content analysis method has been used in the study to analyse the data.

Factors Affecting Patient Safety in Bangladesh

At present, patient safety is becoming a concerning issue in healthcare settings (Carayon & Wood, 2009; Dekker, 2011). Patients can experience unintended or unexpected harm while receiving health care services. Healthcare systems have improved to a great extent over the past few decades. But providing safer care and ensuring patient safety continue to remain challenging (Sultana et al., 2018). Several studies mentioned medical errors in different countries like Australia, the United States, Canada, England, Denmark and New Zealand. These studies show that a substantial number of patients receiving medical care have encountered harmful events each year (Kohn, 2000; Weingart et al., 2000; WHO, 2011).

In the same way, patient safety is also a concerning issue in developing countries. Aveling et al. (2015) specified three major themes: material context, staffing issues and inter-professional working relationships, which are drawbacks to patient safety in developing countries. Especially, inadequate financial resources, distinct lack of medical expertise and inadequacy of advanced information technology are adversely affecting healthcare delivery

systems in developing countries (Elmontsri et al., 2018).

In developing countries like Bangladesh, patient safety is a significant public health issue and recognised as an area for improvement. Naderi et al. (2019) disclosed multiple factors affecting patient safety in Bangladesh. They have highlighted the importance of all personnel's cooperation and participation, organisation and management, interaction and teamwork, the importance of the effects of drugs, medical equipment and physical environment in hospitals, involvement of patients and their families in the treatment process, patient education, proper implementation of the patient safety programme, the importance of patients' medical records, adequate evaluation and monitoring for improving patient safety, medical errors and so forth.

Medical negligence in healthcare organisations is a public health concern that affects patient safety. Although there are no statistics about medical negligence in Bangladesh, Ain O Salish Kendra's report revealed 504 cases of serious medical negligence even causing the death or loss of organ and others between 1995 to 2008 (Das, 2013). In the context of Bangladesh, a study by Jabin et al. (2013) has drawn attention to issues like inadequately trained rural healthcare providers, faulty diagnosis, infrastructural constraints, and lack of communication between healthcare personnel etc. which are also associated with the safety of patients.

There are not many studies in Bangladesh that focus on infection prevention practices. But it has a crucial role in ensuring safe and high standard healthcare delivery (Hsan et al., 2022). Due to the unawareness of managers, infection control and medication safety are not ensured appropriately. Even there are no national strategies or protocol to prevent infection in Bangladesh. Those things are some significant drawbacks to patient safety in Bangladesh's primary and secondary health facilities (Tabassum & Biswas, 2019). Moreover, this study also found some other notable issues like oral handover system where doctors and nurses

do not maintain any written or digital documentation, lack of monitoring in blood transfusion procedures, and hospitals not providing identification tags to the patients, which can put patients' lives at risk (Tabassum & Biswas, 2019).

Patient-Centred Care in Bangladesh

Patient-centred care within healthcare settings can increase patient satisfaction, quality of healthcare, adherence etc. (Beach et al., 2006; Cooper et al., 2013; Dwamena et al., 2012; Jaén et al., 2010; McMillan, 2013). In short, patient-centred care can be beneficial in improving patient safety in healthcare settings.

Fix et al. (2017) have viewed patients as equal partners in health care system, and they should be heard. But in most cases, patient-centred care is not considered as an important issue in Bangladesh. Patients' engagement in their own treatment process can effectively improve patient safety and determine patient-centred care (WHO, 2016). Hwang et al. (2019) have emphasised the active engagement of the patients, their family members and their caregivers in the treatment process. In doing so, they suggest reinforcing a safety culture to ensure patient-centred care and patient safety in health care settings. Talukder et al. (2016) referred to patient-centred care as a challenging issue in Bangladesh due to poor communication among healthcare providers, patients and their families and a lack of teamwork among healthcare professionals. But suppose these factors, as well as a positive relationship among healthcare providers, can be provided in the medical field. In that case, it will be easy to establish patient-centred approach in health care settings.

Moreover, there is a link between patient-centred care and patient safety. Choi et al. (2021) showed that patient safety and patient-centred care are positively correlated. In many cases, patients can perceive potential risks and avoid preventable accidents related to patient safety (Davis et al., 2012). Thus, active engagement of patients and their caregivers in the treatment process can effectively ensure patient safety in health care settings.

Prospects for Social Work Practice in Patient Safety and Patient-Centred Care in Bangladesh

There is no doubt that patient safety and patient-centred care in healthcare delivery systems of Bangladesh could be better ensured by using social work knowledge (theoretical, empirical, procedural, practice wisdom and personal knowledge) (Hudson, 1997) and skills like communication skill, counselling skill, organisational skill, collaboration skill, critical thinking skill, problem-solving skill and advocacy skill etc. (Trevithick, 2005).

Several services are provided within medical social work (Okafor et al., 2017). These services include— preventing illness; rehabilitation of the patients; discharge planning, gathering service-related information and providing those information to the patients and their families; and follow-up. Medical social work also supports patients and their families with assistance and counselling who need psychosocial help (Barker, 1995). It tries to help the patients deal with the illness, trauma-related issues and other psychosocial crises. It provides services to the patient and their family members so that they can utilise the fullest capacity of the healthcare settings (Goldstine, 1955).

Medical social worker focuses on the psychosocial factors behind the disease. They can provide counselling, crisis intervention, discharge planning services and so forth. Patients and their family members may face different mental and psychological stresses. By understanding and applying social work principles and techniques, medical social workers can give them counselling to reduce their stress. The majority of the patients and their families experience difficulties dealing with various hospital settings due to the poor management system in health care provider organisations of Bangladesh. Here, the proper intervention of medical social workers can minimise their suffering.

Patient education is closely associated with patient safety and patient-centred care. It can empower patients to improve their health status. That is why the social worker can educate patients and their family members about illness

or condition, treatment plans, community resources, entitlements and various factors of patient safety. A process of giving complete and appropriate information can encourage patients to participate in their own treatment plans. Medical social workers can explain the causes, effects and consequences of the disease to the patients and their family members or caregivers, which will assist them in making decisions when planning care and treatment for the patients. Social workers can directly advocate with physicians, nurses, psychiatrists, and other healthcare providers on behalf of the patient by facilitating communication since the patients are partners with the physician and care team, and it contributes to stimulating health care outcomes as a whole.

Moreover, the medical social worker can implement Deming's Theory to accelerate quality improvement in the health care system of Bangladesh. By understanding and applying four components of Deming's System of Profound Knowledge, which are previously explained in the theoretical framework section of this study, the medical social worker can create a better safety culture and update the healthcare delivery system of Bangladesh.

Therefore, medical social workers can play a proactive role in improving people's overall well-being by allowing them to lessen social, psychological hardship and financial constraints to some extent, related to unfavourable health conditions. In Bangladesh, Hospital Social Service programmes are operated by the Department of Social Services as there are colossal prospects for medical social work. But those services are not fully covering the entire health sector of Bangladesh. The government's propagation is needed in this regard, and also government can recruit more professional social workers (Hossain, 2005). Thereby, medical social workers can effectively ensure full-scale patient safety and patient-centred care at each level of the health care setting in Bangladesh.

Recommendation and Conclusion

Social work in health care sector was one of the oldest fields of practice and became a major sector of social work profession in many

developed countries. Medical social work has become part and parcel of the health care sector in many countries. But in Bangladesh, due to a lack of professional recognition, it has failed to get proper attention as yet. Even though there are 90 units of Hospital Social Service Programmes in public and private hospitals at the city corporation as well as district level, and 342 units in upazila health complexes are running across the country. Being a developing and over populated country, these Hospital Social Service Programmes are not enough to ensure patient safety in healthcare settings. Therefore, professional recognition of social work and enough Hospital Social Service Programmes need to be developed to contribute to determining safety culture in healthcare services provider organisations. Likewise, social work academicians, scholars and practitioners should come forward to take appropriate measures in this regard. Social workers can play a crucial role in implementing National Patient Safety Strategic Plan in Bangladesh. Thus, social work practice would be new hope for positive impacts in Bangladesh's patient safety culture.

References

- Austenfeld Jr, R. B. (2001). Deming's System of Profound Knowledge. *Papers of the Research Society of Commerce and Economics- Hiroshima Shudo University*, 41(2), 75-112.
- Aveling, E. L., Kayonga, Y., Nega, A., & Dixon-Woods, M. (2015). Why is patient safety so hard in low-income countries? A qualitative study of healthcare workers' views in two African hospitals. *Globalization and health*, 11(1), 1-8.
- Barker, R. L. (1995). *The Social work dictionary*. NASW Press.
- Beach, M. C., Keruly, J., & Moore, R. D. (2006). Is the quality of the patient-provider relationship associated with better adherence and health outcomes for patients with HIV?. *Journal of general internal medicine*, 21(6), 661-665.
- Blendon, R. J., DesRoches, C. M., Brodie, M., Benson, J. M., Rosen, A. B., Schneider, E., ... & Steffenson, A. E. (2002). Views of practicing physicians and the public on medical errors. *New England Journal of Medicine*, 347(24), 1933-1940.
- Brennan, T. A. (2000). The Institute of Medicine report on medical errors- could it do harm ?. *New England Journal of Medicine* 342(15), 1123-1125.
- Carayon, P., & Wood, K. E. (2009). Patient Safety. *Information Knowledge Systems Management*, 8(1-4), 23-46.
- Cheragi, M. A., Manoocheri, H., Mohammadnejad, E., & Ehsani, S. R. (2013). Types and causes of medication errors from nurse's viewpoint. *Iranian journal of nursing and midwifery research*, 18(3), 228.
- Choi, N., Kim, J., & Kim, H. (2021). The influence of patient-centeredness on patient safety perception among inpatients. *Plos one*, 16(2), e0246928.
- Cooper, L. A., Ghods Dinoso, B. K., Ford, D. E., Roter, D. L., Primm, A. B., Larson, S. M., ... & Wang, N. Y. (2013). Comparative effectiveness of standard versus patient-centered collaborative care interventions for depression among african americans in primary care settings: the BRIDGE study. *Health Services Research*, 48(1), 150-174.
- Das, T. B. (2013). Medical Negligence and Fraudulent Practice in Private Clinics: Legal Status and Bangladesh Perspective. *Dhaka: Ain o Salish Kendra (ASK)*.
- Davis, R. E., Sevdalis, N., Jacklin, R., & Vincent, C. A. (2012). An examination of opportunities for the active patient in improving patient safety. *Journal of Patient Safety*, 8(1), 36-43.
- Dekker, S. (2011). *Patient safety- A human factors approach*. Taylor and Francis Group.
- Dwamena, F., Holmes-Rovner, M., Gaulden, C. M., Jorgenson, S., Sadigh, G., Sikorskii, A., Lewin, S., Smith, R. C., Coffey, J., & Olomu, A. (2012). Interventions for providers to promote a patient-centred approach in clinical consultations. *The Cochrane database of systematic reviews*, 12, CD003267. <https://doi.org/10.1002/14651858.CD003267.p ub2>

- Emanuel, L., Berwick, D., Conway, J., Combes, J., Hatlie, M., Leape, L., Reason, J., Schyve, P., Vincent, C. & Walton, M. (2009). What exactly is patient safety?. *Journal of Medical Regulation*, 95(1), 13-24.
- Elmondsri, M., Banarsee, R., & Majeed, A. (2018). Improving patient safety in developing countries—moving towards an integrated approach. *JRSM open*, 9(11), 2054270418786112.
- Fix, G. M., VanDeusen Lukas, C., Bolton, R. E., Hill, J. N., Mueller, N., LaVela, S. L., & Bokhour, B. G. (2018). Patient-centred care is a way of doing things: How healthcare employees conceptualize patient-centred care. *Health Expectations*, 21(1), 300-307.
- Gallagher, T. H., Waterman, A. D., Ebers, A. G., Fraser, V. J., & Levinson, W. (2003). Patients' and physicians' attitudes regarding the disclosure of medical errors. *Jama*, 289(8), 1001-1007.
- Goldstine, D. (Ed.). (1955). *Expanding horizons in medical social work*. University of Chicago Press.
- Hossain, I., Alam, M. J., Islam, M. N., & Mamun, M. Z. (2005). Medical social work practices for the improvement of health care system in Bangladesh. *Journal of Sociology*, 1(1), 63-74.
- Hsan, K., Islam, M. S., Islam, M. Z., Awal, N., Gozal, D., Kameli, M. M. M., ... & Hossain, M. M. (2022). Healthcare Providers Infection Prevention Practices and Associated Factors in Community Clinics in Bangladesh: A cross-sectional study. *PLOS Global Public Health*, 2(6), 1-14.
- Hudson, J. D. (1997). A model of professional knowledge for social work practice. *Australian social work*, 50(3), 35-44.
- Hwang, J. I., Kim, S. W., & Chin, H. J. (2019). Patient participation in patient safety and its relationships with nurses' patient-centered care competency, teamwork, and safety climate. *Asian nursing research*, 13(2), 130-136.
- Jabin, R., Shafiqur, M. D., Islam, M. S., & Mridha, M. (2013). Patient safety: a measure on reporting system and accident investigation in Bangladesh. In *Medicinteknikdagarna 2013, Stockholm, Sweden, October 1-2, 2013*.
- Jaén, C. R., Ferrer, R. L., Miller, W. L., Palmer, R. F., Wood, R., Davila, M., ... & Stange, K. C. (2010). Patient outcomes at 26 months in the patient-centered medical home National Demonstration Project. *The Annals of Family Medicine*, 8(1), S57-S67.
- Kohn, L. T., Corrigan, J. M., & Donaldson, M. S. (2000). Errors in health care: a leading cause of death and injury. In *To err is human: Building a safer health system*. National Academies Press (US).
- McMillan, S. S., Kendall, E., Sav, A., King, M. A., Whitty, J. A., Kelly, F., & Wheeler, A. J. (2013). Patient-centered approaches to health care: a systematic review of randomised controlled trials. *Medical care research and review*, 70(6), 567-596.
- Naderi, S., Zaboli, R., Khalesi, N., & Nasiripour, A. A. (2019). Factors affecting patient safety: a qualitative content analysis. *Ethiopian Journal of Health Development*, 33(2).
- Okafor, A., Onalu, C., Ene, J., & Okoye, U. (2017). Social work in healthcare setting. *Social work in Nigeria: Book of readings*, 145-156.
- Reynolds, A. (2009). Patient-centered care. *Radiologic technology*, 81(2), 133-147.
- Robinson, J. H., Callister, L. C., Berry, J. A., & Dearing, K. A. (2008). Patient-centered care and adherence: Definitions and applications to improve outcomes. *Journal of the American Academy of Nurse Practitioners*, 20(12), 600-607.
- Sharifi, S., Izadi-Tame, A., Hatamipour, K. H., Sadeghigooghary, N., & Safabakhsh, L. (2014). Patient safety culture from Mazandaran clinical nurses' perspective. *Iran Journal of Nursing*, 27(88), 77-87.
- Spath, P. L. (2012). Error reduction in health care: a systems approach to improving patient safety. *Journal Of Nursing Regulation*, 2(4), 60. [https://doi.org/10.1016/S2155-8256\(15\)30255-6](https://doi.org/10.1016/S2155-8256(15)30255-6)

Steffner, K. R., McQueen, K. K., & Gelb, A. W. (2014). Patient safety challenges in low-income and middle-income countries. *Current Opinion in Anesthesiology*, 27(6), 623-629.

Sultana, M., Hossain, M. S., Ara, I., & Sultana, J. (2018). Medical errors and patient safety education: views of intern doctors. *Bangladesh Medical Research Council Bulletin*, 44(2), 82-88.

Tabassum, R., & Biswas, A. (2019). Situation Analysis to Understand the Patient Safety Context at Primary and Secondary Health Care Facilities in Bangladesh. *Asian Journal of Behavioural Sciences*, 1(2), 36-46.

Talukder, M. H. K., Nuruzzaman, M., & Nargis, T. (2016). Introducing Interprofessional Education to Foster Patient Centred Health Care: A Quasi Experimental Experience in Bangladesh. *Chattagram Maa-O-Shishu Hospital Medical College Journal*, 15(1), 3-7.

Trevithick, P. (2005). Social work skills. *A practice handbook*.

Weingart, N. S., Wilson, R. M., Gibberd, R. W., & Harrison, B. (2000). Epidemiology of medical error. *Bmj*, 320(7237), 774-777.

World Health Organization. (2010). A Brief Synopsis on Patient Safety.

World Health Organization (WHO). (2011). WHO patient safety curriculum guide: multi-professional edition.

World Health Organization. (2016). Patient Engagement: Technical Series on Safer Primary Care.

World Health Organization. (2019). Patient safety fact file. *Geneva: WHO*.

World Health Organization. (2021). Global patient safety action plan 2021–2030: Towards eliminating avoidable harm in health care.

Conflict of Interest

There is no conflict of interest to declare.

Acknowledgements

I would like to express my deepest gratitude to Dr Tulshi Kumar Das for believing in me and inspiring me. I am equally thankful to the blind reviewers and editors of the journal for their valuable suggestions.

About the Author

The author is an Assistant Teacher at Apasen International, Sylhet, Bangladesh. She received her BSS and MSS degrees in Social Work from Shahjalal University of Science and Technology, Sylhet, Bangladesh. Her research interests include gender studies, health care, domestic violence, disability, etc.