Perceptions of Trust in a Just Culture Environment

Linda Paradiso DNP, RN, NEA-BC

Abstract
Medical errors are considered to be the third leading cause of death in the United States, estimated at more than 250,000 deaths per year. The Institute of Medicine’s landmark report, To Err is Human, identified that errors are not always the fault of individuals, but systems, processes, and various conditions. In healthcare, the cornerstone of the process by which we learn from errors has been the voluntary reporting process. The primary barrier to reporting errors is the negative response from administrators, and the potential or risk of disciplinary action. An environment of trust and fairness is known as “Just Culture” and is required to promote the culture of safety. Employees must perceive that they will receive fair and just treatment when reporting safety near misses and incidents. This fosters a culture of safety, which encourages organizational improvements that impact patient safety.

Purpose
This study examined the relationship between Just Culture and perceptions of trust in both direct care nurses and nurse leaders, and the impact of these variables on patient safety through voluntary reporting of incidents. The long-term goal of this study was to develop a better understanding about why incidents occur, identify new opportunities to protect patients from error, and improve the quality of care through system redesign.

What is Just Culture?
“Just Culture refers to a values-supportive system of shared accountability where organizations are accountable for the systems they have designed and for responding to the behaviors of their employees in a fair and just manner. Employees, in turn, are accountable for the quality of their choices and for reporting both their errors and system vulnerabilities” (Outcome Engineuity LLC, 2012, p. 7).

Research Questions
RQ1 - Is Just Culture present in the organization?
RQ2 - Is there a difference in the perception of trust between nurse leaders and direct care nurses?
RQ3 - Is there a relationship between the level of trust among nurse leaders and direct care nurses, and the Just Culture principles?
RQ4 - Is there a relationship between the level of trust among nurse leaders and direct care nurses and voluntary reporting of events?

Research Design
This research implemented a quantitative, correlational, cross-sectional study design, with one data collection point to examine relationships among variables. Direct care nurses and nurse leaders (approximately 1,580 participants) were asked to complete an anonymous survey utilizing the Just Culture Assessment Tool for voluntary reporting of errors. Of these, 563 completed surveys were included in the analysis, representing a response rate of 35.6%.

The Just Culture model operationally defines three human element decision concepts, which delineate the potential outcomes of the incident review process. These definitions were consistent with the decision concepts of the organization, even though different labels were used.

Consensual behavior - human error, inadvertent mistake, slip or lapse (Just Culture = human error).

Coachable behavior - minimization of or failure to recognize risk resulting in deviation from process, policy or system (Just Culture = risky behavior).

Censurable behavior - intentional violation of process, policy or system (Just Culture = reckless behavior) (MMIC, 2014; Outcome Engineuity, 2015).

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Limitations
- Small sample size - Final analysis represented 17% of nurse leaders and 9% of direct care staff.
- Length of survey - 63 questions - Staff may have been reluctant to complete the survey due to time constraints.
- Survey tools - Both utilized Likert scales with neutral choices, and contained questions with reverse wording. If respondents did not carefully read each item and note the reverse wording, it is possible that they answered differently than their intended response.

Chi-square Comparison of Perception of Just Culture

<table>
<thead>
<tr>
<th>Question</th>
<th>Trust Domain</th>
<th>P-Value</th>
</tr>
</thead>
<tbody>
<tr>
<td>Is there a difference in the perception of trust between nurse leaders and direct care nurses?</td>
<td>Yes</td>
<td>.001</td>
</tr>
</tbody>
</table>

Correlation Between Trust and Voluntary Reporting of Errors

<table>
<thead>
<tr>
<th>Trust Domain</th>
<th>Correlation Coefficient</th>
<th>P-Value</th>
</tr>
</thead>
<tbody>
<tr>
<td>Direct care nurses</td>
<td>1.000</td>
<td>275**</td>
</tr>
<tr>
<td>Nurse leaders</td>
<td>0.227**</td>
<td>1.000</td>
</tr>
</tbody>
</table>

Strong positive correlations were identified between trust and voluntary reporting of events that do result in patient harm and could have resulted in patient harm (p < .001 level). A stronger positive correlation was identified between trust and voluntary reporting of events that could have resulted in patient harm (p = 0.052 level). A stronger positive correlation was identified between trust and voluntary reporting of events that could have resulted in patient harm (p = 0.001 level). A stronger positive correlation was identified between trust and voluntary reporting of events that could have resulted in patient harm (p = 0.052 level). A stronger positive correlation was identified between trust and voluntary reporting of events that could have resulted in patient harm (p = 0.001 level).