LETTER

Patient Safety Culture, Infection Prevention, and Patient Safety in the Operating Room: Health Workers' Perspective [Letter]

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Dear editor

We would like to express our appreciation to Juliasih et al[1] for their valuable contribution through their original article titled "Patient Safety Culture, Infection Prevention, and Patient Safety in the Operating Room: Health Workers' Perspective". This study, conducted in Indonesia, explored how patient safety culture and infection prevention practices influence the perceptions of patient safety among 143 healthcare professionals. Despite employing a validated tool and encompassing various healthcare roles, there are notable limitations to consider.

One significant limitation is the relatively small sample size per country, which constrains the generalizability of the results. To comprehensively understand safety culture across diverse hospitals and regions, larger multicentre studies with multi-centre sampling should be considered as the most suitable approach.[2]

Additionally, the study's utilization of a cross-sectional design offers only a momentary snapshot of safety perceptions, lacking the ability to capture changes over time. To address this limitation, future research should incorporate longitudinal data collection, enabling the tracking of trends and variations in safety perceptions over extended periods.[3]

Furthermore, the reliance on self-reported surveys may introduce biases, including social desirability bias. To enhance the validity of the survey findings, it is advisable to incorporate objective safety metrics alongside self-reported data.[4]

The regression analysis in this research indicates organizational learning and infection prevention explain a very high amount (97.3%) of variance in safety scores, which seems improbably high. Other factors are likely contributing and showing multiple determinants.[5]

The study underscores the critical need for global improvements in operating room safety culture, particularly in areas such as Event Reporting and Error Response. It also highlights the positive impact of continuous learning initiatives on safety, aligning with existing literature emphasizing the importance of ongoing quality improvement processes.

In conclusion, while this study provides valuable insights, it is essential to acknowledge its limitations. Future research should prioritize larger sample sizes with a multicentre approach, incorporate longitudinal data collection, integrate objective safety indicators, and explore additional factors influencing safety ratings to strengthen the robustness of the conclusions drawn from this research.

Disclosure

The author reports no conflicts of interest in this communication.

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