

Chapter 17

Risk Perception as a Patient Safety Dimension

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ABSTRACT

Clinical risk management has been shaped by the growing consciousness of the number of errors, incidents, and near-misses that occur in healthcare and their impact on the safety of patients. Instead, patient safety emphasizes performance, team and system orientation, the regulatory framework, and patient centeredness. However, the patient safety movement, dealing either with the person or system approach, is only one aspect of patient safety. Risk perception, as a patient safety dimension, comes into play through personalized self-care. As a result, tailored health communication, that is, any combination of information and behavior change strategies, intended to reach one specific person based on information unique to that person, and derived from an individual assessment, is essential.

INTRODUCTION

Risk is a measurement, an estimation of exposure, likelihood and extent of loss (Garland, 2003). A risk must be identified and appraised because, without human attention, it is not a risk in the modern sense of the word. As a result, observation and evaluation create a risk, while modern systems of risk assessment, that classify, diagnose and respond, bring attention to a choice and allow the risk analysis and technical accuracy. On the other hand, modernity is characterized by the

creation of risks from an increasingly complex techno-scientific system. The nature of modern societies is such that risks multiply with the increasing 'complexification' of societal systems of technological leadership. Implicit also is the belief that more knowledge leads to more risk. The advancement of science increases human perception of the natural world (Douglas & Wildavsky, 1982). However, by opening up new realms of information, science simultaneously can augment the difference between what is known and what it is advisable to know. This hints at what underlies nearly all the technical interest in risk as a concept.

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Just as science and technology start up new worlds of possibility, so science and technology discover new risks. Many risks in late modern society conform to two broad categories (Beck, 1992). Firstly, they are invisible, and the consequences are likely to be irreversible. Secondly, risks are based on 'causal interpretations' due to the dependence upon scientific knowledge claims. They are, therefore, particularly susceptible to redefinition by the most influential social actor groups as well as by individuals. This phenomenon is amply evident in 'blame culture', used to describe the political argument and media attention that inevitably arise in the wake of what might previously have been considered unavoidable accidents.

A risk by definition has consequences for humans and what humans value. It is not only the prospect of an event but also the probable consequence of its outcome and the value that is found on the outcome. The evaluation is a public, aesthetic and intellectual matter (Douglas, 1990). However, different individuals and different communities might consider a threat more or less seriously because they understand the consequences differently. In this way, the understanding of a threat and appraisal of its possible consequences is inherently moral. The creation of such knowledge creates a position to act according to principles, power and accountabilities, while risk carries connotations of responsibility and liability (Douglas, 1990, 1992).

Risk management has been dealing with the corporate cost of making mistakes, involving systems as well as professional and organizational performance. Instead, clinical risk management has been shaped by the growing consciousness of the number of errors, incidents and near-misses that occur in healthcare and their impact on the safety of patients. Some people would argue that risk management and patient safety are one in the same discipline (Youngberg, 2011). However, risk management emphasizes skill; individual orientation; voluntary code, and clinical centeredness. Instead, patient safety emphasizes performance;

team and system orientation; the regulatory framework, and patient centeredness.

Patient safety became widely known following the publication of the Institute of Medicine report 'To Err is Human' (1999) and the UK Department of Health document 'An Organisation with a Memory' (2000). This launched work from professionals outside the healthcare industry who began to look beyond the individual practice issues and analyze the practices, behaviors, and problems that were causing risk. James Reason (1997) introduced his book 'Managing the Risks of Organizational Accidents', which focused on the risks of hazardous technologies to the healthcare community. The book prompted healthcare professionals to look at accidents and patient events from a systems perspective than a case-by-case perspective. He defined the 'swiss cheese' model as a dynamic process with moving 'holes' that break down the defense of the organization's safety net. Moreover, he suggested that the systems build-in defenses that do not let the holes line up and create a path that reaches the patient.

However, we are only just beginning to realize the safety risks that exist outside of hospital walls. The accumulation of knowledge to date shows that safety issues in the inpatient settings differ from those in ambulatory settings. Treatment errors predominate in inpatient settings; adherence is also essential; outpatient practices tend to lack the facilities and skillfulness to address quality and safety improvement, and there are staffing ratios and accreditation requirements for hospitals that do not match those of private practices. The outpatient setting also poses greater challenges for data transfer, while a complication or missed diagnosis may remain unidentified for months (Gandhi & Lee, 2010). On the other hand, outpatient settings may allow the effectuation of innovative approaches to involving patients in their own care. Perhaps the greatest immediate problem in addressing these safety issues is to seek a culture of safety in outpatient settings, which is often fragmented and inefficient.

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