

29<sup>th</sup> International Conference on **Pediatric Nursing & Healthcare**  
&  
31<sup>st</sup> World Congress on **Advanced Nursing Practice**

August 16-17, 2018 | Madrid, Spain

**Perceptions of pediatric hospital safety culture in the US: A secondary data analysis of the 2016 hospital survey on patient safety culture**

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This study explored differences in conceptualizing safety cultures in U.S. pediatric hospitals and specialty units from an interprofessional perspective on a national level. Errors in the pediatric population can quickly cause harm and frequently lead to adverse events (AEs). Research has explored the problems of patient harm and identified strategies to prevent those harms; but sustainable improvements, particularly in pediatric settings, have not been achieved. This cross-sectional, Descriptive study used national data from the Hospital Survey on Patient Safety. Culture's 2016 dataset developed by the Agency for Healthcare Research and Quality measuring 12 dimensions of safety culture. The extracted sample included responses from 6,862 pediatric registered nurses (RNs), physician assistants/nurse practitioners (PAs/NPs), physicians (MDs) and administrators/managers across the U.S. analysis determined that the overall safety culture in pediatric hospitals and specialty units was neutral to poor in the U.S. from the perception of RNs, PAs/NPs, MDs and Administrators/Managers. RNs, PAs/NPs and MDs had similar perceptions of safety culture for 9 of the 12 dimensions, which differed from those of their administrators/managers. Within this group of frontline professionals, RNs and MDs differed in their perceptions of safety culture for 7 of the 12 dimensions. Despite these findings, professionals continued to report AEs suggesting that even within the poor safety culture milieu, these professional groups were concerned about their young patients' care needs and strived to improve the quality and safety of patient care. Hospitals with adequate staffing and a nonpunitive response to errors were found to be related to the professionals' overall perception of safety. Findings from this study have the potential to guide future research on improving safety cultures within pediatric care settings by developing strategies to address gaps in nursing and medical education, practice management and hospital policy development.