

Error Reporting Behaviors

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Although patient safety is a focus with medical care, it has been influenced by the lack of safety culture in the environment (Vincent et al., 2000). Preventable medical errors continue to plague healthcare and cost close to \$1 trillion annually (Andel et al., 2012). Despite the prevalence of medical errors, only one of seven errors are reported (Levinson, 2010). Understanding the behaviors that influence reporting is imperative to developing patient safety reporting initiatives. Ajzen's theory of planned behavior identifies behaviors as based on a combination of beliefs, intentions, and social control (1988). Applying this model to error reporting, we hypothesize that error reporting behaviors are shaped by different variables. Personality and expertise as well as age and sex impact error reporting attitudes and behaviors, and individual differences pertaining to culture, such as the extent that an individual submits to authority or status and hierarchy affect error reporting. Likewise, organizational factors can influence the extent to which errors are reported (Uribe, et al., 2002; Wakefield et al., 2001). Surveys were collected longitudinally from senior medical students' with little to no previous experience as a professional. The survey tool includes items that were pulled from the validated Attitudes toward Patient Safety Questionnaire, a validated measure of power distance, previously reported items measuring reporting behaviors and demographic items. Understanding error reporting behaviors guides healthcare providers to develop protocols or initiatives. Knowing what particular constructs predict the intent to report, healthcare providers can successfully implement structure, change workplace culture, and education.