The Relationship Between Staff Nurses' Advocacy For Patient Safety Behaviors And Safety Management Approaches At Saudi Arabia 2024

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Abstract:

Background: Advocacy is the essence of nursing's professional commitment to the preservation of human rights, protection of patients from harm, and the provision of quality patient care. Awareness of the vital role advocacy plays in advancing safe clinical practice has grown as a result of the current emphasis on patient safety. It has received a lot of attention how crucial nurses' propensity to speak up in clinical settings is to enhancing patient safety and treatment quality.

The study aimed: To examine the relationship between staff nurses' advocacy for patient safety behaviors and safety management approaches at Saudi Arabia, 2024.

Methods: A descriptive correlational research design was used among convenience sample of nurses (130). Two tools were used namely: Safety Management Approaches Questionnaire and Advocacy for Patient Safety Behaviors (Speaking Up For Patient Safety) Questionnaire.

Results: Regarding control-based safety management, the most important thing to emphasize was the significance of safety rules and regulations. The most important aspect of commitment-based safety management was determined to be raising safety awareness. The one simulated activity (vignette) was determined to have the highest level of support for patient safety practices. About three quarters of the nurses in the survey had a moderate degree of speaking up for patient safety behaviors, according to the study's findings.

Conclusion: A statistically significant inverse relationship was found between advocating for patient safety behavior and a control-based safety management approach. In order to monitor patient safety, provide nurses with communication and assertiveness training so they can speak up with confidence and competence, and create avenues for the confidential and anonymous reporting of safety issues, leaders should be encouraged to use two safety management systems in tandem rather than just one.

Keywords: Management Approaches, Safety, Advocacy and Behavior.

Introduction:

Patient safety, according to the World Health Organization, is the absence of avoidable harm to patients and the avoidance of needless harm by medical personnel [1]. According to reports, 64 million disability-adjusted life years

are lost annually worldwide as a result of hazardous care. One of the top 10 causes of disability and mortality worldwide is acknowledged to be patient injury that occurs during healthcare delivery [2]. Nurses are important to patient safety because they prevent patient harm and identify mistakes early. Therefore, it is believed that safety leadership among nurses is one of the most important elements of improving and ensuring patient safety in hospitals. Specifically, nurse managers develop and disseminate patient safety policies, highlight the importance of patient safety for all nurses in the organization, serve as role models, and encourage participation in activities relevant to patient safety management. Because it fosters a ward culture that places a high priority on patient safety and encourages improvement initiatives, nurse supervisors' leadership is crucial [3].

Nurses' willingness to speak up in clinical settings has received a lot of attention since it is essential to enhancing patient safety and treatment quality. Several phrases have been used to describe speaking up, such as employee voice and assertive communication. In the healthcare industry, speaking up for patient safety is using remarks or questions that include information, worries, or viewpoints on safety-related matters in a flexible, assertive, and decision-making way in clinical settings [4]. Previous research has shown that nurses' vocalization can contribute to a decrease in adverse patient outcomes, such as infections and prescription errors [5]. Speaking up in healthcare refers to healthcare professional voicing concerns for patient safety and the standard of care after witnessing or knowing about the risky or subpar actions of other team members [6].

Speaking up is the act of firmly voicing concerns, bringing up a problem, or voicing an opinion when one learns of a potentially hazardous clinical situation. Colleagues who speak up in trying situations not only prevent negative results but also avoid blunders that could have serious emotional consequences. In addition to starting individual and organizational learning processes, resolving safety issues can assist ensure that patients in the future [7]. In many clinical settings, speaking up can make a big difference in ensuring patient safety. The concepts "raising concerns" and "internal whistleblowing" are synonymous with speaking up. For example, it was stated that "whistleblowing" is the practice of nurses alerting people in authority about harmful, immoral, or inadequate care [8].

Previous studies have demonstrated that nurses frequently opt to keep quiet and hesitate to speak up, even in spite of these possible advantages. The actions of their immediate supervisors play a significant role in determining whether or not staff members dare to speak up. For instance, managers can encourage nurses to share issues by actively seeking out and valuing nurse feedback, providing coaching, exhibiting genuine leadership, and cultivating a rapport of trust with their subordinates [9]. Organizations must use management techniques in the healthcare sector and encourage a variety of leadership behaviors among managers in order to meet patient safety objectives. Two types of management techniques are commonly identified in human resource management studies: control-based management and commitment-based management. Control-based management is a popular top-down approach that focuses on keeping an eye on, supervising, and controlling employee conduct [10].

Commitment-based management helps members better understand the organization's objectives, vision, and mission and facilitate their assimilation of patient safety rules and concepts [10]. Supervisors will reprimand staff members under control-based management in order to improve nurses' compliance. Nursing managers must keep an eye on and supervise organizational members, improve subjective standards, and follow safety regulations in order to effectively manage patient safety [11]. Supervisors that employ a control-based safety management method also monitor compliance, provide employees feedback, and stress the importance of following safety rules. Furthermore, managers who use a commitment-based safety management approach show that patient safety is their first concern by modeling responsible behavior, expressing their dedication to providing safe care, encouraging employees to participate in safety improvement initiatives, and increasing public awareness of safety-related issues [12].

Regarding safety behavior, both management styles may have an impact on professionals' priorities (environment for safety) and perceptions of the risks (psychological safety) [13]. Stated differently, the control-based strategy, which is comprised of rules and regulations, and the commitment-based approach, which can encourage internal drive, are both regarded as important. In particular, it is suggested that the two managers systems should be utilized in combination rather than just one, as nurse managers play a critical role in ensuring that patients receive safe care by fostering strong bonds with other organization members [14].

The primary causes of patient safety incidents that have been linked to leadership are as follows: insufficient assistance in reporting patient safety events; lack of response or feedback to employees who voice safety concerns; intimidation of employees who voice concerns; uneven implementation and prioritization of safety recommendations; lack of awareness regarding staff burnout and its effects on safety culture; and so forth.

This demonstrates how important managers are in creating a space where people feel comfortable speaking up [15].

Among the various healthcare professionals, we believe that nurses are essential to giving patients safe, effective care. Given their constant presence at the patient's bedside and direct interaction with them, nurses are often the first to notice errors and near misses that could compromise patient safety, so it is imperative that they can freely voice their concerns and recommendations regarding safe patient care. Because managers' approaches to safety management, whether they are committed or utilize a control-based approach that fosters an environment that promotes adherence to safety goals and empowers nurses to speak up, have an impact on nurses' willingness to speak up. Therefore, this study aimed to examine the relationship between staff nurses' advocacy for patient safety behaviors and safety management approaches at Saudi Arabia, 2024.

Methods:

A descriptive correlational study was used in the study. Convenience sample was used of 130 nurses that were available during the time of data collection with inclusion criteria that they have at least one year of experience and willing to participate in the study at Hospital in Makah, Saudi Arabia. Two tools were used for data collection in the present study namely: Safety Management Approaches Questionnaire and Speaking Up For Patient Safety Questionnaire. The first tool was Safety Management Approaches Questionnaire: It consisted of two parts: Part I: It used to identify personal characteristics of the study staff nurses such as, age, duration of employment in this department, work hours per week, educational qualifications, and years of experience. Part II: Safety Management Approaches Questionnaire. It was designed by the researchers based on a comprehensive literature review [3, 13, and 16]. It consisted of 32 items to assess nurses' perceptions of their managers' control and commitment based patient safety management approaches.

The control based safety management approach consists of three sub scales: stressing the importance of safety rules and regulations (5 items), monitoring compliance (4 items), and providing employees with feedback (3 items). The commitment based safety management approach consists of four sub scales: showing role modeling behavior (6 items), creating safety awareness (6 items), showing safety commitment (5 items), and encouraging participation (3 items). Subscales were rated on a 5-points scale. The 5-points scale ranged from 1 (never true) to 5 (always true), with a higher score indicating stronger control and commitment based safety management approach.

The second tool was Speaking Up For Patient Safety Questionnaire SUPSQ: This tool is a validated questionnaire developed by Richard et al., (2021) [17] and aimed to assess the frequency of staff nurses' speaking up for patient safety behaviors. It consisted of three behavior- related scales with 11 items in addition to one simulated hypothetical behavior (vignette). The 11 items divided into three dimensions: perceived safety concerns (3 items), withholding voice (5 items) and past speaking-up behaviors (3 items). These items were scored on a five- points Likert scale from never (0 times) to very often (> 10 times in the last four working weeks).

The One simulated behavior (vignette): This vignette serves as a standardized stimulus and describes a generic situation requiring speaking up and assessing respondents' anticipated behaviors if they would find themselves in a similar situation. Vignette was followed by the 5 questions measured on a 7-points Likert-like scale: (1) how great the potential for patient harm is (1 = very low, 7 = very high); (2) how uncomfortable they would feel to speak up (1 = very comfortable, 7 = very uncomfortable); (3) how likely it would be that they speak up, using words or gestures (1 = very unlikely, 7 = very likely); (4) whether it would be difficult to decide how to react (1=very easy, 7= very difficult). Respondents will also asked to judge whether the situation is realistic on their job (1 = not realistic at all, 7 = very realistic).

The scoring system of the tool based on statistically cut of point ranged from (16-90) and was categorized into three levels as the following: Low level of speaking up for patient safety behaviors (<50%) (Scored from 16-44). Moderate level of speaking up for patient safety behaviors (50%-75%) (Scored from 45-67). High level of speaking up for patient safety behaviors (>75%) (Scored from 68-90).

Study tools were tested for its face validity by five experts in the field of the study. The validity of the tools aimed to judge its clarity, simplicity, accuracy, comprehensiveness and accepted by jury committee. Pilot study was done on 10% of the study participants to ascertain the clarity, feasibility, relevance, comprehensiveness, applicability of the developed tools and to estimate the time needed to fill the questionnaire sheet, and they were randomly selected and excluded from the study sample and results of the study. Then there were no modifications on tools. Cronbach's alpha was applied to assess the internal consistency of the study tools, which needed to be at least 0.5 and preferably over 0.7 using test- retest. Cronbach Alpha test was calculated for safety management

approaches questionnaire (α = 0.75) and (α =0.85) for speaking up for patient safety questionnaire which refers to be reliable.

Gathering data from nurses by outlining the purpose of the study to each nurse and obtaining their consent, the questionnaires took about 20 minutes to be completed. The data gathered took a month to be completed. Ethical Committee was approved the study. The hospital's responsible administrator granted formal approval to conduct the study. Every participant was made aware that their involvement in the study was entirely voluntary and that they might leave at any time. Every participant received an assurance regarding the privacy of the study sample and the confidentiality of the data acquired throughout the whole research.

Data were analyzed using with SPSS version 28. The normality of data was first tested with one-sample Kolmogorov- Smirnov test. Descriptive appropriate statistical tests were utilized as frequent, percentage, mean, and standard deviation. As well as inferential statistics were used; the two groups were compared with Student t test and Analysis of Variance (ANOVA test) used for comparison between means of more than two groups. Pearson's correlation coefficient was used to test correlation between variables. The results were considered significant when the probability of error is less than 5% ($P < 0.05$).

Results:

Table (1): shows that more than half of nurses (68.5%) aged less than 30 years. More than half of them (66.9%) spent 2-5 years in their current department. More than half of them (50.8%) had technical institute of nursing. Concerning working hours per week, more than three quarter of them (82.3%) work 36 hours per week.

Table (1): Personal characteristics of the studied nurses (n=130)

Variables	No.	%
Age in Years		
Less than 30 years	89	68.5
More than 30 years	41	31.5
Mean ± SD	**25.38±3.58**	
Duration of employment in this department		
2-5 yrs.	87	66.9
6-10yrs	25	19.2
more than 10 yrs.	18	13.8
Level of education		
Bachelor degree	64	49.2
Technical institute of nursing	66	50.8
Working hours per week		
36 hours per week	107	82.3
40 hours per week	15	11.5
Part time	4	3.1
Others	4	3.1

Table (2): shows that as regard control-based safety management, stressing the importance of safety rules and regulations was found the highest (mean =19.92±2.6) whereas providing employees with feedback was the lowest (mean=12.45±2.32). Concerning commitment - based safety management, creating safety awareness was found the highest (mean =24.96±3.33) whereas encouraging participation was the lowest (mean=11.83±2.27).

Table (2): Mean score of Safety Management Approaches by studied nurses (n=130)

Safety Management Approaches	No. Items	Score	Range	Mean ± SD	Mean%
Control - based safety management	**12**	**60**	**31-55**	**48.96±4.96**	**81.6%**
Stressing the importance of safety rules and regulations	5	25	12-24	19.92±2.6	79.7
Monitoring compliance	4	20	11-20	16.59±2.35	82.9
Providing employees with feedback	3	15	8-15	12.45±2.32	83
Commitment - based safety management	**20**	**100**	**60-97**	**80.34±9.09**	**80.34%**
Role modeling behavior	6	30	13-30	23.33±3.47	77.8
Creating safety awareness	6	30	18-30	24.96±3.33	83.2
Safety commitment	5	25	13-25	20.22±3.6	80.9
Encouraging participation	3	15	7-15	11.83±2.27	78.9
Total Safety Management Approaches	**32**	**160**	**91-148**	**129.3±12.55**	**80.8**

Table (3): shows that the one simulated behavior (vignette) was found the highest (mean =20.46±3.95) followed by withholding voice, past speaking-up behaviors and perceived safety concerns respectively (mean =16.59±4.77, 10.93±3.19, 9.48±3.63).

Table (3): Means score of staff nurses' speaking up for patient safety behaviors (n=130)

Speaking up for patient safety behaviors	No. Items	Score	Range	Mean ± SD	Mean%
Perceived safety concerns	3	15	3-15	9.48±3.63	63.2
Withholding voice	5	25	5-24	16.59±4.77	66.4
Past speaking-up behaviors	3	15	3-15	10.93±3.19	72.9
The One simulated behavior (vignette)	5	35	10-33	20.46±3.95	58.5
Total speaking up for patient safety behaviors	**16**	**90**	**32-75**	**57.46±10.34**	**63.8**

Table (4): shows that the highest mean score was upon the question (How likely is it that you try to alert the consultant to the missed hand Disinfection/gloves (using words or gestures)?) (Mean =5.71±1.89). Whereas the lowest was upon the question (How realistic is this situation?) (Mean=2.76±1.32).

Table (4): Means and standard deviations for the hypothetical situation (vignette) for the studied staff nurse (n=130)

The One simulated behavior (vignette)	Nurses response
	Mean ± SD
You are on a daily round with several doctors and nurses. During the round, the consultant doctor shakes hands with a patient. However, prior to examining the patient's wound the consultant does not apply gloves and/or does not disinfect their hands.	
How realistic is this situation?	2.76±1.32
If nobody acts, how dangerous do you think this situation is for the patient?	5.14±1.82
How likely is it that you try to alert the consultant to the missed hand Disinfection/gloves (using words or gestures)?	5.71±1.89
Would you feel uncomfortable to instruct the consultant to disinfect their hands/ wear gloves?	3.04±1.81
Whether it would be difficult to decide how to react?	3.82±1.46

Vignette was followed by the 5 questions measured on a 7-points Likert-like scale

Table (5): shows that there was statically significant negative correlation between control – based safety management approach and speaking up for patient safety behavior.

Table (5): Correlations between safety management approaches and speaking up for patient safety behaviors among the studied staff nurses (n=130)

		Safety Management Approaches	
		Control -based Safety Management	Commitment - based Safety Management
Speaking up for patient safety behaviors	r	-0.340	-0.148
	p	0.004**	0.093

r=Pearson Correlation
Correlation is significant at the 0.01 level (2-tailed).

Table (6): shows that safety management approaches was statically significant correlated to duration of employment, level of education, and working hours per week of the studied sample, whereas, speaking up for patient safety behavior was statically significant correlated to age, working hours per of the studied sample.

Table (6): Relation between staff nurses' characteristics and their safety management approaches and speaking up for patient safety behaviors (n=130)

Variables	Safety Management Approaches	Speaking up for patient safety behaviors
Age in Years		
Less than 30 years	128.35±12.98	59.18±10.92
More than 30 years	131.37±11.43	53.73±7.83
Test of significance	**t=1.277, p=0.204**	**t=2.870, p=0.005****
Level of education		
Bachelor degree	126.02±10.13	56.33±7.42
Technical institute of nursing	132.48±13.86	58.56±12.5
Test of significance	**t=3.030, p=0.003****	**t=1.234, p=0.220**
Working hours per week		
36 hours per week	128.8±12.84	58.69±10.35
40 hours per week	136.47±9.74	48.13±5.1
Part time	116.00±0.00	67.00±0.00
Others	129.00±0.00	50.00±0.00
Test of significance	**F=3.360, p=0.021***	**F=7.356, p=(<0.001)****

t=student t test, f= One Way ANOVA, *p significant at <0.05

Discussion:

In order to modify the plan or intervention before a key event impacts a patient, nurses are obliged to voice concerns. Speaking is significantly impacted by nursing management. These include supervisory measures that emphasize the value of safety, call attention to it, and encourage employees to behave in a way that promotes safety [18]. This study was to examine safety management approaches and their relationship to staff nurses' speaking up for patient safety behaviors. Managers' approaches to safety management, whether they are control-based or committed, have an effect on nurses' willingness to speak up by fostering an environment that motivates nurses to speak up and encourages adherence to safety objectives. According to the results of the current study, the most important aspect of control-based safety management was emphasizing the significance of safety laws and regulations, while the least important aspect was giving employees feedback. This can be because direct supervisors try to remind staff members to follow safety rules and monitor and control employee behavior.

According to Alingh et al. (2018) [13], safety rules and regulations serve as the cornerstone of a control-based management system, providing guidance for proper safety behaviors. Furthermore, Ajmal et al. (2022) [19] guaranteed that the first feature of the control-based safety management strategy is the enforcement of adherence to defined guidelines and protocols. Furthermore, nurse managers emphasize the importance of following policies and procedures and are increasingly employing them as a managerial control tool, according to van der Kolk et al. (2019) [20]. According to Lee (2018) [21], safety standards in this context are defined by the active monitoring of employee behavior and the provision of structure and predictability to work processes. This enables supervisors to confirm that medical personnel are following safety protocols.

Furthermore, nurse managers monitor staff behavior and audit compliance based on entries in electronic patient records and registrations, according to Bail et al. (2020) [22]. The results of these monitoring operations are used to provide feedback to nurses about their compliance with safety regulations. In the event of persistent non-compliance, hospitals have formal disciplinary systems that target certain safety issues, according to Berman et al. (2021) [23]. Regular violators of policies and procedures face reprimands from the board of directors, warnings from their immediate superiors, and ultimately termination or dismissal.

The results of the current study showed that, in terms of commitment-based safety management, raising safety awareness was the most important factor, while promoting involvement was the least. This might be the result of ensuring that employees behave responsibly by increasing awareness of and assisting in the internalization of an organization's purpose, vision, and objectives. This is corroborated by Alingh et al. (2018) [13], who claimed that the foundation of commitment-based safety management is raising nurses' intrinsic motivation and fostering safety awareness.

According to Farokhzadian et al. (2018) [24], nurse managers can increase staff awareness of safety issues by teaching them about potential risks to their safety as well as places for improvement. By discussing safety incidents, providing information on patient outcome indicators and comparing data with similar units in other hospitals, nurse managers can increase awareness of this problem. Furthermore, according to Kwon & Kim (2021) [3], leaders that prioritize safe care and successfully convey their vision to staff—for instance, by proving that patient safety is highly valued and prioritized over other organizational aspects like production are characteristics of commitment-based safety management.

This management style is centered on assisting in the internalization of safety standards and principles. The results of the current study showed that, in terms of speaking up for patient safety behaviors, the one simulated behavior (vignette) was the most common, followed by withholding voice, previous speaking-up behaviors, and perceived safety concerns, in that order. This might be because the vignettes portrayed fictional healthcare situations when a staff member mishandles a patient's care, something nurses may encounter on a daily basis. In order to protect patients from potential harm, bystanders must act swiftly. In this context, Mannion et al., (2018) [25] mentioned that the choice to speak up or remain silent about safety concerns typically is an individual consideration, depending on whether the individual nurse feels safe to speak up or not. Whether somebody dares to speak up is influenced by perceived leader behaviors and also by one's personality, sense of commitment, communication skills, taken-for-granted beliefs and prior experiences with speaking up.

Conversely, Schwappach & Niederhauser (2019) [26] shown that nurses are less likely than other healthcare professionals to voice concerns regarding patient safety in hospital environments. Additionally, it was suggested by Okuyama et al. (2014) [6] that nurses may be reluctant to voice concerns regarding patient safety if they are afraid of being abused or fired. Furthermore, Ambutu (2020) [27] noted that a hesitation to speak up is one of the factors that can result in negative outcomes or a communication error. Nurses frequently struggle to express their worries regarding patient safety, even when they are aware of the dangers and shortcomings of such omissions. When nurses openly express their worries about patient safety, it could be an excellent chance to prevent mistakes or learn from them. As regard the hypothetical situation (vignette), the highest nurses' agreement was upon the question (How likely is it that you try to alert the consultant to the missed hand disinfection/gloves (using words or gestures)?). Whereas the lowest agreement was upon the question (How realistic is this situation?). This may be due to nurses try to avoid causing any harm to patients by alerting the consultant to the missed hand disinfection/gloves.

This is corroborated by Umoren et al. (2022) [28], who claimed that by speaking up, medical personnel may quickly address possible mistakes, risky behaviors, and moral dilemmas, improving patient outcomes and overall care quality. Thus, healthcare professionals contribute to the ongoing enhancement of healthcare services by expressing their concerns and offering chances for education and system enhancements. On the other hand, Lainidi et al. (2023) [29] discovered that nurses were extremely hesitant to alert colleagues to neglected hand hygiene and also stated that they would remain silent, even if it meant endangering patients.

The study's findings showed that almost three-quarters of the nurses had a moderate level of speaking up for patient safety behaviors, slightly less than one-fourth had a high level, and the smallest number had a low level. This can be because they think that by voicing their opinions and concerns, they are contributing to the improvement of patient safety. In this context, Mascherek & Schwappach (2017) [30] discovered that nurses reported patient safety issues at a rate of sixty-two to eighty percent. Nevertheless, just 55% to 76% of nurses said they voiced these concerns, while 19% to 39% remained silent.

The study's findings showed a statistically significant inverse relationship between advocating for patient safety behavior and using a control-based safety management method. This could be because both control and commitment-based safety management strategies seem to be crucial for monitoring patient safety; yet, a commitment-based strategy seems to be most effective in encouraging people to speak up. This is corroborated by Lee et al. (2023) [31], who found a negative correlation between clinical leaders and hospital management for patient safety and nurses' unwillingness to speak up. Furthermore, nurses were more satisfied with the overall degree of

patient safety on their unit when they reported refraining from speaking less frequently.

On the other hand, Alingh et al. (2018) [13] discovered no connection between raising concerns about patient safety and control-based safety management. According to Rutherford et al. (2012) [32], nurses in this situation were reluctant to speak up while knowing that there were hazards to patient safety. Furthermore, Rabøl et al. (2011) [33] suggested that inadequate information transfer from residents or nurses to senior physicians may lead to real communication failures and/or adverse occurrences in cases of reluctance to speak out.

According to the study's findings, safety management strategies were statistically significant in relation to the sample's length of employment, educational attainment, and weekly working hours, while advocating for patient safety behavior was statistically significant in relation to the sample's age and working hours. This could be because people are more respected as they become older, and the longer they work at a profession, the more respected they are and the more they can voice their opinions on patient safety-related matters. The current study supports the findings of Han (2018) [34], who found that nurses' readiness to speak up is significantly influenced by their age. Additionally, Horak & Yang (2019) [35] discovered that nurses who are older and have worked in a particular job or institution for a longer period of time are respected and their perspectives are highly regarded, allowing them to voice concerns regarding safety issues.

Conclusion

According to the current study, giving employees' feedback was the least effective control-based safety management strategy, while emphasizing the value of safety rules and regulations was the most effective. It was discovered that raising safety knowledge was the most important aspect of commitment-based safety management, while promoting involvement was the least. The one simulated conduct (vignette) was shown to be the most prevalent when it came to speaking up for patient safety behaviors. This was followed by withholding voice, previous speaking-up behaviors and perceived safety concerns, in that order. Additionally, the survey's findings showed that almost three-quarters of the nurses in the study had a moderate degree of speaking up for patient safety practices. Furthermore, there was a statistically significant inverse relationship between advocating for patient safety behavior and using a control-based safety management method.

The findings of this research allow for the following recommendations to be constructed: Create and execute successful interventions that promote and encourage nurses to speak up for patient safety practices by establishing a secure space where they can do so without fear of reprisal. Encouraging candid dialogue and providing non-punitive solutions to problems. Educating nurses in assertiveness and communication so they may speak up with confidence and skill. Additionally, the survey's findings showed that almost three-quarters of the nurses in the study had a moderate degree of speaking up for patient safety practices. Furthermore, there was a statistically significant inverse relationship between advocating for patient safety behavior and using a control-based safety management method.

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