ORIGINAL PAPER

https://dx.doi.org/10.4314/njpr.v16i2.12S

Nig. J. Pharm. Res. 2020, S1 pp 101-109

ISSN 0189-8434 **e-ISSN 2635-3555** **Available online at http://www.nigjpharmres.com**

Patients' Perspectives on Their Safety: A Qualitative Study in Two Public Health Facilities in Kaduna State, Nigeria

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A – research concept and design; B – collection and/or assembly of data; C – data analysis and interpretation; D – writing the article; E – critical revision of the article; F – final approval of article.

Abstract

Background: Safe healthcare environments influence patients' valuation of care received and impact on better health outcomes. It has been recognized that patients can contribute invaluably in improving the quality and safety of healthcare services they receive.
Objective: To explore the perspectives of patients on their safety in healthcare.
Methods: A qualitative study comprising of four (4) focus group discussions (FGDs) with six to eight participants was conducted in two public health facilities in Kaduna State, Nigeria. Patients admitted in medical wards (male and female) were recruited through a purposive sampling technique after obtaining their verbal informed consent to participate. A topic guide, containing open ended questions that explored patients' opinions on their safety in healthcare was used for the discussions. All FGD sessions were recorded, transcribed and coded using thematic analysis.
Results: The participants consisted of 15 females and 13 males in FGD sessions that lasted between 55 to 90 minutes. All participants were Hausa speaking, with varying levels of education. Six (6) themes were generated which the patients perceived to play a role in their safety in healthcare. These themes are: choice of hospital, patient satisfaction, patient experiences, patient engagement, communication openness and suggestions by patients for improvement.
Conclusion: The findings of this study have highlighted both positive and negative perspectives of patients regarding their safety in healthcare. The patients provided some recommendations for areas where improvements are required for improved patient safety. These include infrastructural improvements, staffing, and availability of medicines, amongst others.
Keywords: Kaduna state; Patient safety; Perspectives; Qualitative; Quality care

INTRODUCTION

Patient safety has received a significant amount of attention since the 1999 United States (US) publication by the Institute of Medicine *To Error is Human*, which raised concerns on preventable medical errors and on the importance of safe medical care (Kohn *et al.*, 2000). Patient safety has since then become an issue of global concern with the World Health Organisation (WHO) stating that in high-income countries, one in 10 patients is harmed while receiving care and that almost 50% of this harm could have been preventable (WHO, 2014).

It has been reported that safe healthcare environments impact patients' valuation of the care received and on better health outcomes, which include fewer medical errors, patient falls, hospital acquired infections, readmissions and better pain management (Jha *et al.*, 2013), thus impacting on overall patient experience. Patient experience has been defined as "the sum of all interactions, shaped by an organisation's culture that influence patient perceptions across the continuum of care" (Wolf *et al*., 2014). It has been suggested that a patient's perception of safety is greatly influenced by processes of care (Rathert *et al*., 2012). As such, patient views are considered as an essential tool in the processes of monitoring and quality improvement of healthcare services (Lawal *et al*., 2018).

Healthcare services such as screening tests, access to primary care and immunisations have been reported to impact positively on patient safety (Doyle *et al*., 2013). In low- and middle-income countries (LMICs), a combination of factors such as understaffing, inadequate structures and overcrowding, lack of healthcare commodities,shortage of basic equipment, poor hygiene and sanitation have been found to contribute to unsafe patient care (Wilson *et al*., 2012). Between 5.7 and 8.4 million deaths occur yearly from poor quality of care in LMICs, meaning that health care quality defects cause 10 to 15 percent of the total deaths in these countries (National Academies of Sciences Engineering and Medicine, 2018).

In recent years, there has been an increased recognition of the valuable contributions patients can make in their health care safety.(Davis *et al*., 2012). Patient engagement in their care has been found to aid in the prevention of adverse events across healthcare settings (Kim *et al*., 2017). The WHO has identified the roles of patient and community engagement as one of patient safety solutions through the WHO Patient Safety Solutions (WHO, 2013; WHO, 2015). Other agencies such as the United States of America (USA) Agency for Healthcare Research and Quality (AHRQ) and the United Kingdom (UK) National Health Service (NHS) have carried out campaigns to encourage a more active role of the patient in promoting patient safety (AHRQ, 2018; UK National Health Service, 2019). Additionally, the USA's National Quality Forum (NQF) identified patient and family engagement and patient safety as national priorities in transforming healthcare, reducing harm and waste in the health care system (National Quality Forum, 2016).

In Nigeria and Africa at large, there is still very limited research on patient safety indicating that patient safety and quality of care information from the region is still "infrequent and limited in scope" (Carpenter *et al*., 2010). This study was thus conducted to explore the perspectives of patients on their safety in healthcare while receiving care in selected public health facilities in Kaduna state, Nigeria. This was carried out as part of a larger study that explored medication safety in public health facilities in Kaduna state, Nigeria.

METHODOLOGY

Study setting

The study was conducted in two public health facilities (one tertiary and one secondary health facilities) in Kaduna State, Nigeria. Kaduna State is the third most populous state in Nigeria with an estimated total population of 8.6 million. There are 1, 692 healthcare facilities; 40.2% being of the private sector; 3.2% secondary healthcare; 0.3% tertiary healthcare (Kaduna State Government, 2019). Most of the people in Kaduna State access their healthcare needs from public facilities.

Study design and sampling

This was a qualitative study that utilized focus group discussions (FGDs) with patients. Four FGDs were conducted, two each with both males and female inpatients in the medical wards of the two public health facilities selected. Patients were recruited by purposive sampling after they had satisfied the inclusion criteria of being adults admitted in the medical wards, speak the local language (Hausa), were taking two or more medications, were stable and gave their consent to participate.

Data collection

A topic guide (Figure 1) containing open ended questions, similar to one used in a comparable Ethiopian study, was used and included questions relating to general patient safety, patient's experience with any medication-related adverse event, and improvement strategies on medicines use (Mekonnen *et al*., 2016). The topic guide was translated to Hausa by an expert and two native speakers working in the healthcare sector and then further reviewed by the researcher. The researcher served as the interviewer and another person served as a note taker (both speak English and Hausa fluently). Separate FGDs were conducted for male and female patients. Participants were informed about the aim of the FGD and those who gave their consent were given further information on the study. The FGD sessions took place at a convenient place in the hospital for the participants, in groups of 6 to 8 persons. All FGD sessions were audiotaped with the consent of participants.

We would like to start with self-introduction (name, age, tribe, religion, educational level and parity).

1. What types of services did you receive during your recent visit to the hospital? Are you satisfied with the services? Why? Or Why not?
2. Did you attend other health organizations (other than this hospital) for the same health problems? When and Why?
3. Why did you choose this particular hospital? What do you think about the quality of services provided by the hospital?

As you know, medicines sometimes cause harm to patients, even without an error being made by a health care professional. Did your doctor, nurse or pharmacist discuss with you the potential adverse impact of your medicines?

4. Have you experienced this before? Was it easy to understand?
5. Did you have to make a decision about taking your medicines? How did you make that decision?
6. Have you experienced or noticed any mistakes/medication errors in your recent visit to the hospital?
7. Do you think the problems were preventable? How did the hospital respond to the problems?
8. Are you satisfied with the way the hospital handled these problems? What measures are you most satisfied in relation to patient safety?
9. What was done? Who did it? How? And why are you satisfied?
10. What role do you think the patient plays in supporting and promoting patient safety, particularly medication safety?
11. Any experience you may share on how you improved your quality use of medicines?
12. What do you think can be done in this hospital to better improve patient safety?

Figure 1. Interview guide used for the FGD sessions as adapted from Mekonnen *et al*., 2016

Data analysis

All FGD recordings were transcribed and translated to English with participants assigned unique identifiers. Responses from the four FGDs were grouped together for each question. Thematic analysis approach was used and transcripts were read several times to obtain an understanding of the discussions. A simple coding procedure was used to categorise the data thematically, and an inductive technique was used to develop the categories, with similar codes merged into themes. Representative quotations were then selected to illustrate findings. Descriptive statistics was used to summarize characteristics of participants from the various FGDs.

Ethical consideration

Ethical approval was obtained from the Health Research Ethics Committee of Ahmadu Bello University Teaching Hospital Zaria (ABUTHZ/HREC/D21/2018) and Ministry of Health, Kaduna State (MOH/ADM/744/VOL.1/499). Informed consent was obtained from participants after assuring them of confidentiality.

RESULTS AND DISCUSSION

Four focus group discussions were conducted with male and female patients in two healthcare facilities (one tertiary facility and one secondary facility). FGD sessions lasted between 55 to 90 minutes. All participants were Hausa speaking, with varying levels

of educational status. Table 1 provides an overview of characteristics of the FGD groups.

Six (6) themes were identified from the FGDs conducted and are summarised in Table 2. The themes are further discussed and sample quotations presented.

Table 1. Demographic characteristics of FGD sessions

	Location	Participants	Number of participants	Age range (years)	Highest Educational level	Time spent (minutes)
FGD 1	Secondary facility	Females	8	22-59	5 primary, 2 secondary, 1 tertiary	55
FGD 2	Secondary facility	Males	6	20- 32	3 secondary, 1 NCE, 2 tertiary	72
FGD 3	Tertiary facility	Females	7	20- 52	1 arabic school, 2 primary, 3 secondary, 1 tertiary	69
FGD 4	Tertiary facility	Males	7	24- 70	1 arabic school, 3 secondary, 1 NCE, 2 tertiary	90

*NCE= Nigerian Certificate in Education

Table 2. Themes generated from the FGD sessions

Theme	Description
Choice of hospital	refers to reason for accessing healthcare at the particular hospital
Communication openness	refers to freedom of open and honest explanation by healthcare providers
Patient involvement	refers to active roles patients play in their own care
Patient experiences	refers to occurrences of any untoward effects while receiving care in the hospital
Patient satisfaction	refers to the level of satisfaction with the care received
Suggestions for improvement	refers to recommendations provided by the patients for improvement

Theme 1: Choice of hospital

Some of the participants mentioned that they had attended other facilities before changing and coming to the secondary/ tertiary facility where they were currently admitted. Others however, mentioned they visited the hospital directly when they fell ill, without having been referred from elsewhere. There were varying reasons that resulted in patients' choice of accessing care in the hospitals, some of which include quality of care provided, availability of specialists, and proximity to place of residence.

"I was first treated by a nurse at home, and chemist, then brought to this hospital" (FGD1, patient A8, secondary facility)

"I visited another health facility, I was referred here due to the nature of the illness. The reason being that I need a specialist to manage my problem." (FGD 3, patient C1, tertiary facility)

"I came to this hospital because the illness is persistent, and to see if I will get better treatment. The quality of care in this hospital is better than that of

Abuja. But the cleanliness is better in Abuja." (FGD 4, patient D7, tertiary facility)

Theme 2: Communication openness

The respondents had varying responses regarding communication openness between them and their healthcare providers. This was particularly noted regarding explanation on potential adverse impacts of medicines. Some participants mentioned that they were informed, while others mentioned that they have never been informed on the possibility of adverse events.

"They do explain, for example, the doctor informed me that diclofenac gives ulcer. That it is for body pain but it can give ulcer" (FGD 1, patient A2, secondary facility)

"What I can remember is that a doctor taught us how to administer insulin injection by ourselves, but we were not told of anything else." (FGD 4, patient D4, tertiary facility)

Theme 3: Patient involvement in their own care

Most of the patients commented that they were always ready to do as advised or instructed by the healthcare professional and were not willing to question or make suggestions regarding their care. However, others mentioned that they did play active roles in their care.

"I don't have to decide on taking the drugs, it is the doctor that decides for me when I visit the hospital when ill. He will prescribe the drugs and instruct on how and when to take it, mine is to follow the instructions given" (FGD1, patient A2, secondary facility)

"I on my side informed the doctors that Gestid suspension does not really relieve me from my ulcer pain. Even after taking 2 bottles" (FGD 1, patient A2, secondary facility)

"I usually remind the nurses when it is time for me to be given my drugs." (FGD1, patient A8, secondary facility)

Additionally, the patients commented on the methods they adopted to ease the task of the healthcare providers, particularly the nurses who are usually busy and may not have time to attend to all patients in a busy ward.

"What we do is when it is time for us to take insulin injection and the nurses are busy or not around, we inform the nurse to just give us and we administer it ourselves and return the remaining for storage in the fridge." (FGD 4, patient D2, tertiary facility)

Theme 4: Patient experiences while receiving care

Patients were asked to reflect and recall any experiences relating to medication error or adverse events in previous hospital stays. Some of the patients recalled that some sort of adverse events had occurred, although, they were unsure of the reason or what caused it.

"I have experienced it (adverse effect) myself after taking Chloroquine tablets, and experience itching so I now avoid it entirely". (FGD 2, patient B1, secondary facility)

Regarding experiences on their present hospital stay, most of the patients commented that they did not experience any untoward event or notice any error from their healthcare providers. However, patients raised some negative concerns regarding their experiences with medication supply and availability.

"What I could remember is, some items were given to me from the pharmacy which was not written for me, I had to take them back" (FGD 1, patient A6, secondary facility)

Additionally, some patients commented that there were issues raised regarding their medications which were purchased somewhere else, and not from the hospital pharmacy. This is due to the fact that most times, not all drugs are available in the hospital pharmacy so patients or their care givers usually decide to proceed to other community pharmacies or medicine stores to obtain their medications.

"My relatives went to buy drugs at the pharmacy they lost the paper and then some wrong drugs were bought from outside" (FGD 1, patient A7, secondary facility)

Furtherconcerns raised by the patients concerning the challenges they experienced while in the hospital were regarding drug stocks and other aspects of poor service delivery.

"There is a lot of out of stock drugs. We had to buy most of the drugs outside the hospital. We are advised not to even bother buying from the hospital, because of long queue, we went outside and bought our drugs." (FGD 2, patient B2, secondary facility)

"There is delay concerning dressing of wounds on some days, whenever there is no electricity in the

whole hospital to sterilize the equipment." (FGD 4, patient D4, tertiary facility)

Theme 5: Patient satisfaction

Most of the respondents were satisfied with the healthcare services they received while in the hospital, however, a few respondents expressed their dissatisfaction regarding their care. Most common areas of dissatisfaction were regarding unavailability of some basic healthcare equipment and also delays in provision of care on admission.

"I always visit this hospital since it was opened, I get better and there are enough staff, I am satisfied with the quality of services they offer" (FGD 1, patient A1, secondary facility)

"There is delay when one is to be admitted when sent from the OPD (outpatient department)" (FGD 1, patient A8, secondary facility)

"I am now getting better but I'm not well satisfied with the services because there was so much delay in initiating my treatment." (FGD 4, patient D2, tertiary facility)

Theme 6: Suggestions for improvement

Respondents provided several suggestions on ways of making improvement of care and quality of health provision. These suggestions include many factors such as facility improvement, staffing, and availability of medicines in hospital pharmacy.

"There is need for additional nurses in the wards. For the safety of the patients, one nurse is not enough to give over 20 patients drugs in the ward" (FGD 1, patient A2, secondary facility)

"There is need for more qualified staff, more diagnostic services and pharmacy services as I always have to go outside for some drugs that are not available." (FGD 1, patient A4, secondary facility)

"There is need for fumigation in the wards because there are so many insects". (FGD 1, patient A6, secondary facility)

Furthermore, the respondents provided some suggestions regarding roles of health care providers. These suggestions relate to opportunities they would appreciate of interacting more with the health care providers, particularly the pharmacists.

"We would like to be seeing the pharmacist even in our wards, not just when we go to collect the drugs at the pharmacy, so that they can enlighten and guide us concerning the drugs". (FGD 1, patient A4, secondary facility)

"I could remember there was a time someone came to the ward and counseled us in the ward and we really enjoyed that." (FGD1, patient A1, secondary facility)

"Patient education needs to be improved, regarding taking other drugs/complementary medicines when they are in the hospital." (FGD 2, patient B6, secondary facility)

"Cleanliness should be improved. There should be doctors doing round every day, sometimes there is no nurse at all when they are having meeting. There is need for more staff." (FGD 2, patient B3, secondary facility)

The patients also reiterated the need for more patient and caregiver education, as well as information addressing healthcare issues and concerns, particularly on medicines use.

"There is need for the hospital to enlighten and educate patients and their relatives on how to be taking drugs as prescribed, the adverse effect following the use of the drugs in all the units of the hospital." (FGD 2, patient B2, secondary facility)

DISCUSSION

This study explored patient's perspectives on their safety in healthcare and generated various responses from the patients through the discussions.

Regarding the choice of hospital to visit, most respondents mentioned that they decided to visit either the secondary or tertiary health facility as that was where they usually obtained their care whenever they were ill, while others were referred from other facilities.. This may not be surprising as the secondary health facility in this study is a key hospital in Kaduna state metropolis and serves a large population in the state while the tertiary facility is the major health facility in the state that receives referrals from other hospitals within and outside the state, and even from neighbouring countries. In Nigeria, it is expected that patients are to be referred to secondary or tertiary facilities after visiting their primary health providers. However, this does not seem to be the case as patients often decide to visit such higher levels of care without any referral even for treatment of minor ailments. It has been reported that about 60- 90% of patients in Nigeria self- refer to either secondary or tertiary health

facilities. Such bypass of the primary healthcare level continues to raise concerns for the healthcare delivery system in the country (Koce *et al*., 2019). This has been similarly reported in other developing nations where primary care is underutilized, particularly in urban areas, thus threatening the efficiency and effectiveness of health systems (Liu *et al*., 2020). The belief by the patients in this study that these hospitals they visited had better quality of services and more professional staff has also been reported in a study in Oyo state, Nigeria where the patients noted that their desire for quality service and competent staff were amongst the reasons they presented to higher levels of care (Okoli *et al*., 2017). This reflects the beliefs of patients that they would be better taken care of at these higher facilities and be assured of trust in care.

Patient involvement in their own care has been identified to be impacted by their knowledge and beliefs (Garfield *et al*., 2016). Some patients did not think their involvement was necessary and had 'blind faith' in healthcare professionals to manage their medication. There has been an increased awareness on the need for involving the public to enhance the quality of care and improve the "patient experience" so as to increase their trust in the health system. In this study, some of the roles patients highlighted they play are directly linked to deficiencies in the healthcare sector in the Nigerian setting. For example, respondents were concerned that the number of HCPs (especially nurses) are insufficient hence patients have to devise means of reducing the workload burden for the nurses by becoming involved in some of their care. This is not surprising as the workload on healthcare workers in these referral facilities is quite high and beyond their capabilities.

Cultural factors may also play a role in patients' participation in their care as this study was conducted in Northern Nigerian community where the people are naturally reserved and shy, especially the female members of the community. Low health literacy and lack of knowledge are amongst the main obstacles to patient participation in their own care. In our study, most of the patients were not highly knowledgeable, thus, this could reflect why they feel they could not actively participate in their own care with the more knowledgeable ones being those that considered they actively participate in their own care.

Patients in this study were generally satisfied with the services provided, even though they raised some concerns, particularly with delays in healthcare provision. This may be due to the socio- cultural beliefs of the participants where there are hardly open criticisms but rather people tend to accept things as they are. Other studies conducted in Nigeria have shown divergent opinions of patient satisfaction with care in public health facilities. Whereas some have reported a high satisfaction rate (Lawal *et al*., 2018), others have reported poor patient satisfaction with the care provided (Iliyasu *et al*., 2010). Most of the studies however adopted the use of surveys whereas this study was a qualitative study as such patients elaborated better on what they were dissatisfied about. Additionally, Lawal *et al*., 2018 reported that some patient satisfaction surveys conducted in tertiary hospitals in Nigeria indicated high satisfaction, but prolonged waiting time was considered as a major concern in man of the studies. Such delays were similarly raised as issues of concerns in this study. These delays may be associated with the fact that secondary and tertiary health facilities in Nigeria are overloaded with patients beyond their capabilities with the healthcare providers becoming over-burdened (Koce *et al*., 2019).

Patients in this study reported they were willing to do as instructed by their healthcare providers. Some of the patients considered that by challenging healthcare professionals, their care could be affected and they may upset their care providers. It is important for patients to be made aware of the concept of 'shared decision making' in their care. The WHO describes shared decision making as 'an interactive process in which patients, their families and carers, in collaboration with their health provider(s), choose the next action(s) in their care path following an informed analysis of possible options, their values and preferences' (Ferrer, 2015). It has been suggested that for shared decision making to be effective, patients need to be empowered to play an active role, skilled health professionals made available and supportive organisational arrangement (The Health Foundation, 2012).

In this study, patients identified that most times, their healthcare providers do not provide them with sufficient information regarding their medications and possibilities of adverse drug events. This shows there is need for improved communication between patients and HCPs. Davis *et al*., (2011) reported that patients are more willing to participate in patient safety if encouraged to do so by healthcare professionals. Good communication between patients and care providers is considered to be a highly important medical practice as it aids to identify problems quickly and clearly, and helps to establish trust between the provider and the patient (Karim et al. 2016).

The patients in this study provided some recommendations on ways to improve on patient care in the hospitals. Some of these recommendations were on infrastructural improvements, staffing, cleanliness, patient education, availability of medicines, amongst

others. These suggestions are based on the concerns and challenges the patients have with access to care. It is important for healthcare organisations to engage patients in ensuring quality provision of care as it has been established that enhancing medication safety requires a multifaceted approach which requires the engagement of all stakeholders, with the patient being an integral part of the solution (Flott *et al*., 2018).
Amongst the strengths of this study is the use of qualitative approach (focus group discussions) to elicit discussions and obtain a rich data. In addition, most studies carried out in Nigeria that assessed patients' opinions about their care utilized quantitative approaches and were specific on a particular aspect; mostly on patient satisfaction alone. This study however, explored multiple factors associated with perspectives of patients on their safety in healthcare.

Some of the study's limitations include the possibility of social/ cultural desirability bias were respondents could try to give favourable responses and prefer not to speak out fully on their concerns. However, this was minimised by assuring all participants of anonymity and by reiterating that the study was for educational purposes and for quality improvement. This study was also conducted in a small sample of public health facilities compared to the number of health facilities in Kaduna state, hence, findings cannot be generalised but rather can be assured to be transferable, which is the case usually with qualitative studies.

CONCLUSION

The findings of this study have highlighted perspectives of patients on their safety in healthcare with themes generated including choice of hospital, communication openness, patient satisfaction, patient experiences, patient engagement and suggestions for improvement. These suggestions include infrastructural improvements, staffing, and availability of medicines, amongst others. It is important for hospitals and policy makers to consider the issues raised by patients to enhance patient safety and quality of care delivered. This will go a long way in improving service delivery and utilization and patients'/clients satisfaction.

ACKNOWLEDGEMENTS

The authors would like to appreciate all the patients who participated in this study. The authors would also like to thank Dr Farouk Garba for assisting in translating the FGD topic guide.

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Conflict of Interest: None declared

Received: October 2020

Accepted: December 2020