

Culture matters: indigenizing patient safety in Bhutan

Rinchen Pelzang,* Megan-Jane Johnstone and Alison M Hutchinson

Faculty of Health, School of Nursing and Midwifery, Deakin University, 75 Pigdons Rd, Geelong, VIC 3216, Australia

*Corresponding author. Higher Degree by Research Unit, School of Nursing and Midwifery, Deakin University, 221 Burwood Highway, Melbourne, VIC 3125, Australia. E-mail: rpelzang1970@gmail.com

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Abstract

Studies show that if quality of healthcare in a country is to be achieved, due consideration must be given to the importance of the core cultural values as a critical factor in improving patient safety outcomes. The influence of Bhutan's traditional (core) cultural values on the attitudes and behaviours of healthcare professionals regarding patient care are not known. This study aimed to explore the possible influence of Bhutan's traditional cultural values on staff attitudes towards patient safety and quality care. Undertaken as a qualitative exploratory descriptive inquiry, a purposeful sample of 94 healthcare professionals and managers were recruited from three levels of hospitals, a training institute and the Ministry of Health. Interviews were transcribed verbatim and analysed using thematic analysis strategies. The findings of the study suggest that Bhutanese traditional cultural values have both productive and counterproductive influences on staff attitudes towards healthcare delivery and the processes that need to be in place to ensure patient safety. Productive influences encompassed: karmic incentives to avoid preventable harm and promote safe patient care; and the prospective adoption of the 'four harmonious friends' as a culturally meaningful frame for improving understanding of the role and importance of teamwork in enhancing patient safety. Counterproductive influences included: the adoption of hierarchical and authoritative styles of management; unilateral decision-making; the legitimization of karmic beliefs; differential treatment of patients; and preferences for traditional healing practices and rituals. Although problematic in some areas, Bhutan's traditional cultural values could be used positively to inform and frame an effective model for improving patient safety in Bhutan's hospitals. Such a model must entail the institution of an 'indigenized' patient safety program, with patient safety research and reporting systems framed around local patient safety concerns and solutions, including religious and cultural concepts, values and perspectives.

Keywords: Bhutan, cultural context, traditional cultural values, patient safety, quality healthcare

Key Messages

- The Bhutanese traditional cultural values have both a productive and counterproductive influence on staff attitudes towards patient safety and quality care.
- Embedding and integrating the traditional cultural values in the healthcare system were seen to be important in improving patient safety processes and practices.
- The strategies to improve patient safety in the Bhutanese healthcare system need to be targeted beyond the conventional methods of patient safety and to include an indigenization (Bhutanization) of patient safety processes.

Introduction

A small but growing body of literature examining patient safety in low and middle-income countries is highlighting the importance of taking into consideration the cultural context and core cultural values of these countries when progressing a patient safety agenda (Yoelao *et al.* 2014; Harrison *et al.* 2015; Lindfield *et al.* 2015). This is because these contexts and the core cultural values operating with them will ultimately influence the way people think about patient safety, which in turn ‘may influence their perception and behaviour regarding safety behaviour’ (Yoelao *et al.* 2014).

In an article by Yoelao *et al.* (2014) the important observation is made that patient safety research and practices need to be ‘indigenized’ if they are to succeed. By the term indigenization, Yoelao *et al.* (2014) refer to the local derivation or adaptation of solutions through transformation of healthcare services, research and ideas to suit the local context, ensuring they are locally acceptable (culturally appropriate), effective and affordable. Yoelao *et al.* (2014) contend that the indigenization of patient safety research and practices is important for two reasons: first, to ensure that local needs and local understandings of patient safety are addressed; and second to ensure that the resources and capacity for research is optimized so that the maximum impact of the research can be achieved—including its translation into culturally relevant and meaningful practice (Yoelao *et al.* 2014).

Organizational theorists have suggested that a nation’s given culture (national culture) is, by definition, a higher enduring characteristic of an organization and operates at a deeper level pre-consciously, subconsciously, and unconsciously than organizational culture (Kopelman *et al.* 1989; Burke *et al.* 2008). For example, in a comparative study of the national and organizational cultures in India, Brazil and the US, which sought to uncover the complex relationship between national and organizational cultures (corporate values), it was revealed that the perceptions, cognitive processes, values, attitudes and beliefs of individuals have been heavily influenced by their native cultures (Nelson and Gopalan 2003). Thus, if effective and sustainable safe quality healthcare services are to be delivered, due consideration must be given to the importance of ‘cultural context’ as a critical factor. This is because safe, quality healthcare is not simply a ‘technical issue’, but a site of organizational, cultural and political dynamics, which possess discernible culturally relative processes that affect quality, safety and performance (Dixon-Woods 2010; Yoelao *et al.* 2014). Unless full regard is given to the socio-cultural and political context of change, it will remain questionable whether the healthcare practices and processes in a given healthcare system will improve (Lamont and Waring 2015). In summary, improving the safety and quality of healthcare services involves much more than importing solutions from one context and applying them in another. Success of such attempts at improvement is reliant on the wider socio-cultural and political context and these needs to be taken into account when implementing initiatives to improve healthcare safety and quality.

Traditional (core) cultural values of Bhutan

Bhutan has its unique traditional cultural etiquette and set of values which are predominantly based on Buddhist concepts of *Le Judre*, *Tha Damsbig* and *Driglam Namzha*. *Le Judre* refers to the law of karmic cause and effect (Phuntsho 2004). Bhutanese believe that everything is conditioned by one’s Karma—a past good or bad action/deed—which determines our own fate and controls our life’s course. For example, owing to previous actions, words or deeds a person may suffer unavoidable circumstances. *Tha Damsbig*, in

turn, refers to faithfulness to one’s superior or teacher and encompasses the moral characteristics that a person is expected to exhibit such as honesty, integrity, fidelity, coherence, affection, gratitude and compassion (Ura 2004). *Driglam Namzha* is a system of ordered and cultural behaviour in conjunction with set standards and rules, which encompass orderly good manners and uniform behaviour (Phuntsho 2004). In general, *Le Judre* emphasizes ‘good actions’ while *Tha Damsbig* emphasizes honesty, loyalty, dedication, integrity, fidelity, coherence, affection, gratitude and compassion of a person towards the King, people and the country. *Driglam Namzha* deals with the more mundane issues of physical and verbal manners which are considered as overt or covert within specific cultural and social contexts. It also supports respect for authority and prescribes many kinds of behaviour including how to talk, eat, walk and approach a person with authority (Phuntsho 2004; Ura 2004).

Because the influence of Bhutan’s traditional cultural values on the delivery of safe, quality healthcare has not been studied, the tacit assumptions integral to the construction of meaning that underpins the attitudes and behaviours of healthcare professionals regarding patient care are not known. A key aim of this article is to explore the possible influence of Bhutan’s traditional cultural values on staff attitudes toward patient safety and quality care. Drawing on the findings made in a larger study (Pelzang, 2016), we discuss how the traditional cultural values can be integrated and used effectively to improve healthcare processes and practices.

Method

Research design

This paper is informed by the findings of a larger study that investigated patient safety issues and concerns in Bhutan’s healthcare system. The larger study was undertaken as a naturalistic inquiry and progressed using a qualitative exploratory descriptive design informed by the works of Lincoln and Guba, and Patton (Lincoln and Guba 1985; Patton 2002).

Settings and participants

This study was conducted in Bhutan. The participants were recruited and accessed from three different levels of hospitals (district, regional referral and national referral hospital), a training institute and the Ministry of Health. A criterion-based sample of 94 participants was purposively recruited. The sample included 15 medical doctors, 36 nurses, 7 nurse educators, 20 ward managers, 11 senior managers and 5 health assistants. Formal ethics approval to carry out the study was obtained from the Research Ethics Board of Health, Ministry of Health, Bhutan (REBH/Approval/2012/018) and Human Research Ethics Committee, Deakin University, Melbourne (2012-221).

Recruitment

The participants were recruited via three strategies: direct contact (approaching potential participants personally and providing them with a plain language statement explaining the objectives and methods of the study), posting flyers on staff noticeboards and sending letters of invitation to participating wards. Verbal or written consent was obtained from participants prior to being interviewed.

Data collection

Narrative data were collected via conversational in-depth interviews using open-ended semi-structured interview questions to elicit perceptions on what, if any, influence Bhutanese traditional cultural

values have on hospital practices and patient safety. The main interview question was ‘What do you think about the influence/impact of Bhutanese traditional cultural values (according to the concepts of *Le Judre*, *Tha Damtshig* and *Driglam Namsha*) on patient safety practices in the Bhutanese healthcare system?’ All interviews were conducted by the lead author (a Bhutanese national), in the participants’ own time at a location of their choosing. Most interviews were undertaken in a private room within the workplace.

Data analysis

Data from the interviews were analysed using content and thematic analysis strategies in accordance with the tenets of naturalistic inquiry (Lincoln and Guba 1985; Patton 2002). The audio recordings were transcribed verbatim, read fully with salient segments of text assigned a conceptual code. Themes and categories were developed by considering each line, phrase or paragraph of the transcript. Transcripts were reviewed and compared constantly across different settings and individuals to identify key themes and common ground.

Rigor

Rigor of the study was maintained by giving due attention to the following principles: credibility, fittingness, auditability, confirmability and triangulation (Lincoln and Guba 1985; Patton 1999, 2002). In addition, due consideration was given to the approach taken to ensure cultural integrity and rigor within the context in which the study was conducted—by giving due attention to the following principles: cultural relevance, contextuality, appropriateness, mutual respect and flexibility (Im *et al.* 2004).

Findings

A key finding of this study was that Bhutanese traditional cultural values have both a productive and counterproductive influence on staff attitudes towards patient safety and quality care. The salient themes relating to the influence of traditional cultural values on patient safety are discussed under separate subheadings below.

Productive influences of traditional cultural values

Participants perceived that the Bhutanese traditional cultural values, if used properly, could bring a positive benefit/influence to patient safety processes. As will now be considered, the operationalization of these values could be effective in transforming the attitudes and behaviours of healthcare professionals regarding patient care.

Traditional cultural values ensure smooth flow of work

Participants believed that the traditional cultural values could ensure a smooth flow of work by maintaining respect towards superiors. It was suggested that maintaining respect towards superiors could help healthcare professionals follow, implement and adhere to protocols and guidelines without deviating from them thereby helping to ensure patient safety:

I think in a way when there are some orders to be carried out and we have to do it. So, the impact on these respects—*Driglam Namzha* we have really good response to prevent infections because we are always taking order of superiors. If doctor advise or orders to do this and that, we have to follow them in order to prevent infections. So, in a way, I feel that it has lot of impacts—especially the positive impacts (Health Assistant).

Traditional cultural values serve as ethics for healthcare professionals

Traditional cultural values were seen to be particularly important in guiding harm-preventing behaviours during healthcare delivery processes. For participants, traditional cultural values are about spiritual intelligence and treating patients ethically as human beings. Participants believed that traditional cultural values were related to medical ethics and were centred around ‘doing no harm’ to patients:

Tha Damtshig and *Le Judre*, is very important and these could play very vital role. Actually it is related to medical ethics. It is all centered on doing good to patients—‘doing no harm’. So, harm includes infection control and everything, and doing good that benefits patients—to cure, expedite the healing process, to preserve life, to prevent deaths or killings. [...] If he is a very good practitioner of *Tha Damtshig* and *Le Judre* then he will, whenever he touches patient, make sure things are done properly according to the Standard Operating Protocols and all (Medical doctor).

Traditional cultural values promote healthcare professionals’ compassion and courtesy

Participants held the belief that, when applied correctly, traditional cultural values can guide healthcare professionals to be compassionate and polite:

For me, yes, I am always guarded with this karmic belief because if I do wrong, I am going to suffer the consequences of the negative things I have done. Yeah, it has great impact to the way we deal with patients and how we speak with patients or anyone (Ward Manager).

Traditional cultural values help healthcare professionals to be more loyal, honest and dedicated to their patients

For participants, the traditional cultural values would help promote patient safety by promoting healthcare professionals’ sense of loyalty and dedication towards their work and patients. It was noted that the value of *Tha Damtshig* lay in its capacity to guide healthcare professionals to be honest about patient care—helping them to be honest about reporting mistakes:

Tha Damtshig is nothing than working with full heart to solve, to get solved the problems of the other people. It is like Karmic way of doing things or helping. It is giving helping hands to others, so if we implement *Tha Damtshig* full heartedly, basically it is honesty, means when something is gone wrong, we have to be honest and report it and then to make correction and maintaining patient safety (Ward Manager).

Traditional cultural values promote trusting and respectful relationships

Traditional cultural values were seen to promote patient safety by ensuring trust and a positive relationship between patients and healthcare professionals through mutual respect:

I think for me that is one contributing factor that enhance patient safety because people here really talk about the *Le Judre* and *Tha Damtshig* and then as a healthcare provider, you are treated almost like something near to god. So, in that way I think, they respect healthcare providers and they listen to what healthcare providers says. And then, if healthcare provider gives a right information and right education on right time then I don’t think patient will land up in posing a risk to themselves. That is one thing that we as a Bhutanese are fortunate of, you know, like

they [patients] listen to us because of all these *Le Judre*, *Tha Damtshig* and *Driglam Namzha* where there is respect. But at the same time, it is also equally important for a healthcare provider to think of all these things—issues in terms of like *Driglam Namzha*—respect patients. If they have that I think it is going to enhance patient safety practices (Nurse Educator).

Traditional cultural values help in involving patients' families, ensuring a holistic approach to patient care

Participants believed that appealing to traditional cultural values helped guide families to be involved in patient care. The system of patients' families coming into the hospital, specifically during times of staff shortages, help maintain patient safety. There was a strong belief that certain traditional cultural values or social systems, in particular, the system of support provided by patients' visitors (patients' relatives/families) coming into the hospital helps to ensure a holistic approach to patient care:

If we see holistic care, it is not only the disease centered. We are looking patient as a whole and the individual. The main ideas to care patient as a holistic, means we have to meet their physiological needs, we have to meet their social needs, and then we have to meet their spiritual needs. So we should not be too scientific, and we should not be too superstitious also. We should balance because in patient care we cannot go against [patients'] values. If somebody wants prayer we should help them how to get, but we should act professionally (Ward Manager).

Counterproductive influences of traditional cultural values

Participants identified that while many traditional cultural values stood to have a positive influence on patient safety practices some values could also be counterproductive. These are briefly described below.

Hierarchical and authoritative styles of management and unilateral decision-making

A significant counterproductive influence of Bhutanese traditional cultural values concerned the development of a culture of unquestioning respect and reverence towards seniors, superiors, elders and the powerful in the organization. This created and reinforced bureaucracy and authority gradients in the system, encouraging unilateral decision-making and conflicting roles. Apart from not being involved in decision-making, subordinates were not permitted to challenge superiors. If they chose to challenge superiors, they risked being labelled as 'difficult':

The grassroots people they are not so outspoken in our country. Decisions are usually made by the people who are at higher rank. Our people they cannot say anything because if they speak something, if it is like not so pleasant, people usually tends to mark that person (Nurse).

Legitimizing karmic belief

Legitimizing karmic belief was also a central theme. Because of believing in 'karma', participants held the view that whatever happens to the patient is *destined to happen*. Accordingly, eventualities or outcomes (e.g. patient harm) are taken for granted.

More than *Le Judre* and *Tha damtshig*, I think it is the belief in 'karma'. It is the belief in 'karma' that goes beyond this *Le Judre* because in 'karma' you believe that what is destined to happen

will happen any time. We cannot change it [...]. Supposing if you have allergic reaction to Penicillin you believe that it is the 'karma'. In fact, you know that you can test it and you know it is because of your genes that you are bound to have anaphylaxis but it doesn't mean it is the 'karma' that is causing this (Medical doctor).

Differential treatment of patients

The traditional cultural values were perceived as leading to bias in service provision. Because of the hierarchical system of respect, healthcare professionals tended to provide good care to patients who were rich and powerful, and neglect the poor:

In terms of *Driglam Namzha*, we tend to respect the high-profile people, and those who are poor are not provided care properly. I think we should not differentiate among patients, whether he/she is poor or rich. But we tend to respect the rich and neglect the poor (Nurse).

Ineffective integration of healthcare services

Because of the hierarchical system, participants believed that communication and coordination between disciplinary groups to promote effective and safe patient care were not occurring:

I think it has a major impact on the healthcare system because to solve the issues like patient safety, there must be integration of all the staff—from sanitary workers up until the director of the hospital. So, because of the hierarchical system there is disconnect, the communication is not there—communication flow is not happening. So, most of our sanitary workers or even our juniors are not able to express to seniors because of the hierarchical system. The opinions are not shared. So, there is disconnecting (Nurse).

Preference for traditional healing practices and rituals

Participants believed that, due to their strong belief in traditional health promotion and healing practices, people preferred to seek help from local traditional healers and avoided bringing their family members to hospital. Traditional healing practices included making incisions and sucking out blood as a remedy for curing the illness. Even if family members were brought to hospital, either patients and/or their family members would refuse treatment. This was because the astrologers (shamans) advised them not to take any medicines or undergo invasive procedures. Based on this advice, family members often took patients home where religious rituals were performed.

I think these traditional healers' practices are scientifically not proven. Therefore, it will depend on whether they [traditional healers] do an incision to suck out poison or blood if someone has a stomach- or head-ache. If they continue to do this without sterilization techniques, it will bring a risk of infection into the area. There is a risk of transmission of one disease to another and this trend is not very healthy (Nurse Educator).

Discussion

The findings of this study suggest that the traditional cultural values of Bhutan stand to have a significant influence on staff attitudes toward patient safety and quality care and the delivery of safe, quality care to patients. The most tacit influence highlighted by the study was the development of bureaucracy and authority gradients, which in turn encouraged unilateral decision-making, conflicting roles and

complacency in the healthcare organizations. Likewise, the findings of this study suggest the secularization or politicization of Bhutan's traditional culture and traditions have influenced patient safety practices in several ways, such as by fostering autocratic and authoritarian styles of leadership, inefficient communication, role division, complacency at both individual and organizational levels, and taking all these processes together, the development of a 'name, blame and shame' culture.

Organizational studies suggest the bureaucracy and authority gradients have direct effects on relationships between different categories of healthcare professionals (Justice, 1987; McCue and Beach 1994; Speroff *et al.* 2010). Bureaucracy and authority gradients are attributed to the creation of a dominant system of roles among different categories of healthcare professionals and are believed to encourage individual or single professional group decision-making, resulting in the fragmentation of patient care and systematic biases leading to patient safety concerns (Mannion and Thompson 2014). According to the patient safety literature, an unequal distribution of power, influence or status and associated disrespectful/disruptive behaviour are major impediments to creation of a just and safe culture in the healthcare system (Cosby and Croskerry 2004; Johnson 2009; Blouin and McDonagh 2011). Typically, these behaviours create 'holes' or 'weaknesses' in the system, mainly due to a lack of communication and coordination among healthcare professionals, exposing it to risk of preventable patient safety incidents—a distinctive feature of latent failures depicted in James Reason's famous 'Swiss cheese' model of 'Trajectory of accident opportunity' (Reason 2000).

A challenge concerning Bhutan's traditional cultural values is the apparent disparity between word and deed. The findings of this study show a disjunction and/or contrast between the cultural values and how they were applied. For example, while traditional cultural values tend to mean that poorer people are less likely to be provided with the same quality of services as wealthy people, it was perceived that traditional cultural values were aligned with medical ethics and meant healthcare professionals were equally dedicated to all patients. These counter intuitive contrasts were also evident in participants' observations about, for example, patients' reluctance to undergo a medical procedure (because of their distrust of contemporary medicine) and the positive relationship between patients and the healthcare professionals.

While appearing to have contradictory influences (contradiction between traditional cultural values that have reinforced risk as well as safety), embedding and integrating the traditional cultural values in the healthcare system were still seen to be important in improving patient safety processes and practices. Given the findings of this study, there are grounds for suggesting that patient safety processes could be 'indigenized', as described by Yoelao *et al.* (2014), to reflect the cultural context of Bhutan. This would involve creating 'new' patient safety values and behaviours among healthcare professionals by using the productive elements of the traditional cultural values—using the elements which emphasize honesty, integrity, fidelity, coherence, affection, gratitude and compassion of a person towards the King, people and the country. To this end, the concepts of *Le Jude*, *Tha Damtshig* and *Driglam Namzha* could be used in a positive way—i.e. to maintain professional integrity towards reporting and recording of patient safety incidents in order to improve patient safety practices in the healthcare system. For example, in trying to create a learning culture through open disclosure of patient safety concerns, even in the face of a hierarchical system, healthcare professionals could draw on cultural elements of compassion, honesty, loyalty and dedication. The doctrine of 'karma' (positive belief in

cause and effect) that enforces positive interpretation (if we do good to others, we will gain good merit for good action) could be appealed to in order to improve the attitudes and safety practices of healthcare professionals. An individual's understanding of 'karma' could provide the basis for establishing a culture of patient safety by allowing the healthcare professional to reflect on their own sense of moral responsibility and accountability.

Another important dimension of improving patient safety in the healthcare system, as indicated by this study, is to create an organizational culture that ensures all workers (not just supervisors and managers) have responsibility and accountability for decision-making and all staff have a duty to report and learn from adverse events—i.e. involving all stakeholders in decision-making to enhance team cohesiveness, productiveness and satisfaction in the organization. This can be achieved by using the parable of the *Four Harmonious Friends* (*Thuenpa Puenzhi*), in which four friends: an elephant, a monkey, a rabbit and a bird work together using their individual skills and talents to be able to enjoy the fruits of the tree (Figure 1). The bird finds a seed and plants it in a secure location. The rabbit waters the plant while the monkey fertilizes it. Once the seed sprouts and begins to grow, the elephant protects the tree. After a few years, the small plant grows to a beautiful tree giving lots of healthy fruits which the four friends enjoy together (Tshering 2016).

Although the story has different meanings in different situations, fundamentally it depicts the virtues of Buddhist morals—the importance of mutual respect and teamwork in order to work together harmoniously to achieve a common goal. It was generally accepted by



Figure 1. The *Four Harmonious Friends* [source: Rinchen Pelzang]

the participants of this study that adopting the concept of the *Four Harmonious Friends* in the workplace would help improve patient safety processes and practices by: promoting mutual understanding and respect among healthcare professionals; improving teamwork, cooperation and coordination by creating a sense of belongingness; and improving collaborative decision-making in the healthcare system.

This story and the moral lessons it provides have ready applicability to the emerging field of patient safety in Bhutan—in developing teamwork and fostering collaboration between the different levels of staff and specialists in the healthcare organization. Notably, the parable can be used to remind healthcare professionals how each of them is responsible for leading others into virtue; how each of them is important to accomplishing even the smallest tasks; and how each of them can ask for help, receive help and offer help. When applied to a healthcare organizational context, the four animals can be taken to represent different categories of healthcare professionals (e.g. managers, doctors, nurses and other allied healthcare professionals).

The *Four Harmonious Friends* concept can also be used as a teaching model in medical/nursing training and education to promote a positive attitude towards effective teamwork. The concept can be interpreted as a basis of teamwork training, using it as an example or metaphor to explain the nature of teamwork and its approach. The ‘fruit’ (which is in the story) can represent ‘patient safety’—the ultimate goal of healthcare organizations and which all healthcare professionals work to achieve.

The findings of this study need to be considered in light of some limitations. As previously reported (Pelzang 2016) a limitation of the study relates to the large amount of data generated. Decisions about inclusion and exclusion of data were informed by the consistency of findings across the disparate participant groups and the themes and/or issues that were pertinent to informing cultural perceptions of patient safety and related concerns in the healthcare context of Bhutan. In this process, it is possible that some material may have been lost. A second limitation concerns a lack of research in this area against which meaningful comparison could be made and rival conclusions drawn about the inclusion, interpretation and possible application of the core cultural values identified within a ‘Bhutanized’ (indigenized) patient safety model. This stands as an area and issue that warrants further inquiry. The third limitation of the study relates to the researcher. Data collection was undertaken by the lead author, a Bhutanese national who was a nurse in Bhutan. This could have led to prejudgment of and over identification with the context. This however, was also a strength of the study because the researcher had an intimate understanding of the culture of the Bhutanese healthcare system, and thus was able to bring a highly nuanced approach to the recruitment of participants, and the collection and analysis of the data, which someone unfamiliar with the local context would have had difficulty doing.

Conclusion

This study pioneers exploration of the possible influence of the traditional cultural values on patient safety processes and practices in Bhutan’s healthcare system. The findings illustrate how the traditional culture of a country can influence healthcare processes and practices required to achieve safe quality care; and how national cultural values can be integrated and used to improve healthcare processes and practices—i.e. to indigenize patient safety processes to help improve the quality and safety of healthcare delivery.

There are two key considerations in indigenizing and developing effective patient safety processes. The first is to recognize that culture matters. Importing solutions from one context and applying them to another may not be feasible, especially in contexts where healthcare organizations are heavily influenced by the traditional socio-cultural and political milieu creating bureaucracy and authority gradients. The second key consideration revolves around using the productive elements of the traditional cultural values in transforming the attitudes and behaviour of healthcare professionals in regard to patient care—i.e. to create a patient safety culture. This entails maintaining a focus on developing and achieving harmony between traditional cultural values and organizational values in order to improve patient safety and quality healthcare. This can be done by indigenizing the healthcare system to suit the cultural context of an individual country with patient safety research and reporting systems framed around local patient safety concerns and solutions, including religious and traditional cultural concepts, values and perspectives.

Ethical approval

Ethical approvals were obtained from the Research Ethics Board of Health, Ministry of Health, Bhutan (REBH/Approval/2012/018) and the Deakin University Human Research Ethics Committee (DUHREC 2012-221)—copies of approval letters can be provided on request.

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