

# Patient Safety Climate in Danish Primary Care: Adaption and Validation of the Danish Safety Attitudes Questionnaire (SAQ-DK-PRIM) [Letter]

Tien Zubaidah <sup>1</sup>, Norlaila Sofia <sup>2</sup>

<sup>1</sup>Environmental Health Department, Poltekkes Kemenkes, Banjarmasin, Indonesia; <sup>2</sup>Midwifery Department, Poltekkes Kemenkes, Banjarmasin, Indonesia

Correspondence: Tien Zubaidah, Department of Health, Poltekkes Kemenkes, Jl. H. Mistar Cokrokusumo No. 1A Kelurahan Sei Besar Banjarbaru, Banjarmasin, Kalimantan Selatan, Indonesia, Email [tien.zubaidah@gmail.com](mailto:tien.zubaidah@gmail.com)

## Dear editor

We read with great interest the article titled “Patient Safety Climate in Danish Primary Care: Adaption and Validation of the Danish Safety Attitudes Questionnaire (SAQ-DK-PRIM)” by Juhl et al.<sup>1</sup> The study provides valuable insights into the adaptation process of the SAQ-DK for primary care, addressing the significant need for tools assessing patient safety climates beyond hospital settings. This research is commendable for its robust methodology and cross-sectional survey involving 830 healthcare staff, which underlines its comprehensive nature.

However, we have also discovered several strengths of this study: 1) The authors adapted the SAQ-DK to a new version suitable for primary care (SAQ-DK-PRIM), incorporating pilot testing and expert consultations to ensure contextual relevance. 2) The confirmatory factor analysis indicated acceptable construct validity, with fit indices (CFI = 0.97; RMSEA = 0.063) demonstrating robust model adequacy. 3) The high internal consistency (Cronbach’s  $\alpha = 0.76$ ) and the strategic focus on a single factor (safety climate) align well with the pragmatic needs of primary care. 4) The benchmarking data presented add value by facilitating cross-sector comparisons within the Danish healthcare system.

We recommend for potential areas for further consideration: 1) The study highlighted that item 5 (“It is difficult to discuss medical errors here”) exhibited lower item-rest correlation, which may indicate ambiguity in interpretation. Clarification or modification of such items could enhance overall reliability. 2) Given that 29.4% of the responses were incomplete, future research could explore strategies to optimize participation and completion rates, possibly through digital or simplified data collection tools. 3) Broader geographic replication and inclusion of diverse healthcare settings could enrich the external validity and generalizability of the findings. 4) The exclusion of data pertaining to unit-level variances may overlook nuances at sub-organizational levels; addressing this could refine insights into localized safety climates.

To obtain better results, we recommend that subsequent studies further examine the role of educational levels and professional backgrounds in safety climate perceptions and employ qualitative approaches to understand deeper contextual factors influencing the responses. The adaptation process as outlined sets a strong precedent for similar initiatives globally, bridging primary care and hospital-level safety assessments.

## Disclosure

There is no conflict of interest to declare related to this communication.

## Reference

1. Juhl MH, Olesen A, Deilkås E, et al. Patient safety climate in Danish Primary Care: adaption and validation of the Danish Safety Attitudes Questionnaire (SAQ-DK-PRIM). *Clin Epidemiol.* 2024;16:533–547. doi:10.2147/CLEP.S470111

Dove Medical Press encourages responsible, free and frank academic debate. The content of the Clinical Epidemiology 'letters to the editor' section does not necessarily represent the views of Dove Medical Press, its officers, agents, employees, related entities or the Clinical Epidemiology editors. While all reasonable steps have been taken to confirm the content of each letter, Dove Medical Press accepts no liability in respect of the content of any letter, nor is it responsible for the content and accuracy of any letter to the editor.

## Clinical Epidemiology

Dovepress

### Publish your work in this journal

Clinical Epidemiology is an international, peer-reviewed, open access, online journal focusing on disease and drug epidemiology, identification of risk factors and screening procedures to develop optimal preventative initiatives and programs. Specific topics include: diagnosis, prognosis, treatment, screening, prevention, risk factor modification, systematic reviews, risk & safety of medical interventions, epidemiology & biostatistical methods, and evaluation of guidelines, translational medicine, health policies & economic evaluations. The manuscript management system is completely online and includes a very quick and fair peer-review system, which is all easy to use.

Submit your manuscript here: <https://www.dovepress.com/clinical-epidemiology-journal>

<https://doi.org/10.2147/CLEP.S506133>