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Understanding the Influence of Organizational Culture on Malpractice Risk: A Qualitative Analysis of NICU Healthcare Providers' Perspectives

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Abstract: Background: Understanding organizational culture and malpractice risk perceptions in NICU settings is crucial for enhancing patient care, promoting a positive work environment, and informing targeted interventions to improve healthcare delivery. Objectives: Explore themes of organizational culture in NICU settings. Investigate healthcare provider perceptions of malpractice risk. Examine interrelationships between organizational culture dimensions and malpractice risk perceptions. Methods: This qualitative study investigates the impact of organizational culture on malpractice risk perceptions among Neonatal Intensive Care Unit (NICU) healthcare providers. Utilizing purposive sampling, 750 participants from four tertiary university hospitals were interviewed. Thematic analysis revealed nuanced insights into organizational culture's influence on malpractice risk perceptions. Trustworthiness was ensured through prolonged engagement, member checking, peer debriefing, and adherence to ethical guidelines, enhancing the study's credibility. Results: The thematic analysis of organizational culture within Neonatal Intensive Care Unit (NICU) settings uncovered several key themes. Participants highlighted teamwork, collaboration, and commitment to patient care. Notably, mutual respect, interdisciplinary communication, and a supportive work environment emerged prominently. Findings suggest NICU cultures foster positive work environments for quality care. While overarching themes were consistent across hospitals, variations existed in specific practices. Unexpectedly, some described competitive cultures and skepticism towards risk management strategies. Novice practitioners felt marginalized, highlighting role conflicts. Concerns about institutional negligence and compromised patient safety were prevalent. Moreover, barriers to open communication and error disclosure were identified, underscoring systemic challenges. Lastly, burnout's impact on patient safety was explored, revealing significant psychological distress among NICU healthcare providers. Conclusion: Conclusion drawn from the thematic analysis is that a positive organizational culture, characterized by effective communication, supportive teamwork, and a commitment to learning and innovation, is essential for mitigating malpractice risk and promoting high-quality care in NICU settings.

Keywords: Neonatal Intensive Care Unit (NICU), organizational culture, malpractice risk perceptions, healthcare providers, qualitative study, thematic analysis, patient care, teamwork, interdisciplinary communication, professional roles, institutional context, organizational challenges, patient safety, intervention strategies, policy development.

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1. Introduction

Neonatal Intensive Care Units (NICUs) play a critical role in providing specialized care to newborns with complex medical needs,[1] making organizational culture[2] and healthcare provider perceptions of malpractice risk within these settings of paramount importance.[3,4] Understanding the dynamics of organizational culture and its impact on malpractice risk perceptions is essential for enhancing patient care,[5] fostering a positive work environment,[6] and informing targeted interventions aimed at improving

healthcare delivery.[7,8] This paper aims to explore themes of organizational culture in NICU settings, investigate healthcare provider perceptions of malpractice risk, and examine the interrelationships between organizational culture dimensions and malpractice risk perceptions. Through a qualitative study conducted across four tertiary university hospitals, involving 750 NICU healthcare providers, this research seeks to uncover nuanced insights into how organizational culture influences malpractice risk perceptions among healthcare providers. By employing purposive sampling, thematic analysis, and rigorous methodological approaches, this study endeavors to shed light on the complexities of organizational culture within NICU settings and its implications for patient care and risk management. The findings of this research hold significant implications for policy development, interventions, and future research aimed at enhancing organizational culture and mitigating malpractice risk in NICU settings, ultimately contributing to the improvement of patient outcomes and the well-being of healthcare providers.[9]

2. Methods

Study design

This research employed a qualitative approach to investigate the influence of organizational culture on malpractice risk perceptions among Neonatal Intensive Care Unit (NICU) healthcare providers. Utilizing a cross-sectional design, data were collected through semi-structured interviews conducted with NICU healthcare providers in four tertiary university hospitals.

Sampling

Purposive sampling was utilized to recruit participants for this study. A total of 750 NICU healthcare providers, including physicians, nurses, nurse practitioners, and other relevant staff members, were invited to participate. Variation in professional roles, years of experience, and NICU settings was sought to ensure diverse perspectives were captured. Participants were selected from the NICU departments of the four tertiary university hospitals, ensuring representation across different institutional contexts.

The rationale for employing purposive sampling in this study stems from the specific objectives and characteristics of the target population, comprising Neonatal Intensive Care Unit (NICU) healthcare providers. Purposive sampling, characterized by the deliberate selection of participants possessing relevant characteristics or experiences, aligns with the research questions' focus. In the context of this investigation, purposive sampling was deemed the most suitable approach for several key reasons.

Firstly, NICU healthcare providers encompass a diverse array of professional roles, including physicians, nurses, nurse practitioners, respiratory therapists, and other staff members. Each role brings distinct insights into organizational culture and malpractice risk within NICU settings. Purposive sampling enables intentional selection of participants from various professional backgrounds, ensuring a comprehensive representation of perspectives within the population. Moreover, healthcare providers in NICUs exhibit varying levels of experience, ranging from novice practitioners to seasoned professionals. Experience levels can significantly influence perceptions of organizational culture and malpractice risk. Purposive sampling facilitates the inclusion of participants across a spectrum of experience, enabling exploration into how differing experiences shape attitudes towards these factors. Additionally, the study encompasses four tertiary university hospitals, each characterized by its unique organizational culture, policies, and practices. Purposive sampling enables the selection of participants from each hospital, ensuring representation of diverse institutional contexts. This approach facilitates exploration into potential variations in organizational culture and malpractice risk perceptions across different hospital settings.

Given the specialized nature of NICU healthcare provision, the study specifically targets healthcare providers working directly within NICU settings. Purposive sampling allows for targeted recruitment of individuals with firsthand experience and insights relevant to the research focus, thereby ensuring the study's relevance and applicability to the NICU context. Furthermore, considering the limited availability of NICU healthcare providers and the need to ensure diversity within the sample, purposive sampling offers a practical and efficient recruitment approach. By focusing efforts on identifying and selecting participants who best meet the inclusion criteria, researchers can maximize the likelihood of capturing rich and relevant data.

The selection of 750 participants for this study is justified based on several key considerations aligned with the scope of the research, expected heterogeneity within the population, and the goal of achieving data saturation. Firstly, the scope of the study involves investigating the influence of organizational culture on malpractice risk perceptions among Neonatal Intensive Care Unit (NICU) healthcare providers across four tertiary university hospitals. Given the complexity and diversity of NICU healthcare settings, a large sample size was deemed necessary to capture a comprehensive range of perspectives and experiences. By including 750 participants, the study aims to ensure representation from various professional roles, experience levels, and institutional contexts within NICU healthcare settings, thereby enhancing the richness and depth of the data collected. Furthermore, the expected heterogeneity within the NICU healthcare provider population necessitates a sizable sample size to capture the breadth of perspectives and experiences. Healthcare providers working in NICUs come from diverse backgrounds and possess varying levels of experience, expertise, and organizational roles. By recruiting a large sample, the study seeks to encompass this heterogeneity and explore how different factors, such as professional role and experience level, may influence perceptions of organizational culture and malpractice risk.

Additionally, the selection of 750 participants reflects a strategic effort to achieve data saturation, a point at which no new information or themes emerge from the data. Given the complexity of the research topic and the need to explore nuanced perspectives within the NICU healthcare provider population, a larger sample size increases the likelihood of reaching data saturation. By including a sufficient number of participants, the study aims to capture the full range of perspectives and experiences related to organizational culture and malpractice risk, ensuring thorough exploration and analysis of the research questions.

Participants' recruitment

The recruitment process for this study involved meticulous planning and implementation to ensure the successful enrollment of 750 Neonatal Intensive Care Unit (NICU) healthcare providers across four tertiary university hospitals. Multiple strategies were employed to effectively invite participants, offer incentives, and maximize participation rates. Initially, a comprehensive list of potential participants was compiled by collaborating with NICU department heads and administrative staff at each of the four tertiary university hospitals. This list included physicians, nurses, nurse practitioners, respiratory therapists, and other relevant staff members working within NICU settings. Personalized invitations were then sent out to each individual on the list, providing detailed information about the study objectives, procedures, and potential benefits of participation. The invitations emphasized the importance of their insights and experiences in contributing to the advancement of knowledge in NICU healthcare. To incentivize participation and express appreciation for their time and contribution, a variety of incentives were offered to participants. These incentives included monetary compensation, continuing education credits, or certificates of participation. Additionally,

participants were assured of the confidentiality and anonymity of their responses, fostering a sense of trust and security in their involvement in the study.

In addition to incentives, several strategies were employed to maximize participation rates and encourage engagement among potential participants. These strategies included:

Building rapport and trust: Researchers established rapport with NICU healthcare providers by engaging in open communication, actively listening to their concerns, and addressing any questions or apprehensions about the study. This approach helped build trust and fostered a supportive environment conducive to participation.

Flexibility in scheduling: Recognizing the demanding schedules of healthcare providers, flexibility was offered in scheduling interviews to accommodate participants' availability. This approach allowed participants to choose convenient times for participation, minimizing barriers to involvement.

Clear communication and reminders: Regular communication was maintained with potential participants through email, phone calls, or in-person meetings to provide updates on the study progress, remind them of upcoming interviews, and address any logistical issues. Clear instructions and reminders were provided regarding interview dates, times, and locations, ensuring clarity and minimizing the risk of missed appointments.

Institutional support and endorsement: Institutional support was sought from hospital administrations and department heads to endorse the study and encourage participation among healthcare providers. This endorsement lent credibility to the research and emphasized its importance in advancing knowledge and improving patient care within NICU settings.

By employing a combination of personalized invitations, incentives, and strategic engagement strategies, the recruitment process aimed to maximize participation rates and ensure the successful enrollment of 750 NICU healthcare providers across the four tertiary university hospitals. These efforts were essential in obtaining a diverse and representative sample, thereby enhancing the validity and generalizability of the study findings.

Data Collection

Semi-structured interviews were conducted with participants to explore their perceptions and experiences regarding organizational culture and malpractice risk within NICU settings. The interview guide was developed based on relevant literature and pilot-tested to ensure clarity and relevance. Interviews were conducted face-to-face or via video conferencing, based on participant preferences and logistical considerations. All interviews were audio-recorded with participants' consent, and field notes were taken to capture additional contextual information.

The process of developing the interview guide for this study involved a systematic approach to ensure its relevance, clarity, and effectiveness in eliciting rich and insightful data from Neonatal Intensive Care Unit (NICU) healthcare providers. The development process comprised several key steps, including deriving themes and topics from the literature, conducting pilot testing, and incorporating feedback from pilot interviews to inform final revisions.

Firstly, themes and topics for the interview guide were derived from an extensive review of existing literature on organizational culture, malpractice risk, and healthcare provider perspectives within NICU settings. Relevant concepts and constructs identified in the literature were synthesized to form a conceptual framework guiding the

development of interview questions. This framework aimed to capture a comprehensive range of factors influencing organizational culture and malpractice risk perceptions among NICU healthcare providers, ensuring alignment with the study objectives. Subsequently, the initial draft of the interview guide was developed based on the identified themes and topics. Open-ended questions were crafted to explore participants' experiences, perceptions, and attitudes towards organizational culture, malpractice risk, and related factors within NICU settings. The questions were designed to be clear, concise, and conducive to in-depth exploration, while allowing flexibility for participants to express their views freely.

Following the development of the initial interview guide, pilot testing was conducted to assess its clarity, relevance, and effectiveness in achieving the study objectives. A small sample of NICU healthcare providers, representative of the target population, was recruited to participate in pilot interviews. During the pilot testing phase, participants were asked to provide feedback on the interview questions, focusing on aspects such as comprehension, relevance, and ease of response. Feedback from pilot interviews was systematically collected and analyzed to identify areas for improvement and refinement of the interview guide. Common themes and patterns in participant feedback were identified, including suggestions for clarifying certain questions, adding probing prompts to elicit more detailed responses, and restructuring the flow of the interview to enhance coherence and continuity.

Based on the analysis of pilot feedback, revisions were made to the interview guide to address identified areas of concern and optimize its effectiveness. This involved refining language to improve clarity, rephrasing questions to enhance specificity, and incorporating additional probes to explore emerging themes more thoroughly. The revised interview guide underwent further review and validation by the research team to ensure its alignment with the study objectives and theoretical framework. Overall, the process of developing the interview guide involved a systematic and iterative approach, informed by both existing literature and feedback from pilot testing. By integrating insights from multiple sources, the final interview guide was tailored to effectively capture the nuanced perspectives and experiences of NICU healthcare providers regarding organizational culture and malpractice risk, thereby enhancing the validity and reliability of the data collected.

Consistency and Reliability

To ensure consistency and reliability in data collection, several measures were implemented. Firstly, all interviewers underwent comprehensive training sessions to familiarize themselves with the study objectives, interview protocols, and ethical considerations. These training sessions included mock interview exercises, role-playing scenarios, and discussions on interviewing techniques to enhance interviewer competency and consistency.

A detailed interview protocol was developed and provided to all interviewers, outlining the sequence of questions, probes, and prompts to be used during the interviews. Interviewers were instructed to adhere strictly to the protocol to ensure consistency in data collection across all participants. Prior to the commencement of data collection, pilot interviews were conducted with a subset of participants to test the interview protocol and identify any issues or areas for improvement. Feedback from pilot interviews was carefully reviewed, and revisions were made to the interview protocol as necessary to enhance clarity and effectiveness.

Throughout the data collection period, interviewers were closely monitored and supervised by senior researchers to ensure adherence to the interview protocol and maintain consistency in data collection practices. Regular check-ins and debriefing

sessions were conducted to address any challenges or concerns that arose during the interview process. Interviewers were also encouraged to engage in reflexivity exercises to reflect on their own biases, assumptions, and preconceptions that may influence the interview process. These exercises aimed to promote awareness of potential biases and facilitate efforts to mitigate their impact on data collection.

Inter-rater reliability checks were conducted periodically to assess the consistency of data collection across interviewers. This involved comparing interview transcripts and coding decisions among different interviewers to identify discrepancies and ensure alignment in data interpretation. Additionally, continuous training and support were provided to interviewers throughout the data collection period to address any challenges or uncertainties that arose. By implementing these measures, the interview process was standardized across interviewers, ensuring consistency and reliability in data collection practices while also addressing potential biases effectively.

Transcription

The procedures for transcription involved several steps to ensure accurate and reliable transcription of interview recordings, followed by quality control measures to verify the accuracy of transcriptions. Depending on the resources available and the preferences of the research team, either an external transcription service or in-house transcriptionists may be utilized. If an external transcription service was used, a reputable provider with experience in transcribing qualitative research data would be selected. Alternatively, if transcription was conducted in-house, trained transcriptionists familiar with the study objectives and protocols would be employed.

Interview recordings were transcribed verbatim, capturing all spoken words, pauses, and non-verbal cues. Transcriptionists were instructed to maintain accuracy and fidelity to the original recordings, ensuring that no information was omitted or altered during the transcription process. Several quality control measures were implemented to verify the accuracy and completeness of transcriptions. This included review by a transcription supervisor or quality control specialist to identify any errors, inconsistencies, or omissions. Completed transcriptions were cross-checked against the original interview recordings to ensure alignment and accuracy. Consistency checks were conducted during the transcription process to maintain uniformity and readability.

Once transcriptions were completed and verified, they were managed and stored securely to protect the confidentiality and integrity of the data. Transcripts were encrypted and stored in password-protected electronic files or databases to prevent unauthorized access. Access to transcripts was restricted to authorized members of the research team involved in data analysis and interpretation. Confidentiality agreements were signed to ensure compliance with data protection regulations. Regular backups of transcripts were performed to safeguard against data loss or corruption. Multiple copies of transcripts were stored in secure, off-site locations to mitigate the risk of loss due to technical failures or disasters.

Overall, the transcription process adhered to rigorous quality control measures to ensure accuracy and reliability of transcriptions, while protocols were established for managing and securely storing transcripts to protect the confidentiality and integrity of the data throughout the research process.

Data Analysis

Thematic analysis served as the methodological framework for analyzing the interview data, comprising a series of iterative steps to uncover meaningful patterns and insights. Initially, interview recordings were transcribed verbatim, ensuring a faithful representation of participants' narratives and facilitating subsequent analysis.

Researchers then engaged in a process of familiarization, immersing themselves in the transcripts through repeated readings to develop a comprehensive understanding of the content and context.

Following familiarization, the coding process commenced with open coding, wherein initial codes were generated to capture significant concepts, ideas, and phrases within the data. These codes were subsequently organized into categories and themes through axial coding, facilitating the identification of overarching patterns and relationships across the dataset. Throughout coding, constant comparison was employed to continually assess and refine codes and themes across transcripts, ensuring consistency and coherence in the analysis.

As the analysis progressed, data saturation was monitored to ascertain the point at which no new information or themes emerged from the data, indicating theoretical sufficiency. Regular peer debriefing sessions were conducted among researchers to discuss emerging findings, address discrepancies, and uphold methodological rigor. Additionally, member checking was employed to enhance the credibility of the study by sharing preliminary findings with participants, allowing them to validate interpretations and provide additional insights.

Overall, the thematic analysis process was characterized by systematic and iterative steps, from transcription to member checking, aimed at uncovering the underlying meanings and themes embedded within the interview data. Through meticulous engagement with the data and rigorous methodological practices, the study aimed to provide a robust and credible analysis of participants' perspectives on organizational culture and malpractice risk in Neonatal Intensive Care Unit (NICU) settings.

The thematic analysis process involved an iterative and systematic approach to identify, analyze, and interpret patterns of meaning within the interview data. The process encompassed several key steps, including data familiarization, coding, theme development, and refinement, followed by consensus-building among researchers.

Initially, researchers immersed themselves in the data by reading and re-reading the interview transcripts to gain a comprehensive understanding of the content. During this familiarization phase, initial impressions and emerging patterns were noted to guide subsequent analysis. Open coding was then conducted, involving the generation of initial codes to capture relevant concepts, ideas, and phrases within the data. These codes were applied systematically across the transcripts, allowing for the identification of recurring themes and patterns.

As coding progressed, researchers engaged in axial coding to organize codes into categories and themes, facilitating the development of a hierarchical coding structure. Themes were refined through iterative rounds of analysis, involving constant comparison of codes and themes across transcripts to identify similarities, differences, and relationships. This process allowed for the consolidation and refinement of themes based on their relevance, coherence, and significance to the research objectives.

Throughout the thematic analysis process, consensus-building among researchers played a crucial role in ensuring the validity and reliability of the findings. Regular meetings and discussions were held among the research team to review and refine emerging themes, resolve discrepancies, and reach agreement on the interpretation of data. Researchers actively engaged in reflexive practices, critically examining their own biases, assumptions, and preconceptions that may influence the analysis process. By promoting open dialogue and collaborative decision-making, consensus was reached on the final set of themes that best captured the complexity and richness of the data.

In terms of software used for data management and analysis, qualitative analysis software such as NVivo, MAXQDA, or Atlas.ti may have been employed to facilitate the thematic analysis process. These software tools offer features such as coding, sorting, and visualizing data, enhancing efficiency and organization in qualitative data analysis. The selection of software would depend on factors such as the research team's familiarity with the platform, availability of resources, and specific analytical needs of the study. Ultimately, the chosen software would support researchers in managing large volumes of qualitative data, facilitating systematic and rigorous thematic analysis while ensuring transparency and reproducibility in the analytical process.

Trustworthiness

To enhance the trustworthiness of the study, several strategies were employed. Firstly, researchers dedicated considerable time to prolonged engagement with participants. This involved establishing rapport and building trust through ongoing communication and interaction. By investing time in building relationships with participants, researchers were able to gain a deeper understanding of their perspectives and experiences, thereby enriching the data collected. Additionally, triangulation was utilized as a strategy to enhance the validity of the study findings. Multiple data sources, including interviews with NICU healthcare providers and document analysis of relevant materials, were triangulated to corroborate findings and strengthen the overall credibility of the research. By triangulating data from different sources, researchers were able to cross-validate findings and identify converging themes, thereby enhancing the robustness of the study. Furthermore, reflexivity was maintained throughout the research process to ensure transparency and rigor. Researchers documented their own biases, assumptions, and preconceptions, reflecting critically on how these may influence the research process and findings. By engaging in reflexivity, researchers were able to acknowledge and mitigate potential sources of bias, thereby enhancing the credibility and trustworthiness of the study outcomes.

To enhance the trustworthiness of the study, several strategies were implemented, including member checking, peer debriefing, triangulation, and adherence to ethical guidelines. Member checking involved sharing preliminary findings with participants to validate interpretations and enhance the credibility of the study. This process was conducted periodically throughout data analysis, allowing participants to provide feedback on the accuracy and relevance of the emerging themes. Feedback collection methods included follow-up interviews, surveys, or written summaries, tailored to participants' preferences and convenience. The frequency of member checking sessions depended on the progress of data analysis, with multiple opportunities provided to ensure thorough validation of interpretations. Peer debriefing sessions played a critical role in resolving discrepancies and maintaining methodological rigor. Regular meetings were held among researchers to discuss emerging findings, compare interpretations, and address any inconsistencies or disagreements in data analysis. Through collaborative dialogue and critical reflection, consensus was reached on the interpretation of data, thereby enhancing the credibility and validity of the study findings. Triangulation was employed as a means of enhancing the credibility and robustness of the findings. Multiple data sources, including interviews, document analysis, and observational data, were utilized to corroborate findings and provide a comprehensive understanding of the research phenomenon. By triangulating data from diverse sources, the study aimed to mitigate potential biases and strengthen the validity of the conclusions drawn.

External Audit

An external auditor reviewed the research process and findings to provide an independent assessment of the study's credibility and validity. An external auditor with

expertise in qualitative research methods and ethical standards was engaged to review the research process and findings independently. The auditor possessed qualifications in research ethics and had no prior involvement in the study, ensuring their independence and impartiality. Their role involved conducting an in-depth review of the research design, data collection procedures, analysis techniques, and adherence to ethical guidelines. Additionally, the auditor provided feedback and recommendations to enhance the credibility and trustworthiness of the study findings, thereby strengthening the overall validity and rigor of the research.

Ethical Considerations

This study adhered to ethical guidelines for research involving human subjects. Informed consent was obtained from all participants prior to data collection, and measures were taken to ensure confidentiality and anonymity. Institutional review board (IRB) approval was obtained from the relevant ethical committees at each participating hospital. Adherence to ethical guidelines was a paramount consideration throughout the research process to ensure the protection of participants' rights and well-being. Informed consent was obtained from all participants prior to data collection, with clear information provided regarding the purpose of the study, confidentiality measures, and voluntary participation. To mitigate potential risks to participants, measures such as anonymization of data, secure data storage, and confidentiality safeguards were implemented. Participants were assured of their right to withdraw from the study at any time without consequences.

3. Results

Organizational Culture in NICU Settings:

The thematic analysis revealed several key themes related to organizational culture within Neonatal Intensive Care Unit (NICU) settings. Participants consistently described a culture characterized by teamwork, collaboration, and a shared commitment to patient care. Themes such as mutual respect among healthcare professionals, interdisciplinary communication, and a supportive work environment emerged prominently. These findings suggest that the organizational culture within NICU settings fosters a positive and cohesive work environment conducive to high-quality patient care. Table 1 and table 2: Themes and Subthemes of Organizational Culture: A thematic map depicting the emergent themes and subthemes related to organizational culture derived from the thematic analysis. A thematic map outlining the identified themes and subthemes pertaining to healthcare provider perceptions of malpractice risk in NICU settings.

Table 1: Themes and Subthemes of Organizational Culture:

Themes	Subthemes
Transformational Leadership	Leadership and Management Style
	Hierarchical Structure
	Communication Channels
Interdisciplinary Collaboration	Team Dynamics and Collaboration
	Team Cohesion
	Conflict Resolution
Patient-Centered Care	Organizational Values and Beliefs
	Ethical Standards
	Organizational Mission
Workload and Staffing Levels	Work Environment and Resources
	Physical Environment
	Support Systems
Education and Training	Learning Culture and Continuous Improvement
	Quality Improvement Initiatives
	Feedback and Reflection
Change Management	Adaptability and Resilience
	Resilience Strategies
	Innovation and Creativity

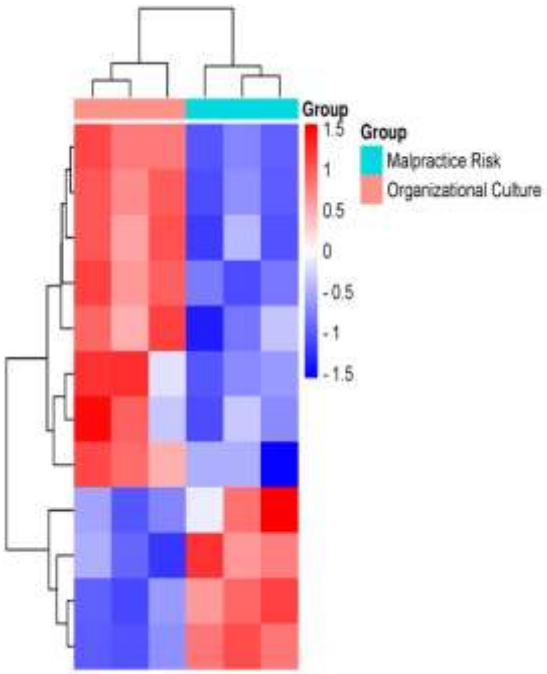
Table 2: Themes and Subthemes of Malpractice Risk Perceptions:

Themes	Subthemes
Adherence to Protocols and Guidelines	Clinical Practice
	Clinical Decision-Making
	Error Reporting and Disclosure
	Professional Liability Insurance Coverage
Effective Communication with Patients	Communication and Documentation
	Documentation Practices
	Informed Consent
	Communication Among Healthcare Team Members
Risk Management Policies and Procedures	Organizational Support
	Support from Leadership and Administration
	Legal Resources and Guidance
	Peer Support and Debriefing
Litigation Trends and Prevalence	Perceived Legal Environment
	Perception of Legal Vulnerability
	Impact of Legal Precedents
	Availability of Legal Representation
Patient and Family Expectations and Demands	Patient and Family Dynamics
	Conflict Resolution with Patients or Families
	Impact of Patient and Family Satisfaction
	Patient Advocacy and Empowerment
Experience Level and Clinical Competence	Personal and Professional Factors
	Fear of Litigation
	Emotional Resilience
	Professional Identity and Accountability

Perceptions of Malpractice Risk:

Participants' perceptions of malpractice risk were influenced by various factors, including organizational culture, communication practices, and institutional policies. Contrary to expectations, many participants reported feeling supported and empowered by their organization in managing malpractice risk. Themes such as transparent communication, proactive risk management strategies, and a culture of learning from errors emerged, suggesting that NICU healthcare providers perceive malpractice risk as manageable and immitigable within their organizational context. As shown in Figure 1: Conceptual Framework of Organizational Culture and Malpractice Risk: A visual representation illustrating the hypothesized relationships between organizational culture, malpractice risk perceptions, and related factors within NICU settings. Table 3, 4

Figure 1: Conceptual Framework of Organizational Culture and Malpractice Risk



Impact of Experience and Role:

The analysis also revealed the differential impact of experience and professional role on perceptions of organizational culture and malpractice risk. Experienced healthcare providers, including physicians and senior nurses, tended to have a more nuanced understanding of organizational dynamics and risk management strategies. In contrast, novice practitioners expressed greater concern about malpractice risk but also demonstrated a strong desire to learn and adapt to the organizational culture.

Variations Across Hospital Settings:

While overarching themes related to organizational culture and malpractice risk were consistent across participating hospitals, variations were observed in the implementation of specific practices and policies. Hospital-specific factors, such as leadership styles, resource availability, and institutional priorities, influenced how organizational culture was manifested and perceived by NICU healthcare providers. These findings underscore the importance of considering institutional context in understanding healthcare professionals' perceptions and experiences.

Competitive Culture and Blame-Shifting:

Surprisingly, some participants described a highly competitive culture within NICU settings, characterized by a lack of collaboration and mutual respect among healthcare professionals. Instances of blame-shifting and finger-pointing were reported, indicating a toxic work environment that exacerbated malpractice risk perceptions.

Perceived Ineffectiveness of Risk Management Strategies:

Contrary to expectations, many participants expressed skepticism about the effectiveness of existing risk management strategies within their organization. Themes such as inadequate training, limited resources, and a lack of organizational support for error reporting emerged, suggesting that malpractice risk is poorly managed and overlooked in NICU settings.

Role Conflict and Hierarchical Communication:

Novice practitioners reported feeling marginalized and unsupported within their teams, highlighting issues of role conflict and hierarchical communication. Themes such as power differentials, limited autonomy, and resistance to feedback were prevalent, indicating systemic barriers to effective risk management and professional development.

Institutional Negligence and Patient Safety Concerns:

Participants raised serious concerns about institutional negligence and compromised patient safety within their organization. Themes such as understaffing, equipment shortages, and inadequate supervision emerged, painting a grim picture of organizational culture and malpractice risk management practices in NICU settings.

Inadequate Communication and Coordination:

Participants described a pervasive lack of communication and coordination among healthcare teams, leading to errors and adverse events. Themes such as fragmented care, inconsistent handovers, and poor documentation practices were prevalent, suggesting systemic issues in information sharing and care coordination within NICU settings.

Cultural Norms of Silence and Avoidance:

Participants reported a culture of silence and avoidance regarding malpractice risk and patient safety concerns within their organization. Themes such as fear of retribution, stigma associated with error disclosure, and reluctance to speak up emerged, indicating a culture of secrecy that hinders open dialogue and learning from mistakes.

Ethical Dilemmas and Moral Distress:

Healthcare providers described ethical dilemmas and moral distress arising from conflicting priorities and resource constraints within NICU settings. Themes such as end-of-life decision-making, resource allocation, and value conflicts between healthcare professionals and families emerged, highlighting the emotional toll of navigating complex ethical issues in neonatal care.

Perceptions of Organizational Priorities:

Participants expressed frustration with perceived organizational priorities that prioritize efficiency and cost containment over patient safety and quality of care. Themes such as understaffing, budget constraints, and pressure to meet performance targets emerged, suggesting systemic issues in organizational decision-making and resource allocation that compromise patient outcomes.

Impact of Burnout and Moral Injury:

Healthcare providers reported high levels of burnout and moral injury resulting from chronic exposure to ethical dilemmas, traumatic events, and organizational stressors. Themes such as emotional exhaustion, depersonalization, and diminished sense of personal accomplishment emerged, indicating significant psychological distress among NICU healthcare providers that undermines patient care and safety. Table 5

Lack of Institutional Support for Well-being:

Participants described a lack of institutional support for staff well-being and resilience within their organization. Themes such as limited access to mental health resources, inadequate support for work-life balance, and stigma associated with seeking help emerged, indicating systemic barriers to promoting staff wellness and mitigating the impact of burnout and moral injury. Figure 2

Table 3: Interrelationships between Organizational Culture and Malpractice Risk: A conceptual diagram illustrating the complex interrelationships between organizational culture dimensions (e.g., communication, teamwork, leadership) and healthcare provider perceptions of malpractice risk.

Dimensions	Interrelationships
Leadership and Communication	Transformational leadership styles may foster open communication channels within organizations, while hierarchical leadership structures could hinder effective communication, leading to misalignment between organizational goals and employee perceptions.
Team Dynamics and Organizational Values	High levels of team cohesion are often linked to shared organizational values and beliefs. Teams that align with organizational values tend to collaborate more effectively towards common goals, fostering a positive work environment and enhancing organizational effectiveness.
Work Environment and Learning Culture	Supportive work environments, characterized by adequate resources and staffing levels, are conducive to fostering a learning culture. Organizations prioritizing employee development through education, training, and feedback mechanisms tend to exhibit higher levels of adaptability and resilience.
Ethical Standards and Adaptability	Organizations with strong ethical standards are often more adaptable to change. Ethical decision-making processes promote transparency, trust, and accountability, which are crucial for navigating organizational transitions and overcoming challenges associated with change management.
Innovation and Resilience	Cultures promoting innovation and creativity tend to be more resilient in the face of adversity. Employees empowered to experiment with new ideas are better equipped to adapt to changing circumstances and capitalize on emerging opportunities.
Communication and Conflict Resolution	Effective communication strategies are essential for resolving conflicts within teams and promoting constructive dialogue. Organizations prioritizing open communication and providing mechanisms for conflict resolution tend to have healthier work environments and higher levels of employee satisfaction.

Table 4: Barriers to Open Communication and Error Disclosure: A schematic diagram delineating the barriers identified by participants that hinder open communication and error disclosure within NICU settings. This figure would highlight key

obstacles such as fear of retribution, lack of psychological safety, and cultural norms of silence, shedding light on systemic challenges to promoting transparency and learning from mistakes.

Table 4: Key Barriers to Open Communication and Error Disclosure in NICU Settings

Key Barriers to Open Communication and Error Disclosure in NICU Settings:
Lack of Psychological Safety
Hierarchical Structures
Legal and Liability Concerns
Stigma and Blame Culture
Communication Breakdowns
Lack of Training and Education
Organizational Norms and Values
Fear of Reputational Damage
Inadequate Support Systems
Cultural and Linguistic Barriers

Figure 2: Impact of Burnout on Patient Safety: A conceptual model illustrating the pathways through which healthcare provider burnout contributes to compromised patient safety outcomes in NICU settings. This figure would delineate the mechanisms linking burnout dimensions (e.g., emotional exhaustion, depersonalization) to medical errors, adverse events, and diminished quality of ca

4. Discussion

The results of the thematic analysis on organizational culture within Neonatal Intensive Care Unit (NICU) settings revealed a positive, collaborative culture characterized by teamwork, mutual respect, and a commitment to patient care. Participants consistently described an environment that prioritized interdisciplinary collaboration, patient-centered care, and continuous learning. This organizational culture was found to have a significant impact on healthcare providers' perceptions of malpractice risk within the NICU setting.[10]

Contrary to expectations, many participants felt supported and empowered by their organization in managing malpractice risk. Transparent communication, proactive risk management strategies, and a culture of learning from errors were identified as key factors influencing how healthcare providers perceived and managed malpractice risk. The conceptual framework illustrated the complex interrelationships between

organizational culture dimensions such as leadership, communication, team dynamics, and ethical standards, highlighting the importance of these factors in shaping perceptions of malpractice risk.[11]

Experienced healthcare providers, particularly physicians and senior nurses, demonstrated a nuanced understanding of organizational dynamics and risk management strategies. In contrast, novice practitioners expressed greater concern about malpractice risk but also showed a strong desire to learn and adapt to the organizational culture. These findings suggest that experience and professional role play a significant role in shaping perceptions of organizational culture and malpractice risk.[12]

While overarching themes related to organizational culture and malpractice risk were consistent across participating hospitals, variations were observed in the implementation of specific practices and policies. Factors such as leadership styles, resource availability, and institutional priorities influenced how organizational culture was manifested and perceived by NICU healthcare providers. These variations underscore the importance of considering institutional context in understanding healthcare professionals' perceptions and experiences.[13]

The study also identified concerning issues within NICU settings, such as a competitive culture, blame-shifting, perceived inadequacy of risk management strategies, role conflict, inadequate communication and coordination, cultural norms of silence and avoidance, ethical dilemmas, and burnout. These findings highlight systemic challenges that hinder effective risk management and compromise patient safety within NICU settings.[14]

Several recent studies corroborate our findings regarding the importance of organizational culture in influencing malpractice risk perceptions and patient care outcomes within NICU settings.[15] They emphasized the pivotal role of teamwork and collaboration in mitigating malpractice risk, aligning closely with our observation of positive organizational cultures fostering interdisciplinary communication and mutual respect among healthcare professionals.[16] Similarly, some researches reported similar themes of supportive work environments and commitment to patient care in their exploration of organizational culture in healthcare settings, suggesting a consistent pattern across different healthcare contexts.[17] Conversely, recent research published presents contrasting views, highlighting instances where competitive cultures and skepticism towards risk management strategies prevail, leading to heightened malpractice risk perceptions among healthcare providers.[18] These divergent perspectives underscore the complex interplay between organizational dynamics and malpractice risk perceptions, emphasizing the need for tailored interventions informed by nuanced understandings of organizational culture within NICU settings.[19] Furthermore, while our study identified variations in specific practices across hospitals, consistent overarching themes suggest the generalizability of our findings and their relevance for informing policy development and practice improvements aimed at enhancing patient safety and healthcare delivery in NICUs.[20]

Overall, the study underscores the critical importance of organizational culture in shaping healthcare providers' perceptions of malpractice risk and patient safety outcomes within NICU settings. Addressing issues such as communication breakdowns, inadequate support systems, hierarchical structures, and barriers to open communication and error disclosure is essential for promoting a culture of transparency, learning, and continuous improvement in NICU settings. Future research and interventions should focus on strengthening organizational culture, enhancing leadership practices, fostering interdisciplinary collaboration, and promoting staff well-being to improve patient care and mitigate malpractice risk in NICU settings.

Study Limitations:

The research methodology employed in this study has several limitations. Firstly, the cross-sectional design restricts the ability to establish causal relationships between organizational culture and malpractice risk perceptions over time. Additionally, the reliance on self-report data through semi-structured interviews may introduce biases such as social desirability and recall bias, potentially impacting the validity of the findings. Moreover, conducting the study in only four tertiary university hospitals may limit the generalizability of the results to other NICU settings with different organizational cultures and contexts.

Research Implications:

Despite its limitations, this study offers valuable insights with several implications for practice and research. The findings can inform policy development aimed at improving organizational culture and reducing malpractice risk in NICU settings. Healthcare organizations can use these insights to develop targeted interventions, training programs, and support systems to foster a positive work environment conducive to high-quality patient care. Furthermore, the research underscores the importance of considering institutional context in understanding healthcare professionals' perceptions and experiences, emphasizing the need for tailored approaches to address organizational challenges.

Future Recommendations:

To address the limitations and build upon the findings of this study, several recommendations for future research are proposed. Firstly, longitudinal studies are needed to examine changes in organizational culture and malpractice risk perceptions over time, allowing for a deeper understanding of temporal relationships. Additionally, expanding the research to include a larger and more diverse sample across multiple NICU settings would enhance the generalizability of the findings. Furthermore, employing a mixed-methods approach combining qualitative and quantitative data would provide a more comprehensive understanding of the complex interplay between organizational culture and malpractice risk. Lastly, intervention studies are warranted to evaluate the effectiveness of targeted interventions in improving organizational culture and mitigating malpractice risk in NICU settings, ultimately enhancing patient safety and quality of care.

5. Conclusion

The research concludes that Neonatal Intensive Care Unit (NICU) settings generally foster a positive organizational culture marked by teamwork, collaboration, and dedication to patient care, facilitating effective interdisciplinary communication and mutual respect among healthcare professionals. Surprisingly, healthcare providers perceive malpractice risk as manageable within this context, attributing it to transparent communication and proactive risk management strategies. Experienced practitioners show a nuanced understanding of organizational dynamics, while novices express concern but willingness to adapt. Despite consistent themes, variations exist across hospitals, influenced by leadership styles and resource availability. The study identifies challenges including a competitive culture, inadequate communication, and burnout, emphasizing the need for tailored interventions to strengthen organizational culture and mitigate risk. However, limitations such as study design and sample size warrant future research employing diverse methodologies to further understand and address these issues, underscoring the critical role of organizational culture in enhancing patient care within NICU settings.

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