

THE IMPLEMENTATION OF OPEN DISCLOSURE IN ASIAN CULTURE IN SINGAPORE: A SYSTEMATIC LITERATURE REVIEW

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ABSTRACT

OBJECTIVE:

Open Disclosure is the process of open and honest discussion between a clinician and the patient and family when an adverse clinical event occurs while the patient is in care or treatment. While open disclosure is now a mandatory practice in many developed countries like the United Kingdom, Australia, the United States and Canada, it has yet to be made mandatory in Singapore. In most healthcare institutions in Singapore, the Clinical Governance or Quality Service Management Department manages the governance of patient safety and medical errors. This systematic literature review aims to understand the effect of Asian culture relating to apologies because of the implementation of Open Disclosure in Singapore's healthcare system.

METHOD:

The Preferred Reporting Items for Systematic Reviews and Meta-Analyses (PRISMA) statement was used to review and synthesize the contemporary literature qualitatively.

RESULTS:

This study identified that there are links between culture and apologies and in particular, the expression and acceptance of the apology. This study explored and identified the effects of Asian culture on open disclosure, specifically on apologies, and established that Asian and western cultures offer and accept apologies differently. Also, the study established the public's view and demand for open disclosure and the impact of culture on how a person presents oneself in delivering an apology.

CONCLUSION:

The study could only identify five high-quality articles in this systematic literature review; there were no papers on the mindset and perceptions of Asian healthcare professionals on apologies and open disclosure found. This present study has demonstrated a significant research gap that is a significant opportunity for future research.

KEYWORDS

open disclosure; healthcare; apologies; culture; Asian; apology laws; Singapore

KEY QUESTIONS SUMMARY

What is known about the topic?

It is well established that there are many benefits of Open Disclosure (OD) to patients, healthcare professionals and healthcare institutions. The implementation of OD as one or part of national standards and in healthcare organisations in well-developed countries like Australia, the United Kingdom, the United States and Canada. A patient's cultural background and social values play an essential role in healthcare delivery, and decision-making and cultural diversity should be acknowledged and respected by healthcare professionals and organisations. Some of the barriers to acceptance of OD may be related to cultural and social background.

What does this paper add?

This study will help healthcare professionals in Singapore and other Asian nations understand the knowledge gaps in OD related to apologies in Asian culture. This knowledge will benefit health services managers in the implementation

of OD by understanding the importance of cultural differences and concerns of OD in Asian culture.

What are the implications for practitioners?

This knowledge will widen understanding and awareness of OD and the change management requirement for the implementation of OD in Singapore and other Asian cultures and will ultimately benefit healthcare services delivery in countries with a predominance of Asian people.

INTRODUCTION

It is vital to ascertain that the acceptance of disease is dependent on the cultural background and social values of a patient and culture play a role in the dictation of the legal consequences of any doctor-patient communication and relationship. Etienne, Pierce [1] conclude that a patient's culture, race and social background play a significant role in healthcare delivery and decision-making. Cultural diversity should be acknowledged and respected by healthcare professionals and organisations when managing patients. For the best approach to patient care, the integration of cultural humility, which is a concept related to both cultural care and cultural competence, should be considered. [2]

Open disclosure (OD) is the process of offering apology and acknowledgement of error and (or) the effect of the adverse event [3, 4]. When an adverse clinical event happens, the patient and family expect an apology, an explanation of what happened and follow-up action to prevent future harm or errors [5]. However, in Singapore and many other Asian countries, OD is not always practised by healthcare professionals, often due to fear of mitigation risks in OD [6, 7]. Failure to apologise or inappropriate apology when a mistake happens often leads to patient taking their complaints further, including litigation. [8]

The primary aim of this study is to understand the effects of Asian culture on OD, with a specific interest in apologies and understand the perceptions of open disclosure in Asian culture for both the healthcare professionals and healthcare consumers to implement OD in Singapore healthcare system.

BACKGROUND

Clinical misadventures are unintended clinical outcomes that a patient experience while under medical care, which may or may not be the result of a mistake caused by any members of the attending medical team. [6] When a clinical misadventure occurs, clinicians have the duty of candour to the patient to disclose the event [9] openly and transparently.

Open disclosure is the process of an open and honest discussion between a clinician and the patient and family members of the adverse event that has caused harm to the patient while receiving care. [4] The process of OD includes the offering of apology and acknowledgement of error and (or) the effect of the adverse event. [3, 4]

Relevant research by Fein and colleagues, [10] found that clinicians and patients view disclosure of errors differently. Also, not only do patient safety experts, professional bodies and ethicists strongly support Open Disclosure, physicians surveyed are also in agreement that harmful errors should be disclosed to patients however they may not always follow this practice [10]. OD benefits the patient, healthcare professionals and healthcare institutions [11], and improves clinical outcome and manages litigation risks. [9]

Some barriers to the acceptance of OD include the perception of legal risks, [6, 12] the uncertainty of how much to disclose [13] and the reluctance to admit error. [14] There has been an exploration of some of these issues in countries like Australia, the United Kingdom and Canada, that have implemented "Apology Laws" that declaring an apology does not equate to an admission of liability. [15]

Cugueró-Escofet and colleagues [16] assert that an apology has two main functions, a moral and a social function and identify that the sincerity of an apology is critical for the attainment of these functions. Morally, an apology dismisses the threat of unfairness by addressing the need for meaningful and moral thing to be done [16] and socially, bystanders perceive them, the victim's social standing re-affirm when there is an offer of an apology.

The three main barriers to apologies are "a sense of insignificant levels of concern for the victim or the relationship with the victim"; a "perception of apology causing damage to one's self-image" and a "perception

that apology is unproductive to obtaining forgiveness from the "victim". [7]

OD is a topic of significance in discussion throughout the world. Singapore's healthcare system has been evolving continuously and improved since the implementation of the 3M program health system in 1984. [17] Contributing to the successful healthcare cost control of the Singapore health system, the first tier of the 3M program, Medisave, a mandatory savings plan for medical expenses, was implemented in 1984, followed by the second tier of funding, Medishield, which is a national insurance plan implemented in 1990. The last tier of the 3M program is Medifund, implemented in 1998, as a safety net for Singaporeans who are not able to afford their medical expenses. [17]

To maintain progress with the rest of the world, Singapore must look into the implementation of OD. This research explored evidence connected to apologies in the context of culture and more specifically apologies within Asian culture. the effects of Asian culture on OD and the potential of implementing OD in Singapore healthcare system in answer to the question What effect does Asian culture relating to apologies have on the implementation of Open Disclosure in Singapore?"

OBJECTIVES

The four specific objectives of this study were to:

- Understand the link between culture and apologies;
- Explore the effects of Asian culture on OD, specifically on apologies;
- Understand the perceptions of OD in Asian culture for both healthcare professionals and healthcare consumers;

- Understand how Asian culture in Singapore can impact acceptance and the implementation of OD in Singapore healthcare by the Ministry of Health.

The results will help healthcare professionals in Singapore understand the knowledge gaps in OD related to apologies in Asian culture and help inform policy and practice related to OD in Singapore and other Asian countries. This knowledge will benefit health services managers and clinicians to develop plans for the implementation of OD in Singapore by understanding the cultural differences and concerns of OD in Asian culture, widen understanding and awareness of OD. It will also inform the change management requirements for the implementation of OD in Singapore, which will ultimately benefit Singapore healthcare services delivery specifically and other Asian countries generally.

METHOD

This systematic literature review was conducted using the Preferred Reporting Items for Systematic Reviews and Meta-Analyses (PRISMA) statement. [18] The quality appraisal tool for qualitative and quantitative research [19] was used to provide a recognised scoring system to assess the quality of identified screened papers for the present analysis. The scoring of the identified literature is executed with a publicly available 10-item checklist for qualitative studies, as shown in table 1 and a publicly available 14-item checklist for quantitative studies, as shown in table 2. Individual scores of each identified paper screened for 'yes', 'partial' and 'no' were summed to create the Standard Quality Assessment Score (SQAS) [19], which completes the scoring for this present study, concluded in table 4.

TABLES AND FLOW CHART

TABLE 1. ASSESSMENT OF QUALITY OF SCREENED IDENTIFIED QUALITATIVE STUDIES FOR THIS PRESENT STUDY USING STANDARD QUALITY ASSESSMENT SCORE (SQAS). SOURCE KMET, COOK (19)

CRITERIA		YES (2)	PARTIAL (1)	NO (0)
1.	Question/Objective sufficiently described?			
2.	Study design evident and appropriate?			
3.	Context for the study clear?			

4.	Connection to a theoretical framework/wider body of knowledge?			
5.	Sampling strategy described, relevant and justified?			
6.	Data collection methods clearly described and systematic?			
7.	Data analysis clearly described and systematic?			
8.	Use of verification procedure(s) to establish credibility?			
9.	Conclusions supported by the results?			
10.	Reflexivity of the account?			

TABLE 2. ASSESSMENT OF QUALITY OF SCREENED IDENTIFIED QUANTITATIVE STUDIES FOR THIS PRESENT STUDY USING STANDARD QUALITY ASSESSMENT SCORE (SQAS). SOURCE KMET, COOK (19)

CRITERIA		YES (2)	PARTIAL (1)	NO (0)	N/A
1.	Question/Objective sufficiently described?				
2.	Study design evident and appropriate?				
3.	Method of subject/comparison group selection or source of information/input variables described and appropriate?				
4.	Subject (and comparison group, if applicable) characteristics sufficiently described?				
5.	If interventional and random allocation was possible, was it described?				
6.	If interventional and blinding of investigators was possible, was it described?				
7.	If interventional and blinding of subjects was possible, was it described?				
8.	Outcome and (if applicable) exposure measures(s) well defined and robust to measurement / misclassification bias?				
9.	Sample size appropriate?				
10.	Analytic methods described/justified and appropriate?				
11.	Some estimate of variance is reported for the main results?				
12.	Controlled for confounding?				
13.	Results reported in sufficient detail?				
14.	Conclusions supported by results?				

SCOPE AND INFORMATION SOURCE

This present study includes peer-reviewed, scholarly academic journal articles with online full-text and abstractions availability, published in the English language from December 2013 to November 2018. The inclusion and exclusion criteria set out for this systematic review of the literature is contained in table 3. Articles found are indifferent, high-ranked electronic databases retrieved via the Griffith University Library, namely Pacific Focus, Springer Link, ProQuest, De Gruyter, PlosOne and Wiley Online databases.

KEYWORDS SEARCH STRINGS

Keywords were formulated in combination and searched using Boolean operators and truncation symbols from the Griffith University library search engine with expansion to beyond Griffith Library's collection.

RESULTS

Applying the screening process using the PRISMA method, [18] out of the 104 articles found using the inclusion and

exclusion criteria listed in table 3, the five evidence-based articles identified, as shown in figure 1, were then critically reviewed in full-text using the Standard Quality Assessment Scale (SQAS) [19], as shown in table 1 and table 2. Table 4 summarises the qualitative synthesis of the five identified articles included in this systematic literature review.

The common themes of culture and apologies were present in all five papers. Four papers shared similar themes in the cultural effect of apologies and ascertain that for an apology to be deemed sincere and complete, acknowledgement of the act of harm done with an appropriate choice of words in the apology and follow-up action required for the Asian culture. [20-23] Also, there are differences in the expression of apology between Asian and Western cultures. [20] The benefits of OD, along with the public's favourable view and demand for OD when adverse clinical events happen, and the possible reduction of psychological burden on the healthcare professional is evident. [24] The impact of culture on how a person presents oneself in the delivery of apology is ascertained. [23]

TABLE 3. INCLUSION AND EXCLUSION CRITERIA USED IN IDENTIFIED LITERATURE IN THIS STUDY

INCLUSION CRITERIA	EXCLUSION CRITERIA
Literature published between December 2013 to November 2018	Literature published before December 2013 and after November 2018
Publication criteria	Literature that does not include "culture" or "Asian culture" or "apology."
Peer-reviewed	
Academic Journal Article	
Full text online with abstraction available	
In the English language	
Study population	
Healthcare, Ethics and Law, Social Science and Social Psychology	

FIGURE 1. PREFERRED REPORTING ITEMS FOR SYSTEMATIC REVIEWS AND META-ANALYSES (PRISMA) DIAGRAM AND SUMMARY OF FINDINGS AT EACH LEVEL. SOURCE: MOHER, LIBERATI (18)



PRISMA 2009 Flow Diagram

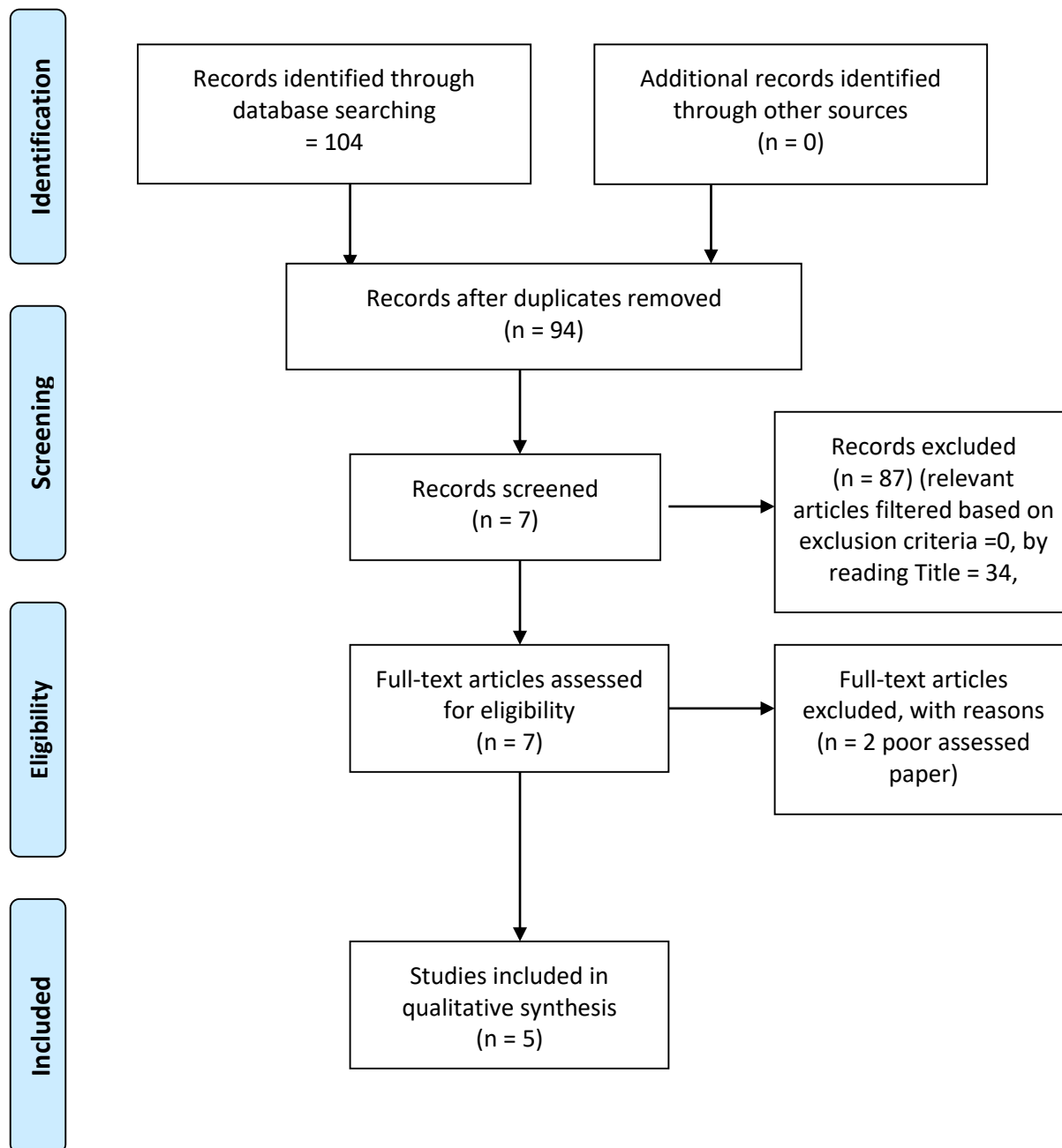


TABLE 4. STUDIES INCLUDED IN QUALITATIVE SYNTHESIS

NO.	AUTHOR	TITLE	SUMMARY	SQAS
1.	Chun [21]	Beyond "Dissatisfaction" and "Apology Fatigue": Four Types of Japanese Official Apology	This narrative review aims to assess whether the apologies Japan offered to its neighbours for many of its actions during World War II are complete and sincere. Over the last 70 years since the end of World War, several Japanese political leaders have made many attempts of apology. However, it is deemed that its neighbouring countries demand a more utilitarian apology. By summarising Japan's past apologies into the four categories: <i>Political Rhetoric, Faint Apology, Insufficient Apology, Sincere Apology</i>, the author ascertains that at least one genuine and momentous apology has been made. However, there is difficulty in defining the level of Japan's apologies sincerity from the views of the victims. The author hopes that by using the framework of "Acknowledgement " or "Action", the results of this study could provide Japan with a future apology more readily accepted by its neighbouring countries. Although this study is not set in the healthcare environment, it highlights the cultural effect of apologies. For an apology to be deemed sincere and complete, acknowledgement of the act is required, along with the appropriate choice of words to be used and follow-up action for harm caused. Offering an apology with "I am Sorry" and acknowledgement of the harm done, may be culturally difficult, in this case for Japan, but it is necessary for an apology to be deemed sincere and complete.	16
2.	Jones and Adrefiza [20]	Comparing apologies in Australian English and	This is a cross-cultural study between Australians and Indonesians on understanding the cultural	20

NO.	AUTHOR	TITLE	SUMMARY	SQAS
		Bahasa Indonesia: Cultural and gender perspectives	differences in the expression of apologies. The study shows that there are differences in actual apologising acts and the offering of the expressions of regret are culturally different. While Australians are less formal in expressing regret, using words like "sorry" or "really sorry", the Indonesians offer more formal, complex expressions and variety words of apology and requests for forgiveness. By comparing the western culture (the Australians) and the Asian culture (the Indonesians), this study concludes that culture affects the delivery and expression of apology and how therefore apologies would be perceived when offered.	
3.	Lin [22]	The Restorative Role of Apology in Resolving Medical Disputes: Lessons from Chinese Legal Culture	This study explores the structure of apologies within the Chinese cultural context, from the perspective of Confucianism and presenting a three-dimensional structure of apology, defines as "acknowledgement of fault", "admission of responsibility" and "offer of reparation" to be applied in resolving medical disputes. The paper concludes that a wrongful act harms relationship, the three-dimensional structure navigates apology in the direction of relationship restoration, thereby restoring the harmony of ethical relationships.	20
4.	Ock, Choi [24]	Evaluating the expected effects of disclosure of patient safety incidents using hypothetical cases in Korea	This study is on South Korean's public views on the expected effects of open disclosure of patient safety incidents using hypothetical cases of past studies. General public of different demographics, gender and age, were recruited for the study via face-to-face interviews.	20

NO.	AUTHOR	TITLE	SUMMARY	SQAS
			The findings show that open disclosure benefit both the patients and physicians in the areas of increased physician-patient trust, reduced perception that the incident is a medical error, increased patients' willingness to revisit and recommend physicians, decreased potential legal actions against physicians and reduced expected amount of monetary compensation. This South Korean study uses hypothetical cases, and the authors conclude that the general public of South Korea is in favour of open disclosure of patient safety incidents. The result of the study provides evidence of reduced physiological burden that open disclosure might have on healthcare professionals.	
5.	Shafa, Harrick [23]	Sorry seems to be the hardest word: Cultural differences in apologising effectively	A quantitative study, this paper seeks to understand how cultural difference in response and managing conflicts and perceptions of apologies using an online survey. The difference between Asian cultures, represented by the Turkish the western culture, represented by the Dutch. The authors ascertain that culture has an impact on how a person presents oneself the delivery of apology. The study concludes that in the cultural context, an apology needs to convey the right message in either acknowledging fault by accepting blame or expressing remorse for an apology to be considered effective and sincere. **Note - this is a quantitative paper with a possible maximum score of 28 attainable. Three items deemed not applicable; therefore, the possible maximum score for this paper is 22	19 **Note

DISCUSSION

This systematic literature review ascertains that open disclosure and apology benefits both patient and healthcare professionals in that it opens up physician-patient trust, reduces perceptions that the incident is a medical error, increases patients' willingness to revisit and recommend physicians, decreases potential legal actions against physicians and reduces expected amount of monetary compensation [24]. This finding supports the positive benefits of OD to not just the healthcare consumers and the healthcare professionals but also healthcare institutions.

For an apology to be deemed sincere and complete, acknowledgement of an act of harm done is required, along with the appropriate choice of words to be used and follow-up action for harm caused. Offering an apology with "I am Sorry" and acknowledgement of the harm done, may be culturally difficult, in this case for Japan, but it is necessary for an apology to be deemed sincere and complete. [21] This result ascertains the impact of culture on offering an apology, which would be an influential and crucial factor when implementing OD in Singapore healthcare system to expect healthcare professionals' resistance in acknowledging the harm done and offering an appropriate choice of words in apology.

The Asian culture views open disclosure and apology differently from the western culture and is in favour of it when clinical adverse events happen. [24] The delivery of an apology in the Asian culture differs from the western culture in that Asians, [20] would consider the choice of appropriate words used in an apology, the acknowledgment of fault and the request for forgiveness or expressing remorse is required for an apology to be deemed sincere and complete. [20-23] There is an emphasis on choosing appropriate words to be used in an apology is emphasised in all of the five articles screened; this finding highlights the impact of cultural bearing in both the person offering the apology and the receiver of the apology. To acknowledge the harm done and offering follow-up action to put things right supports the process of OD. This knowledge is a critical consideration if the Ministry of Health, Singapore were to explore the implementation of OD in Singapore.

There is no evidence found in this study that describes how culture affects Asian healthcare professionals in their

mindsets and their views on open disclosure and offering an apology. However, the study by Ock and colleagues, [24] assert that open disclosure might have the effect of reducing physiological burdens on healthcare professionals. The lack of this information means that it is unknown whether or not healthcare professionals would embrace the implementation of OD, if rolled out by the Ministry of Health, Singapore. This unknown territory would relate to higher incidences of resistance in the change management. Therefore, further studies are required to explore how culture affects Asian healthcare professionals in the open disclosure process and how an apology would be delivered when adverse clinical events occur.

CONCLUSION

Conclusions drawn need to be viewed on that basis that there were only five papers found in this systematic literature review addressed the objectives of this present study and that met the quality requirements established. From these five papers it appears there may be a link between culture and apologies and the effects of Asian culture on OD are established [20-24] however this requires further research. Also, it appears that it is the appropriate choice of words used, the acknowledgement of the harm done and follow up with action, when expressing remorse, could be crucial in the link between Asian culture and apologies in OD. [20-24] From these papers it seems that there is no difference in perception of OD and apology between the Asian and western cultures with both cultures being in favour of OD when the clinical adverse event occurs [24] however further research is required to establish with a more rigorous way. The public views OD and apology to be beneficial for both the patient and healthcare professionals. [24]

Further research into this is required to understand how Asian healthcare professionals perceive OD and understanding the acceptance and implementation of OD in Singapore and perhaps other Asian countries.

Although there is no evidence found in this study on the perception and acceptance of OD from the view of healthcare professionals, Ock and colleagues [24] assert that OD might reduce psychological burdens on healthcare professionals in such cases; interpretation of this could be that OD could reduce feelings of guilt on the part of healthcare professionals for the unintended harm done

to the patient. Thus this may be evidence that OD might be an additional positive direction to adopt.

It is acknowledged that with the exception of Ock and colleagues [24] there was no review of literature relating to fear of litigation and how this relates in Asian culture apart from there being no legal privilege provided in Singapore. There are concerns such as fear of litigation; the confidential and time-consuming nature of clinical incident investigations; lack of organisational support; increasing costs of medical malpractice insurance; fear; and that open disclosure is too difficult. [25] In the qualitative research undertaken by Harrison and colleagues found five themes which appear to capture critical factors in supporting open disclosure of as a moral and professional duty, positive past experiences of open disclosure, perceptions of reduced litigation, role models and guidance and clarity [26] however, these studies were conducted in the UK and may not be applicable to Asian culture. The need to be further explored in future research

This systematic literature review has ascertained the effects and impact of culture on apologies and what is required for a sincere and complete apology to be accepted. Also, the appropriate choice of words in an offering of an apology, the prerequisites for acknowledgement of the harm done and action following acknowledgment and apology have been ascertained in OD. Based on the knowledge and gaps identified in this systematic literature review, barriers of OD and apology must first be acknowledged and overcome before the implementation of OD in Singapore could be effectively be implemented.

RECOMMENDATIONS

Based on the findings of this systematic literature review, implementing OD in Singapore is a significant cultural change. As culture change can be challenging, the change management requires careful planning and include policy direction and training of clinical staff and healthcare managers. [8]

Perception of legal risks [6, 12] and uncertainty regarding how much to disclose [13] are two barriers in OD and could be overcome by Apology Law as these will protect healthcare professionals from having this used in evidence if medico-legal claims are lodged. [15] Such laws would encourage healthcare professionals to comfortably offer

apologies and acknowledge error or harm done to a patient, which in turn, reduce mitigation risks. [24]

Reluctance to admit error [14] and reluctance to offer apologies [7] are the other two barriers in OD. These barriers could originate from fear of losing their jobs, or the cultural perception that apologising is considered to be unfaithful to their colleagues or their employers. [27] Training of employees to offer an apology and admit errors when adverse clinical events occur could address these barriers. [27, 28]

It is clear that more research is needed to better understand the perception of OD even before any implementation of Apology Laws in Singapore. Such research needs to address any benefits of OD and the cultural and social obligations ascertained in this study. Such research sponsored by the Government of Singapore prior to any mandate concerning the implementation of OD.

Change needs to be led from the top including enacting Apology laws to provide privilege for those who fully engage in the OD process including the provision of an appropriate and adequate apology.

It is recommended that:

1. Singapore implements "Apology Laws" similar to other common law countries such as the United Kingdom and Australia
2. Counter the reluctance to admit error by evidence-based reassurance and training
3. Lead the change from the Top by:
 - a. The Singapore Government auspicing research into OD in Singapore and mandate its implementation in health care services offered in Singapore based upon the successful implementation in other countries such as Australia, UK and Canada customised for the Singaporean context.
 - b. Drafting and enacting Apology Laws similar to the ones that operates in a number of States of Australia.

LIMITATIONS

Open disclosure in Asian culture is an area where there is a significant research gap and only five high-quality papers were found that addressed the research question. Significantly more research is required in understanding Asian culture as the studies found represent only a fraction of what could be considered as Asian culture and may not be representative when more research is available.

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