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Research

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An Exploration of the Gross National Happiness Approach to Assure Patient Safety and Healthcare Quality in Bhutan

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Abstract

Although the principles of Gross National Happiness (GNH) are currently being used as the overall framework for Bhutan's development programs (including healthcare services), little is known about how Bhutanese healthcare professionals perceive the relationship between GNH and patient safety or how the GNH principles could help in improving patient safety in Bhutan's healthcare system. The aim of this study was to explore how Bhutanese healthcare professionals, educators, managers, and policy makers perceive the relationship between GNH and patient safety and what they believe should be done to improve patient safety in Bhutan. A qualitative exploratory descriptive study using in-depth interviews was undertaken. All audio-recordings were transcribed verbatim and analyzed using content and thematic analysis strategies. Four major themes were identified: patient safety being important for GNH; incorporating the concept of GNH in healthcare; adopting the GNH values, whereby everyone believes that "someone's happiness would be our happiness"; and educating healthcare professionals about GNH. Incorporation of the concept of GNH in healthcare could help transform the attitudes and behaviors of healthcare professionals toward patient care by producing a "Bhutanized" doctors and healthcare professionals and creating a Bhutanized healthcare system.

Keywords: *Bhutan; Gross National Happiness; patient safety; quality healthcare*

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Introduction

In the late 1970s, Bhutan adopted Gross National Happiness (GNH) as a development policy and philosophy. This policy and philosophy aimed to achieve a balance between economic gains and the spiritual, cultural, and social needs of the people of Bhutan. Sustainable socioeconomic development, conservation and protection of the pristine environment, the preservation and promotion of the country's unique culture, and good governance are the four pillars of GNH (Adhikari, 2016; Pennock & Ura, 2011). Promoting healthy lifestyles in both mental and physical spheres is the fundamental objective of the GNH principles (Ura, 2010). Each and every developmental program in the country must be aligned with the principles of GNH (Musikanski, 2014). In essence, GNH is the defining principle of Bhutan's development efforts to achieve not only economic progress, but also physical and spiritual well-being for its people. Hence, GNH, as a development philosophy, has profound implications for the healthcare sector in terms of management, provision of quality health services, and meeting the demands of the population for care while maintaining a strong preventive healthcare framework (Pelzang & Hutchinson, 2019).

Although the principles of GNH are currently being used as the overall framework for Bhutan's development programs (including healthcare services), little is known about how Bhutanese healthcare professionals perceive the relationship between GNH and patient safety and how the GNH principles would help in improving patient safety in Bhutan's healthcare system (Sithey et al., 2017; Sithey et al., 2015). This study aimed to explore how Bhutanese healthcare professionals, educators, managers, and policy makers perceive the relationship between GNH and patient safety and what they believe should be done to improve patient safety in Bhutan. Drawing on the findings of a larger study that investigated patient safety issues and concerns in Bhutan's healthcare system (Pelzang, 2016), we present the findings in relation to how health professionals and managers perceived the relationship between GNH and patient safety and what was required to improve patient safety in Bhutan.

Method

Study Design and Sample

This study was carried out in 2013 as part of a larger study to explore what clinicians, health service managers, educators, and policy makers perceived and personally experienced as the most common patient safety issues and concerns. The study was conducted in three hospital levels (national referral, regional referral, and district), a training institute, and the Ministry of Health in Bhutan as a naturalistic inquiry using a qualitative exploratory descriptive (QED) approach. A criterion-based sample of 94 participants was purposively recruited and interviewed using a semistructured questionnaire. The participants included 36 nurses, 15 medical doctors, 20 ward managers, 11 senior managers, seven nurse educators, and five health assistants. Criterion-based, stratified purposive sampling was used to maximize transferability of the findings (Trost, 1986). Because the study was the first of its kind, naturalistic inquiry was adopted as the most appropriate approach to gain an understanding of how the Bhutanese healthcare professionals, educators, managers, and policy makers perceived the relationship between GNH and patient safety. The sampling, data collection and data analysis strategies commonly used in QED were used to capture a "slice from the life world" (Denzin, 1983, p. 134) as it is perceived by the participants. The QED approach is best suited to investigate topics not heavily researched or with a problem too complex to be captured by other methods (Patton, 2015).

Data Collection Procedure

Data were collected via in-depth interviews using open-ended, semistructured questionnaires after obtaining approval from the Bhutan Ministry of Health's Research Ethics Board of Health and the Deakin University Human Research Ethics Committee. Participants were recruited and accessed through two main strategies: direct contact and information flyers posted on staff noticeboards. After obtaining consent to participate in the study, interviews were conducted at times and venues that were mutually agreed upon by the researcher and participants. All interviews were conducted face to face in Bhutan by the lead author, who is a Bhutanese national, and the interviews were audio-recorded.

Research Questions

Two interview questions were used to guide the interview.

Research Question 1: What do you think of patient safety in the context of GNH?

Research Question 2: How do you think the principle of GNH could inform patient safety processes and practices in Bhutan's hospitals?

Data Analysis

Audio-recordings from all interviews were transcribed verbatim by first author and data were analyzed using content and thematic analysis strategies in four stages (Table 1). The first author read the transcripts several times, and then initial coding was assigned for the entire set of data. A coding matrix and index were used to code initial categories and themes (Smith & Firth, 2011). The coding was discussed and revised several times throughout the processes, and then it was applied once agreed upon by both researchers. The coding matrix was used to identify and organize categories; the coding index was used to identify themes and categories (Smith & Firth, 2011).

Table 1. *Four Stages of Data Analysis*

Stage	Description
1	Recorded notes after each data collection Transcribed the audio-recordings verbatim Reviewed the memos
2	Read the transcripts Recorded notes on general themes
3	Reread the transcripts Compared transcripts with key themes and concepts Determined categories (as many as necessary) describing all aspects of the content (open coding) Excluded unusable content or fillers
4	Reread the transcripts alongside the finally agreed list of categories Made adjustments as necessary

Themes and categories were developed by considering each line, phrase, or paragraph of the transcript after assigning a conceptual code. For this, the printed transcript versions were used to highlight the key phrases (Pelzang et al., 2017). Transcripts were constantly reviewed and compared across data sources, cases, different settings, and individuals to identify key themes and commonalities, and the themes were organized according to the research questions driving the inquiry.

Research Rigor

The rigor of the study was maintained by giving due attention to the principles of credibility, fittingness, auditability, confirmability, and triangulation.

Credibility

A field journal was maintained throughout the research processes; interviews were recorded and transcribed verbatim (to ensure the accuracy of data collection). The integrity of the data analysis process was maintained by providing accurate explanations (explanation of contradictions—including generating and assessing rival conclusions drawn from the analysis) to maintain credibility. Additionally, care was taken to ensure that the data extrapolated were not misinterpreted to "suit" the views of the researcher or taken out of context. Researchers were conscious of the risk of bias, and every effort was made to ensure that the findings of the study were described, interpreted, and presented in a faithful manner.

Fittingness

Fittingness and transferability of the findings have been affirmed on two separate occasions during the course of this study, notably when the preliminary and later more substantive findings of the study were presented at research seminars. Feedback from these audiences indicated a strong degree of fit insofar as the findings of the study resonated deeply with their own experiences.

Auditability

For this study, a clear decision trail of the research was recorded and maintained in the form of the researchers' daily journal and computer records. All data and analysis output (field notes, audio-recordings, transcriptions, and data analysis products) used during the course of the study were maintained and stored securely to enable an independent audit.

Confirmability

In keeping with the requirements of confirmability, all raw data (field notes, transcripts of interviews, audio-recordings), data reduction and analysis products (condensed notes), data synthesis products (thematic categories, interpretations), literature searches, and so forth have been carefully maintained, recorded, and referenced in the final report to enable an independent audit of the relevance, appropriateness, and accuracy of their inclusion and citation.

Triangulation

To achieve source triangulation, data obtained from five categories of participants, recruited from five different organizational sites, were constantly compared for similarities and differences. Subsequently, comparisons of information gained by a review of relevant documents and literature with the data obtained from interviews were carried out to further test the findings by the researchers. Both researchers analyzed data to achieve analyst or researcher triangulation.

Results

The study identified the following four major themes: patient safety being important for GNH; incorporating the concept of GNH in healthcare; adopting the GNH values, whereby everyone believes that "someone's happiness would be our happiness"; and educating healthcare professionals on GNH. These themes are presented in the following sections.

Patient Safety Being Important for GNH

Common across all participant categories was the view that patient safety is important for achieving GNH. Participants believed that patient safety is important for achieving the happiness of both patients and healthcare professionals and that GNH would be achieved if patients received good care, delivered in a polite manner. They also believed that patients would be happy if "no harm" had been done during healthcare delivery:

> Patient safety is directly proportionate to happiness. If patients are safe then we are safe. If we are safe, we are happy. Then overall happiness comes through that. (Participant 13)

> In sense of patient safety, if we provide good care to patient and if patient is managed without any medication error, then naturally they will be happy. Even the care provider gets satisfaction, patient and patient party [family or friends] also gets satisfaction. So, it helps to achieve happiness. (Participant 48)

> I think that is very essential actually—patient safety. If patient has been admitted in the ward and some harm has been done to patient while being under our care then happiness factor is out of the picture. So, if patient is cared well in the hospital and no harm has been done; has been provided full comprehensive care; and done everything from our side and then patient has been got better; I think it will probably contribute to GNH. (Participant 63)

> To be happy one has to have good health—physically, mentally and spiritually. For that, I think the safety of the patient is important to achieve GNH because if the patient has hospital acquired infection, the patient will be not happy. (Participant 51)

Incorporating the Concept of GNH in Healthcare

There was strong convergence in views among participants that critical to improving patient safety processes and practices was the incorporation of the concept of GNH in healthcare:

> It is a government policy that everybody should be happy. [...]. In this context, since health and patient safety is one of the indicators [of GNH], or government has taken priority on that. I think if GNH, health, and patient safety are linked together, I think it will be very useful to the people. (Participant 8)

Several participants expressed the opinion that conceptualization of the GNH philosophy in the healthcare system would have a positive impact on patient safety processes and practices. Participants suggested the GNH pillars, such as "good governance" and "protection and conservation of the environment," needed to be incorporated in healthcare practices.

For participants, incorporation of the pillar of "good governance" would help hospitals to produce appropriate and sustainable guidelines to improve patient safety through good leadership:

> GNH has four pillars. From that I think "good governance" would make a big difference in patient safety because if the leaders are good then the patient will be benefited through the nurses because if the leaders are good they will treat the nurses and doctors well and they will discuss with them, they will bring up issues and guidelines which can be applicable not theoretically but we can apply and that will help a patients a lot. (Participant 39)

Participants also had the view that incorporation of the pillar of "protection and conservation of the environment" would help promote cleanliness and hygiene of the hospital and surroundings through a cleaning program and a proper waste management system:

> We talk about environment—preservation of environment so that is, if we look from the hospital perspective it means we need clean air and less pollution. So, these are some of the factors that are directly related to infection control. I think this we can incorporate in the hospitals. (Participant 93)

> Related to GNH domains, I think one of the domains we can apply is like infection control. I think, for the public we should have proper segregation of waste. With this proper segregation of waste it will cut the cost of the government. (Participant 91)

Adopting the GNH Values, Whereby Everyone Believes That "Someone's Happiness Would Be Our Happiness"

Participants also believed that the healthcare system should adopt the GNH values, whereby everyone believes that "someone's happiness would be our happiness." In this instance, participants noted that the value of happiness would help individual healthcare professionals to be very compassionate in dealing with patients. It was considered crucial to also use the value of GNH as a motivator:

> The idea of GNH is basically to be like self-fulfilling and be self-contained. If this idea can be translated into medical situation in medical scenario, I think we can adopt values whereby we believe that someone's happiness would be our happiness. And to do that patient safety is like the foundation, whereby it can be a major constructing block for patient treatment—of a patient well-being when they visit the hospital. I think the values of GNH even though it will be very difficult to translate all the GNH philosophy into a healthcare situation but the basic thing is, I believe in principle of happiness and to help someone else and if you are completely being very compassionate, very helpful to others, these are the values of GNH. And being like the altruism if we put in philosophy in altruism, we can really give a lot. (Participant 42)

> I think the basic idea is the concern, like the concern that it is not just their patient, patients are ours and it is our Bhutanese people and we have to take care of them and to at least they have to seek help from the hospital and when they leave, they should feel happy that they received something. So, in that way that will be the motivating factor. That will motivate us [healthcare providers] to have like weekly meetings on how we improve patient safety, what can be done, what needs to be progressed, and what needs to be changed. So, the crucial value of GNH is to motivate. The most important thing that we lack in our system is the motivation. People don't take up the initiative; they don't want to take the lead. So, to motivate, I think GNH will be the crucial factor and once we have that then it is a process because patient safety is like a side effect thing because everything is based on side effect. […] So, if we apply the GNH principles, if we are motivated enough then I think we can learn a lot from these. (Participant 42)

Educating Healthcare Professionals on GNH

Consistent with the notion of incorporating the concept of GNH into the healthcare system, participants felt that healthcare professionals needed to be educated on GNH. They believed that the GNH Commission should provide education on and promote awareness of GNH, at least quarterly or biannually, to all healthcare professionals:

> I think those technical personnel who has direct contact with patients has to train basically beyond patient safety issues in line with our National Policy—be it GNH. (Participant 24)

> I think the Gross National Happiness Commission should have some sort of education or awareness program regularly—at least quarterly or biannually to healthcare professionals on GNH. Then I think people may do better in patient safety. (Participant 19)

Inclusion of the GNH principles in the training curriculum for all categories of healthcare professionals (i.e., to produce "Bhutanized" healthcare professionals) was also considered essential:

> I think you must be aware that we have a plan to start Medical College—we are going to start MBBS [Bachelor of Medicine, Bachelor of Surgery]. We have a nursing college and we are producing so many nurses, so many technicians. Now the concept is that, in the training curriculum we should include some GNH principles where they acquire the hardware, we inculcate some software inside them. […]. So, we have been discussing the concept of producing a "Bhutanized doctor." I think we should include the concept of GNH in all our training […]. So, there should be a GNH philosophy incorporated at all levels of training. (Participant 94)

Discussion

Embedding the philosophy of GNH (i.e., a country's developmental philosophy) was identified as a critical factor for improving patient safety in this study. Participants recognized that patient safety is important to achieving GNH, and the GNH principles would have a positive impact on patient safety. This is because the GNH principles emphasize good governance, which would aid in the development of good leadership and a patient safety culture. Participants also had a notion that the incorporation of the principles of GNH would be beneficial—specifically to transform the attitudes and behaviors of healthcare professionals toward patient care.

As suggested by the findings of this study, GNH, being a country's development policy and philosophy, has a role to play in improving patient safety. However, the challenge is to find a way to incorporate the ideology of GNH into the healthcare system (Sithey, Thow, et al., 2018). Despite the principles of good governance being advocated at different levels of policy making, the crux of its concept has not been absorbed in the healthcare system very well. For example, the value of the happiness of patients has not yet been emphasized in the Bhutanese healthcare system (Tobgay et al., 2011).

Happiness is the result of good health (Graham, 2008), and GNH encompasses healthy individuals and people (Dukpa & Wangchuk, 2010; Sithey, Li, et al., 2018; Sithey et al., 2015). Symbiotically, individuals cannot be happy without safe healthcare processes. Individuals cannot be happy with a disability caused by poor healthcare or adverse events. Hence, it is not only pertinent that healthcare delivery is of high quality but it should also be safe. The Bhutanese people cannot imagine achieving GNH if people do not have access to safe quality healthcare.

As good governance is one of the main pillars of GNH, it is important to strengthen clinical governance in healthcare delivery. Notable initiatives could include the establishment of patient safety governance encompassing the effective management of human resources, the formulation of patient safety plans, and the implementation of monitoring and supervision processes. As participants suggested, the harmonization of healthcare reforms with the concept of GNH would not only have a positive impact on the development of patient safety, it would also help to produce Bhutanized doctors and healthcare professionals.

Limitations

The main limitation of this study was the sampling approach. Our study was limited to three hospitals (one at each level), a training institute, and the Ministry of Health. Due to time and resource constraints, it was not possible to recruit participants from all hospitals in Bhutan. The sample was also affected by our inability to recruit all potential participants (particularly doctors, healthcare assistants, and clinical officers) initially proposed for the study. Our findings, although consistent across participants from the three hospitals, the training institute, and the Ministry of Health, cannot be generalized to other healthcare settings. The other limitation of the study relates to the large amount of data generated. Because the decision about inclusion and exclusion of data was informed by the consistency of findings across the disparate participant groups and the themes that were pertinent to informing the relationship between GNH and patient safety, it is possible that some material was lost in the process.

Conclusion

Our study identified, in the Bhutanese context, that innovations to achieve GNH and patient safety and quality of healthcare services require incorporation of GNH principles in the healthcare system and processes. Incorporation of the GNH principles in the healthcare system would help produce Bhutanized healthcare professionals, in turn creating a Bhutanized healthcare system. Creating a Bhutanized healthcare system by applying the philosophy and policy of GNH to healthcare is important for the active promotion of health and happiness of the Bhutanese people and society. This would entail educating healthcare professionals in GNH principles and adopting the values whereby everyone believes that "someone's happiness would be our happiness." In particular, incorporation of the pillar of good governance is important to strengthen clinical governance and patient safety. Only then can the principles of GNH have a positive impact on the development of patient safety and healthcare services to achieve the country's goal of providing safe, quality care to its people.

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