

# PSYCHOLOGICAL FACTORS CONTRIBUTING TO COMPLIANCE AND NON-COMPLIANCE AMONG HEALTHCARE PROFESSIONALS

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## **Abstract**

**Introduction:** Studies have shown discrepancies between policies set by hospital management used to improve quality and patient safety care, and their implementation by healthcare professionals. According to Resilient Healthcare, the work as imagined (WAI) is different from the work as done (WAD). Why do healthcare professionals fail to comply with institutional standardization practices? Healthcare professionals may be well intentioned and strive to offer quality and safe patient care, but they also face challenges such as limited resources and work pressure. Non-compliance is multifactorial due to the complexity of the healthcare system and the various factors affecting individual behavior. This presentation focuses on the individual and group psychological factors affecting hospital healthcare professionals.

**Aim:** To provide an overview of the individual and group psychological factors that may contribute to healthcare professionals' compliance and non-compliance with hospital standardization practices.

**Method:** A literature review using MEDLINE, PubMed, SCOPUS, PsycINFO and PsycNET databases for the literature search.

**Results:** Forty-three research articles fulfilled the inclusion criteria. The psychological factors affecting compliance and non-compliance of hospital healthcare professionals were: **Individual factors:** *cognition* (knowledge, skepticism, attributions of responsibility), *motivation* (maintain autonomy and values, self-preservation, avoid negative consequences), *coping mechanisms* (accept the reality of errors and personal boundaries), *individual resilience* and *personality traits* (hardiness and creative problem solving style), *attitudes and beliefs* (maintain productivity, offer optimal care, lack of confidence, personal and social gratification). **Group factors:** *social influence* (peer modeling, peer pressure, group consensus), and *norms* (maintain hospital hierarchy).

None of the various psychological factors alone could fully explain the practice variation seen in everyday clinical settings.

**Conclusion:** The presented results may contribute to better understanding the variability in everyday work practice in secondary healthcare settings. This could potentially contribute to further understanding resilience in healthcare systems.