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**The patient safety climate within community pharmacies in four selected Provinces in Sri Lanka**

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**Background:** Community pharmacists can be the first and/or final healthcare professional who contacts with patients on many occasions. Therefore, pharmacy’s safety culture has been often associated with patient safety practices.

**Objective:** This study aimed to investigate the patients’ safety climate within community pharmacies in four Provinces in Sri Lanka.

**Method:** A cross-sectional study was conducted using registered community pharmacies in the Eastern, Central, Western, and Southern Provinces in Sri Lanka. A convenient sampling was used to select the study sample. A pre-tested questionnaire on ‘Community Pharmacy Survey on Patient Safety’, originally developed by the Agency for Healthcare Research and Quality (AHRQ), was used. Data were analyzed as per the AHRQ guidelines for the survey. A total of 238 registered community pharmacies were visited.

**Results:** The response rate of the pharmacies was 63.4%. Sixty three percent of the participants had experience in a pharmacy for over three years. Nine of the 11 patients’ safety domains produced a positive response for good safety practices, in particular, physical space/environment (91.6%), teamwork (89.6%), staff training/skills (90.3%), patient counseling (86.5%), response to mistakes (86.8%), organizational learning–continuous improvement (87.4%), overall perceptions of patient safety (89.0%), communication about mistakes (75.3%), and communication openness (78.6%). Lower percentages of positive responses were observed for communication about prescription across shift (24.7%) and work pressure 53.6%. The mean percentage value of all positive responses obtained for 11 patient safety culture domains was 77.6%. Factors identified as negatively impacting the patient safety climate included inadequate qualified staffing, their heavy workload and not documenting mistakes.

**Conclusion:** The patient safety climate within community pharmacies in the Eastern, Central, Western, and Southern provinces in Sri Lanka may be considered satisfactory, but further improvements in the areas such as communication about mistakes and minimizing of work pressure are still needed, to prevent patient harm.