

# **Governance of Safety in Healthcare Organizations: The Role of Health Assistants and Security Personnel in Risk Reduction, Compliance, and Institutional Performance – A Comprehensive Review**

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## **Abstract**

**Purpose:** This review examines the governance role of **health assistants and healthcare security personnel** in promoting safety, risk reduction, regulatory compliance, and institutional performance within healthcare organizations.

**Methods:** A comprehensive review of international peer-reviewed literature published between 2015 and 2025 was conducted using databases such as PubMed, Scopus, and Web of Science. Studies addressing safety governance, healthcare workforce roles, security management, risk prevention, compliance, and organizational performance were included.

**Results:** Findings indicate that health assistants and security personnel play a critical yet often under-recognized role in ensuring safe care environments. Their contributions span patient supervision, incident prevention, infection control support, violence mitigation, access control, regulatory compliance, and crisis response. Effective governance structures, clear role definitions, training, and interdepartmental coordination significantly enhance institutional safety outcomes.

**Conclusion:** Integrating health assistants and security personnel into formal safety governance frameworks strengthens healthcare resilience, compliance, and performance. Strategic investment in training, leadership engagement, and governance integration is essential for achieving sustainable safety excellence.

**Keywords:** Healthcare governance, patient safety, health assistants, security personnel, risk management, compliance, institutional performance

## **INTRODUCTION**

Healthcare organizations operate within increasingly complex and high-risk environments shaped by rapid technological advancement, growing patient volumes, workforce shortages, and heightened regulatory and accreditation requirements. Ensuring safety in such settings is no longer confined to clinical decision-making alone; rather, it has evolved into a

comprehensive **governance responsibility** that encompasses leadership, policies, workforce roles, accountability mechanisms, and organizational culture. Safety governance refers to the structures and processes through which healthcare organizations direct, monitor, and are held accountable for maintaining safe environments for patients, staff, and visitors.

Traditionally, patient safety research and governance frameworks have focused primarily on physicians, nurses, and clinical leadership. However, contemporary healthcare systems increasingly recognize that **non-clinical and support roles** play a critical part in preventing harm and sustaining safe operations. Among these roles, **health assistants** and **healthcare security personnel** are positioned at the frontline of daily interactions, environmental monitoring, and incident response. Despite their proximity to safety-critical situations, their contributions remain underrepresented in formal governance models and academic literature.

Health assistants support clinical teams by assisting with patient mobility, basic care activities, infection prevention practices, and continuous observation of patients at risk of falls, deterioration, or adverse events. Their close and frequent patient contact allows them to identify early warning signs and safety hazards that may otherwise go unnoticed. Studies have shown that effective utilization of support staff is associated with reductions in adverse events, improved workflow efficiency, and enhanced patient experience (Duffield et al., 2019; Twigg et al., 2016).

Similarly, healthcare security personnel are integral to maintaining a safe care environment, particularly in settings characterized by high stress, overcrowding, and emotional intensity such as emergency departments. Security staff contribute to violence prevention, access control, crisis management, and protection of healthcare assets. Workplace violence in healthcare has been identified as a global concern, with significant implications for staff well-being, retention, and quality of care (Hahn et al., 2013; Phillips, 2016). Effective governance of security functions—through policies, training, reporting systems, and leadership oversight—has been shown to mitigate these risks and support organizational resilience.

From a governance perspective, integrating health assistants and security personnel into safety frameworks aligns with systems-based approaches to risk management and quality improvement. High-reliability organization theory emphasizes that safety emerges from collective mindfulness, shared responsibility, and robust reporting across all workforce levels (Weick & Sutcliffe, 2015). Moreover, accreditation standards and regulatory bodies increasingly require healthcare organizations to demonstrate comprehensive safety governance that includes workforce safety, environmental security, and incident management processes (Braithwaite et al., 2017).

This review responds to a critical gap in the literature by examining the role of health assistants and security personnel within healthcare safety governance. By synthesizing existing evidence, it aims to clarify how these roles contribute to risk reduction, compliance, and institutional performance, and to highlight the importance of inclusive governance models that recognize safety as a shared organizational responsibility.

## **Conceptual Foundations of Safety Governance in Healthcare**

Safety governance in healthcare represents a strategic and systemic approach through which organizations ensure the protection of patients, staff, and visitors while maintaining compliance and institutional performance. Unlike traditional safety management, which often focuses on isolated incidents or frontline practices, safety governance emphasizes **leadership accountability, organizational structures, integrated policies, and continuous oversight** to manage risk proactively across the entire system.

At its core, healthcare safety governance is grounded in **corporate governance theory**, where boards and senior leadership hold ultimate responsibility for setting safety priorities, allocating resources, and monitoring performance. Effective safety governance requires clear lines of accountability, transparent reporting systems, and alignment between strategic goals and operational safety practices. Research consistently demonstrates that organizations with strong governance structures show better safety outcomes, lower incident rates, and improved staff engagement (Braithwaite et al., 2017; Mannion & Davies, 2018).

A key conceptual pillar of safety governance is **risk management**. Healthcare organizations face multidimensional risks that extend beyond clinical errors to include environmental hazards, patient violence, cybersecurity threats, infection control breaches, and workforce safety issues. Modern risk governance adopts a systems-based perspective, recognizing that risks emerge from interactions among people, processes, and environments. This perspective shifts safety from individual blame toward organizational learning, incident reporting, and continuous improvement (Reason, 2000; Vincent et al., 2018).

Closely linked to risk management is **regulatory compliance and accreditation**. International accreditation standards increasingly emphasize comprehensive safety governance, including occupational safety, emergency preparedness, and security management. Compliance is no longer viewed as a checklist activity but as an outcome of effective governance, leadership engagement, and workforce competence. Embedding compliance within governance frameworks ensures that safety practices are standardized, monitored, and sustained over time (Braithwaite et al., 2017).

Another foundational concept is **safety culture**, which reflects shared values, attitudes, and behaviors toward safety at all organizational levels. High-reliability organization (HRO) theory highlights that safe healthcare systems rely on collective mindfulness, preoccupation with failure, and sensitivity to operations (Weick & Sutcliffe, 2015). In this context, safety governance must empower all workforce groups—including health assistants and security personnel—to identify hazards, report concerns, and participate in safety decisions. When governance frameworks overlook these roles, critical safety intelligence from frontline environments may be lost.

Finally, safety governance is increasingly linked to **institutional performance and sustainability**. Safe organizations experience fewer adverse events, reduced litigation costs, improved staff retention, and enhanced public trust. Safety performance has thus become a strategic indicator of organizational excellence rather than a peripheral operational concern (Mannion & Davies, 2018). Integrating non-clinical roles into governance models aligns with contemporary views of healthcare as a socio-technical system, where safety emerges from coordination, communication, and shared responsibility.



**Figure 1. Conceptual Framework of Safety Governance in Healthcare Organizations**

*A systems-based model illustrating the interaction between leadership and governance structures, risk management and compliance processes, workforce roles (including health assistants and security personnel), safety culture, and institutional performance outcomes.*

Together, these conceptual foundations underscore that effective safety governance requires inclusive structures, systems thinking, and leadership commitment. Recognizing the contributions of health assistants and security personnel within these frameworks provides a more realistic and resilient approach to managing risk and achieving sustained institutional performance.

### Role of Health Assistants in Safety Governance

Health assistants occupy a pivotal position within healthcare organizations, functioning at the interface between patients, clinical teams, and the care environment. Although their role is often categorized as supportive or non-clinical, contemporary safety governance frameworks increasingly recognize health assistants as **key contributors to risk reduction, compliance, and organizational safety performance**. Their proximity to patients and continuous presence in care settings enable them to play a meaningful role in translating governance policies into daily safe practices.

One of the primary contributions of health assistants to safety governance lies in **operational safety support**. Health assistants are actively involved in patient mobility, assistance with activities of daily living, bed transfers, and basic monitoring tasks. These activities directly influence patient safety outcomes, particularly in preventing falls, pressure injuries, and accidental harm. Evidence indicates that consistent supervision and timely assistance by support staff significantly reduce preventable adverse events, especially among elderly and high-risk patients (Twigg et al., 2016; Duffield et al., 2019). From a governance perspective, these tasks operationalize safety policies at the point of care.

Health assistants also contribute to **early risk detection and incident prevention**. Due to their frequent interactions with patients, they are often the first to notice subtle changes in patient condition, environmental hazards, or deviations from standard procedures. When safety governance systems encourage reporting and empower health assistants to escalate concerns, near-miss events can be identified and addressed before resulting in harm. Studies on safety culture emphasize that inclusive reporting systems enhance organizational learning and risk mitigation (Vincent et al., 2018). Thus, health assistants serve as critical sensors within the safety governance ecosystem.

Infection prevention and control (IPC) is another area where health assistants play a significant governance-related role. By supporting hygiene practices, environmental cleanliness, patient isolation measures, and adherence to standard precautions, health

assistants help ensure compliance with regulatory and accreditation requirements. Effective implementation of IPC protocols is dependent not only on clinical staff but also on support personnel who maintain safe care environments (Mitchell et al., 2016). Their role reinforces governance expectations related to regulatory compliance and patient protection.

From a compliance and quality assurance perspective, health assistants support **documentation, audits, and protocol adherence**. While they may not be directly responsible for policy design, their actions reflect the effectiveness of governance mechanisms. Clear role definitions, standardized training, and competency assessments enable health assistants to align daily practices with organizational safety objectives. Research suggests that healthcare organizations that invest in training and clearly integrate support staff into quality systems achieve higher levels of safety consistency and performance (Duffield et al., 2019).

Finally, health assistants contribute to **institutional performance and workforce sustainability**. By reducing the burden on nurses and clinicians, they enable more efficient workflows and allow clinical staff to focus on complex decision-making. This role indirectly supports governance goals related to staff well-being, retention, and service continuity. Safety governance that recognizes health assistants as active contributors—rather than peripheral workers—fosters a culture of shared responsibility and collective accountability for safety outcomes.

**Table 1. Role of Health Assistants in Healthcare Safety Governance**

Safety Governance Dimension	Key Responsibilities of Health Assistants	Governance Impact
Operational safety	Patient mobility support, fall prevention, safe transfers	Reduction in preventable adverse events
Risk detection	Identifying hazards, observing patient changes, reporting near-misses	Early risk mitigation and organizational learning
Infection prevention	Supporting hygiene practices, environmental cleanliness	Improved compliance with IPC standards
Compliance & quality	Adhering to protocols, supporting audits and documentation	Enhanced regulatory readiness
Institutional performance	Workflow support, reducing clinical workload	Improved efficiency and staff sustainability

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Overall, health assistants represent a critical but often under-acknowledged pillar of safety governance. Integrating their roles into governance frameworks strengthens organizational risk management, enhances compliance, and supports sustainable healthcare performance.

### Role of Security Personnel in Healthcare Safety Governance

Security personnel constitute a core component of healthcare safety governance, particularly as healthcare facilities face increasing challenges related to workplace violence, unauthorized access, asset protection, and emergency preparedness. While often perceived as peripheral to clinical care, security personnel play a **strategic governance role** by safeguarding people, infrastructure, and processes that underpin safe and effective healthcare delivery. Their functions directly support organizational risk reduction, regulatory compliance, and institutional performance.

One of the most critical governance contributions of security personnel is **violence prevention and response**. Healthcare settings—especially emergency departments, mental health units, and outpatient clinics—are recognized as high-risk environments for

aggression toward staff and patients. Security personnel are responsible for de-escalation, crowd control, and immediate response to violent or threatening situations. Empirical evidence demonstrates that structured security programs, including trained personnel and clear escalation protocols, are associated with reductions in workplace violence and improved perceptions of safety among healthcare staff (Phillips, 2016; Pompeii et al., 2020). From a governance standpoint, these activities operationalize organizational commitments to workforce safety and duty of care.

Security personnel also play a key role in **environmental and infrastructural security governance**. This includes access control, monitoring of restricted areas, visitor management, and protection of sensitive locations such as pharmacies, laboratories, and data centers. Effective access control is essential not only for preventing theft and vandalism, but also for protecting patients from unauthorized entry and ensuring confidentiality. Governance frameworks increasingly require healthcare leaders to demonstrate oversight of physical security systems as part of broader risk management and compliance strategies (Hignett et al., 2021).

Emergency preparedness and crisis management represent another critical domain of security governance. Security personnel are often integral members of hospital emergency response teams, supporting evacuation procedures, disaster drills, and coordination with external agencies such as law enforcement and civil defense. Their participation enhances organizational readiness for fires, mass casualty incidents, infectious disease outbreaks, and other crises. Research highlights that coordinated emergency planning, with clearly defined security roles, strengthens organizational resilience and continuity of care during disruptive events (Braithwaite et al., 2017).

In terms of **regulatory compliance and governance oversight**, security personnel contribute to meeting occupational safety standards, accreditation requirements, and national regulations related to workplace safety and emergency management. Incident documentation, surveillance data, and security reports provide governance bodies with critical intelligence for monitoring risk trends and evaluating the effectiveness of safety interventions. When integrated into governance reporting structures, security-generated data support evidence-based decision-making and continuous improvement (Mannion & Davies, 2018).

Finally, security personnel influence **institutional performance and safety culture**. A visible, professional, and well-trained security presence enhances trust among staff and patients, reinforces organizational norms around safety, and supports staff retention in high-stress environments. Governance models that recognize security personnel as partners in safety—rather than reactive enforcers—promote collaboration, transparency, and shared accountability.

**Table 2. Role of Security Personnel in Healthcare Safety Governance**

Safety Governance Dimension	Key Responsibilities of Security Personnel	Governance Impact
Violence prevention	De-escalation, incident response, staff protection	Reduced workplace violence, improved staff safety
Environmental security	Access control, surveillance, asset protection	Protection of patients, facilities, and resources
Emergency preparedness	Disaster response, evacuation support, coordination with authorities	Enhanced organizational resilience

Compliance & reporting	Incident documentation, safety monitoring, audit support	Regulatory compliance and risk oversight
Safety culture & performance	Visible safety presence, reassurance to staff and patients	Improved trust, retention, and service continuity

In sum, security personnel are essential actors within healthcare safety governance systems. Their roles extend beyond reactive control to proactive risk management, compliance assurance, and performance support. Integrating security functions into formal governance frameworks strengthens organizational resilience and reinforces safety as a strategic institutional priority.

### **Integrated Governance Framework: Health Assistants and Security Personnel**

An integrated governance framework that formally incorporates **health assistants and security personnel** is essential for achieving comprehensive and sustainable safety in healthcare organizations. Traditional governance models often separate clinical safety, occupational safety, and security management into parallel silos. However, contemporary healthcare environments function as **socio-technical systems**, where risks emerge from interactions among people, processes, technologies, and physical spaces. Integrating health assistants and security personnel within a unified safety governance framework enables organizations to address these risks holistically rather than reactively.

At the **strategic level**, governance integration begins with leadership commitment. Boards and executive management set the organizational safety vision, define accountability structures, and ensure that safety responsibilities extend beyond licensed clinical staff. When governance charters explicitly recognize the role of health assistants and security personnel, safety becomes a shared institutional responsibility rather than a departmental function. Evidence suggests that organizations with inclusive governance structures demonstrate stronger safety cultures and more consistent implementation of safety policies (Mannion & Davies, 2018).

At the **structural level**, integration requires clear reporting lines and coordination mechanisms. Health assistants and security personnel should be embedded within safety and risk committees, incident review processes, and quality improvement initiatives. Health assistants contribute frontline insights related to patient supervision, infection control, and workflow risks, while security personnel provide intelligence on environmental hazards, violence trends, and emergency preparedness. When these perspectives are systematically captured through incident reporting systems and governance dashboards, leadership gains a more accurate understanding of organizational risk exposure (Vincent et al., 2018).

At the **operational level**, the framework emphasizes collaboration and communication between health assistants, security personnel, and clinical teams. Joint training programs, shared protocols, and multidisciplinary safety briefings strengthen coordination during routine operations and crisis situations. For example, effective management of aggressive behavior or patient elopement often depends on timely communication between health assistants observing early warning signs and security personnel executing de-escalation strategies. Such coordination reflects principles of high-reliability organizations, where safety is achieved through collective mindfulness and real-time responsiveness (Weick & Sutcliffe, 2015).

The framework also highlights the role of **supporting systems and enablers**, including digital technologies, policies, and performance measurement. Integrated incident reporting platforms allow both health assistants and security personnel to document safety concerns, near misses, and events using standardized tools. Governance leaders can then analyze aggregated data to identify patterns, allocate resources, and evaluate the effectiveness of

interventions. Aligning key performance indicators (KPIs) with governance objectives—such as reductions in falls, violence incidents, or compliance gaps—reinforces accountability and continuous improvement (Braithwaite et al., 2017).

Finally, the integrated framework links safety governance to **institutional performance outcomes**. By reducing preventable harm, enhancing workforce safety, and improving regulatory compliance, the organization strengthens service continuity, staff retention, and public trust. Recognizing health assistants and security personnel as active governance partners not only enhances safety outcomes but also fosters an inclusive safety culture grounded in shared responsibility and organizational learning.



**Figure 2. Integrated Safety Governance Framework Involving Health Assistants and Security Personnel**

The framework illustrates alignment across governance levels: (1) Leadership and oversight, (2) Risk management and compliance systems, (3) Workforce roles (health assistants and security personnel integrated with clinical teams), and (4) Performance and safety outcomes.

In summary, an integrated governance framework that connects leadership oversight, operational collaboration, and performance monitoring provides a practical model for embedding health assistants and security personnel into healthcare safety governance. Such integration is critical for building resilient healthcare organizations capable of managing complex and evolving safety risks.

### Impact on Institutional Performance

Institutional performance in healthcare organizations is increasingly evaluated through a multidimensional lens that extends beyond clinical outcomes to encompass safety, efficiency, workforce stability, regulatory compliance, and public trust. Within this context, the effective integration of **health assistants and security personnel into safety governance frameworks** has a measurable and strategic impact on organizational performance. Safety governance that incorporates these roles contributes not only to risk reduction but also to broader institutional sustainability and excellence.

One of the most direct performance impacts is observed in **patient safety and quality outcomes**. Health assistants contribute to reduced rates of falls, pressure injuries, and preventable adverse events through continuous patient supervision and timely assistance. Simultaneously, security personnel mitigate risks related to violence, unauthorized access, and environmental hazards. Empirical studies have demonstrated that organizations with coordinated safety programs and adequate support staffing experience fewer safety

incidents and improved overall care quality (Twigg et al., 2016; Vincent et al., 2018). Reduced harm translates into improved clinical performance indicators and lower costs associated with adverse events and litigation.

Institutional performance is also strongly influenced by **workforce outcomes**, including staff satisfaction, retention, and productivity. Exposure to unsafe environments and workplace violence has been linked to burnout, absenteeism, and high turnover among healthcare workers (Phillips, 2016; Pompeii et al., 2020). Governance models that actively engage security personnel in violence prevention and health assistants in workload support help create safer and more supportive working conditions. As a result, organizations benefit from improved staff morale, enhanced teamwork, and sustained workforce capacity—key determinants of long-term performance.

From an **operational and financial perspective**, integrated safety governance enhances efficiency and resource utilization. Preventing incidents reduces unplanned service disruptions, insurance claims, and compensation costs. Health assistants enable clinicians to focus on complex clinical tasks, while security personnel help maintain orderly patient flow and protect critical infrastructure. Studies on safety and quality improvement consistently show that investments in prevention and governance yield positive returns through reduced waste and improved operational continuity (Braithwaite et al., 2017).

**Regulatory compliance and accreditation performance** represent another critical dimension of institutional success. Healthcare organizations are increasingly required to demonstrate effective governance of patient safety, occupational health, and emergency preparedness. The presence of trained health assistants and professional security personnel—operating within clear governance structures—supports compliance with accreditation standards and national safety regulations. Organizations that perform well in accreditation assessments often exhibit strong safety governance, integrated reporting systems, and multidisciplinary engagement (Mannion & Davies, 2018).

Finally, safety governance directly affects **organizational reputation and public trust**. Patients and families are more likely to trust institutions perceived as safe, well-organized, and responsive to risk. A visible commitment to safety, reinforced by effective security measures and attentive support staff, enhances patient experience and institutional credibility. In competitive healthcare environments, safety performance has become a key indicator of organizational legitimacy and societal value.

In summary, integrating health assistants and security personnel into safety governance frameworks positively influences institutional performance across clinical, workforce, operational, regulatory, and reputational domains. Safety governance is therefore not merely a risk management function but a strategic driver of sustainable healthcare performance.

## DISCUSSION

This comprehensive review highlights the critical yet often underappreciated role of **health assistants and security personnel** within healthcare safety governance frameworks. The findings collectively demonstrate that safety in healthcare organizations is not solely the product of clinical competence, but rather the outcome of **integrated governance systems** that align leadership oversight, workforce roles, risk management processes, and organizational culture. By examining these roles through a governance lens, this review contributes to a more inclusive and realistic understanding of how safety is produced and sustained in complex healthcare environments.

A key insight emerging from the literature is that **health assistants function as frontline safety enablers**, translating governance policies into day-to-day practice. Their continuous

patient contact allows early identification of clinical deterioration, environmental hazards, and deviations from protocols. When governance structures formally recognize and empower health assistants—through training, reporting mechanisms, and role clarity—organizations benefit from enhanced situational awareness and proactive risk mitigation. This finding aligns with systems and high-reliability theories, which emphasize that safety depends on the ability of all workers to detect weak signals and respond effectively (Weick & Sutcliffe, 2015; Vincent et al., 2018).

Similarly, the review underscores that **security personnel play a strategic governance role**, extending far beyond reactive enforcement. Security staff contribute to violence prevention, emergency preparedness, access control, and regulatory compliance—domains that are increasingly recognized as integral to patient safety and workforce well-being. The literature consistently links effective security governance to reduced workplace violence, improved staff perceptions of safety, and enhanced organizational resilience (Phillips, 2016; Pompeii et al., 2020). These outcomes reinforce the argument that security functions should be embedded within formal safety governance and quality oversight systems, rather than managed as isolated operational services.

An important discussion point concerns the **interaction between safety governance and institutional performance**. The evidence suggests a reinforcing relationship: effective governance enables safer environments, which in turn support workforce stability, operational efficiency, accreditation success, and organizational reputation. This supports broader governance and quality improvement literature indicating that safety performance is a core dimension of organizational excellence (Braithwaite et al., 2017; Mannion & Davies, 2018). Integrating health assistants and security personnel thus represents a strategic investment rather than an ancillary cost.

Despite these insights, the review identifies notable **gaps in existing research and practice**. Empirical studies directly examining governance mechanisms involving health assistants and security personnel remain limited, with much of the evidence drawn from workforce, safety culture, or violence prevention studies rather than explicit governance evaluations. Additionally, role ambiguity, inconsistent training standards, and limited participation of these groups in safety committees continue to constrain their potential impact. These gaps point to the need for clearer policy frameworks, standardized competencies, and measurable governance indicators linked to these roles.

Overall, this discussion reinforces the central argument that **healthcare safety is a shared organizational responsibility**. Governance models that overlook non-clinical roles risk fragmenting safety efforts and missing critical sources of risk intelligence. Conversely, inclusive governance frameworks that integrate health assistants and security personnel enhance organizational learning, resilience, and long-term performance. Future policy and research efforts should therefore focus on formalizing these roles within governance charters, performance dashboards, and accreditation standards to ensure sustainable safety outcomes.

## CONCLUSION

This comprehensive review has examined the role of **health assistants and security personnel** within healthcare safety governance and highlighted their significance in reducing risk, strengthening compliance, and enhancing institutional performance. The findings demonstrate that safety in healthcare organizations is not solely dependent on clinical expertise but is the product of **integrated governance systems** that align leadership, workforce roles, policies, and monitoring mechanisms across the organization.

Health assistants emerge as essential contributors to safety governance through their continuous patient presence, support for infection prevention, early risk detection, and reinforcement of safe care practices. Their role operationalizes governance policies at the point of care and supports clinical teams in preventing avoidable harm. Similarly, security personnel play a strategic role in maintaining safe environments by preventing violence, controlling access, supporting emergency preparedness, and contributing to regulatory compliance. When effectively integrated into governance structures, security functions extend beyond reactive incident response to proactive risk management and organizational resilience.

The review underscores that inclusive safety governance—one that formally recognizes both clinical and non-clinical roles—yields measurable benefits for institutional performance. These benefits include improved patient safety outcomes, enhanced workforce well-being and retention, greater operational efficiency, and stronger performance in accreditation and regulatory assessments. Importantly, safety governance also influences organizational reputation and public trust, positioning safety as a core indicator of healthcare excellence.

In conclusion, healthcare organizations should move beyond siloed approaches to safety and adopt governance frameworks that embed health assistants and security personnel as active partners in risk management and quality improvement. Such an approach supports a culture of shared responsibility, continuous learning, and resilience. Future efforts in policy, leadership practice, and research should focus on strengthening governance integration, standardizing competencies, and developing performance indicators that reflect the full spectrum of contributions to healthcare safety.

compiled all references

Below is a **compiled and de-duplicated reference list** covering **all sections of the article**, formatted in **APA 7th style**, suitable for submission or further refinement. I've ensured consistency with what was cited across the Introduction, Conceptual Framework, Roles, Integrated Governance, Institutional Performance, Discussion, and Conclusion.

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