

PATIENT SAFETY CULTURE FROM THE PERSPECTIVE OF NURSES*

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ABSTRACT: The objective of this cross-sectional study was to describe attitudes and the culture of safety from the perspective of nurses. Eighty-three nurses participated in the study and answered the questionnaire "Safety Attitudes Questionnaire – Short Form 2006", which was translated into Portuguese. Data collection was carried out between April and May 2015 in a hospital located in Vitória, Espírito Santo, Brazil. The mean score was 66, and varied between 54.8 for 'Perception of management' to 78.3 for 'Job satisfaction'. A positive perception of the safety culture was shown by scores of >75 points in average only for 'Job satisfaction'. Most participants (89%) agree that mistakes are dealt with appropriately. Five of the six fields assessed obtained negative scores, which showed the need for planning and developing strategies oriented toward an effective culture of patient safety.

DESCRIPTORS: Quality of health care; Patient safety; Health services evaluation; Nursing; Organizational culture.

A CULTURA DE SEGURANÇA DO PACIENTE NA PERSPECTIVA DO ENFERMEIRO

RESUMO: Estudo transversal com objetivo de descrever as atitudes e cultura de segurança na perspectiva do enfermeiro. Participaram 83 enfermeiros, que responderam ao questionário "Safety Attitudes Questionnaire – Short Form 2006", traduzido para a língua portuguesa. A coleta de dados foi entre abril e maio de 2015 em um hospital localizado em Vitória, Espírito Santo, Brasil. O escore médio total foi de 66, variando de 54,8 para Percepção da gerência a 78,3 para Satisfação no trabalho. Uma percepção positiva da cultura de segurança foi evidenciada por escores >75 pontos na média apenas para Satisfação do trabalho. A maioria dos participantes (89%) concordam que os erros são tratados de forma apropriada. Concluiu-se que cinco dos seis domínios avaliados tiveram escores negativos, apontando a necessidade de planejamento e desenvolvimento de estratégias voltadas para uma cultura efetiva de segurança dos pacientes.

DESCRIPTORES: Qualidade da assistência à saúde; Segurança do paciente; Avaliação de serviços de saúde; Enfermagem; Cultura organizacional.

LA CULTURA DE SEGURIDAD DEL PACIENTE EN LA PERCEPCIÓN DEL ENFERMERO

RESUMEN: Estudio transversal con el objetivo de describir las actitudes y cultura de seguridad en la perspectiva del enfermero. Participaron 83 enfermeros, que respondieron al cuestionario "Safety Attitudes Questionnaire – Short Form 2006", traducido al portugués. La recolección de datos se efectuó entre abril y mayo de 2015 en un hospital localizado en Vitória, Espírito Santo, Brasil. El puntaje promedio total fue de 66, variando desde 54,8 para Visión de la gerencia a 78,3 para Satisfacción en el trabajo. Se evidenció una percepción positiva a través de puntajes > 75 puntos promedio solamente en Satisfacción en el trabajo. La mayoría de los participantes (89%) concordó en que los errores no son tratados de la manera adecuada. Se concluyó en que cinco de los seis dominios evaluados tuvieron puntajes negativos, expresando la necesidad de planificación y desarrollo de estrategias orientadas a una cultura efectiva de seguridad de los pacientes.

DESCRIPTORES: Calidad de la Atención de Salud; Seguridad del Paciente; Evaluación de Servicios de Salud; Enfermería; Cultura Organizacional.

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● INTRODUCTION

For the World Health Organization (WHO), patient safety means the reduction to an acceptable minimum level of risk of unnecessary harm related to health care. The International Classification for Patient Safety (ICPS) defines 'patient safety' as the act of avoiding, preventing or improving adverse outcomes or injuries occurred throughout the medical-hospital process⁽¹⁾. Health organizations seek the implementation of safety as a cultural process, by raising awareness among professionals as to the culture of patient safety, to the ethical commitment to risk management and the ensuing appropriation of safety by users and themselves, thus filling the gap that exists in terms of patient safety⁽²⁾.

In Brazil, following the objectives of the WHO and as an initiative by the Pan American Health Organization, the Brazilian Nursing and Patient Safety Network (REBRAENSP, as per its acronym in Portuguese) was created, whose main role is to disseminate and cement the culture of patient safety⁽³⁾. In July 2013, the National Health Surveillance Agency (ANVISA, as per its acronym in Portuguese) implemented the Collegiate Directorate Resolution (RDC-36), which established that health services had to develop a Patient Safety Plan, with guiding principles such as the continuous improvement of care processes and the use of health technologies, the dissemination of the safety culture, the coordination and integration of risk management processes and ensuring the good practices for the operation of health services⁽⁴⁾.

In order to improve patient safety, it is essential to implement an institutional policy of safety culture, although this is one of the hardest steps for an institution. Initially, for this change to take place, it is essential to survey the organizational factors that prevent the formation of a safety culture. In that sense, the safety climate of an organization provides important information about the state of safety of a certain work group or the organization as a whole⁽⁵⁾.

Safety culture in hospitals has been considered as a basic structural indicator which facilitates the initiatives that aim to reduce risks and adverse effects⁽⁶⁾, which have alarming rates in Brazilian hospitals. An Iberoamerican study on adverse events carried out in five Latin American countries analyzed 11,379 patients admitted in 58 hospitals, with an estimated prevalence of adverse events near 10.5%, of which 60% were considered as avoidable. This high prevalence suggests that patient safety may represent an important public health issue⁽⁷⁾.

Considering that professional nurses are the correspondent between patients and the system and occupy a prominent position, they must try to carry out actions to promote patient safety⁽⁸⁾. This study can be justified by the discussion on patient safety that is currently taking place, and since it is necessary to know and understand factors that affect an organizational culture. In view of the above, the authors aimed to describe the patient safety culture from the perspective of nurses.

● METHOD

This is a cross-sectional study, of philanthropic nature, carried out in a tertiary hospital in Vitória, Espírito Santo, Brazil. This hospital has a total of 265 beds and different special services. The study population was made up of nurses from this institution, with inclusion criteria being: to have more than 30 days of employment relationship with the hospital and to accept to participate in the study; the exclusion criteria were: to hold a management position in indirect assistance departments, to be off work on vacation or on medical leave during the study. After these criteria were applied, we obtained a total of 83 nurses, who were approached during their shifts, in a specific location intended for the study, once it was disclosed internally by the institution.

The Safety Attitudes Questionnaire (SAQ) was used for data collection, after it was validated and culturally adapted to the reality of Brazilian hospitals⁽⁹⁾. This instrument is composed of two parts: the first contains 41 questions involving the perception of patient safety. The second part is intended to collect data from professionals: job position, gender, main activity and length of professional experience. Therefore, this instrument measures healthcare professionals' perception on six fields: 1 - Teamwork environment: considered as the quality of relationship and cooperation between team members (items 1 to 6); 2 – Safety climate: professionals' perception as to organizational commitment

to patient safety (items 7 to 13); 3 - Job satisfaction: positive vision of the workplace (items 15 to 19); 4 - Stress perception: acknowledgment of how stress factors can affect work performance (items 20 to 23); 5 - Perception of management: approval of management actions, both in the unit where professionals work and in the hospital as a whole (items 24 to 29); and 6 - Working conditions: perception of the quality of the working environment (items 30 to 33).

The instrument final scores range between 0 and 100, where zero corresponds to the worst perception of safety attitudes from healthcare professionals and 100 to the best perception. Scores over 75 are considered as positive. Scores were ordered as follows: A- disagree strongly is worth 0, B- disagree slightly is worth 25, C- neutral is worth 50, D- agree slightly is worth 75, E- agree strongly is worth 100 and X- not applicable is worth 0.

Data collection was carried out between April and May 2015. Descriptive statistics were performed and Mann-Whitney and Kruskal Wallis tests were applied to relate variables of gender, length of experience in the specialty and main activity, by means of the Statistical Package for the Social Sciences (SPSS) version 20.0.

The research proposal was approved by the Research Ethics Committee of the Health Sciences Center/UFES under number 999557.

● RESULTS

Of the 83 participants, 76% (n=63) were women, 33% (n=28) had a length of professional experience longer or equal to 5 years in the unit, 74% (n=62) had been working in an adult care center, followed by 24% (n=20) who had been working in an adult and child care center. In addition, 95% (n=78) had never filled in the instrument before. In Table 1, mean, median and standard deviation values are presented for each field of the instrument.

Table 1 shows that, of the six SAQ fields, the 'Job satisfaction' mean was above 75 (78.39), which was considered a positive evaluation of the workplace. The scores of the other fields were lower than expected for the patient safety culture. The field 'Perception of hospital management' obtained the lowest score (54.85).

In Table 2, 'Teamwork environment' showed that 80% (n=67) reported being supported by other team members, 78% (n=65) ask questions and 75% (n=63) work in teams. As to the 'Safety climate', 89% (n=64) agree that mistakes are dealt with appropriately, and 85% (n=71) know how to deal with safety matters.

In Tables 2, 3 and 4, the distribution of answers given by professionals are presented by item, grouped by the corresponding fields.

Regarding the 'Perception of management', in Table 3, the majority agreed that the unit's management is doing a good job. As to the 'Perception of stress', 87% (n=73) agreed that excessive workload hampers performance.

Table 1 - Descriptive analysis of the fields in the Safety Attitudes Questionnaire (SAQ). Vitória, ES, Brazil, 2015

Fields	Mean	Standard deviation	Median
Teamwork environment	70.1	14.5	70.8
Safety climate	70.7	15	71.4
Job satisfaction	78.3	17.9	80
Perception of stress	69.4	23.7	75
Perception of management	54.8	18.6	52
Working conditions	67.7	25.2	75
No field	64.9	16.1	68.7
General SAQ	66	10.4	65.8

Table 2 - Distribution of answers given by nursing professionals by item in the fields of 'Teamwork environment' and 'Safety climate'. Vitória, ES, Brazil, 2015

Fields	Answers			
Teamwork environment	Disagree* N(%)	Neutral N (%)	Agree* N(%)	NA** N(%)
Nurse input is well received in this clinical area.	13(15)	10(12)	60(72)	0
In this clinical area, it is difficult to speak up if I perceive a problem with patient care.***	26(19)	5(6)	50(60)	2(2)
Disagreements in this clinical area are resolved appropriately.	15(17)	12(14)	54(65)	2(2)
I have the support I need from other personnel to care for patients.	9(10)	7(8)	67(80)	0
It is easy for personnel here to ask questions when there is something that they do not understand.	11(12)	6(7)	65(78)	1(1)
The physicians and nurses here work together as a well-coordinated team.	14(16)	6(7)	63(75)	0
Safety climate	Disagree* N(%)	Neutral N (%)	Agree* N(%)	NA** N(%)
I would feel safe being treated here as a patient.	8(9)	13(15)	57(68)	5(6)
Medical errors are handled appropriately in this clinical area.	10(12)	5(6)	64(89)	4(4)
I know the proper channels to direct questions regarding patient safety in this clinical area.	7(8)	3(3)	71(85)	2(2)
I receive appropriate feedback about my performance.	31(37)	11(13)	39(46)	2(2)
In this clinical area, it is difficult to discuss errors.***	31(37)	12(14)	39(46)	1(1)
I am encouraged by my colleagues to report any patient safety concerns I may have.	10(12)	10(12)	62(74)	1(1)
The culture in this clinical area makes it easy to learn from the errors of others.	13(15)	7(8)	60(72)	3(3)

Table 3 - Distribution of answers given by nursing professionals by item in the fields of 'Perception of management' and 'Perception of stress'. Vitória, ES, Brazil, 2015

Fields	Answers			
Perception of the unit/hospital management	Disagree* N(%)	Neutral N (%)	Agree* N(%)	NA** N(%)
My suggestions about safety would be acted upon if I expressed them to management.	21(25)	24(28)	33(39)	5(6)
Management supports my daily efforts(unit)	22(26)	22(26)	38(45)	1(1)
Management supports my daily efforts(hospital)	22(26)	25(30)	34(40)	2(2)
Management does not knowingly compromise patient safety (unit).	33(39)	18(21)	30(36)	2(2)
Management does not knowingly compromise patient safety (hospital).	28(33)	20(24)	34(40)	1(1)
Management is doing a good job (unit).	19(22)	18(21)	46(55)	0
Management is doing a good job (hospital).	16(19)	18(21)	49(59)	0
Problem personnel are dealt with constructively by our management (unit).	34(40)	12(14)	37(44)	0
Problem personnel are dealt with constructively by our management (hospital).	30(36)	17(20)	34(40)	2(2)
I get adequate, timely info about events that might affect my work, from management (unit).	24(28)	11(13)	46(55)	2(2)
I get adequate, timely info about events that might affect my work, from management (hospital).	19(22)	16(19)	48(57)	0
The levels of staffing in this clinical area are sufficient to handle the number of patients.	40(48)	8(9)	34(40)	1(1)
Perception of stress	Disagree* N(%)	Neutral N (%)	Agree* N(%)	NA** N(%)
When my workload becomes excessive, my performance is impaired.	6(7)	3(3)	73(87)	1(1)
I am less effective at work when fatigued.	15(18)	6(7)	62(74)	0
I am more likely to make errors in tense or hostile situations.	23(27)	11(13)	48(57)	1(1)
Fatigue impairs my performance during emergency situations (e.g. emergency resuscitation, seizure).	29(34)	11(13)	40(48)	3(3)

*Slightly or strongly; **Not applicable, ***reverse items

In Table 4, 89% (n=74) of professionals stated that they liked their job and 86% (n=72) are proud to work in their fields, which gave positive scores.

In the assessment of the relation between fields and variables of nurses characterization, in Table 5, a significant association was found between General SAQ and the main activity (p=0.02), and between the fields 'Organizational climate' and 'Length of experience in the specialty' (p=0.05) and 'Main activity' (p=0.01). Finally, there was also an association between 'Perception of management' and 'Length of experience in the specialty' (p=0.04).

Table 4 - Distribution of answers given by nursing professionals by item in the fields of 'Job satisfaction', 'Working conditions' and single items. Vitória, ES, Brazil, 2015

Fields	Answers			
Job satisfaction	Disagree* N(%)	Neutral N (%)	Agree* N(%)	NA** N(%)
I like my job.	4(4)	5(6)	74(89)	0
Working here is like being part of a large family.	10(12)	13(15)	60(72)	0
This is a good place to work.	6(7)	11(13)	66(79)	0
I am proud to work in this clinical area.	4(4)	7(8)	72(86)	0
Morale in this clinical area is high.	15(18)	10(12)	53(63)	5(6)
Working conditions	Disagree* N(%)	Neutral N (%)	Agree* N(%)	NA** N(%)
This hospital does a good job of training new personnel.	26(31)	5(6)	51(61)	1(1)
All the necessary information for diagnostic and therapeutic decisions is routinely available to me.	17(20)	10(12)	56(67)	0
Trainees in my discipline are adequately supervised.	14(16)	15(18)	47(56)	7(8)
Single items	Disagree* N(%)	Neutral N (%)	Agree* N(%)	NA** N(%)
I experience good collaboration with nurses in this clinical area.	5(6)	8(9)	70(84)	0
I experience good collaboration with staff physicians in this clinical areas.	11(13)	15(18)	56(67)	1(1)
I experience good collaboration with pharmacists in this clinical area.	7(8)	12(14)	63(75)	1(1)
Communication breakdowns that lead to delays in delivery of care are common.***	57(68)	5(6)	19(22)	2(2)

*Slightly or strongly; **Not applicable, ***reverse items

Table 5 - Association between fields and variables of nurses' characterization. Vitória, ES, Brazil, 2015

Fields	P-value			
	Gender*	Length of experience in the specialty**	Previous filling**	Main activity**
Teamwork environment	0.17	0.66	0.25	0.13
Safety climate	0.38	0.05	0.78	0.01
Job satisfaction	0.89	0.26	0.99	0.46
Perception of stress	0.61	0.89	0.41	0.64
Perception of management	0.41	0.04	0.8	0.07
Working conditions	0.67	0.48	0.71	0.36
General SAQ	0.82	0.11	0.92	0.02

* P-value of Mann-Whitney test / ** P-value of Kruskal-Wallis test

● DISCUSSION

The characteristics of the participants is in line with data presented by COREN-ES, that is, the nursing team is predominantly composed of women (88%)⁽⁹⁾. Regarding length of experience, 58% (n=48) had been working for less than 10 years in the unit. Similar results were found in another study, in which 82.3% of participants had between 1 and 10 years of experience in the institution⁽⁸⁾. The main activity was predominantly in adult care (74%), a rate that was higher than in another national study⁽⁸⁾.

Other studies in Brazil are similar to this, and also obtained scores that were below the recommended minimum score of 75 in most fields⁽¹⁰⁻¹¹⁾. A study carried out in southern Brazil with 75 participants⁽¹²⁾ confirms the positive scores in 'Job satisfaction' only; however, it contradicts another study developed in southern Brazil⁽¹³⁾ in which none of the fields reached the minimum score.

Regarding teamwork, this study is consistent with another one⁽¹⁴⁾ carried out in seven hospitals located in the state of Rio Grande do Sul, which highlighted the freedom to speak about something that might have a negative effect on patients. Cooperation, commitment and interaction among professionals involved in the care process are important aspects within the institution, since they allow for a broader vision of each situation⁽¹⁵⁾. In addition, the answers suggest that the professionals interviewed respect each other, and this is in line with Brazilian studies that obtained similar mean scores⁽¹⁵⁻¹⁶⁾. A study carried out in 31 institutions⁽¹⁷⁾ obtained scores of 86.7% in this category, showing that a well-connected and well-coordinated team favors a safer care with fewer chances of harming patients, and this improves teamwork as a whole.

Professionals' perceptions of the patient safety climate is below the level expected, which confirms the results obtained in a similar study carried out in six hospitals in southern Brazil⁽⁵⁾ and another one conducted in the same region, with 185 participants⁽¹⁵⁾. The fact that 46% (n=39) agree that it is difficult to discuss about mistakes contradicts the fact that most participants state that they feel safe when they are treated as patients in the institution where they work, a point that is line with other studies^(3,18-19).

Management is an important instrument of the institutional policy by its coordinating and interactive nature, and therefore, management support to patient safety is an essential aspect in hospital organization, and it may indicate that nursing professionals' view of patient safety promotion is not perceived by hospital management, which was showed by the low scores obtained in this study. The different answers in this field reflects the difference of opinion of professionals when it comes to quality of work done by management.

One of the aspects of the nursing care process is the educational one, in which the nurse is responsible for teaching other team members. However, in order to provide patient safety in the hospital environment, nurses also need to be qualified. According to the WHO, it is necessary to have continuous training on different topics and thoroughly train professionals on patient safety and quality of service.

Perception of stress among participants highlights the factors that compromise the safety culture. It is known that many professionals tend to make mistakes due to the excessive workload and to working carelessly⁽¹²⁾. In addition, work overload results in professional dissatisfaction with hospital management⁽¹³⁾, a fact that is proven in this study, in which perception of management had a negative evaluation. Nursing has a management tool to perform a quantitative adaptation of human resources, which is supported by COFEN regulation 293/2004. However, most Brazilian health institutions cannot perform this scaling, which results in a lack of human resources in hospitals and, consequently, greater risks to patient safety⁽²²⁾.

Thus, professionals show a great potential of recognizing how negative stress can be in their working environment in this field. This perception from nurses is related to their leadership roles, and work overload, fatigue and stress are factors that may have an effect on attitudes and lead to mistakes and therefore compromise patient safety⁽²³⁾.

Job satisfaction was the only field that obtained a positive score for safety culture, a result that was also found in another national study⁽²⁴⁾ which also showed that job satisfaction, dialog and management support to the team are essential factors that contribute to patient safety. Professional satisfaction

contributes to a greater participation from professionals in their work environment, since the more people are satisfied at work, the more they adopt more positive attitudes toward themselves and other colleagues⁽²⁵⁾. It is noteworthy that there is a relationship between job satisfaction and an increase in performance and quality of patient safety, and consequently the support to the implementation of a safety culture⁽²⁶⁾.

It is also important to highlight the cooperation among nurses of the same department, which is similar to the results obtained in another study⁽²⁷⁾ conducted with 130 nurses from all over Brazil, which pointed to the importance of a good relationship between coworkers as a facilitator for solving conflicting situations. Collaboration and communication may affect patient safety, since communication and cooperation failures among health professionals can have a great potential for mistakes, resulting in fragmentation of services, as well as ineffective technical procedures and treatments, with immediate and potentially harmful effects for the patient⁽²⁸⁾.

● CONCLUSIONS

The instrument enabled us to understand the perception of nurses regarding the patient safety culture within the studied institution, and it revealed that five out of the six fields studied obtained negative scores. The mean score was 66, and varied between 54.8 for 'Perception of management' to 78.3 for 'Job satisfaction'. A positive perception of the safety culture was seen for 'Job satisfaction'. Most nurses agree that errors are not handled appropriately, they report knowing how to handle safety matters, they like their job and are proud to work in their departments, all of which indicate positive scores.

There is a clear need for change in various aspects of the safety culture within the studied institution. These changes must be comprehensive and involve the entire hospital organization, in the search for implementing patient safety as a strategic priority, enabling time and opportunity for the promotion of safe practices.

A limitation to this study is that it was conducted with nurses only; however, it is worth mentioning that they represented the majority of caregivers. Thus, despite this limitation related to the professional category, these results may help in the planning and development of strategies oriented toward an increasingly effective patient safety culture.

Considering that the study was conducted in one institution, other hospital units should be assessed, in order to find other institutional policies of patient safety.

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