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Surgical patients' perception of safety and their involvement in health care

Percepção de pacientes cirúrgicos sobre segurança e seu envolvimento no cuidado à saúde

Percepción de los pacientes quirúrgicos sobre la seguridad y su participación en la atención médica

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ABSTRACT
Objective: to investigate surgical patients' perceptions of patient safety, and their involvement in health care during hospitalization. **Method:** in this qualitative, exploratory study of 14 postoperative patients, data were obtained by semi-structured interview in 2016 at a rehabilitation hospital, and analyzed taking Bardin as the theoretical framework. **Results:** the participants associated safety with physical structure, institutional trust, the health team's training, and humanized care. They were involved mainly in the medication administration process and in situations that diverged from the care plan known to the patient. **Conclusion:** patients' perceptions of health care safety and health care errors were associated with situations they experienced or which were broadcast in the media. Patient involvement occurred in actions constituted as barriers to the occurrence of health care errors, thus legitimizing their role as co-responsible for safe care.
Descriptors: Patient Safety; Patient Participation; Patient-Centered care; Delivery of Health Care.

RESUMO
Objetivo: investigar a percepção do paciente cirúrgico sobre segurança do paciente e o seu envolvimento no cuidado à saúde durante a internação hospitalar. **Método:** estudo exploratório de abordagem qualitativa, com 14 pacientes em pós-operatório. Dados obtidos através de entrevistas semiestruturadas, realizadas em 2016 em um hospital de reabilitação, e analisados conforme o referencial de Bardin. **Resultados:** os participantes associaram segurança à estrutura física, confiança institucional, capacitação da equipe de saúde e humanização da assistência. O envolvimento se deu, principalmente, no processo de administração de medicamentos e em situações que divergiam do plano de cuidado conhecido pelo paciente. **Conclusão:** a percepção dos pacientes sobre segurança da assistência e erros em saúde foi associada a situações vivenciadas ou veiculadas na mídia. O envolvimento dos pacientes ocorreu através de ações que se configuraram como barreiras para ocorrência de erros relacionados à assistência à saúde, legitimando seu papel como corresponsável pela segurança do cuidado.
Descritores: Segurança do Paciente; Participação do Paciente; Assistência Centrada no Paciente; Assistência à Saúde.

RESUMEN
Objetivo: investigar las percepciones de los pacientes quirúrgicos sobre la seguridad del paciente y su participación en la atención médica durante la hospitalización. **Método:** en este estudio cualitativo, exploratorio de 14 pacientes postoperatorios, los datos se obtuvieron mediante entrevista semiestructurada en 2016 en un hospital de rehabilitación, y se analizaron tomando a Bardin como marco teórico. **Resultados:** los participantes asociaron la seguridad con la estructura física, la confianza institucional, la formación del equipo de salud y la atención humanizada. Se involucraron principalmente en el proceso de administración de medicamentos y en situaciones que divergían del plan de atención conocido por el paciente. **Conclusión:** las percepciones de los pacientes sobre la seguridad en la atención de la salud y los errores en la atención de la salud se asociaron con situaciones que vivieron o que fueron difundidas en los medios. La participación del paciente se produjo en acciones constituidas como barreras para la ocurrencia de errores asistenciales, legitimando así su rol como corresponsables de la atención segura.
Descriptores: Seguridad del Paciente; Participación del Paciente; Atención Dirigida al Paciente; Prestación de Atención de Salud.

INTRODUCTION

Perioperative care has accompanied social, scientific and technological advances, constituting a challenge to health organizations. It requires planning and adoption of systematic practices for the safe-care of the patient during the surgical procedure[1].

Patient safety, widely discussed today, corresponds to the reduction, to the minimum acceptable, of the risk of unnecessary damage associated with health care, and the adverse event is the incident that results in harm to the patient[2].

The consequences of failures in health services have negative impacts on both patients and their families, as well as on organizations and society. The occurrence of adverse events in the care of hospitalized patients causes complications in the evolution of their recovery, and an increase in the rates of infections and in the mean length of hospitalization[3].

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Therefore, an important change in care paradigms has been discussed, giving relevance to the experience of the disease experienced by the patient and its involvement as a priority for safety in care[4,5]. In this perspective, patient-centered care, the current care model recommended by the World Health Organization (WHO), promoted greater recognition of patient involvement as a crucial resource for health, due to the benefits in clinical outcomes and the sustainability of health systems[5,6].

Patient involvement is related to the decision-making process on health issues, including active participation in the planning, monitoring and evaluation of care[7]. It covers levels of participation/involvement according to individual desires and capacities, in partnership with professionals and institutions, considering the attributes of personalization, access, commitment and therapeutic alliance[8]. In hospitalization, safety of care increases and has been encouraged as a way to minimize the occurrence of incidents[9]. For this to occur effectively, patients, caregivers and family members must have knowledge about safety and actions that make care safer.

Patients who report higher levels of participation in care present half the rate of care-related incidents, when compared to those with low participation[10]. Patients involved have greater adherence to therapeutic plans, greater satisfaction, greater understanding of their health condition and trust in the care team, and fewer lawsuits against the institution[11].

There is a scarcity of studies on the patients' perceptions about safety and their involvement in health care[9,12] during the hospitalization period, as well as on institutional actions to encourage this practice[13,14].

Revealing how this movement occurs in health institutions, through the patient's eyes, can help in the development of organizational strategies that make patient involvement in care a cultural practice.

The present study aimed to investigate the perception of surgical patients about patient safety and their involvement in health care during hospitalization.

METHOD

An exploratory study was carried out, with a qualitative approach, in a rehabilitation hospital of the Federal District, in an orthopedic surgical hospitalization unit. The choice of this institution was based on the profile of patient care and institutional principles that consider the person as an agent of their own health, a fundamental aspect of patient involvement in health care.

The population consisted of adult patients, including those subjected to hip or knee arthroplasty surgery. The selection was due to the complexity of surgical procedures that required a mean permanence of seven days in the hospital environment. It was considered that patients with longer hospitalization times would be better able to answer the questions of the study since, during this period, the patients had already lived care experiences of different degrees of complexity in the postoperative period and were already starting their rehabilitation program. The exclusion criteria were previous diagnosis of dementia and occurrence of delirium in the postoperative period.

During the study period, 192 patients were admitted to the orthopedics unit, of which 18 underwent hip arthroplasty surgery and four underwent knee arthroplasty surgery. Three patients were excluded after applying the exclusion criteria, totaling 19 patients eligible for the study.

Data collection was performed by three nurses, linked to an institutional group of patient safety studies, in September 2016, using the semi-structured interview technique. A script with the following questions was used: *When I say the term "Patient Safety", what thoughts or understandings do you have about it*? *What do you understand by "errors" in health care? Do you believe that these errors occur for what reasons? Do you feel safe in the hospital setting*? *Why is it so? What attitude(s) could you have to avoid an error during hospitalization? What should health professionals do to avoid or minimize care errors?* The instrument included the characterization of the participant, with questions about age, gender, marital status, level of schooling, occupation, hospitalization and previous surgeries.

The interviews were conducted in a private environment and recorded with the authorization of the participants. Patients who did not accept having their voice recorded had their speech taken down in writing. Each interview lasted nearly 25 minutes.

Data collection ended by means of saturation, that is, when the data obtained in the interviews began to repeat themselves, bringing no more new themes[15]. The study sample consisted of 14 patients, randomly selected. Thus, five eligible patients did not comprise the population, due to the saturation criterion.

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To ensure confidentiality regarding the exposure of the participant's identity, the reports were numerically organized in order of participation, assigning the letter E for interview ("*Entrevista*" in Portuguese), followed by an ordinal number.

The interviews were transcribed and analyzed in the light of the content analysis framework proposed by Bardin. Three chronological stages followed: pre-analysis, which consists in the choice of the documents to be analyzed, the formulation of hypotheses and the elaboration of indicators that underscore the final interpretation; exploration of the material, when the coding operation is carried out, whose objective is to reach the core of understanding the text; and treatment of the obtained data, where the researcher will reach inferences, performing interpretations and confrontations with the material[16].

The units of meaning were defined by themes. The speeches revealed eight units of meanings that, according to the semantic criterion, were classified into two thematic categories. The 'Patient perception of care safety' category was based on the 'Patient safety related to organizational characteristics', 'Patient-professional relationship and humanization of care as premises for patient safety', 'Feeling of safety during hospitalization', and 'Recognition of health errors' units of meaning.

The 'Patient involvement in health care' category was revealed from the 'Patient's membership to institutional protocols', 'Patient collaboration in institutional patient safety strategies', 'Patient participation in care safety from the perception of care risks' and 'Role of the health professional to engage the patient in the safety of care' units of meaning.

Resolution No. 466/2012 of the National Health Council was observed. The research was approved by the Research Ethics Committee, CAAE: 57224816.5.0000.0022. All the patients who were invited accepted to participate and signed the Free and Informed Consent Form.

RESULTS

We interviewed 14 patients in the postoperative period of hip or knee arthroplasty, between the fourth and seventh postoperative day. The characteristics of the participants are presented in Table 1.

TABLE 1: Characteristics of the participants. Brasilia, Brazil, 2016.

Variable	n	%
Gender		
Female	7	50
Male	7	50
Marital status		
Married	8	57.1
Single	3	21.4
Divorced	3	21.4
Schooling		
Incomplete Elementary School	4	28.6
Complete Elementary School	1	7.1
Incomplete High School	1	7.1
Complete High School	6	42.9
Complete Higher Education	1	7.1
Postgraduate Course	1	7.1
Occupation		
Retired	6	42.9
Unemployed	2	14.3
Employee	4	28.6
Others	2	14.3
Previous hospitalization		
Yes	13	92.9
No	1	7.1
Previous surgery		
Yes	11	78.6
No	3	21.4
Total	14	100

The patients' age varied from 31 to 79 years old, with a mean of 54 years old (SD=13 years old). Most of the respondents were married. Regarding schooling, complete high school prevailed and, in relation to occupation, there

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was predominance of retirees. Only one patient was in his first hospitalization and three patients had no history of previous surgeries.

After content analysis of the interviews, two thematic categories emerged: Perception of the patient on care safety and Involvement of the patient in health care.

Perception of the patient on care safety

When asked about the term patient safety, the participants revealed that safety of care is present when health care does not cause harms. They associated patient safety with the organizational characteristics, including cleanliness of the environment, adequate physical structure, skilled care team, as well as having confidence in the institution was also an aspect revealed by the narratives.

> *Patient safety, I think it's not falling out of a bed, having the right care at the right time. (E5)*
>
> *Post-surgical accidents of the hospital infection type. That's what comes to my mind. (E6)*
>
> *Patient safety [...] you feel safe in the hospital. The safe bed and all the furniture you will use, that are safe. For me, all that is safety. Safety in the operating rooms, competent doctors. (E3)*
>
> *The best hospital in Latin America. I've waited two to three years to have a surgery here. I really feel safe here. (E4)*

The patient-professional relationship, with emphasis on the humanization of care, was evident in some reports as aspects related to safety in care.

> *In my way of thinking, it is starting with the attention of the caregiver who is taking care of the patient. For the attention, for the affection, for the responsibility [...] and for love as well. (E11)*
>
> *It's kind of patient-watching. Because we stay here sometimes without defense, right? (E13)*

Regarding the patient's perception of safety during hospitalization, the speeches revealed a positive feeling due to the confidence they feel in the health professionals and the organization of the service.

> *I think here we are surrounded by people who are here to help you right, not to do evil to you right? And if there's a mistake, it's because there's been a mistake, it's not the person's intention to do that. Then that's why I feel safe. (E1)*
>
> *Oh, they are organized here. It's really organized. The staff takes care of us here all the time. And everything is clean, everything sterilized. (E5)*

With regard to patient safety, some difficulty was observed in devising a concept for health errors. However, the participants recognize that these errors can occur. The adverse events mentioned by them were falls, infection, medication errors and surgical laterality. The speeches revealed that the perception was constructed from situations experienced by them or conveyed by the media.

> *I started to feel pain in many places after the C-section. [...] He takes another test: "Oh it's tubal pregnancy or a cyst in the tube. It's inside and it operates." Then he (the doctor) said that he had taken a piece of the tube, but that I might have another baby. It's a good lie because I started to get sick again and he sent me to the cancer hospital for radiotherapy. Then when he took the first exam there, they said so "he let the business rot [...] and you're never going to have another child. I have my son beautiful and wonderful, but I could have had more right? (E3)*
>
> *I see some reports that go on TV. It is to operate the right and operates the left. I've seen this happen a lot in reporting. (E12)*

For patients, the occurrence of health errors is associated with the dynamics of the work process, training and behavior of the professional.

> *Basically all that is wrong is the training of the person. And the training involves everything right: the attention of the employee, the specialist in the area, has to have this training with him. (E1)*
>
> *I think that for many times by inattention right of the person, when the person has no attention, not careful. (E2)*
>
> *Overwork, a lot of big bustle. Stress, right? Sometimes, the person is stressed out, because here in this hospital you work a lot. (E5)*

For some patients, the perception of safety and health errors was not very clear, but they showed interest in knowing more about the subject.

> *So mistake, I couldn't tell you now no. (...) I wasn't trying for that. Safety of every patient who is hospitalized is a really interesting subject so I think I decided to talk, even to know about it. (E10)*

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Involvement of the patient in health care

When asked what they can do to prevent errors from happening, the perception of some of the patients converges to adhering to institutional protocols.

> *Following the rules imposed by the hospital. Here, take the proper bath before the surgery, do the right tests, the right medication, take all the care, follow exactly what the health professional is asking you for his job to be successful. (E8)*

The narratives showed that the patient recognizes institutions strategies to increase patient safety. The process of identifying the patient during the administration of medications was recognized as a way to avoid errors.

> *I saw even this week that they had two people with the same first and last name. The concern to pay even more attention in relation to this so that the mistake doesn't happen, right?! Because matching names equal or similar, it is a possible problem of errors even where you have an even greater responsibility because the medication will be different. (E10)*

In the perception of the patients, the process of administering medications is one of the activities with the greatest potential for the occurrence of errors. The patients were apprehensive about unknown medications, with the possibility of taking medications from another patient, at different times than usual, possible reactions after the administration of medications, and medications that do not have the desired effect.

> *One thing, however small, can harm, for example, a headache medicine that hurts my stomach. (E7)*
>
> *Before the mistake happens we can guide something. It wasn't working out with the pill, so I told her first. (E5)*

As a result of this potential, they engage in care in order to prevent possible incidents, taking an active role in the process of making care safer.

> *You have to ask also what you're taking, just as I do. I ask, what medication is that? What is it for? (E2)*
>
> *The medicine I was taking for pressure was 12 in 12 hours. I noticed a little glitch and I complained because wasn't giving. Sometimes I'd go over that schedule and I'm sick of it, you know? (E3)*

In this same perspective, the narratives showed that the concern they have in relation to the procedures to which they are subjected increases, especially when they perceive the existence of a potential incident. Thus, one participant brought an account of an experience lived in another health institution, in which he became involved in care, alerting the team about the error and thus contributed to safety of care.

> *As I was going into the O.R., I was asked it is the right eye, isn't it? And I said, it's the left. If you don't ask, you could operate on the good eye. They said, it's the right eye that's marked here. I said it was the left and I started getting nervous. (E12)*

For the patients, the way in which information about diagnosis and treatment is passed on can arouse interest and help in a better understanding about their role in the safety of the care to be provided. In this process, the health professional is a key element in encouraging patient involvement.

> *Some professionals should help the patient to know their disease. Do not think that the professional knows everything. (E5)*

DISCUSSION

The knowledge on patient safety was inaccurate from the conceptual point of view. However, the interviewees made relationships relevant to the theme, relating patient safety to harm-free care, quality of care and humanization of care.

The patients felt safe in the hospital during that hospitalization and justified so by citing aspects such as cleanliness of the environment, adequate furniture and trained staff. Similar opinions were found in a study conducted in Brazil that investigated the attributes of satisfaction related to safety and quality. In this study, the themes related to safety and quality that emerged from the experience of patients and family members were structural, such as the appropriate environment and resources available for treatment and associated with the care process such as the technical competence of the professionals and the interaction between patients and the care team[17].

The participants who did not approach the theme expressed interest in learning more. Sharing information and involving patients in the evaluation and planning of care are activities that promote patient participation[18]. It is suggested that the health professionals establish good communication with the patients and seek to include them in the care process.

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They had difficulty in elaborating an answer when asked about errors in health care. Many cited serious cases of health care errors reported by the media. This shows that they need to be guided to observe possible incidents during their own care and not only those that lead to disabilities and death.

The main type of care error reported was medication errors. Some interviewees cited medication as a potential activity for the occurrence of errors and, therefore, tend to adopt a more active attitude towards this care. Attitudes such as asking the professionals about medications and being attentive to the procedure for identifying the patient in the administration of medications were examples mentioned by the participants.

By providing information to the patients about the indication of the medications, the expected effect and possible adverse effects, health professionals offer subsidies for them to act as a barrier against errors related to medications. The Nursing team, responsible for the administration of medications, must take advantage of this moment to guide the patients and encourage their involvement[19].

Most of the patients expressed interest in patient safety and recognized the importance of their involvement in this process. This converges with the desire of the patients to have an active role in their care and to be considered partners of the care team[4].

The participation of the patients in their own care demands a cultural change in the health services so that the professionals can stimulate patients' autonomy and support an active attitude, considering them as partners and co-responsible for their health and care[20].

The approach of the health professionals to the patients is fundamental to insert them in their own care. In this process, communication is highlighted, which must be increasingly open and horizontal, in order to minimize possible power relations and to strengthen shared decision-making[20,21].

In people-centered care, the patients are seen as specialists about themselves and considered as partners of the health team[4]. Listening to and valuing patients' opinions, understanding their experiences and expectations and considering their preferences, is the way forward to recognize patient involvement as a key element in improving quality of care[22].

Thus, it is sought to align scientific knowledge with the performance of health professionals, in line with the current demands of society. Health services must value and stimulate the development of their team, as well as strengthen organizational management, in order to promote patient involvement in care safety, reflecting on the institutional culture.

Study limitations

The limitations of the study are related to the data acquisition method, since interviews can inhibit the participants from expressing their real perceptions. It is considered, however, that there was no prejudice to the achievement of the proposed objective.

CONCLUSION

The patients demonstrated conceptual limitations on patient safety, but presented relevant relationships to the theme when they associated it with the control of the risk of harm, quality of care and humanization of care. The perception of error was associated with the occurrences experienced and observed in the media.

The participation of patients in care occurred in an incipient manner, since it was often linked to the concerns of the procedures prescribed. They revealed actions that constituted barriers to the occurrence of errors related to health care, legitimizing their role as co-responsible for care.

It is concluded that the involvement of the patient in care is not a habitual action, since there is no pattern of patient behavior in relation to the theme. Incorporating organizational culture and empowering health professionals to develop actions and admission protocols that involve the patient in care is necessary.

It is considered that the study made it possible to identify the need to establish strategies to involve surgical patients in care, in order to increase their own safety during the hospitalization process. In addition, it showed that it is necessary to work on the competencies of health professionals to include, in their daily practice, the incentive to the patients' involvement in their own care.

The development of competences can minimize possible divergences between active patient behavior and health professionals. Strengthening the culture of patient safety, including, in this process, the high management of health institutions, can favor the behavioral change of patients, family members and health professionals for an effective patient involvement in care.

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