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RESEARCH

Liderança e cultura de segurança do paciente: percepções de profissionais em um hospital universitário

Leadership and patient safety culture: perceptions of professionals in a university hospital

Liderazgo y cultura de seguridad del paciente: percepciones de profesionales en un hospital universitario

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ABSTRACT

Objective: Analyze the perceptions of health professionals as for patient safety culture in its interface with leadership. **Method:** Descriptive and exploratory research, with a quantitative approach. It was conducted between April and June 2014 in three units of a university hospital in Paraná, Brazil. The sample consisted of 76 professionals from the multidisciplinary team, who filled the questionnaire "Hospital Survey on Patient Safety Culture." The analysis was conducted through descriptive statistics related to the dimensions addressing safety culture mediated by hospital leadership in the instrument mentioned above. **Results:** Most participants showed a perception of safety culture favorable to their immediate leadership and unfavorable to executive hospital management. **Conclusion:** It is concluded that investment is needed to promote the safety culture among the executive management in the institution under analysis. **Descriptors:** Patient safety, Leadership, Organizational culture, Health manager.

RESUMO

Objetivo: Analisar as percepções de profissionais de saúde quanto à cultura de segurança do paciente em sua interface com a liderança. **Método:** Pesquisa descritivo-exploratória, com abordagem quantitativa. Foi realizada entre abril e junho de 2014 em três unidades de um hospital universitário no Paraná. A amostra foi constituída por 76 profissionais da equipe multidisciplinar, que responderam ao questionário "Hospital Survey on Patient Safety Culture". A análise ocorreu por meio de estatística descritiva das dimensões que tratam da cultura de segurança mediada pela liderança hospitalar no referido instrumento. **Resultados:** A maioria dos participantes demonstrou percepção de cultura de segurança favorável à liderança imediata e desfavorável à alta gestão hospitalar. **Conclusão:** Conclui-se que há necessidade de investimentos de promoção da cultura de segurança na alta direção da instituição investigada. **Descritores:** Segurança do paciente, Liderança, Cultura organizacional, Gestor de saúde.

RESUMEN

Objetivo: Analizar las percepciones de profesionales de salud con respecto a la cultura de seguridad del paciente en su interfaz con el liderazgo. **Método:** Investigación descriptiva y exploratoria, con abordaje cuantitativo. Se llevó a cabo entre abril y junio de 2014 en tres unidades de un hospital universitario en Paraná, Brasil. La muestra consistió en 76 profesionales del equipo multidisciplinario, que completaron el cuestionario "Hospital Survey on Patient Safety Culture". El análisis se realizó a través de estadística descriptiva de las dimensiones que abordan la cultura de seguridad mediada por el liderazgo hospitalario en este instrumento. **Resultados:** La mayoría de los participantes mostraron una percepción de cultura de seguridad favorable al liderazgo inmediato y desfavorable a la alta gestión hospitalaria. **Conclusión:** Se concluye que hay necesidad de inversiones para promover la cultura de seguridad en la alta dirección de la institución investigada. **Descriptores:** Seguridad del paciente, Liderazgo, Cultura organizacional, Gestor de salud.

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INTRODUCTION

Quality in health is a complex phenomenon, as users consume the product (care) in a way that production and consumption take place in a concomitant process.[1] Thus, health institutions are increasingly in the need to establish management measures that improve the quality of their services to meet users' expectations.[1,2]

Even if health quality shows peculiarities as for the particular features of the sector, its outline has been historically taken by concepts governing companies' administration, such as effectiveness and efficiency.[2,3] On the other hand, encompassing its concept, "good quality" health care is regarded as, in addition to effective and efficient, that accessible, acceptable, equitable, and, more recently, safe.[3]

Patient safety is related to care quality, however, safety and quality are not synonymous. This is so because safety is a critical element of care quality, it is a must that health institutions provide a safe service, however, it is not the element alone that defines what is and what is not good quality care[3], since, generally, the factors mentioned above should also be regarded in relation to quality as a whole.

So, we notice that safety gains visibility in the health quality scenario because, as it is known, the occurrence of errors associated with care is feasible, especially within hospitals; and this can result in serious harmful consequences to those who are already dealing with a weak health status.[4,5] That is why, in short, patient safety may be defined as establishing measures aimed at minimizing risks associated with care.[3]

Regarding patient safety within hospitals, it is worth highlighting the significance of promoting an organizational safety culture, since the adoption of measures aimed at making these wishful good effects come true may mean an indispensable primary action that will provide more specific measures, with a view to safe service.[5,6] Also, it seems that a positive safety culture favors the improvement of safe practices, through improved communication, teamwork, and knowledge sharing.[7]

Considering that the patient safety culture may be understood as an individual and organizational behavior that continuously seeks to establish the commitment to promoting safe practices and, eventually, service quality[3], we notice that great importance is assigned to leadership within health institutions, since the attitude of management in these services in relation to safety and patient safety culture will quite possibly influence the organization's attitude as a whole in face of the concepts and practices involved.[7-9]

Given the above, it is worth mentioning that information on the perceptions of professionals who work within the hospital concerning the patient safety culture and its interface with the service leadership is significant because it can drive rather assertive

decision-making towards potential changes and (re)planning management actions in terms of general and specific aspects, with a view to promoting safety culture in a systemic way.

The justification of this study reinforces the previous statement, i.e. the fact that, although the theme patient safety culture seems to be exponential in knowledge production at the international level, there is a recent Brazilian recommendation[3] that research is carried out in a continued basis, because there still lacks a broad diagnosis of patient safety problems within Brazilian hospitals, and this surely includes the issue of hospital leadership and its relationship to the patient safety culture.

Assuming that leadership and its attitude towards the patient safety culture is an issue in need of investigation, the question is: How hospital professionals perceive the patient safety culture mediated by their leadership? Thus, the objective is analyzing the perceptions of health professionals regarding the patient safety culture in its interface with leadership.

METHOD

This is a descriptive and exploratory research, with a quantitative approach. It was conducted in a public teaching hospital, located in a reference region in the countryside of Paraná, Brazil, with an operating capacity of 195 beds, all of them providing services for the Brazilian National Health System (SUS). We have intentionally chosen as specific study settings the in-patient units in Medical Clinic and General Surgery; Clinic and Surgical Neurology and Orthopedics; and Surgical Center.

The population consisted of the whole multidisciplinary team that worked on a daily and direct basis in the three work shifts of the units under analysis, namely: nurses; nursing technicians; nursing assistants; physicians; pharmacists; physical therapists; as well as medicine, nursing, pharmacy, and physical therapy residents.

For nursing professionals, who were the ones who had a working schedule previously set at the time of collecting data, the following exclusion criterion was defined: absence from the unit due to vacation or sick leave, maternity leave, or other reason. For all professionals, the exclusion criterion was refusal to participate in the study after three attempts to conduct data collection. As the other professional categories did not have a previously set working schedule, their inclusion criterion was being present in the unit during data collection.

After applying the inclusion and exclusion criteria, all professionals (171) were invited to participate in the research, by providing a questionnaire, after explaining the study purpose, and handling in a free and informed consent term (FICT) for reading and signing in two copies. Based on this, the study had a sample of 76 professionals who filled the questionnaire, accounting for 44.4% of the population.

Data collection took place from April to June 2014, by means of the self-applied questionnaire of the Agency for Health Research and Quality (AHRQ), entitled “Hospital

Survey on Patient Safety Culture" (HSOPSC), adapted from the instrument translated into Portuguese.[10] Besides, we used a form suitable for extracting variables that encompassed the sociodemographic and labor-related characteristics of the sample.

The HSOPSC has 42 questions related to the patient safety culture, which are grouped into 12 dimensions.[10,11] Due to the large volume of information that the instrument provides for the evaluation and the objective previously set for this study, we chose to analyze the dimensions related to the "expectations and actions to promote patient safety taken by the supervisor/manager" and "hospital management support to patient safety"[10,11], as these dimensions are regarded as those better portraying respondents' perceptions as for the interface between leadership and safety culture, as well as the possibility to address the discussion of findings at a deeper level.

The instrument used includes items that are evaluated through a five-point Likert scale, with categories of answers related to the agreement degree. The evaluation of each dimension and item is estimated having the percentage of answers as a basis. Higher or lower percentage values indicate positive/negative attitudes towards the patient safety culture, depending on the statement marked on the evaluation item.[10,11] The agreement degree is expressed through the notations "SD" - strongly disagree; "D" - disagree; "N" - neutral; "A" - Agree; and "SA" - strongly agree.

Data collected by applying the form and the instrument were organized into spreadsheets in the software *Microsoft Excel*, version 2007. Subsequently, data underwent descriptive statistical analysis, by using the same technological tool. Sociodemographic variables and those related to work were used to outline the sample profile, and the variables obtained in the evaluation of the instrument items were used to analyze the perception of safety culture regarding hospital leadership.

It is worth noticing that all ethical requirements provided for by the Resolution 466/2012, from the Brazilian National Health Council, which regulate research involving human beings, were fully met. As already mentioned, the study participants were advised about its purpose and the signatures by the researcher and individual in the FICT were obtained. In addition, this study was submitted to the Research Ethics Committee of the Western Paraná State University, and it was approved under Opinion 558,430/2014.

RESULTS AND DISCUSSION

As explained, 76 professionals who work at the 3 units of the hospital under analysis were interviewed. Thus, Table 1 displays results of sample characterization variables.

Table 1 – Sample characterization according to age, gender, educational level, working unit, function, length of time since graduation, length of time working in the institution, and contact with the patient. Cascavel, Paraná, Brazil, 2014.

Variable	Category	N	%
Age	From 20 to 30	17	23.9
	From 31 to 40	23	32.4
	From 41 to 50	14	19.8
	From 51 to 59	1	1.4
	Did not answer	16	22.5
Gender	Female	47	66.2
	Male	24	33.8
Educational level	Complete High School	2	2.8
	Complete Higher Education	54	76.1
	Incomplete Higher Education	5	7.0
	Did not answer	10	14.1
Working Unit	Surgical Center	23	32.4
	Medical and Surgical Clinic	31	43.7
	Neurology and Orthopedics	17	23.9
Function	Nurse	9	12.7
	Nursing technician	20	28.2
	Nursing assistant	12	16.9
	Physician	7	9.9
	Pharmacist	1	1.4
	Physical therapist	2	2.8
	Nursing resident	5	7.0
	Physical therapy resident	4	5.6
	Pharmacy resident	1	1.4
	Medicine resident	10	14.1
Length of time since graduation	Less than 1 year	9	12.7
	From 1 to 5 years	13	18.3
	From 6 to 10 years	11	15.5
	From 11 to 15 years	24	33.8
	More than 15 years	14	19.7
Length of time working in the institution	Less than 1 year	15	21.1
	From 1 to 5 years	19	26.6
	From 6 to 10 years	12	16.9
	From 11 to 15 years	20	28.2
	More than 15 years	5	7.0
Direct contact with Patients	Yes	69	97.2
	No	2	2.8

In turn, Table 2 summarizes the results obtained from answers related to the patient safety culture dimension "Expectations and actions to promote patient safety taken by the supervisor/manager."

Table 2 – Frequency distribution of answers related to the patient safety culture dimension "Expectations and actions to promote patient safety taken by the supervisor/manager." Cascavel, Paraná, Brazil, 2014.

Item		(SD)	(D)	(N)	(A)	(SA)	TOTAL
My immediate supervisor/manager commends us when he sees a task fulfilled in accordance with the procedures focused on patient safety.	N	5	14	12	35	3	69
	%	7.3	20.3	17.4	50.7	4.3	100.0
My immediate supervisor/head takes into account the suggestions of professionals to improve patient safety.	N	4	11	10	37	8	70
	%	5.7	15.7	14.3	52.9	11.4	100.0
My immediate supervisor/head does not think patient safety problems that happen frequently are important.	N	10	39	9	11	2	71
	%	14.1	54.9	12.7	15.5	2.8	100.0

Finally, Table 3 shows the results obtained from answers related to the patient safety culture dimension "Hospital management support to patient safety."

Table 3 – Frequency distribution of answers related to the patient safety culture dimension "Hospital management support to patient safety." Cascavel, Paraná, Brazil, 2014.

Item		(SD)	(D)	(N)	(A)	(SA)	TOTAL
Hospital administration enables a working environment that favors patient safety.	N	15	29	8	18	1	71
	%	21.1	40.8	11.3	25.4	1.4	100.0
Hospital administration's actions show that patient safety is a priority.	N	9	33	13	14	0	69
	%	13.0	47.8	18.9	20.3	0.0	100.0
Hospital administration seems to be interested in patient safety only after the occurrence of an adverse event.	N	7	20	10	32	2	71
	%	9.9	28.2	14.1	45.0	2.8	100.0

We observe in Table 1 that the sample under analysis consisted predominantly of young adult women. This may derive from the fact that, just as in these variables, the nursing team, including residents in this category, was prevalent in the sample. In addition to these results, it is widely known that, especially in hospital services, the nursing team represents the largest number of individuals in the workforce, which is usually represented, due to historical facts, mostly by women.[12]

Given the above, it is worth thinking through the importance of hospital nursing in relation to safety and patient safety culture, since the category has care as the essence of the profession, and this is the only one that accompanies a hospitalized patient uninterruptedly. Thus, it is needed that nursing teams are continually appropriate in terms of qualitative and quantitative dimensions, so that safe care may be aimed[13], and, not less

significant, aim at the safety culture as an element, even if not tangible, but very important to the functioning of their services.[5,9]

Although the sample is regarded as young, the length of time working in the hospital institution was regarded as long, since there was a high prevalence in the total number of those working in the organization from 6 to more than 15 years. This is relevant because, in the case of a research that aims to examine aspects related to culture, long time working in the employing institution may be a factor that interferes with the answers, as workers tend to adhere to or share more intensely a culture as working time increases[14], and this may mean a positive movement towards reliable answers, in respondents' opinion.

It was also shown in Table 1 that the vast majority of participants worked in direct contact with the patient. It is worth alluding to the relevance of this finding, because, although the patient safety culture should be a good shared by all walks of the organization[3], surely those professionals working in hospital care will interfere more pointedly with care safety, something which derives from the need they are continuously stimulated towards promoting the safety culture itself, and this is a factor interfering with care outcomes.[13]

Regarding the perceptions of professionals on the patient safety culture mediated by immediate leadership/management (Table 2), we notice there is a tendency for a favorable perspective regarding the safety culture in all items under analysis. This is so because the items evaluated by using positive claims concerning the safety culture related to direct leaders had greater concentration of agreement percentages, whereas the third item, resorting to a negative claim, had a high disagreement score.

Given the above, it is worth highlighting that respondents demonstrated high agreement with the item that evaluated whether their immediate superiors/bosses commend when faced with initiatives that promote patient safety (Table 2). It deserves to be regarded as a very positive factor because the act of commending can mean a simple measure taken by a leader committed to good quality service provided by her/his team[15,16]; thus, commending an employee in a situation that promotes patient safety may lead to service provided with higher quality and safety.

Another very positive issue related to the safety culture mentioned by professionals concerning their immediate leaders was the fact that the latter take suggestions of professionals into account in order to improve patient safety within the working unit, according to the perception of most respondents (Table 2). This finding is regarded as laudable, because, being aware that the health service involves multi- and interdisciplinary work, it is significant that decision-making procedures are shared among all team members, something which indicates that direct leaders in the units under analysis may adhere to the precepts of collegiate/shared management, which consists in decentralizing decisions and getting closer to the team members in charge of health work, and this might interfere with quality of service, as well as with safety in patient care.[17]

Reinforcing the perspective favorable to the patient safety culture related to the immediate leadership of professionals interviewed, the last item (Table 2) related to this dimension pointed out that most of the subjects believe that their managers think patient safety problems that happen frequently are important. In this regard, people assume the idea that, despite immediate managers might not be strongly linked to direct patient care, they

are not allien to patient safety-related issues, being committed to the latter, according to the perception of people they lead.

As the exercise of health leadership, especially in a hospital environment, is a challenging need to achieve common goals[18], we must emphasize that the immediate leaders of professionals interviewed might take their managerial action as a factor that promotes patient safety, because they seem, in general, to be committed to the issues surrounding this desirable good, insofar as they commend the team led when people seek to promote safety measures; they take new suggestions from the team into account; and they also think safety-related are important in their unit.

Concerning the results obtained in the evaluation of the patient safety culture dimension "Hospital management support to patient safety" (Table 3), it was found that, unlike the dimension that evaluated the perceptions of professionals as for the culture safety mediated by immediate leadership, this dimension has shown an unfavorable perspective related to the patient safety culture. This is so because the three evaluation items in this dimension had scores reflecting that executive hospital management, in short, does not provide measures to favor the patient safety culture within the organization.

In line with what has been highlighted, the item evaluating whether the hospital administration enables a working environment that favors patient safety showed a high disagreement percentage. Establishing the adequate safety culture in health institutions, by means of actions taken by senior management, has been indicated as a key component for promoting the very patient safety in clinical practice[5,19]; but, despite this, recent research findings[5,9] corroborate what was observed in this evaluation item, indicating that when hospital administration favors a working environment aimed towards safety constitutes an element that still has flaws in various locations.

Regarding the evaluation item that sought to identify whether the hospital administration shows that patient safety is a priority (Table 3), it is also noticed that there was a high percentage of disagreement (60.8%) according to the perception of professionals interviewed. This is regarded as a matter of concern because the patient/user, in essence, is the purpose and the reason for the existence of health services. Thus, the fact that top management does not assign a priority status to the safety of those who need its services can mean institutional neglect with patient exposure to care-related risks, which, as in the case of this research, are high within a hospital.[3,20]

It is worth noticing that board of hospital directors' failure to demonstrate priority to issues related to patient safety is, undoubtedly, something serious and potentially damaging to the institution itself and, especially, to patients. This is so because hospitals are widely known as organizations that have a formal organizational structure, with distribution of decision-making, on a large scale, often concentrated to a select group of people or even a single person.[21] Thus, top hospital management's failure to be concerned with patient safety may be a negative factor among those who aim at improving care quality and safety, but, due to lack of decision-making power, the latter may see that the actions wished for are limited.

When concluding the analysis of the perception of professionals concerning the safety culture in the dimension "Hospital management support to patient safety", we could also notice that the item evaluating whether the hospital administration seems to care about

patient safety only after the occurrence of an adverse event (Table 3) obtained an unfavorable perspective regarding the safety culture, because most respondents agreed with the statement.

Despite the occurrence of adverse events in hospital settings, we notice there is a growing movement to prevent them, which are seen as unintentional injuries, unrelated to the natural evolution of the underlying disease, causing measurable damage to the patient affected, longer hospital stay and/or death.[3] Thus, it becomes clear that adverse events and their prevention are truly important to patient safety.

Something that may prove to be a structured initiative to prevent adverse events is risk management, which is nothing more than the systematic application of management practices, with participation of the multidisciplinary team for identifying, evaluating, treating, monitoring, and critically analyzing the risks associated with any activity, function or work process, so that the occurrence of unwanted events is minimized.[22]

Based on the results and the literature, it becomes clear that top management in the hospital under analysis does not seem to take measures to prevent adverse events, through systematic management practices. This is so because, according to respondents, the board of hospital directors shows to be concerned with patient safety only after the occurrence of adverse events in the clinical everyday work within the organization. People assume that this may be due to a purely bureaucratic concern of top management, in order to show compliance with regulatory agencies, however, this is surely not enough to promote a patient safety culture within the organization in an efficient and systemic way.

It is worth conjecturing that culture and the very patient safety are issues that must be addressed in discussions and actions of the entire health organization. To target the safety culture, reaching safer care, studies[5,9,23] have emphasized the importance of continued learning for the organization as a whole, aiming to spread the culture favorable to safe practices, as well as training for specific actions to prevent errors and adverse events.

Given the above, we agree with the importance and potential of educational actions at the managerial and clinical levels within health services, however, in the light of the findings of this study, it becomes clear that managerial action taken by top organizational management in promoting safety and the patient safety culture is a factor that deserves more attention, also for promoting educational practices aimed at the good wished for.

CONCLUSION

This research analyzed the perceptions of health professionals who work in a public teaching hospital concerning the safety culture and its interface with hospital leadership. Based on this, we conclude that respondents indicate a perspective favorable to the safety culture mediated by the immediate leadership, however, top hospital management does not seem to commit to issues surrounding patient safety in the organization, something which resulted in an unfavorable culture.

The absence of inferential statistical analysis is, perhaps, the greatest limitation of this research, as well as its cross-sectional approach. However, it is believed that the study provides a significant contribution to knowledge on the patient safety culture, specifically the issues related to leadership and its interface with the safety culture; thus, the results presented here may be capable of supporting rather assertive decision-making at the managerial level within hospital organizations, so that promoting the patient safety culture can be also mediated by top and mid-level management.

In the end of this paper, we highlight the need for further studies, with various methodological approaches and/or research objects. To do this, we suggest carrying out qualitative research aimed at grasping factors that interfere with the patient safety culture, as well as studies that seek to analyze the relationship between the safety culture and clinical outcomes.

Finally, it is worth reaffirming the significance of inserting patient safety and a culture favorable to safety into health institutions, especially the Brazilian ones, so that, even slowly, the service provided to those who need care is good quality and safe.

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