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DISCLOSURE PRACTICES RELATED TO PATIENT SAFETY IN HOSPITALS: SCOPING REVIEW PROTOCOL

Práticas de disclosure relacionadas à segurança do paciente em hospitais: protocolo de revisão de escopo

Prácticas de divulgación relacionadas con la seguridad del paciente en hospitales: protocolo de revisión de alcance

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RESUMO

Objetivo: mapear as práticas de *disclosure* de eventos adversos para pacientes internados, em evidências científicas. **Método:** protocolo de revisão de escopo, registrado no *Open Science Framework*, que seguirá a metodologia do *Joanna Briggs Institute*. O levantamento se dará em onze bases de dados. Dois revisores independentes selecionarão as evidências, com o auxílio da ferramenta *Rayann*, sendo elegíveis artigos publicados em qualquer idioma, e com diferentes abordagens metodológicas. As divergências serão resolvidas por um terceiro revisor. **Resultados**: Espera-se, com este trabalho, conhecer as práticas de *disclosure* de eventos adversos para pacientes internados. **Considerações finais:** o mapeamento proposto permitirá a criação de um banco de informações para subsidiar práticas de *disclosure* baseadas em evidências, a serem empregadas em situações de eventos adversos relacionados à segurança de pacientes hospitalizados.

DESCRITORES: Comunicação em saúde; Pacientes internados; Revelação da verdade; Segurança do paciente.

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ABSTRACT

Objective: to map the disclosure practices of adverse events to inpatients in scientific evidence. **Method**: scoping review protocol, registered on the Open Science Framework, following the proposed methodology of Joanna Briggs Institute. The mapping will be conducted in eleven databases. Two independent reviewers will select the evidence, aided by the Rayyan tool, with eligible articles published in any language, and with different methodological approaches. Discrepancies will be resolved by a third reviewer. **Results**: with this work it is expected to understand adverse events disclosure practices for inpatients. **Final considerations**: the proposed mapping will allow the creation of an information bank to support evidence-based disclosure practices to be used in adverse events related to inpatient safety.

DESCRIPTORS: Health communication; Inpatients; Truth disclosure; Patient safety.

RESUMEN

Objetivo: mapear las prácticas de divulgación de eventos adversos para pacientes hospitalizados en evidencia científica. **Método**: protocolo de revisión de alcance, registrado en el Open Science Framework, siguiendo la metodología del Instituto Joanna Briggs. La encuesta se realizará en once bases de datos. Dos revisores independientes seleccionarán la evidencia, ayudados por la herramienta Rayyan, con artículos elegibles publicados en cualquier idioma y con diferentes enfoques metodológicos. Las discrepancias se resolverán mediante un tercer revisor. **Resultados**: se espera com este trabajo comprender las prácticas de divulgación de eventos adversos para pacientes hospitalizados. **Consideraciones finales**: el mapeo propuesto permitirá la creación de un banco de información para respaldar prácticas de divulgación basadas en evidencia que se utilizarán en eventos adversos relacionados con la seguridad del paciente hospitalizado.

DESCRIPTORES: Comunicación en salud; Pacientes internos; Revelación de la verdade; Seguridad del paciente.

INTRODUCTION

The challenge of recognizing an error and still having to communicate it to the people under the responsibility of a health professional or service can cause discomfort when making this communication. For this reason, the practice of disclosure consists in carrying out this dialogue, taking into account the fact that the information provided is directly related to the rights of the patient, their safety and the safety of others, since the practice of disclosure has an informative and preventive nature; and not a punitive approach.[1]

In this context, effective communication reflects on best practices to minimize the occurrence of adverse events; in addition to directly implying patient safety.[2]

Nursing care for patients is fraught with risks related to health care, and sometimes these risks could be avoided if proper precautions and attention were taken. For example, the National Patient Safety Program defines an adverse event as any incident that results in harm to health, and risk management involves several factors, including communication and management of adverse events.[3]

However, the reporting of complications should be encouraged and punitive practices should be eliminated, as many errors occur for unintentional reasons. The punitive culture sometimes leads to the omission of failures in health care and, consequently, to new episodes of adverse events. This study is therefore justified by reflecting on the complexity of patient safety as a priority, so that the prevention of adverse events, which have a significant impact on patient health, is always at the forefront.[4]

In light of the above, a preliminary search in the MEDLINE and Cochrane databases for systematic reviews and the JBI evidence synthesis was conducted in December 2023; no current or ongoing systematic reviews or scoping reviews were identified on the topic addressed in this protocol.

The aim of the scoping review will be to map adverse event disclosure reporting practices for hospitalized patients and their companions in relation to patient safety in the hospital setting, as reported in the most diverse scientific evidence.

METHOD

The scoping review proposed in this protocol will be conducted according to the Preferred Reporting Items for Systematic Reviews and Meta-Analyses extension for Scoping Review (PRISMA ScR) methodology, with a view to subsidizing a scoping review according to the recommended practices of the Joanna Briggs Institute. This is a type of study that seeks to map all the available scientific evidence on a given topic in order to compile its results, but without assessing the methodological quality of the scientific data found.[5]

In this context, this protocol will follow each phase of the structure for the scoping review, which consists of: (1) Defining and aligning the objective(s) with the question(s); (2) Developing

and aligning the inclusion criteria with the objective(s) and question(s); (3) Describing the planned approach to searching, selecting, extracting data and presenting evidence; (4) Searching for, selecting and extracting the evidence; (5) Analyzing the evidence; (6) Presenting the results; and (7) Summarizing the evidence in relation to the purpose of the review, drawing and noting any implications of the conclusions.[5]

It should be noted that this protocol is registered on the Open Science Framework platform under DOI: 10.17605/OSF.IO/B75DQ.

As this is a review study, this protocol does not meet the ethical requirements of Resolution 466/12 and Resolution 510/16, which deal with research with human beings. Considering that, in this research, as the data collected will come from publicly available literature, there was no submission to the Research Ethics Committee.

Step 1: Defining and aligning the objective with the question

The definition of the research question is crucial in the development of a study, as it guides and directs the subsequent stages of the scoping protocol. It is essential that the question is clearly and objectively stated so that the reader understands the objectives of the study based on this specific inquiry.[6]

In order to develop the research question, this step should be organized using the acronym PCC (Population, Context and Concept) in order to delve deeper into the information related to a given subject.[5] In this context, the question was developed as follows: P - population - patients and caregivers; C - concept - adverse event reporting; and C - context - hospitals. Thus, the research question was: What are the adverse event disclosure practices oof hospitalized patients and their companions?

To fulfill this step, the aim of the scoping review will be to map the scientific evidence on disclosure practices related to patient safety in hospital settings.

Step 2: Developing and aligning the inclusion criteria with the objective and question

This scoping review will consider experimental and quasi-experimental study designs, including randomized clinical trials, non-randomized clinical trials, before-and-after studies, and interrupted time-series studies. In addition, analytical observational studies, including prospective and retrospective cohort studies, case-control studies, and analytical cross-sectional studies will be considered for inclusion. This review will also consider descriptive observational study designs, including case series, individual case reports, and descriptive cross-sectional studies.

Qualitative studies will also be considered, including designs such as phenomenology, grounded theory, ethnography, qualitative description, action research, and feminist inquiry, among others. Systematic reviews that meet the inclusion criteria will also be considered, depending on the research question. Writings and opinion pieces will also be considered for inclusion in this scoping review.

Studies published in any language will be included and there will be no time frame in order to cover all aspects of the phenomenon under review and to understand it more fully.

Step 3: Describing the planned approach to searching, selecting, extracting data and presenting evidence

To make the study robust and reliable, the terminologies used to search and select the data will be obtained through structured vocabularies, which are terms organized to facilitate access to information worldwide in a single, universal context. Thus, we will use the terms registered in the thesaurus Descriptors in Health Sciences/Medical Subject Headings (DeCS/MeSH), namely Health Communication [Comunicação em saúde], Hospitalized Patients [Pacientes internados], Truth Disclosure [Revelação da verdade], Patient Safety [Segurança do paciente].

The search strategy is defined as a technique for locating information stored in a database in order to extract this data more accurately.[7]

The search strategy for this scoping review aims to find scientific evidence in databases. The text words contained in the titles and abstracts of the relevant articles and the index terms used to describe the articles were used to develop a complete search strategy. The search strategy, including all identified keywords and index terms, will be adapted for each database and/or source of information included, as well as the Boolean operators and & or.

A preliminary search of the National Library of Medicine (PubMed) database was carried out to identify articles on the subject (Chart 1). The reference list of all the sources of evidence included was evaluated for additional studies.

The databases searched included the VHL, PUBMED, Cochrane Library, CINAHL, Web of Science and others. The sources of gray literature searched included theses, dissertations, research reports and other relevant studies, and this search will be carried out on Google Scholar.

Chart 1 - Preliminary Search Strategy, Rio de Janeiro, RJ, Brazil

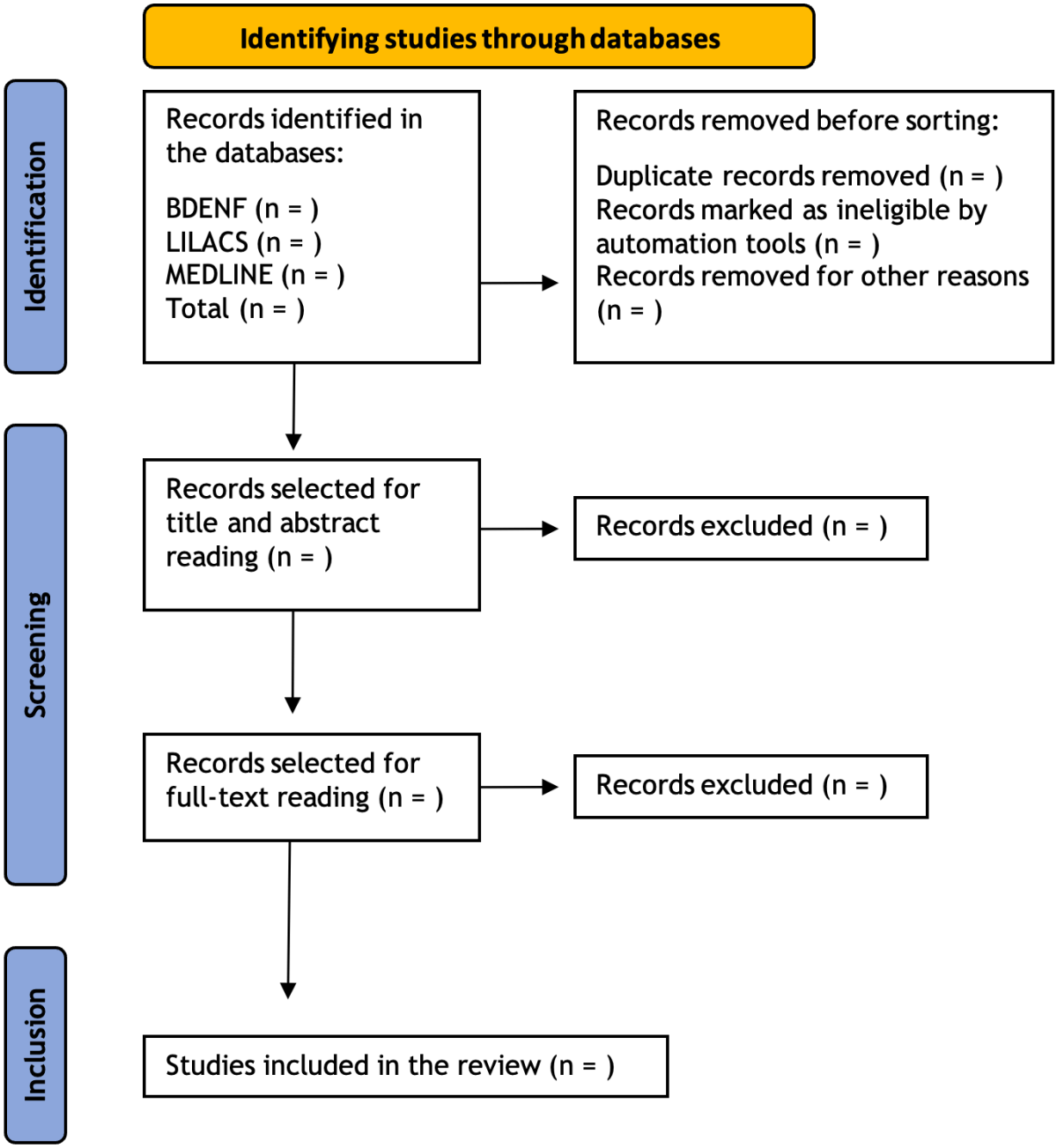
Database	Search strategy	Results
PUBMED	(Inpatients[mh] OR Inpatient*[tiab] OR Non-Professional Home Care[tiab] OR Nonprofessional Home Care[tiab] OR "Caregivers"[mh] OR Caregiver*[tiab] OR Carer*[tiab] OR "Care Givers"[tiab] OR "Care Giver"[tiab] OR family care*[tiab] OR "unpaid care"[tiab] OR informal care*[tiab] OR "Family"[mh] OR Families[tiab] OR Filiation[tiab] OR relatives[tiab] OR Stepfamil*[tiab] OR Parent*[tiab] OR "Step Parents"[tiab] OR Step-Parent[tiab] OR Step-Parent*[tiab] OR Stepparent*[tiab] OR maternity[tiab] OR motherhood[tiab] OR parenthood[tiab] OR paternity[tiab] OR "mothers"[mh] OR "Fathers"[mh] OR "mothers"[tiab] OR"Fathers"[tiab] OR "patient safety"[mh] OR Patient Safet*[tiab]) AND ("Truth Disclosure"[mh] OR Error Disclosure*[tiab] OR Truth Disclosure*[tiab] OR Disclosure[mh] OR Information Disclosure*[tiab]) AND ("Drug-Related Side Effects and Adverse Reactions"[mh] OR Adverse Drug Event*[tiab] OR Adverse Drug Reaction*[tiab] OR Adverse Event*[tiab] OR Drug Side Effect*[tiab] OR Drug Toxicit*[tiab] OR Side Effects of Drug*[tiab] OR "Medical errors"[mh] OR Medical error*[tiab] OR Commission Medical Error*[tiab] OR Critical Medical Incident*[tiab] OR Medical Critical Incident*[tiab] OR Medical Error*[tiab] OR Medical Mistake*[tiab] OR Never Event*[tiab] OR Omission Medical Error*[tiab] OR Surgical Error*[tiab] OR Wrong Patient Surger*[tiab] OR Wrong Procedure Error*[tiab] OR Wrong Site Surger*[tiab] OR Wrong-Patient Surger*[tiab] OR Wrong-Procedure Error*[tiab] OR Wrong-Site Surger*[tiab])	561

Source: The Authors, 2024.

Step 4: Searching, selecting and extracting the evidence

After the search, all identified citations are collected and uploaded into the Rayyan tool and duplicates are removed. Next, a pilot test is performed and the titles and abstracts are assessed by two independent reviewers against the inclusion criteria of the review. The full text of the selected citations will be assessed in detail against the inclusion criteria by two independent reviewers. The reasons for excluding full-text evidence that does not meet the inclusion criteria will be recorded and reported in the scoping review. Any disagreement between the reviewers at any stage of the selection process will be resolved by discussion or with a third reviewer. The results of the search and study inclusion process will be fully reported in the final scoping review and presented in the PRISMA flowchart (Figure 1).[8-9]

Figure 1 - PRISMA flowchart, Rio de Janeiro, RJ, Brazil



Source: Adapted by the authors, 2024.

To bring the data closer to the objectives and research question, the information is extracted using a data extraction tool developed by the reviewers (Chart 2).

Chart 2 - Data Organization for Analysis, Rio de Janeiro, RJ, Brazil

Study type	Whether it is an article or another type of study
Publication year	Year the article was published
Country in which the study was conducted	Country of origin of the study
Objective	Description of the purpose of the study
Study design	As described by the author
Population	Study participant distribution
Actions described	Description of adverse event reporting practices for hospitalized patients and their caregivers
Results	Presentation of the results presented, related to the adverse event reporting practices of hospitalized patients and their companions in hospitals
Conclusion	Presentation of study conclusions

Source: The Authors, 2024.

Steps 5 and 6: Analyzing the evidence and presenting the findings

This phase of the study consists of compiling, discussing, and presenting the results in a synthesized form in accordance with the study's objective and research question.

Step 7: Summarizing the evidence in relation to the purpose of the review, drawing conclusions, and noting any implications of the conclusions

The final stage will present the conclusions related to the scoping review and the answers to the objectives and the formulated question, based on the PCC strategy. This will provide an overview of strategies for disclosure practices in hospitals and their relationship to adverse events and patient safety.

RESULTS

The mapped literature is expected to provide information on the methods used to carry out disclosure practices and to verify the existence of institutional norms related to this practice. The proposed mapping will enable the creation of an information bank to support evidence-based disclosure practices to be used in situations of adverse events related to the safety of hospitalized patients.

FINAL CONSIDERATIONS

It is antecipated that the findings of this study will stimulate the practice of disclosure in hospital settings as another way to improve patient safety. From this perspective, it is understood that the discussion of what has already been researched, and consequently evidenced, reinforces evidence-based practice to improve nursing practice in various instances, including patient safety. Thus, the development of this study will reflect on decision-making regarding disclosure practices.

REFERENCES

1. Pinheiro, PAPC. Enfermagem baseada em evidências. Multisaúde Educacional. [Internet]. 2020 [cited 2024 jan 5]. Available from: https://multisaude.com.br/artigos/enfermagem-baseada-em-evidencias/.

2. Instituto Brasileiro para a Segurança do Paciente. Disclosure: um guia prático para comunicar erros na saúde. [Internet]. 2019 [cited 2024 jan 5]. Available from: https://ibsp.net.br/materiais-cientificos/disclosure-um-guia-pratico-para-comunicar-erros-na-saude/.

3. Brasil. Ministério da Saúde. Portaria nº 529, de 1. de abril de 2013. Institui o Programa Nacional de Segurança do Paciente (PNSP). [Internet]. Brasília, DF: MS, 2013. [cited 2024 jan 5]. Available from: https://bvsms.saude.gov.br/bvs/saudelegis/gm/2013/prt0529_01_04_2013.html.

4. Fermo VC, Radünz V, Rosa LM da, Marinho MM. Atitudes profissionais para cultura de segurança do paciente em unidade de transplante de medula óssea. Rev. gaúch. enferm. [Internet]. 2016 [cited 2024 feb 9];37(1):e55716. Available from: https://doi.org/10.1590/1983-1447.2016.01.55716.

5. Peters MDJ, Godfrey C, McInerney P, Munn Z, Tricco AC, Khalil, H. Capítulo 11: Scoping Reviews (versão 2020). In: Aromataris E, Munn Z (Editores). Manual JBI para Síntese de Evidências. [Internet]. 2020 [cited 2024 feb 27]. Available from: https://doi.org/10.46658/JBIMES-20-12.

6. Tricco AC, Lillie E, Zarin W, O'Brien K, Colquhoun H, Kastner M *et al*. A scoping review on the conduct and reporting of scoping reviews. BMC med. res. methodol. (Online). [Internet]. 2016 [cited 2024 feb 27];16(15). Available from: https://doi.org/10.1186/s12874-016-0116-4.

7. Lopes IL. Uso das linguagens controlada e natural em bases de dados: revisão da literatura. Ci Inf. [Internet]. 2002 [cited 2024 feb 27];31(1). Available from: https://doi.org/10.1590/S0100-19652002000100005.

8. Tricco AC, Lillie E, Zarin W, O'Brien K, Colquhoun H, Levac D *et al*. PRISMA Extension for Scoping Reviews (PRISMA-ScR): checklist and explanation. Ann. intern. med. [Internet]. 2018 [cited 2024 feb 27];169. Available from: https://doi.org/10.7326/M18-0850.

9. Page MJ, McKenzie JE, Bossuyt PM, Boutron I, Hoffmann TC, Mulrow CD, *et al*. The PRISMA 2020 statement: an updated guideline for reporting systematic reviews. BMJ. [Internet]. 2021 [cited 2024 feb 27];372. Available from: https://doi.org/10.1136/bmj.n71.