

Culture of patient safety in hospital private

Cultura de segurança do paciente em hospital privado *

Cultura del paciente en privado de seguridad hospital

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ABSTRACT

Objective: To evaluate the perception of active nurses in a private hospital about the security climate. **Methods:** Cross-sectional study. Conducted with 215 nursing professionals of a hospital in the northwestern region of the State of Rio Grande do Sul (RS), Brazil, from May to July 2014. For data collection was used the Safety Attitudes Questionnaire and analysis Descriptive statistics. **Results:** It prevailed the female professionals (92.6%), nursing auxiliaries/technicians (84.7%), main role in pediatric and adult (47.4%), with experience in the specialty of more than 3 years (64,6%). Satisfactory scores found by domains were working atmosphere in a team (76), job satisfaction (88) and working conditions (91). **Conclusion:** The study showed a distance between the unit of nursing management and the hospital with the workers who worked on site, requiring a look enlarged both in the unit and in the hospital.

Descriptors: Patient Safety, Safety Culture, Nursing.

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RESUMO

Objetivo: Avaliar a percepção dos profissionais de enfermagem atuantes em um hospital privado acerca do clima de segurança. **Métodos:** Estudo transversal. Realizado com 215 profissionais de enfermagem de um hospital, localizado na região noroeste do Estado do Rio Grande do Sul (RS), Brasil, no período de maio a julho de 2014. Para coleta de dados utilizou-se o *Safety Attitudes Questionnaire* e análise com estatística descritiva. **Resultados:** Prevaleram as profissionais do sexo feminino (92,6%), auxiliares/técnicos de enfermagem (84,7%), atuação principal em pediatria e adulto (47,4%), com experiência na especialidade superior a 3 anos (64,6%). Os escores satisfatórios encontrados por domínios foram: clima de trabalho em equipe (76), satisfação no trabalho (88) e condições de trabalho (91). **Conclusão:** O estudo evidenciou uma distância entre a gerência de enfermagem da unidade e do hospital com os trabalhadores que atuavam *in loco*, necessitando de um olhar ampliado tanto na unidade quanto no hospital.

Descritores: Segurança do Paciente, Cultura de Segurança, Enfermagem.

RESUMEN

Objetivo: Evaluar la percepción de las enfermeras que trabajan en un hospital privado sobre el clima de seguridad. **Métodos:** Estudio transversal. Realizado con 215 profesionales de enfermería de un hospital en la región noroeste del estado de Rio Grande do Sul (RS), Brasil, de mayo a julio de 2014. Para la recolección de datos se utilizó el Cuestionario de Actitudes de seguridad y análisis estadística descriptiva. **Resultados:** prevalecido los profesionales del sexo femenino (92,6%), auxiliares de enfermería / técnicos (84,7%), el papel principal en niños y adultos (47,4%), con experiencia en la parte superior habilidad de 3 años (64,6%). puntajes satisfactorios que han encontrado los dominios fueron atmósfera de trabajo en equipo (76), satisfacción en el trabajo (88) y las condiciones de trabajo (91). **Conclusión:** El estudio demostró una distancia entre la unidad de gestión de enfermería del hospital y con los trabajadores que trabajaban en el lugar, lo que requiere una mirada ampliada tanto en la unidad y en el hospital.

Descriptorios: La Seguridad del Paciente, La Cultura de Seguridad, Enfermería.

INTRODUCTION

The World Health Organization (WHO) estimates that each year tens of thousands of people in several countries, suffer damage caused by adverse events, errors and incidents related to health care.¹ These damages suffered by patients during their stay in hospital can be incapacitating, result in premature death, irreversible consequences, raising the cost and hospital stay.¹

For the World Health Organization, about 20 to 40% of all health spending in several countries, is the result of poor quality of care provided to patients. These are a result of the attitudes and skills developed by professional individual and group basis.² The result of the interaction of attitudes, perceptions, values and individual and group competences on the security issues are defined as safety culture. Satisfactory safety culture institutions are marked by effective communication among professionals, mutual trust and common perceptions about the importance of safety and effectiveness of preventive actions.³

The security environment is understood as a temporal measure of safety culture, which can be measured by the perceptions of professionals as to the establishment of safety culture, which is associated with the adoption of safe attitudes and reduction of adverse events. The main factors directly related to the adoption of safe attitudes and reduction of adverse events are behaviors front management to security issues, the presence of risk prevention policies and pressure in the workplace.³

Several studies are being conducted in philanthropic and teaching hospitals to evaluate the safety culture,⁴ however, these studies, in majority, are performed in large centers. Having the diagnosis of patient safety climate is a major step in health institutions. This indicator reflects the quality of patient care and may raise interventions to improve these results.³

Patient safety has permeated discussions between managers and health staff of hospitals. There is no scientific evidence to support how the security climate of professionals working directly in hospitals, especially in private ones in the case of a gap to be clarified. Thus, you need to know the culture of safety experienced in the institution so that improvements can be made in the care provided, in order to ensure patient safety.

It justified this study, given the complexity of the patients admitted in hospitals and estimated that annually occur damage to the health of thousands of patients in various countries. Because, even the health care bringing benefits to all involved, the occurrence of errors is possible, which may result in serious consequences to patients.⁵

Moreover, because in Brazil there is a diagnosis of the situation of patient safety problems in private hospitals,⁶ it increases the size of preventable adverse events and reinforces the importance of strengthening the safety culture among professionals in hospitals. Because of the complexity surrounding the making of nursing, this study was to evaluate the perception of nursing professionals, who work in a private hospital, about the climate of security.

METHODS

Cross-sectional study, developed in a private hospital, located in the northwestern region of the State of Rio Grande do Sul (RS), Brazil. This hospital is characterized as size III and has 276 nursing professionals.

Inclusion criteria were: being a nurse, technician or nursing assistant, working in the same sector for at least one month and have weekly duration of at least 36 hours. Professionals who were on sick leave or any other departure from the collection period were excluded. After applying the inclusion and exclusion criteria 17 participants were excluded because they are on maternity leave or health, 13 for not having 30 days of work in the unit, two for participating of the research team. We obtained 244 eligible professionals. Of these, 29 (12%) did not join the search.

The instrument used was the **Safety Attitudes Questionnaire - SAQ**, validated for the Brazilian population. It requested written permission for use of the instrument for the author; after consent was followed by the construction of the project. The SAQ is an instrument that measures the security environment understood by professionals. It is the most sensitive to assess individual attitudes towards safety.³

Divided into two parts: the first consists of 41 questions, covering the six areas, and the second part relating to data collection professionals (sex, profession and time experience in the art).³

The instrument has written questions in the affirmative that seek to measure the level of agreement with the statements and aim to measure the perception of the security environment, through areas: work environment for staff, safety climate, job satisfaction, perception management the unit and the hospital, working conditions and recognition of stress.

The answer to each question follows the five-point scale on the Likert scale: DT option - strongly disagree, DP- disagree partially, neutral - neutrophils, CP - agree partially, CT- totally agree and NA- does not apply. The final score of the instrument ranges from 0 to 100, where zero corresponds to the worst perception of security attitudes by health professionals and 100 to the best perception (Carvalho, 2012). Positive values are considered when the total score is equal to 75. The issues were organized by domains thus add to the responses of each domain issues and divided by the number of questions each.^{3,7}

Data were entered in PASW Statistics® program (Predictive Analytics Software from SPSS Inc., Chicago, USA) 18.0 for Windows, after the bank's conference proceeded to the statistical analysis. The evaluation of the reliability of global scales and their respective dimensions was performed by the Cronbach's alpha coefficient.

Research approved by the Research Ethics Committee (CEP) of the Regional University of the Northwest of Rio Grande do Sul State (UNIJUÍ) under Opinion embodied number 652985/2014.

RESULTS AND DISCUSSION

215 nursing staff participated, yielding a response rate of 88%. It prevailed professional female (92.6%), nursing auxiliaries/technicians (84.7%), with main activities the two

categories, both pediatric and adult (47.4%), with experience in top skill to 3 years (64.6%).

When assessing the reliability of the instrument it is clear that the study participants understood the questions. Upon Cronbach's alpha test, we obtained overall result of 0.837, and domain the following results: working atmosphere team 0.566, Safety Climate 0.580, Job Satisfaction 0.693, Stress Perception 0.800, Management Unit Perception 0.649, Hospital Management Perception 0.650 0.172 and Working Conditions.

When calculating the average of the scores, it is evident that were satisfactory in the areas: working atmosphere team (76), Job Satisfaction (88) and working conditions (91). Data that can be seen in Table 1.

Nursing workers prevailing, according to the technical division of nursing work, is characterized by a higher concentration of medium level/technician. Therefore, nurses need to improve and acquire an innovative attitude, be able to think creatively and critically, analyze and make decisions, being aware of their ethical responsibilities, political and professional.⁸

The patient should be the central focus of the health service mission. Therefore, it is relevant to ongoing training of organization and involvement of all employees.⁹ Nursing builds knowledge based on experience, and the activities supported by principles and repeated routines.¹⁰ However, it is important to note that the actions and changes need to be guided by scientific evidence. Experienced nurses tend to develop safer practices to the assisted clientele, especially when it comes to the use of technological devices.¹¹

For health institutions to reach a health care quality is critical that managers analyze the cultural and organizational aspects of the institution, which interfere in the realization and outcome of health care. Noteworthy is the risk management and unfavorable working conditions such as fatigue and overwork in the pros.⁹

The screen study showed that areas with satisfactory scores were working atmosphere team, Job Satisfaction and Working Conditions, with averages of 76, 88 and 91, respectively.

The working conditions offered to professionals in this hospital are considered suitable for the realization of health care quality. It joins this result with the characteristics of a private hospital, with appropriate conditions, from the technological devices to the ambience, which consequently financially onerous. In contrast, in public hospitals, sometimes

Table 1 – Distribution of results by fields of nursing workers in a private institution in the northwest of the State of Rio Grande do Sul, Brazil. 2014

Domains	Average	Standard deviation
Working atmosphere team	76	15.31
Safety Climate	73	15.01
Job Satisfaction	88	13.08
Stress perception	60	28.89
Unit Management Perception	67	19.25
Hospital Management Perception	66	19.76
Work conditions	91	16.26

Source: Data of the authors

there is a lack of human and material resources, which directly affects the safe patient care and that can cause dissatisfaction and helplessness workers.¹²

A study conducted in a teaching hospital, which assessed the perception of the safety climate of active nursing professionals in the medical and surgical clinics, found that the satisfaction domain score at work was the greatest. It is considered a positive factor, due to the professional satisfaction imply directly on the quality of care. Dissatisfied professionals with work experience high turnover rates associated with adverse events.⁵

A study conducted in the wards of a university hospital in Rio de Janeiro, in order to identify and discuss the working conditions of the nursing staff, draws attention to the material, psychological and social factors that permeate worker satisfaction.¹² These can influence positively or negatively on the health of workers, understanding that the physical and mental well-being of the worker interfere in your productivity. In this direction, a study in hospitals in the United States and in over twelve countries in Europe showed that, in the institutions where the working conditions are appropriate, the level of satisfaction of the teams and patients are satisfactory.¹³

The working environment in staff is an area which culminates to job satisfaction, insofar as possible to evaluate the perception of the collaboration between the team of professional quality. An essential criterion for a satisfactory teamwork climate is a constant efficient and effective communication between managers and other team members, with the intention to provide knowledge and understanding to carry out the activities and ensure motivation, collaboration and satisfaction to professionals.¹⁴ Study that comes to meet this one, in that it states that a high degree of cooperation between members of the nursing staff ensures impactful way the quality of care provided to patients. This is because a quality communication between team members reduces the occurrence of adverse events, increases the satisfaction of the professionals in relation to work and reduces the rates of complications arising from the care.³

The average in the Safety Climate domain was 73, which is below the cutoff point used as reference for this search. Research conducted in a teaching hospital in Ireland showed the average below the acceptable value, 75.¹⁵ Another study in order to investigate the association between scores of patient safety climate and socio-demographic and professional variables in a general hospital in Brazil, the safety climate score obtained an average of 61.8.¹⁶ But the pros said to know the means appropriate to refer to management issues about patient safety and are encouraged by colleagues to report their concerns to it.

It is noteworthy that the perception of nursing professionals regarding the hospital management and the unit had low scores, 66% and 67% respectively. This domain refers to the perception of professionals about the safety attitudes developed by management.³ Results are indicating the need for managers to expand their eyes to these questions,

because there will be no changes in the culture if, firstly, the managements of the unit and the hospital do not adhere to this purpose.

This distance may be present due to the culture of the errors must be corrected by punishment without assessing the circumstances in which the incident occurred.¹⁷ Thus, we see the need to assess the attitudes presented by the managements on the issues about patient safety and the relationship of those with nursing professionals.

The perception of stress among nursing professionals of the institution under study had the lowest score, equal to 60%. A result that indicates the low capacity presented by the nursing staff to recognize how stress can compromise patient safety. Authors point out that the hospital is an environment with numerous factors and situations that cause poor health and suffering, nursing is considered the profession with high occupational stress.¹⁸

In addition, the hospital is a place where health care is given often under the influence of pressure for results, which has the potential to result in errors due to the complexity of procedures performed and the materials used, the diseases presented by patients, the care provided to them and to individual judgment of each health professional.¹⁹ The stress of nurses can be justified by the high responsibility and low autonomy, which reflect situations with several points of tension, determinants of stress.

Importantly, the measurement of safety culture with the SAQ, allows the realization of the situational diagnosis and planning of interventions to be developed for patient safety according to the individual needs of each institution.⁴ The knowledge of the safety culture of an institution is an important indicator, it points the way to the management, which through continued and permanent education can set goals in order to achieve quality of service.

CONCLUSION

The incorporation of a safety culture in organizations is in a key strategy when you expect excellence in care. The complexity inherent in the care process involves several factors that can result in harm to the patient, which must be identified with a view to qualifying the assistance and the satisfaction of health professionals.

Thus, the study showed a distance between the nursing management and hospital management with workers who act in loco. This shows the need for a magnified look both on the unit and in the hospital, in order to improve this indicator and hence get cultural changes, which may favor the safe handling, safety climate, as well as the link between the professionals.

Further studies should be conducted not only with nursing, but with the whole team in order to identify the strengths and weaknesses of the services, because from these indicators it is possible to implement strategies, which will be involved in the quality of care.

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