REVISTA ONLINE DE PESQUISA

CUIDADO É FUNDAMENTAL

Universidade Federal do Estado do Rio de Janeiro • Escola de Enfermagem Alfredo Pinto

RESEARCH

DOI: 10.9789/2175-531.2019.v11i2.333-338

The Patient Safety Culture of a Nursing Team From a Central Ambulatory

A Cultura de Segurança do Paciente da Equipe de Enfermagem de um Ambulatório Central

La Cultura de Seguridad del Paciente del Personal de Enfermería de una Clínica Central

Aline Picolotto[1]; Daniela Barella[2]; Fernando Roberto Moraes[3]; Patrícia de Gasperi[4]*

How to quote this article:
Picolotto A, Barella D, Moraes FR, *et al*. The Patient Safety Culture of a Nursing Team From a Central Ambulatory. Rev Fund Care Online. 2019.11(n. esp):333-338. DOI: http://dx.doi.org/10.9789/2175-5361.2019.v11i2.333-338

ABSTRACT

Objective: The study's purpose has been to identify the patient safety culture of a nursing team from a central ambulatory. **Methods:** It is a quantitative cross-sectional study. Data collection was performed over the first half of 2015 by using the Safety Attitudes Questionnaire. The sample consisted of three nurses and five nurse technicians. **Results:** It was found that none of the dimensions reached the minimum average (75 points) for an adequate patient safety culture. **Conclusions:** It was noticed a need for a cultural change, then requiring a joint action between the team and managers to achieve adequate indexes. The safety culture of the patient should be constantly assessed. It is suggested that the Safety Attitudes Questionnaire should be applied to all teams in this ambulatory, since multidisciplinary care provides quality care to the assisted community.

Descriptors: Patient Safety, Nursing, Institutions of Ambulatory Care.

1 Nursing Graduate by the *UCS*, MSc student in Science Health by the *UCS*, MBA in Health Audit by the *Centro Universitário Internacional (UNINTER)*, Member of the Research Group: *Grupo de Ensino e Pesquisa em Segurança do Paciente (GEPESP-UCS)*. E-mail address: apicolotto@ucs.br .*Universidade de Caxias do Sul (UCS)*, Brazil.

2 Nursing Graduate by the UCS, Postgraduate student in Adult Intensive Therapy by the *UCS,* Member of the Research Group: *Grupo de Ensino e Pesquisa em Segurança do Paciente (GEPESP-UCS)*. E-mail address: dbarella@ucs.br. *Universidade de Caxias do Sul (UCS)*, Brazil.

3 Nursing Undergraduate by the *UCS*, Member of the Research Group: *Grupo de Ensino e Pesquisa em Segurança do Paciente (GEPESP-UCS)*. E-mail address: frmoraes1@ucs.br. *Universidade de Caxias do Sul (UCS)*, Brazil.

4 Nursing Graduate by the *Universidade Federal de Santa Maria (UFSM)*, Specialist's Degree in Health Audit by the *CELER FACULDADES, MBA* in Lean Production by the *UCS*, MSc and PhD in Nursing by the *Universidade Federal de Santa Catarina (UFSC)*, Professor of both the Nursing Graduation Course and the Intensive Therapy Postgraduate Course at *UCS*, Leader of the Research Group: *Grupo de Ensino e Pesquisa em Segurança do Paciente (GEPESP-UCS)*. E-mail address: pgasper1@ucs.br. *Universidade de Caxias do Sul (UCS)*, Brazil.

DOI: 10.9789/2175-5361.2019.v11i2.333-338

RESUMO

Objetivo: Identificar a cultura de segurança do paciente dos profissionais da equipe de enfermagem de um Ambulatório Central. **Métodos:** estudo de abordagem quantitativa do tipo Survey transversal. A coleta dos dados foi realizada no primeiro semestre de 2015, com auxílio do questionário Safety Attitudes Questionnaire. A amostra foi composta por três enfermeiros e cinco técnicos de enfermagem. **Resultados:** nenhuma das dimensões alcançou a média mínima (75 pontos) para uma cultura de segurança do paciente adequada. **Conclusão:** percebe-se a necessidade de uma mudança cultural, sendo necessária uma atuação conjunta entre a equipe e gestores para alcançar índices adequados. A cultura de segurança do paciente deve ser constantemente avaliada. Sugere-se a aplicação do SAQ em todas as equipes deste ambulatório, uma vez que o cuidado multidisciplinar proporciona uma assistência de qualidade à comunidade assistida.

Descritores: Segurança do Paciente, Enfermagem, Instituições de Assistência Ambulatorial.

RESUMEN

Objetivo: Identificar la cultura de seguridad del paciente de los profesionales del equipo de enfermería de una clínica central. **Métodos:** estudio transversal, enfoque cuantitativo. La recolección de datos se llevó a cabo en la primera mitad de 2015, con la ayuda del cuestionario Safety Attitudes Questionnaire. La muestra se compone de tres enfermeras y cinco técnicos de enfermería. **Resultados:** ninguna de las dimensiones alcanza el promedio mínimo (75 puntos) para una cultura de seguridad del paciente adecuado. **Conclusión:** se nota la necesidad de un cambio cultural, lo que requiere un esfuerzo conjunto entre el personal y los gerentes en lograr tasas adecuadas. La cultura de seguridad del paciente debe ser constantemente evaluada. Se sugiere la aplicación de la SAQ en todos los equipos de esta clínica, ya que la atención multidisciplinar ofrece una atención de calidad a la comunidad asistida.

Descriptores: La Seguridad del Paciente, Enfermería, Instalaciones de Atención Ambulatoria.

INTRODUCTION

It has been known over a long time that caring practices can cause injury to the patient; furthermore, it is known that infection can be transmitted by the hands, and also that a poorly organized and structured care can bring harm to the individual, therefore, the patient will be safe only by being free from such harms.

The Institute of Medicine (IOM) in 1999 released the report "To Err is Human", which presented results from research evaluating adverse events in which health care errors caused from 44,000 to 98,000 deaths each year in The United States, which led to the conclusion that health needed a paradigm shift in relation to "errors".[1]

Since the release of the IOM report, health institutions have given greater importance to the issue. Globally, in 2004, the World Alliance for Patient Safety was established with a view to establishing measures to improve the safety and quality of health services.[2]

The central idea defended is that either possible errors or adverse events should be understood as a possibility of learning and improvement. Given this, the substitution of the punitive culture is proposed by the systemic thinking approach, which recognizes that error is human and concludes that security depends on the creation of systems that prevent errors.[3]

The patient safety culture can help in this regard. This encourages health professionals to take responsibility for their actions, encourages them to use leadership as a way of transmitting changes in the face of adverse events, without any professional being punished, in other words, even with the occurrence of harm, one must understand this as a reason for improvement for the service and not punishment for the professional that caused it.[4]

It is understood that to improve the quality of care, it is necessary to build a culture of patient safety, and for this, it is fundamental to understand that the occurrence of mistakes, lapses and mistakes should be seen as an opportunity to improve care processes. One must learn from error and not look for one to blame.

There are many publications about both errors and adverse events in the hospital environment, yet, it should not be forgotten that they also occur in primary care and outpatient settings, which in turn operate with differentiated care systems and processes.

The search for quality, hospital accreditation movements, the current media, increasingly available and critical, lead healthcare institutions to worry about patient safety, still, before setting off on a hallucinatory search for evaluation of indicators, creation of direct communication channels of error, implementation of security goals already proposed, it is essential that managers and other individuals involved in this search, know and recognize the culture of patient safety of their institutions.

It is known that in order to be effective in improving patient safety and guaranteeing quality care, it is necessary, previously, to know the safety culture of the patient present in the unit or institution in question.[5]

In order to assess a safety culture, it is necessary to measure it. Worldwide there are several instruments for this purpose. Among them, the most used is the Safety Attitudes Questionnaire (SAQ) developed by the University of Texas.[6]

Given the aforementioned, associating the reality lived by the authors in a Central Ambulatory and the accomplishment of other research on the subject, it was evidenced that few studies that approach the subject culture safety of the patient in ambulatory environment, so, the following is questioned: What is the patient safety culture of a nursing team from a central ambulatory?

Through the assessment of the safety culture of the patient of the nursing team, it is expected to know the fragilities and potentialities for the improvement of patient safety. Therefore, based on the aforesaid, then provide an effective, efficient and good quality service to the community assisted by this service.

OBJECTIVE

Identifying the patient safety culture of a nursing team from a central ambulatory.

METHODS

This is a cross-sectional study with a quantitative approach, which is characterized by seeking to answer questions associated with people's opinions, values, and behavior. It occurs through the direct interrogation of the people whose behavior one wishes to know.[7]

The study was carried out over the first half of 2015 in a Central Ambulatory, with 100% care by the Sistema Único de Saúde (SUS) [Brazilian Unified Health System], linked to a Teaching Institution, and in a city from the Rio Grande do Sul State. In this service, approximately seven thousand patients per month in different specialties. The ambulatory only operates on a day shift from Monday to Friday and has a single work team, distributed from 7:00 a.m. to 5:30 p.m.

The study population consisted of the professionals that comprised the nursing team of the service, which was composed of three nurses and ten nurse technicians. We included professionals who accepted to participate in the study and who had a minimum professional performance in the institution of six months. As an exclusion criterion, the instrument was filled out with a response rate lower than 80%, which made it impossible to analyze the questionnaires. Thus, the sample consisted of three nurses and five nursing technicians, then representing 61.53%.

The instrument used to collect the data was the SAQ. It is a psychometric research tool developed and validated by Bryan Sexton, Eric Thomas and Robert Helmreich from the Center of Health Care and Safety – Memorial Hermann Hospital at University of Texas. It aims to evaluate the professional's attitudes, which are relevant to patient safety. The instrument is validated and adapted to Brazilian reality.[8,9]

It is possible to verify the professionals' attitudes through six dimensions of safety: feeling like team working; feeling secure; satisfaction at work; recognizing the stress; perceptions of the management and working conditions. The instrument contains demographic information (age, gender, work experience) and 64 items that should be answered using a Likert scale: totally disagree (0 points); partially disagree (25 points); neutral (50 points); agree partially (75 points) and totally agree (100 points), except for two questions considered as reverse items.[8]

The questionnaires were delivered to the team in printed form along with the Free and Informed Consent Terms within envelopes that did not contain identification so that the identity of the professionals was preserved.

The team was given the period of one week to respond to the questionnaire and return it to a pre-defined location, in the sectors of the ambulatory under study. The professionals had the possibility to respond to the questionnaires at home or in the workplace at times of less patient flow. It should be noted that the envelopes and questionnaires, both without identification, were deposited in a sealed urn and later collected by the researchers.

In order to perform the data analysis, it was considered only the 30 items that comprise the six security dimensions, in which the score greater or equal to 75 points indicates the existence of a safety culture for the patient. Data were organized into Microsoft Office Excel® Software spreadsheets and then analyzed through descriptive statistics using the six-dimensional scores of patient safety culture.

The research was approved by the Ethics and Research Committee - FSG Circle – by the number 0221.

RESULTS AND DISCUSSION

The socio-demographic profile of the participants of this study showed that the gender of the participants was 100% female, the other items related to the average age and average working time were not analyzed.

Analyzing the six dimensions that encompass the SAQ and through which is possible to assess the safety culture of the patient in the ambulatory studied. It was noticed that none of the dimensions reached the minimum average for an adequate Safety Culture, as evidenced in **Figure 1**.

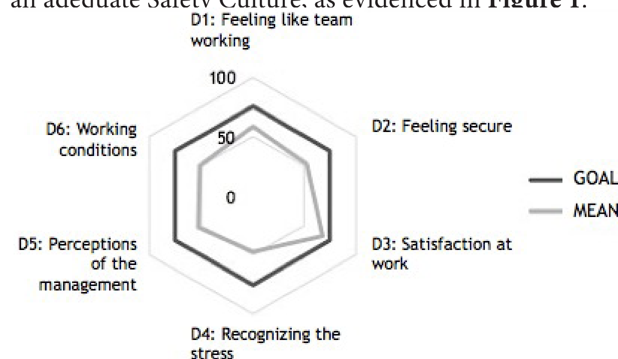

Figure 1 – The average values of the SAQ dimensions in a central ambulatory linked to an educational institution.

The dimension Recognizing the stress presented the lowest score, totaling 48 points. This is clear from the following statements in the SAQ and its scores: "Fatigue impairs my performance during routine care," with 28 points and "I'm less effective at work when I'm tired" with 47 points.

The second most deficient dimension is the Working Conditions with a score of 52 points. This is evident from the statement "this ambulatory deals constructively with the personnel problem" with 47 points.

The dimensions Perceptions of the management and Feeling secure obtained the same score of 53 points.

Feeling like team working was the second dimension that most approached the score of 75 points, obtaining 58

points. Satisfaction at work was represented with a score equal to 68 points, the dimension that most approached the expected 75 points. The satisfaction is directly related to the affirmation presented in the SAQ "I like my work", which obtained score 87.5, followed by the affirmative "This ambulatory is a good place to work", with a score of 78.1 points.

The study's results indicate that aspects of the patient safety culture should be reconsidered in this ambulatory, since no size has reached the required score of 75 points, which is considered the minimum necessary for the appropriate patient safety culture. The analysis of the data of this nursing team allows inferring that there is no patient safety culture adequate for this reality.

One can observe this by analyzing the dimension that presented the most deficit: Recognizing the stress. This dimension had a score of 48 points. In the affirmative, "when my workload becomes excessive, my performance is impaired" (66 points), it is perceived that professionals identify stress related to the workload, but do not recognize other factors that affect the development of their functions, such as fatigue, hostile and tense situations. For instance, the statement "fatigue impairs my performance during routine care" presented a score of only 28.1 points.

A study carried out in *São Paulo* city[10] confirms the idea that stress is related to emotional exhaustion, high demand for work and fatigue and that there is a great difficulty in separating the physical stress from the psychic.

Corroborating the data found in this study, a Brazilian study of 2015 that used the SAQ to evaluate the patient's safety culture in Intensive Care Units, showed the perception of stress as one of the dimensions that scored the least (66 points).[11]

During the assessment of the Working Conditions dimension that obtained a score of 52 points, the need to improve with regards to human resources issues was highlighted, as well as forms of effective communication, necessities found by the affirmative "this ambulatory deals constructively with the personal problem" (47 points) and "all necessary information for therapeutic and diagnostic decisions are routinely available to me" (53 points), respectively. The working conditions to which the professionals are exposed may represent potential stress and tension stimuli, especially when referring to work overload.[12]

Analyzing the Perceptions of the management dimension with 53 points, it can be verified that the affirmatives with lower scores were related to the support provided by the outpatient administration in relation to the efforts of its employees and to the transfer of information to the employees, both with a score of 43.75 points, which may show dissatisfaction with the managers, and communication again appears as a faulty item. Low indexes related to Perceptions of the management (39 points) and issues related to lack of information and recognition of professional commitment were also found in another study evaluating the patient safety culture.[13]

It is known that the intellectual valorization of the employees brings benefits to the institution and, therefore, the individual starts to feel part of the process and to seek the same objectives of its managers. The involvement of management in patient safety is essential to ensure quality care.[13,14]

With regards to the Feeling secure dimension showing 53 points, the statement that presented lower score (40.63 points) is directly related to the difficulty of discussing errors in the service. These data can be related to the lack of management involvement in patient safety, especially when dealing with issues related to adverse events and errors occurring in the service. Managers must be committed to improving processes, promoting capacity building and developing the skills of professionals in order to satisfy patients and improve patient care quality and safety.[15]

Implementing a change from a punitive culture to a safety culture is a means of installing the dialogue on adverse events, transforming the error into an opportunity to discuss and develop critical thinking about caregiving actions and attitudes towards the self-error and the colleague's error, in other words, it is possible to perceive it as an opportunity for learning to prevent new events related to the same cause.[16]

The Feeling like team working with score of 58 points obtained in the affirmative, "the physicians and nurses of this ambulatory work as a well-coordinated team", the lowest score (41 points), evidencing that the multiprofessional interaction may be faulty, however this questionnaire was applied only to the nursing team, making the multiprofessional analysis impossible.

Starting from the analysis of the questions "I have the necessary support of other people to care for the patients" and "it is easy for the staff of this ambulatory to ask questions when there is something that is not understood", both with a score of 68.75, it is possible to see that, although it does not reach the 75 point index, an adequate feeling like team working may be under construction, since team work is not established in an autonomous way, but rather through a process of skills and abilities development.[17]

Considering the dimension Satisfaction at work that obtained the highest score with 68 points, when analyzing the "I like my work" question, which scored equal to 88, it is observed that the nursing team likes to perform its functions and this provides an environment for the professional and the customer. The literature shows similar results when it presents a Brazilian study with favorable scores related to the Satisfaction at work dimension (71.3 points) with the affirmation "I like my work" presenting the highest score (92.9 points),[13] then corroborating with the data from this study and also demonstrating that nursing is appreciated for performing its role as a qualified caregiver.

It is evident that nursing professionals like their work, especially regarding the intrinsic issues of the profession,

such as the care and cultivation of feelings of pleasure and pride. Concerning the extrinsic factors such as wages, quality of supervision and relationship with the work team, higher levels of professional dissatisfaction are observed.[18,19] Herein, it was clear the professionals' disappointment regarding the relationship with the work team, which can be perceived in the affirmative, "working in this ambulatory is like being part of a big family" (score 34 points).

CONCLUSIONS

Evaluating the safety culture of the patient in this ambulatory was to overcome the first step in the search for quality of care and patient safety. One cannot stop at the stage of evaluating culture; so, it is necessary to focus on raising the second step and try to overcome some barriers present in the context of the institution.

Based on this information, actions can be proposed, together with the health team and through a process of cultural reconstruction, seeking for improvements in interpersonal relations, exchange of information, valuation of professionals, refresher courses and training, contact with managers, among other actions that will be suggested by those involved in the process of patient care, consequently, providing a safer and quality care for the community served.

Assessing the safety culture in the outpatient setting was a challenge, since it started from an idea that has not yet been replicated in the reality that was experienced and demanded that the researchers be determined to move forward. Aiming at the continuity of the reconstruction process and seeking to improve the safety culture of the patient, it is suggested that the SAQ be applied to all the staff of this ambulatory, since the assistance has better quality when rendered in a multidisciplinary way.

The pursuit for quality of care and patient safety is constant and must be constantly assessed. Because, as teams change, people's attitudes and beliefs also tend to change, so the culture that surrounds them as well, and this includes a change in perceiving the safety culture of the patient.

REFERENCES

1. Kohn LT, Corrigan JM, Donaldson MS. To err is human: building a safer health system. 2ª edition. Washington, D.C: National Academy of Sciences; 2000.
2. Organização Mundial da Saúde. Segundo desafio global para a segurança do paciente: Cirurgias seguras salvam vidas (orientações para cirurgia segura da OMS) [Internet]. Rio de Janeiro: Organização Pan-Americana da Saúde. Ministério da Saúde. Agência Nacional de Vigilância Sanitária. 2009 [citado em 25 fev 2016]. Disponível em: http://bvsms.saude.gov.br/bvs/publicacoes/seguranca_paciente_cirurgia_salva_manual.pdf.
3 Wachter RM. Compreendendo a segurança do paciente. 2ª edição. Porto Alegre: AMGH, 2013. Capítulo 2, Princípios Básicos da Segurança do Paciente. p. 21-51.
4. Sammer CE, Lykens K, Singh KP, Mains DA, Lackan NA. What is patient safety culture? A review of the literature. J Nurs Scholarsh [Internet]. 2010 Jun [citado em 15 Set 2016]; 42(2):152-165. Disponível em: http://onlinelibrary.wiley.com/doi/10.1111/j.1547-5069.2009.01330.x/abstract;jsessionid=76140B84971D6F8A5A2FE5BB44293787.f04t01.
5. Pease F, Dal Sasso GTM. Cultura de segurança do paciente na atenção primária à saúde. Texto & contexto enferm [Internet]. 2013 jun [citado em 20 Fev 2016]; 22(2):302-10. Disponível em: http://www.scielo.br/scielo.php?script=sci_arttext&pid=S0104-07072013000200005&lng=pt&tlng=pt.
6. Bondevik GT, Hofoss D, Hansen EH, Deilkas ECT. The safety attitudes questionnaire – ambulatory version: psychometric properties of the Norwegian translated version for the primary care setting. BMC Health Serv Res [Internet]. 2014 Mar [citado em 22 Set 2015]; 14(139). Disponível em: http://dx.doi.org/10.1186/1472-6963-14-139.
7. Dyniewicz AM. Metodologia da pesquisa em saúde para iniciantes. 2ª edição. São Caetano do Sul: Difusão Editora; 2009.
8. Sexton JB, Helmreich RL, Neilands TB, Rowan K, Vella K, Boyden J, et al. The safety attitudes questionnaire: psychometric properties, benchmarking data, and emerging research. BMC Health Serv Res [Internet]. 2006 Apr [citado em 15 Set 2015]; 6(44). Disponível em: https://bmchealthservres.biomedcentral.com/articles/10.1186/1472-6963-6-44.
9. Carvalho REFL, Cassiani SHB. Questionário atitudes de segurança: adaptação transcultural do safety attitudes questionnaire - short form 2006 para o Brasil. Rev latinoam enferm [Internet]. 2012 jun [citado em 22 Set 2015]; 20(3):575-582. Disponível em: http://www.scielo.br/scielo.php?script=sci_arttext&pid=S0104-11692012000300020&lng=en&tlng=en.
10. Farias SMC, Teixeira OLC, Moreira W, Oliveira MAF, Pereira MO. Caracterização dos sintomas físicos de estresse na equipe de pronto atendimento. Rev Esc Enferm USP [Internet] 2011 jun [citado em 26 Jul 2016]; 45(3):722-9. Disponível em: http://www.scielo.br/scielo.php?script=sci_arttext&pid=S0080-62342011000300025&lng=pt&tlng=pt.
11. Santiago THR, Turrini RNT. Cultura e clima organizacional para segurança do paciente em Unidades de Terapia Intensiva. Rev Esc Enferm USP [Internet]. 2015 dez [citado em 22 Jul 2016]; 49(spe):123-130. Disponível em: http://www.scielo.br/scielo.php?script=sci_arttext&pid=S0080-62342015000700123&lng=pt&tlng=pt.
12. Magnago TSBS, Lisboa MTL, Griep RH, Zeitoune RCG, Tavares JP. Condições de trabalho de profissionais da enfermagem: avaliação baseada no modelo demanda-controle. Acta paul enferm [Internet]. 2010 [citado em 25 de Jul 2016]; 23(6):811-7. Disponível em: http://www.scielo.br/scielo.php?script=sci_arttext&pid=S0103-21002010000600015&lng=pt&tlng=pt.
13. Marinho MM, Radünz V, Barbosa SFF. Avaliação da cultura de segurança pelas equipes de enfermagem de unidades cirúrgicas. Texto & contexto enferm [Internet]. 2014 set [citado em 22 Jul 2016]; 23(3):581-590. Disponível em: http://www.scielo.br/scielo.php?script=sci_arttext&pid=S0104-07072014000300581&lng=en&tlng=en.
14. Ramos BS, Ferreira CL. O aumento da produtividade através da valorização dos colaboradores: uma estratégia para a conquista de mercado. Revista de Engenharia e Tecnologia [Internet]. 2010 ago [citado em 25 Fev 2016]; 2(2):71-80. Disponível em: http://www.revistaret.com.br/ojs-2.2.3/index.php/ret/article/viewFile/53/79.
15. Brasil. Agência Nacional de Vigilância Sanitária. Implantação do núcleo de segurança do paciente em serviços de saúde: série segurança do paciente e qualidade em serviços de Saúde. Brasília: Anvisa; 2014.
16. Paese F, Sasso GTMD. Cultura da segurança do paciente na atenção primária à saúde. Texto & contexto enferm [Internet]. 2013 jun [citado em 26 Jul 2016]; 22(2):302-10. Disponível em: http://www.scielo.br/pdf/tce/v22n2/v22n2a05.
17. Navarro ASS, Guimarães RLS, Garanhani ML. Trabalho em equipe: o significado atribuído por profissionais da estratégia de saúde da família. Rev min enferm [Internet]. 2013 fev [citado em 26 Jul 2016]; 17(1). Disponível em: http://reme.org.br/artigo/detalhes/579.
18. Duarte JMG, Simões ALA. Significados do trabalho para profissionais de enfermagem de um hospital de ensino. Rev enferm UERJ [Internet]. 2015 jun [citado em 20 Fev 2016]; 23(3):388-94. Disponível em: http://www.e-publicacoes.uerj.br/index.php/enfermagemuerj/article/view/6756.
19. Ruviaro MFS, Bardagi MP. Síndrome de burnout e satisfação no trabalho em profissionais da área de enfermagem do interior do RS. Revista Barbarói [periódico na internet]. 2010 dez [citado em 26 Fev 2016]; (33):194-216. Disponível em: https://online.unisc.br/seer/index.php/barbaroi/article/view/1555/1317.

Received on: 06/05/2017
Required Reviews: 07/12/2017
Approved on: 08/24/2017
Published on: 01/15/2019

***Corresponding Author:**
Daniela Barella
Rua Francisco Getúlio Vargas, 1130
Petrópolis, Rio Grande do Sul, Brazil
E-mail address: dbarella@ucs.br
Telephone number: +55 54 99951-1259
Zip Code: 95.070-560

The authors claim to have no conflict of interest.