

CULTURE OF PATIENT SAFETY IN URGENCY/EMERGENCY UNITS

Cultura de segurança do paciente em unidades de urgência/emergência

Cultura de seguridad del paciente en unidades de urgencia/emergência

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ABSTRACT

Objective: to analyze the positive specificities of nursing professionals about the culture of patient safety in emergency / emergency units. **Method:** a cross-sectional, quantitative approach research, carried out in seven municipalities of the 13th Regional Health Coordination of Rio Grande do Sul, in their respective hospital units with emergency / emergency care. The sample was composed by 112 nursing professionals and, as a data collection instrument, the Hospital Survey on Patient Safety Culture (HSOPSC) questionnaire was used in the Portuguese language version. **Results:** the results revealed the dimensions “expectations about their supervisor / supervisor and actions that promote patient safety” (78.5%) and “teamwork within the units” (76.5%) as the main ones in receiving responses positive. **Conclusion:** The study reveals that emergency / emergency units have strong areas for the development of qualified and safe care.

Descriptors: Patient safety; Emergency nursing; Organizational culture; Nursing; Nursing, team.

RESUMO

Objetivo: analisar as especificidades positivas de profissionais de enfermagem acerca da cultura de segurança do paciente em unidades de urgência/emergência. **Método:** pesquisa de abordagem quantitativa, de delineamento transversal, realizada em sete municípios integrantes da 13ª Coordenadoria Regional de Saúde do Rio Grande do Sul, em suas respectivas unidades hospitalares com atendimento de urgência/emergência. A amostra foi composta por 112 profissionais de enfermagem e, como instrumento de coleta de dados, foi utilizado o questionário *Hospital Survey on Patient Safety Culture* (HSOPSC), na versão traduzida para a língua portuguesa. **Resultados:** os resultados revelaram as dimensões “expectativas sobre o seu supervisor/chefe e ações promotoras de segurança do paciente” (78,5%) e “trabalho em equipe dentro das unidades” (76,5%) como as principais em receber respostas positivas. **Conclusão:** o estudo revela que as unidades de urgência/emergência possuem áreas fortes para o desenvolvimento de uma assistência qualificada e segura.

Descritores: Segurança do paciente; Enfermagem em emergência; Cultura organizacional; Enfermagem; Equipe de enfermagem.

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RESUMÉN

Objetivo: analizar las especificidades positivas de profesionales de enfermería acerca de la cultura de seguridad del paciente en unidades de urgencia / emergencia. **Método:** investigación de abordaje cuantitativo, de delineamiento transversal, realizada en siete municipios integrantes de la 13ª Coordinadora Regional de Salud de Rio Grande do Sul, en sus respectivas unidades hospitalarias con atención de urgencia/emergencia. La muestra está formada por 112 profesionales de enfermería y, como un instrumento de recolección de datos, se utilizó el cuestionario de la Encuesta sobre el Hospital de Cultura de Seguridad del Paciente (HSOPSC) en la versión traducida al portugués. **Resultados:** los resultados revelaron las dimensiones “expectativas sobre su supervisor/jefe y acciones promotoras de seguridad del paciente” (78,5%) y “trabajo en equipo dentro de las unidades” (76,5%) como las principales en recibir respuestas positivo. **Conclusión:** el estudio revela que las unidades de urgencia / emergencia poseen áreas fuertes para el desarrollo de una asistencia calificada y segura.

Descriptor: Seguridad del paciente; Enfermería de urgencia; Cultura organizacional; Enfermería; Grupo de enfermería.

INTRODUCTION

The urgency/emergency unit, among hospital services, is perceived as one of the most critical in relation to the provision of quality care.¹ According to the Brazilian Ministry of Health (MOH), it is in this workplace that there is a lack of hierarchy in dealing with critical situations and conflict in internal flows due to problems not diagnosed at other levels of care, generating overcrowding.²⁻³ The lack of security for health teams, precarious cleanliness and comfort, lack of resources, insufficient doctors and nursing professionals for handle the cares, high number of patients, extreme diversity in the severity of cases, the devaluation of professionals who work in this area and the discontinuity of care are some of the characteristics that make up the current scenario of these workplaces.³⁻⁴

In this context, patient safety is a challenge for health institutions, especially regarding the reduction of harm generated to the patient when providing health care.⁵ Thus, the Brazilian MOH, through Ordinance No. 529 of April 1, 2013, established the National Patient Safety Program (NPSP) to monitor and prevent health care damage.⁶ The safety culture is considered as the result of values, attitudes and behaviors, both individual and in groups, determining the administrative style of a safe organization.⁷ In other words, it can be assured that safety culture is the internalized, subjective concept of each individual, of a team and of an institution about the effective importance of committing to the care and maximum safety of the patient who, at any given time, is under the full responsibility of their caregivers.

Considering these aspects, it is noteworthy that the reality in health institutions presents some characteristics that hinder the perception of risks and the safety approach, being necessary attention to some questions in the development of the patient safety culture, such as the workplace, the complexity of the care provided, the multi-factorial character of the situations that are responsible

for the failures of the processes and also the sensitivity that the subject addresses.⁸⁻⁹

In 2004, the U.S. *Agency Healthcare Research and Quality* (AHRQ) developed and provided the *Hospital Survey on Patient Safety Culture* (HSOPSC) questionnaire to measure multiple dimensions of the patient safety culture. It questions respondents' opinion on safety-related main points, such as the organization's values, beliefs and norms, adverse event reporting, communication, leadership and management, enabling it to measure individual or unit/hospital perception of employees who directly or indirectly act at patients' care.⁷⁻⁸

There are numerous strategies and research adopted worldwide to improve the health services safety scenario but, as seen in other papers, research using the HSOPSC instrument in Brazil is still scarce.⁷ Overall, studies are performed in intensive care units, adult and neonatal and general hospitals, focusing on various areas of care. Specifically regarding the urgency/emergency units, no study was found focused only in these areas, which makes it impossible to know positive and negative factors that will contribute or interfere in the work process and thus impact the safety of their clients.¹⁰

Thus, the aim of the study was to analyze the positive specificities of nursing professionals about the patient safety culture in urgency/emergency units.

METHODOLOGY

This is a quantitative cross-sectional research carried out in seven urgency/emergency units of seven hospital institutions located in municipalities of the 13th Regional Health Coordination of Rio Grande do Sul, which are included in the proposal “Doors Urgent Emergency Admission”, established by Ordinance No. 2395 of October 11, 2011, which establishes the Hospital Component of the Emergency Care Network within the Unified Health System (UHS).¹¹

Hospital 1 is a philanthropic hospital with 234 beds, 900 employees and an average of 3,000 cares at the emergency room per month. Hospital 2 provides philanthropy, with 138 beds, 435 employees and 5,000 monthly emergency cares. Hospital 3 is also a philanthropic entity, with 107 beds, 150 employees and 1,800 cares at the emergency room per month. Hospital 4 is philanthropic, with 50 beds, 45 employees and performs, on average, 293 urgency and emergency cares monthly. Hospital 5, like the others, is a philanthropic institution with 36 beds, 16 employees and the average monthly cares of the urgency and emergency sector is 450. Hospital 6 is a private philanthropic company with 36 beds, 50 employees and 1,600 cares at the emergency room. Finally, Hospital 7 is a Regional Public Hospital run by a Public Foundation of Private Law, with 93 beds, 328 employees, and the average monthly cares at the urgency and emergency sector is 4,800.

The sample of the present study consisted of 112 nursing professionals, nurses and nursing technicians, working in one of the three workday shifts (morning, afternoon and night) and who were present in one of the

shifts during the period of data collection at the institution. As a data collection instrument, the HSOPSC questionnaire, translated into Portuguese, was used and adapted for use in the Brazilian hospital context in 2013.^{7,9} It is currently in use in several countries, considered as a valid instrument and assessment of patient safety culture, enabling health care improvement strategies.^{8-9,12-14}

The HSOPSC is made up of 09 sections, arranged from letter A to I, and covers 12 multi-item scaled dimensions, containing a total of 50 items (44 related to specific security culture issues and 6 items related to personal information). Three dimensions are hospital-related, seven work-unit-related dimensions within the hospital, and two outcome variables measured as follows: a) patient safety – measured by a 5-point scale from “excellent” to “failing”; and b) number of reported events – by response categories, such as “none”, “1-2 events”, “3 to 5 events”, “6 to 10 events” and “11 to 20 events”. Sections A, B, C, D and F are answered using the Likert scale, with 5 response options, the possibilities of which range from “strongly disagree” to “strongly agree”.¹³⁻¹⁶

The answers were grouped into three categories, according to AHRQ guidance, for instrument evaluation, as follows: 1) positive answers (totally agree, agree, always and often); 2) negative answers (strongly disagree, disagree, never and rarely) and 3) neutral answers (neither agree nor disagree). The percentage of positive, negative and neutral responses of the items of each dimension was considered to obtain the final result. Were classified as “strong patient safety areas” items that received 75% positive responses, or negatively written items that received 75% negative responses. The “patient safety fragile areas”, that require improvement, were those whose items had 50% or less positive responses.^{7,15-20}

For the study in question, only the safety culture dimensions that reached a percentage equal to or greater

than 75% were analyzed, which represents a positive reaction regarding the patient safety culture and are identified as strong areas in these units. The individuals completed the questionnaire, anonymously, in reserved places in their work units, placing it in a sealed envelope, without identification and, afterwards, the data were entered in an electronic file and verified using the SPSS Statistical Program. version 20.0 (IBM, Chicago, USA).

The project was approved by the Ethics Committee of the University of Santa Cruz do Sul (Protocol: 1,061,508) on May 13, 2015. The study participants were properly informed about the methodological procedures to be adopted and signed the Informed Consent Form (ICF). Data collection took place in June 2015, after contact and prior appointment with the nursing management of each hospital.

RESULTS

The study nursing professionals are nursing technicians n 81 (71.4%) and nurses n 31 (27.7%). The subjects are mostly female n 93 (82.9%), aged between 31 and 40 years n 45 (40.4%), work in the institution between 01 and 5 years n 47 (42.3%) and work in the emergency, too, in a period of 01 to 05 years n 53 (48.6%). It was found that they work from 20 to 36 hours per week n 73 (65.8%) and have 09 years or more of experience as a nursing professional n 40 (40.2%). Of the 80 nursing technicians, n 46 (58.2%) have only completed high school, and of nurses, n 22 (71.0%) have postgraduate degrees. The research evidenced two dimensions, from the perspective of nursing professionals, positive patient safety, i.e. areas considered strong for qualified and safe care, namely: “expectations about your supervisor/boss and actions promoting health patient” and “teamwork within units”.

Table 1 - Average distribution of positive responses by professional category in the dimension “expectations about your supervisor/boss and actions promoting patient safety”. Candelária, Vale do Sol, Venâncio Aires, Santa Cruz do Sul, Rio Pardo, Vera Cruz, Sinimbu, RS, Brasil, 2015

Dimension	Nurses n (%)	Nursing Technicians n (%)	Total
- Expectations about your supervisor/boss and patient safety actions	78,4%	78,6%	78,5%
B1 - My supervisor/boss praises when he sees work done in accordance with established patient safety procedures.	22(71,0)	59(74,7)	73,6%
B2 - My supervisor/boss really takes into account the suggestions of professionals (regardless of employment) to improve patient safety	25(80,6)	62(78,5)	79,1%
B3 - Whenever the pressure increases, my supervisor/boss wants us to work faster, even if it means “skipping steps”.	23(79,3)	66(82,5)	81,7%
B4 - My supervisor/boss doesn't pay enough attention to patient safety issues that happen repeatedly	24(82,8)	63(78,8)	79,8%

Table 1 presents the dimension “expectations about your supervisor/boss and actions promoting patient safety”, and their respective items, with the highest positive patient safety culture score. This dimension evaluates if supervisors and managers consider employee suggestions for improving patient safety and recognize their involvement in patient safety improvement procedures.

Table 2 presents the dimension “teamwork within units”, ranked second in obtaining positive safety culture responses. According to AHRQ²⁰ guidelines, it defines if employees support each other, treat each other with respect, and work together as a team.

Table 2 - Average distribution of positive responses by professional category in the dimension “teamwork within units”. Candelária, Vale do Sol, Venâncio Aires, Santa Cruz do Sul, Rio Pardo, Vera Cruz, Sinimbu, RS, Brasil, 2015

Dimension	Nurses n (%)	Nursing Technicians n (%)	Total
- Teamwork within units	79,8%	75,1%	76,5%
A1 - In this unit people support each other	24(77,4)	58(72,5)	73,9%
A3 - When there is a lot of work to be done quickly, we work together as a team to complete it properly.	29(93,5)	63(79,7)	83,6%
A4 - In this unit people treat each other with respect	22(71,0)	58(73,4)	72,7%
A11 - When one area/work unit becomes overloaded, others help	24(77,4)	60(75,0)	75,5%

DISCUSSION

The first dimension considered as a strong area of safety culture was “expectations about its supervisor/boss and patient safety actions” with a 78.5% positive response rate. A survey in Taiwan found a similar result, with 788 respondents and 42 hospitals, 83% of positive responses.¹² Data collected by AHRQ²⁰, published in 2014, found a percentage of 76%, a result lower than that found in this study. Research conducted in four Neonatal Intensive Care Units of Florianópolis, with a sample of 141 subjects, obtained a result of 74%, being classified as a fragile area and in need of improvement.¹⁸

In the research, object of this article, the results revealed that the supervisors consider the contributions about the theme important and praise the work developed in order to improve patient safety. However, although this dimension has been classified as a strong area in the patient safety culture, eyes are caught by item B3, in which 81.7% of subjects agree with the statement that “whenever the pressure increases, my supervisor/boss wants us to work faster even if it means skipping steps”. Item B4 is also noteworthy, as shows that 79.8% of respondents stated that “my supervisor/boss does not pay sufficient attention to patient safety issues that happen repeatedly”.

These circumstances, however, in the present case do not alter the overall percentage considered as a strong area. It is clear that the urgency and emergency units have the peculiarity of a stressful work, which demands from its operators fast, energetic, concentrated measures, which may justify the need for the urgency to imply “skipping tasks”, sometimes, as long as, in the end, priority assistance is given and cannot be considered as usual but as an extraordinary action.

Most of the subjects in this study are nursing technicians and, consequently, their direct supervisors are the nurses, the main responsible for the organization of the work of the care units.³ Nursing leadership is fundamental for the management and coordination of the different members of the health teams, which are the reflection of their actions. Based on the above, it highlighted the importance of training focusing on nursing management as a leadership strategy, considering the obstacles experienced in emergency sectors and the agility with which new data have been released in this area.^{3,21-24}

The second dimension “teamwork within the units” reached a total of 76.5% of positive responses, showing that, faced with the overload of these sectors, excellence in the service provided depends on teamwork, in the same mission, with equal purposes. Data similar to this was found in a survey of 136 nurses from Portuguese district hospitals, which obtained 95% of positive responses for this dimension.¹⁷ Corroborating, researches conducted in Taiwan, Peru and the United States also presented this dimension as the main strong area of the hospital institutions.^{12-13,20} The percentages found were 94%, 80.3% and 81%, respectively, indicating that most subjects feel supportive and respected in their workplaces.²⁰ Study conducted in Florianópolis (SC), in two Intensive Care Units (ICU), indicated this same dimension as the main one in receiving positive evaluation, but it was not considered a strong area because it received only 62% of positive responses.¹⁵

It is emphasized that the above studies did not develop their research in urgency and emergency units. Quotations made in this sense only corroborate the importance of teamwork, regardless of specific sector.

In another way, a study conducted in an Emergency Room of Paraná (PR) sought to reveal the main aspects of the work process and the feelings of pleasure experienced by nursing technicians.²¹ Likewise, it was confirmed that health work demands interaction between the team members and cannot be dissociated from an inevitable social coexistence.

884/5000 Note from the results of the items “in this unit, people support each other”, “when there is a lot of work to be done quickly, we work together as a team to complete it properly”, “in this unit people treat with respect” and “when an area of this unit becomes overloaded, the other professionals in this unit help” that teamwork is necessary in these units due to the stress load accumulated by these professionals, as they are always on alert for possible emergencies.²¹ Another relevant factor is the overcrowding of emergency services, which causes difficulties in work activities, making the need for mutual assistance among these workers, the exchange of experiences and the joint overcoming of challenges is fundamental for the organization of care and living in these environments.^{1,22-23}

Regarding the professional categories, it can be seen, in the dimension “expectations about their supervisor/boss and actions promoting patient safety”, that nurses and nursing technicians have very similar opinions about their leaders contribute to improving safety, considering the opinion of their staff and recognizing their participation. In the dimension “teamwork within units”, it is not so slight, since nurses value teamwork more.

Indeed, the present study demonstrates relevant considerations, since it is possible to realize that, even in the face of a panorama rich in peculiarities in their work process, emergency units have strong areas for the development of patient safety culture. Research carried out in hospitals in the municipalities of São Paulo and Rio de Janeiro, with a total of 322 individuals, did not observe dimensions that could be classified as strengthened areas for safety culture in the sample studied.⁷ Similarly, in a study conducted in public hospitals of Florianópolis (SC), no positive dimension was found above 75% to be classified as an area of strength.¹⁶

FINAL CONSIDERATIONS

Analyzing the positive specificities of nursing professionals about the patient safety culture in urgency/emergency units, it was evidenced that the dimensions “expectations about their supervisor/boss and actions promoting patient safety” and “teamwork within units” are considered as strong areas for safe and quality care.

Although no studies in urgency/emergency units using the Hospital Survey on Patient Safety (HSOPSC) instrument were found in other papers so that we could confront these findings, there are indications that teamwork and the expectations and actions of safety promotion of supervisors and managers are considered extremely important for health work activities, and management is a positive leadership strategy that contributes to teamwork in nursing, promoting a favorable environment for patient safety.

At first, the fact that there are no records on the specific theme in urgency/emergency units proved to be a limiting factor for data comparison. However, it cannot be disregarded that this initial difficulty can be seen as a positive point, giving the theme an innovative feature, pioneering the theme as a subsidy and incentive for countless other researches.

The theme is a milestone for further research with more reliable comparisons. New qualitative studies are suggested that identify and understand the aspects that require improvement and discussion.

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