



Journal of Nursing

Revista de Enfermagem

UFPE On Line

ISSN: 1981-8963

ORIGINAL ARTICLE

MOTIVATION PRACTICES TO PROMOTE SAFETY CULTURE BY NURSING LEADERS ACCORDING TO ASSISTING NURSES

PRÁTICAS DE INCENTIVO À CULTURA DE SEGURANÇA POR LIDERANÇAS DE ENFERMAGEM SEGUNDO ENFERMEIROS ASSISTENCIAIS PRÁCTICAS DE INCENTIVO A LA CULTURA DE SEGURIDAD POR LIDERAZGO DE ENFERMERÍA SEGÚN ENFERMEROS ASISTENCIALES

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ABSTRACT

Objective: to identify practices to motivate safety culture promoted by leaders of nursing in nursing assistance perspective. **Method:** descriptive and qualitative study conducted in a public hospital of Fortaleza in January to August 2013. Data collection was initiated through recorded interviews with semi-structured interview with 37 nurses. Then the interviews were transcribed and analyzed by the Technique of Content Analysis. The research project was approved by the Research Ethics Committee, Protocol 77180/12. **Results:** data were presented in two categories: << *Effective communication about adverse events: capacity, training and feedback to the team* >>; and << *Establishment of participatory leadership* >>. Motivation practices to culture included the involvement of nurses assisting in effective communication of adverse events, periodic meetings and permanent education. **Conclusion:** these actions are recognized as fundamental to quality of care, and must support the security culture based on the National Program of Patient's Safety. **Descriptors:** Nursing; Patient's Safety; Leadership; Organizational Culture.

RESUMO

Objetivo: identificar práticas de incentivo à cultura de segurança promovidas por lideranças de enfermagem na perspectiva de enfermeiros assistenciais. **Método:** estudo descritivo e qualitativo realizado em hospital público de Fortaleza-CE, entre janeiro e agosto de 2013. A coleta de dados iniciou-se por meio de entrevistas gravadas com roteiro de entrevista semiestruturado com 37 enfermeiros. Em seguida, as entrevistas foram transcritas e analisadas pela Técnica de Análise de Conteúdo. O projeto de pesquisa teve a aprovação pelo Comitê de Ética em Pesquisa, Protocolo n. 77180/12. **Resultados:** os dados foram apresentados em duas categorias: << *Comunicação efetiva sobre eventos adversos: capacitação, treinamentos e feedback para a equipe* >>; e << *Estabelecimento de uma liderança participativa* >>. As práticas de incentivo à cultura incluíram o envolvimento dos enfermeiros assistenciais na comunicação efetiva de eventos adversos, reuniões periódicas e educação permanente. **Conclusão:** estas ações são reconhecidas como fundamentais para a qualidade do cuidado, sendo necessário respaldar a cultura de segurança com base no Programa Nacional de Segurança do Paciente. **Descritores:** Enfermagem; Segurança do Paciente; Liderança; Cultura Organizacional.

RESUMEN

Objetivo: identificar prácticas de incentivo a la cultura de seguridad promovidas por liderazgos de enfermería en la perspectiva de enfermeros asistenciales. **Método:** estudio descriptivo y cualitativo realizado en un hospital público de Fortaleza-CE, entre enero y agosto de 2013. La recolección de datos se inició por medio de entrevistas grabadas con una guía de entrevista semi-estructurada con 37 enfermeros. En seguida, las entrevistas fueron transcritas y analizadas por la Técnica de Análisis de Contenido. El proyecto de investigación fue aprobado por el Comité de Ética en Investigación, Protocolo n. 77180/12. **Resultados:** los datos fueron presentados en dos categorías: << *Comunicación efectiva sobre eventos adversos: capacitación, entrenamientos y feedback para el equipo* >>; y << *Establecimiento de un liderazgo participativo* >>. Las prácticas de incentivo a la cultura incluyeron el involucramiento de los enfermeros asistenciales en la comunicación efectiva de eventos adversos, reuniones periódicas y educación permanente. **Conclusión:** estas acciones son reconocidas como fundamentales para la seguridad del cuidado, siendo necesario respaldar la cultura de seguridad con base en el Programa Nacional de Seguridad del Paciente. **Descritores:** Enfermería; Seguridad del Paciente; Liderazgo; Cultura Organizacional.

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INTRODUCTION

The number of adverse events reported by the hospital nursing team grows slowly and gradually, associated to the investment of services on incorporation of culture of patient's safety and their goals. Adverse events are undesirable, unintended occurrences of harmful nature that compromise patient's safety who are under the care of health professionals.¹

There are several factors related to the occurrence of these events, such as the technological advancement and low qualification of health professionals, the distancing of the specific activities of each professional, demotivation, lack or limitation of systematization and nursing care registry, besides an inadequate supervision of assistance.²

Such events affect directly the quality of care in health, requiring a sequence of processes to occur (notification, measuring the degree of error, evaluation of the patient's state, among others) minimizing the risks to the patient's health. After all, a safe and free of risk or damage assistance to the clients, based on systematization of care, must be a goal of the nursing staff, since a systematized nursing care requires critical thinking by the professional, updating knowledge and techniques, skills and experiences, always guided by ethics and standards of behavior and in technical and scientific knowledge.³

When considering the current context to adverse events and their consequences, it can be affirmed that leadership is essential to encourage professionals to adopt measures that minimize the occurrence of these events. for this to happen, leaders must ensure the construction of a safety culture.

This safety culture is defined as the sum of the individual or group values, attitudes, perceptions, competencies and patterns of behavior that determine the commitment, style and ability of health organization in security management.⁴ In this perspective, the search and encourage of improvements in the safety of care and culture in health services can promote the reduction of diseases and damages by decreasing the treatment and/or hospitalization time, improving or maintaining the functional status of the patient, and increasing their sense of well-being. In nurses' everyday practice, this motivation for patient's safety must be a fundamental action performed by nursing leaders, because they can combine the satisfaction of workers to better

implementation of the assistance they provide.

This study is justified by the need of the introduction of the safety culture in Brazilian institutions, especially with interventions that will strengthen this understanding with the teamwork, remembering that a culture is assimilated through a process of socialization, which might explain why the change of culture is a long and difficult process.⁴

This is a necessary and innovative study, because it comes from initiatives promoted by international and national level category, for the completion of the safety culture proposed by the World Health Organization (WHO) and by the National Program of Patient's Safety of the Brazilian Ministry of Health⁵.

OBJECTIVE

♦ To identify practices to motivate safety culture promoted by nursing leaders in nursing assistance perspective.

METHOD

This is a multidimensional research cutting about safety in nursing care management, with a qualitative approach, developed in the largest public hospital of Fortaleza-Ceará, between January and August 2013. The structure of this referral hospital is composed of 63 medical specialties and sub-specialties and other health services, besides the emergency service (open) in the areas of general and vascular surgery, internal medicine, obstetrics, and Neurology.

Nurses operating in different areas of the selected hospital participated in the study. As inclusion criteria was: to work at the institution for more than a year and working in a assistance health care. In this way, the total number of respondents was 37 nurses who attended to the abovementioned criteria and agreed to participate in the research through signing an informed consent term.

It is worth mentioning that the final number of participants was limited by theoretical saturation of data resource, widely used in qualitative research in health, in which "the sample size is related to the point at which no more new information and redundancy was achieved".⁶

The data collection occurred through recorded interviews in a private environment with a by semi-structured interview script. This script was composed by two parts: the first, characterizing the subject of socio-demographic data and labor research; and the second, with guiding questions on health safety, actions instituted and the motivations

of management/nursing leadership to safety culture, with description of the practices and the behavior adopted by these professionals.

The interviews were recorded and transcribed in full, using for testimonials' analysis, the Technique of Content Analysis⁷, in Analysis modality by categories, following the steps of pre-analysis, exploration of the material, data treatment and interpretation. The analysis and interpretation of data, arranged in registration led to identification of the following thematic categories: 1. Effective communication about adverse events: capacity, training and feedback to the team; and 2. Establishment of a participatory leadership.

The reports were transcribed into Microsoft Word to make the corpus of analysis, being identified by the letter N (for nurses), and followed by a cardinal number, according to the sequence of the interviews. Thus, two categories of analysis were established: 1. Effective communication about adverse events: capacity, training and feedback to the team; and 2. Establishment of a participatory leadership.

The project was approved by the Research Ethics Committee of the State University of Ceará (number 181,754/12) and received the approval of the Nursing Management of the institution, and people who have agreed to participate in the study signed a term of free and clarified consent (TFCC).

It should be noted that this cutting from the study, is about exclusively the positive aspects of what has been done and what can be done to keep a safety culture in the hospital analyzed, covering successful experiences that can start a culture of safety in the organization.

RESULTS

Associated women were predominant in the study, with an average of 33 ± 7.3 years old. Most of them give assistance to patients in the hospitalization units of the hospital (18); with recent vocational training time, from one to five years (24); and recent time of service in the institution, up to five years (30).

The interpretation of the data was through data obtained and the theoretical foundation, which were divided into two categories, as shown below.

◆ Effective communication about adverse events: capacity, training and feedback to the team

This category is about the nurses' testimony describing the training and

capacities of nursing professionals as relevant strategies ensuring patient's safety culture in the analyzed hospital.

Among the strategies for enabling effective communication of adverse events, aiming at the implementation of preventive actions, stood out courses, short courses and lectures. Such practices were observed in the following speeches:

We are always updating, in courses, that's why I think it is a hospital ensuring security. (N7)

For being a tertiary hospital, it is a hospital seeking to qualify the professionals. (N9)

The hospital offers courses, short courses, lectures, guidelines for patient's safety. (N12)

Another motivation practice to safety culture identified in the speeches was the performance of Risk Management, considered very important in establishing an effective communication, because it favors the assimilation of knowledge and facilitates the participation of all employees in the notifications and the strategies to reduce adverse events. This is evidenced in the following dialogues:

Our risk manager is very participatory! She always comes here and asks if it is happening/happened some adverse event and also employees. (N8)

When we always register an adverse event, [after] a month or a month and a half, the risk Manager gives us the return. (N16)

We have a management that is trying to implement the patient's safety goals, seeking to improve and avoid these adverse events. (N3)

Another favorable practice for the safety culture, is the establishment of adequate feedback to the whole team, because it is through it that the errors are reported, discussed and prevented:

The error rates happening are shown, anything that can be improved in order to promote patient's safety. (N23)

Giving or receiving the feedback is important, so everyone can know what occurs at the institution and feel responsible for the improvement of the process of work of the unit, and may express an opinion on the problems without fear of punishment. However, a nurse pointed out that there is a punitive practice in service:

I work preventively training the team and, when any adverse event happens, there is a warning and all the punishments. (N4)

◆ Establishment of a participative leadership

This category covers the testimonies describing the nurses' perceptions about the leaders of the units in which they work, considering the encouragement of participatory management practice, inserting the nurses assisting in decision-making to promote patient's safety culture.

It is up to the leadership to establish strategies and means for communicating effectively in health institutions, because only then, there will be a more secure and quality assistance. This fact is evidenced in the following statement:

We have all that support to be communicating to the nursing Manager, who is always present in the sector. (N11)

One of the tools enabling the motivation practice to the safety culture, there were the meetings and guidelines of the leaders of the service:

We are always doing meeting, checking what it is needed to change, what can be improved. (N14)

Our boss is very careful, always meeting with us, always asks us to stay alert: read medicine, read the dosage, see how it will be administered. (N4)

In our sector, we have constant meetings with nurses, auxiliary with the boss of the team and with the Coordinator. (N20)

A nurse said that meetings only happen when there is a problem or occur only when the professionals make a meeting request or when the boss deems it necessary.

These meetings typically arise when there is a problem or when it is added some information, but periodically our boss tries to have meetings. (N10)

It is noteworthy that, despite the above-mentioned practices, three nurses did not notice the motivation of safety culture by the nursing leaders.

There is not motivation of the leadership or the hospital. (N30)

There is not an motivation, exclusive and standardized from the leadership. (N37)

There is not [motivation], because we don't have any kind of instrument [notification]. (N33)

DISCUSSION

It is possible to understand, among the nurses interviewed, that permanent education strategies, such as the preparation of courses, short courses and lectures, were found to be present in the workplace practices that facilitate the effective communication of adverse events.

However, a recent study conducted in the same service indicated that, regarding the reduction of adverse events, the assistance nurses needed guidelines and training on the management of instruments and tools for notification, prevention, evaluation and monitoring available at their service.⁸ Thus, it is necessary to review the strategies that have been implemented to address patient's safety problems in that hospital, so that there is greater knowledge acquisition concerning errors and adverse events, as well as better management of risks and appropriate handling of the notification instruments.

In this perspective, there is the responsibility of the Permanent Education service, considered one of the indispensable elements of training programs and development of nursing teams in all areas, emergency or punctual, structured and continuous.⁹⁻¹⁰ Thus, nurses in this service should develop procedures and protocols related to safety promotion, based on national and international goals, scientifically validated, linking all sectors of the hospital and maintaining effective communication with the nursing leaders.

To adapt the teaching strategies to all workers, they must also enhance their real needs and assistance units implementing a safety culture with the participation of professionals of the interdisciplinary team.

Training in patient's safety is a topic and multidisciplinary task, which requires the collaboration of safety experts from different areas (for example: psychologists, educators and specialists in human factor).¹¹

A positive safety culture promotes the improvement of safe practices, through improvements in communication, teamwork and knowledge sharing. In Brazil, there is still a broad diagnosis on patient's safety problems in hospitals and the high proportion of avoidable assistance nurses reinforces the need for the strengthening of the safety culture among professionals of hospitals.¹²

It is suggested that the first step to effective communication of adverse events in the hospitals is the training of professionals with a focus on taxonomy, in tools, strategies, behaviors and security indicators currently disseminated nationally and internationally.⁸ In addition, the Global Security Program based on Unit (GSPU) was released as one of the few known interventions aimed specifically, at the culture of local safety. Their strategies include: to educate team members about patient's safety and science of systems, enabling them to deal with patient's safety problems in their units; to build relationships

between the leadership and the staff members of the unit; and to provide tools to investigate errors improving communication and teamwork.¹³

Participation of Risk Management Service was also remembered by the interviewees, pointing to the relevance of this service in the implementation of the safety culture. Authors claim that, for a risk management program to be successful, it must be established a systematic process of identifying, quantifying, analyzing the impact of the error on assistance, treatment with the institution of safety measures and risk communication in order to allow the service to reduce undesirable effects.⁸

It is emphasized the importance of feedback of events between the professionals involved in patient care and leaders. The ability to give and receive feedback allows the construction of authentic relationships, but it requires training, courage and availability of professionals, besides a long process of investment in emotional intelligence.

Miscommunication and on feedback may occur due to lack of inter-unit communication processes. Leaders must bring together efforts to develop strategies to encouraging intra and inter communication, as well as promoting greater interaction between the professionals during problem's solution.¹⁴

The feedback should be seen as a tool to be used to improve interdisciplinary communication by professionals and as a way to reduce the incidence of adverse events. However, in practice, many of them fear to accomplish this feedback because of reprisals and/or punishment by leaders. These punishments generate censures and lead professionals to suppress/hide the mistakes.

The punitive culture must be replaced by the process assessment, instituting an institutional policy of notification and the use of tools of analysis of the cause of these errors, correcting the system, preventing thus new occurrences of adverse events.¹⁵

It is up to the leadership to enhance the not punitive culture as essential to the service addressing systematically the error, the listening and the host of the professional, so that failures do not recur.⁸

Another negative aspect is the fact that some professionals interviewed are unable to view the practice of motivation to the safety culture at work. Therefore, it is necessary to invest increasingly in effective communication of leaders with the professionals involved in direct assistance to the patient, encouraging

the provision of a more qualified and safe service.

In category 2, the participants considered the participatory leadership as a practice in their units and that favors the establishment of safety culture. Thus, it appears that the leaders seem to believe in the participation of all employees in a safer assistance and with less risk of adverse events.

For the interviewees, the meetings with the leaders of the unit are important in establishing a participatory management, as it allows employees a moment to expose their ideas to the larger group, as well as the elaboration of joint strategies for confronting the situations that incurred higher risks, incidents or adverse events.

The practice of periodic meetings demonstrates a nursing leadership valuing the team, being important to structure and organize the service, to inform, to set goals and make decisions.¹⁶

It can be observed that, through periodic meetings, the democratic and participative leadership guides the professional to be proactive in their work, different, creative and innovative, capable of absorbing the knowledge given to them in their everyday work.¹⁷ Thus, everyone feels responsible for the established goals and work hard to achieve them effectively, enabling improved quality of care, greater satisfaction for the team and reaching organizational objectives.¹⁴

Despite the efforts, a study points out that are challenges when the team is not prepared for the implications of the model of participatory management in services, which included the leadership of the multidisciplinary team.¹⁴ According to the author, the lack of information of workers about the management model undermines the process of participatory management.

Nursing leadership must take ownership of these nuances, encouraging and motivating nursing staff periodically, reducing the limitations/existing barriers and encouraging the development of a safe and quality assistance. For this reason, health institutions must prioritize the safety culture in their hospital because it assists leaders in carrying out their work, making the motivation offer preventing adverse events rather than punishments to professionals.

FINAL REMARKS

The testimonies of the nurses interviewed allowed inferring that the effective communication of the team with their coordinators, as well as conducting periodic

meetings in the units and appropriate feedback about adverse events, are the main practices adopted by nursing leaders for the promotion of safety culture in the hospital analyzed.

Through appropriate feedback, professionals can act as active subjects in the process of notification and prevention of adverse events, developing new techniques to improve their work with a focus on safety culture. Another practice to motivate was the participatory leadership, where assistance nurses have their participation in the decision-making process, enabling to have goals and establish joint strategy for safety at work and in care.

The study should serve as a warning to the nursing leadership, emphasizing the importance of participative management in their units and in satisfactory influence of interdisciplinary work and in the construction of safety culture in hospitals.

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Submission: 2014/06/10

Accepted: 2014/11/04

Publishing: 2014/12/01

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