

# SAFETY ATTITUDES OF THE NURSING TEAM IN THE HOSPITAL ENVIRONMENT ATITUDES DE SEGURANÇA DA EQUIPE DE ENFERMAGEM NO AMBIENTE HOSPITALAR

ACTITUDES DE SEGURIDAD DEL PERSONAL DE ENFERMERÍA EN EL MEDIO HOSPITALÁRIO

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#### **ABSTRACT**

Objective: to analyze safety attitudes according to nursing professionals. *Method*: this is a quantitative, cross-sectional, descriptive study, with nurses, nursing technicians and assistants, using a questionnaire for characterization of professionals and the Safety Attitudes Questionnaire - Short Form 2006 (SAQ). The analysis of the results occurred through descriptive analysis, and the analysis of the SAQ considered positive values for patient safety when the score was greater than or equal to 75. Data were processed thourhg Microsoft Excel. *Results*: the total score average achieved 57.51 points, configuring it as low-safety atmosphere; the field "job satisfaction" presented the highest score, with 74.39 points, and the lowest score (39.98) belongs to the domain "management perception". *Conclusion*: the study participants did not analyze positively the safety attitudes outside the assistance to the patient and such findings should contribute to the planning of actions that encourage improvements related to safety attitudes. *Descriptors*: Patient Safety; Healthcare Quality Indicators; Quality of Health Care; Culture; Nursing; Surveys and Ouestionnaires.

## **RESUMO**

Objetivo: analisar as atitudes de segurança na perspectiva dos profissionais Enfermagem. Método: trata-se de estudo quantitativo, transversal, descritivo, com enfermeiros, técnicos e auxiliares de Enfermagem. Utilizou-se um questionário para a caracterização dos profissionais e o Safety Attitudes Questionnaire - Short form 2006 (SAQ). Consideraram-se, para a análise dos resultados, a análise descritiva e, para a análise do SAQ, os valores positivos para a segurança do paciente quando o escore fosse maior ou igual a 75. Utilizou-se para o processamento de dados o *Microsoft Excel*. *Resultados*: obteve-se, pelo escore total, a média de 57,51 pontos, configurando-se como um clima de segurança baixo; o domínio "satisfação no trabalho" apresentou o maior escore, com 74,39 pontos, e o menor escore (39,98) pertence ao domínio "percepção da gestão". Conclusão: percebeu-se que os participantes da pesquisa não analisaram positivamente as atitudes de segurança frente à assistência ao paciente e tais achados devem contribuir no planejamento de ações que incentivem melhorias relacionadas às atitudes de segurança. Descritores: Segurança do Paciente; Indicadores de Qualidade em Assistência à Saúde; Qualidade da Assistência à Saúde; Cultura; Enfermagem; Inquéritos e Questionários.

#### RESUMEN

Objetivo: analizar las actitudes de seguridad en el contexto de los profesionales de enfermería. Método: se trata de un estudio cuantitativo, descriptivo y transversal, con enfermeros, técnicos y auxiliares de enfermería. Se utilizó un cuestionario para la caracterización de los profesionales y el Safety Attitudes Questionnaire - Short Form 2006 (SAQ). Se consideraron, para el análisis de los resultados, el análisis descriptivo de la muestra, y para el análisis de la SAQ, valores positivos para la seguridad del paciente cuando la puntuación fue mayor o igual a 75. Se utilizo, para el procesamiento de datos, el Microsoft Excel. Resultados: se obtuvo, para la puntuación total, el promedio de 57.51 puntos, configurándolo como un clima de seguridad bajo; el campo "satisfacción laboral" presentó la puntuación más alta, con 74.39 puntos, y la puntuación más baja (44,08) pertenece al dominio "percepción de la gestión". Conclusión: se observó que los participantes del estudio no analizaron positivamente las actitudes de seguridad en relación a la asistencia al paciente y tales conclusiones deberían contribuir a la planificación de acciones que estimulen mejoras relacionadas con actitudes de seguridad. Descriptores: Seguridad del Paciente; Indicadores de Calidad de la Atención de Salud; Calidade de la Atención de Salud; Cultura; Nursing; Encuestas y Cuestionarios.

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## INTRODUCTION

Every day, several patients suffer serious injuries or die from errors and failures associated with health care, and every ten patients, one suffers an adverse event when suring health care in hospital environments. The lack of patient safety causes 42.7 million incidents with damage around the world every year, and half of this total occurs in developing and transition countries. <sup>1</sup>

Patient safety consists of reducing the risk of unnecessary damage linked to health care as minimum as possible.<sup>2</sup> The deficiencies in safety barriers cause adverse events. A multicenter study in Mexico analyzed the adverse events reported by the nursing team in the period from April 2012 to January 2013 in seven institutions, and concluded that 75% of the 137 occurrences could be avoided.<sup>3</sup> Therefore, patient safety is an essential practice within health institutions, with integration of the system, managers, health professionals and patients to promote a safe care.

The complexity of health services and the incorporation of technologies developed relate to risks present in the assistance. Risks and damage are prevented in these services by means of simple and effective strategies, such as: safety barriers in processes; the creation of specific protocols and continuing education. The hospitals included such mechanisms in order to offer assistance of excellence, ensure the satisfaction of clients and reduce costs.<sup>4</sup>

Hospitals have a high potential for occurrence of incidents, errors or failures due to the care complexity performed. A strengthened safety culture is one of the fundamental requirements to improve the quality of health care, and evaluating the safety culture at the hospital allows identifying and managing relevant safety issues in working routines.<sup>5</sup>

The safety culture results from individual or group attitudes, skills, values and patterns of behavior, which determine the style, the commitment to the administration competence of a safe organization. The development of a patient safety culture has challenges and there is the need for strategies that encompass the training of health professionals, the assistance at all healthcare levels and researches.

Thus, researches in the patient safety area are fundamental to ensure that, by means of the result, safety measures are adopted. Therefore, evaluating safety attitudes is necessary, in individual and collective practices, to promote and implement improvements in patient safety.

## **OBJECTIVE**

• To analyze safety attitudes according to nursing professionals.

## **METHOD**

This is a quantitative, descriptive study, conducted in 2017, at a high-complexity hospital of a capital city in northeast Brazil that offers services in various medical specialties, has 368 beds, intensive and surgical care.<sup>7</sup>

The study population consisted of nursing team professionals (nurses, nursing technicians and assistants) who work at the health institution. The study included professionals who worked at the institution for at least one year and in the care area. Professionals who, at the time, were exercising administrative functions, and those who were on leave, holidays or away for any reason. The sample was not probabilistic, but for convenience, composed of 74 professionals.

Two data collection instruments were used: one to characterize nursing professionals regarding age, sex, work sector, time working at the unit, position or function at work, workload and the work period. A second instrument was also used: the Safety Attitudes Questionnaire - Short Form 2006 (SAQ), validated for the Brazilian culture.<sup>8</sup>

The SAQ contains 41 items distributed in eight areas: teamwork atmosphere; job satisfaction; safety atmosphere; perception of the unit and the hospital management; working conditions; stress recognition and safe behavior.<sup>9</sup>

The final score of the instrument varies from zero to 100, where zero represents the worst perception of the safety atmosphere and 100 represents the best perception, and the values are considered positive for patient safety when the total score is greater than or equal to 75. The response scale is of Likert type, with five alternatives of answers: completely disagree (zero point); partially disagree (25 points); neutral (50 points); partially agree (75 points) and completely agree (100 points), and the alternative "not applicable" is not considered in the scores of the scales. One highlights the items of negative connotation (items 2, 11 and 36), which are reversely encoded, and the score of each domain is obtained by the sum of the scores divided by the total number of questions.8

Data processing and descriptive statistical analysis (frequency, mean and standard deviation) were performed through Microsoft Excel. The researcher followed the instructions of the author for the SAQ analysis.

The Research Ethics Committee of the Federal University of Piauí approved the study under number 2.283.109 and CAAE: 66309017.9.0000.5214. The participation in the study was voluntary and effected by signing the Informed Consent Form (ICF). The risks were minimal, being related to the discomfort of professionals to answer the questionnaire. The researcher was available to provide clarification to participants about possible doubts and their

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rights, according to the recommendations of Resolution 466/2012 of the National Health Council.

#### **RESULTS**

Sociodemographic data show that, of the 74 nursing professionals who participated in the study, 45 (60.8%) were nursing technicians, 24 (32.4%), nurses and five (6.8%), nursing assistants. The majority were women (83.8%), aged 31 through 40 years (50.0%); regarding working sector, 29 (39.2%) worked at emergency and urgency rooms and 11 (14.9%), at the medical

clinic; regarding labor variables, 37 (50.0%) professionals had five to ten years of working time, 63 (85.1%) worked in the morning shift and 39 (52.7%) worked 30 hours/week, with predominant professional experience from five to ten years (50%).

Table 1 shows the results of the descriptive analysis of the SAQ by domains and the mean overall score of the total SAQ (57.51). Job satisfaction obtained the highest average, with 74.39 points. Management perception obtained the lowest mean (39.98).

Table 1. Domain and total scores of the Safety Attitudes Questionnaire presented by Nursing professionals. Teresina (PI), Brazil, 2017.

Standard **SAQ Domains** Mean Deviation Total SAQ 57.51 38.41 Job satisfaction 74.39 34.35 Stress recognition 71.11 37.47 36.93 Safe behavior 61.57 Working conditions 58.00 36.70

56.59

53.47

39.98

Note: SAQ = Safety Attitude Questionaire

## **DISCUSSION**

Women prevailed among Nursing professionals. The health sector has a visible occupation of female labor force, because this sex exceeds 75% of the professionals in this area, particularly concentrating in this professional category<sup>10</sup>. This is similar to another study, which found that job satisfaction also showed maximum mean,<sup>11</sup> a positive point in this context.

Teamwork atmosphere

Management perception

Safety atmosphere

In the analysis of safety attitudes, according to professionals, the hospital showed no positive overall score, corroborating previous studies carried out in other Brazilian states, which obtained SAQ scores below 75.12 There is a negative perception, an association of detrimental conditions that lead to errors, such as inadequate personnel dimensioning, overcrowding, lack of adequate infrastructure, lack of equipment. Moreover, that this critical vision of nursing professionals to identify the weaknesses in safety is essential, in addition to the need to support the direction for the development of actions that provide a better care quality.13

In relation to the analysis of the domains, "job satisfaction" obtained an average of 74.39 points, demonstrating that the study professionals scored it better than the others; however, this score was not enough consider it a strength area for patient safety. In a study carried out at a public teaching hospital in countryside of São Paulo, the same domain had the highest mean score among the other domains (81.97 points) and was the only one that showed positive experiences with the work.<sup>14</sup> In this way, this area should be worked by

management and leadership, to become a strength area for patient safety.

36.07

38.40

36.85

Professionals satisfied with their work present lower chances to request change of sector or even institution, and this fact consequently decreases the turnover of professionals. The turnover of professionals is directly correlated to adverse events, such as: medication errors, nosocomial infections and falls. <sup>15</sup>

The domain "stress recognition" refers to the way the professional acts in stressful situations in his/her work and associates it with situations of vulnerability to patient safety. Most study professionals acknowledged how stress factors interfered in the work performance, because the overall score in this area achieved 71.11 points, indicating that the professionals relate stressful situations with negative situations for the patient safety.

Furthermore, work overload, defective equipment and materials, accumulation of many activities, and the insufficient number of professionals for the shifts due to vacation, leaves or other reasons increase fatigue and stress, hindering the implementation of actions to promote patient safety, because they contribute to the wear of professionals, impairing the attention during the performance of procedures and limiting their ability to think.<sup>15</sup>

The score of the domain "safe behavior" achieved 61.57, and these findings corroborate other studies in which this domain presents a mean score of 73.86 points, a value very close to the concept of safety atmosphere positive for patient safety. A safe behavior is very important

while implementing care practices, because these practices directly affect the quality of the care provided, as they mitigate risks and reduce and contribute to reducing the occurrence of adverse events.

In the domain "working conditions", the overall average achieved 58.00 points, which reflects a negative view of the professionals regarding the perception of the quality of environmental and logistical support in the work place. According to a survey carried out at a hospital in the city of Uberaba-MG, the same domain achieved the average of 59.58 points. <sup>10</sup> This relation results from long workdays, absence of professional training programs, and unavailability of necessary materials, hindering a quality assistance.

Imbalances in the nurse-patient relationship and long workdays diminish the quality of this relationship and the opportunity to use their knowledge and skills effectively. Administering the service effectively within the working hours in a day becomes difficult due to the heavy workload.<sup>16</sup>

The low score in this area demonstrates the need for interventions promoting the regular training of professionals, that the healthcare equipment is suitable for its purposes, that the necessary information is available for diagnostic and therapeutic discussions, and that there is a quality infrastructure. The working conditions, when related to lack of professionals, resources and materials, and the work overload compromise the quality of care.<sup>15</sup>

The domain "teamwork atmosphere" presented an average of 56.59 points, thus demonstrating a bad perception regarding the quality of the relationship and cooperation between the members of a team. Compared to a study performed at a mid-sized private hospital in Minas Gerais, which obtained an average of 63.66 points in the same domain, the data can mean that the team has constant relationship problems, frustrated workers and a non-cooperative team. <sup>10</sup>

Some measures can help improve the teamwork atmosphere, such as: the creation of mechanisms for efficient communication, training programs of interdisciplinary team and permanent education. The good relationship of a team favors the care quality and contributes significantly to safety attitudes. <sup>10</sup>

Nursing professionals need to improve communication with team members, in order to avoid failures that may become potential sources of error, and that may cause a fragmentation in care continuity, and the inadequate or ineffective implementation of procedures or treatments, which cause potentially may negative repercussions for the patient.15

The domain "safety atmosphere" achieved an average score of 53.47 points, which evaluates the perception of professionals about the engagement

of the institution with patient safety. A research conducted at private hospitals confirms this result, in which the same domain had an average of 69.03 points. Moreover, this result shows that the score is below the recommended, evidencing that there is an organizational commitment of the institution focused on patient safety. The institution need to be involved to stimulate initiatives and strategies for patient safety, thus offering subsidies to help workers develop a safety culture.

The domain "management perception" shows the conformity of the professional regarding the actions of the hospital or unti management or administration related to patient safety. The average achieved 39.98, demonstrating a negative view of the study professionals regarding management actions with respect to safety issues.

In a study conducted at four private hospitals in Uberaba-MG, the domain "management perception" had an average of 58.90 points, representing the worst mean in the study, thus demonstrating the dissatisfaction of professionals regarding the activities of management in relation to safety issues. Other studies found lower values, with averages from 37 to 55 points. 10 The of management support is fundamental importance to develop actions to enable an improvement in care quality, such as the creation of a safety culture that has a non-punitive character, which favors the discussion of errors and improves the processes to prevent these failures from occurring again.

## CONCLUSION

The study participants did not analyze positively the safety attitudes regarding patient care. None of the SAQ domains achieved positive scores.

In order to be truly effective, patient safety must be incorporated into the education of health professionals in the healthcare area, thus improving their perception on the attitudes of the organization regarding the safety atmosphere, and this change requires efforts and involvement of the entire institution.

This study may contribute to further researches on the attitudes of patient safety, considering the relevance of the topic. These results will allow helping in the planning of actions that encourage improvements related to the institutional safety atmosphere and assist in the training of the study professionals, necessary to identify and address underlying systemic causes related to patient safety and care quality in the service.

Further studies should be conducted in order to identify potential difficulties and problems that hinder the institutionalization of a safety culture, with a view to develop strategies for improvements in health care. The limitations of this study include the small number of studies

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addressing the theme and using the scale, hindering the comparison of realities.

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