



PATIENT SAFETY CULTURE: HEALTH PROFESSIONAL'S PERSPECTIVE
CULTURA DE SEGURANÇA DO PACIENTE: PERSPECTIVA DE PROFISSIONAIS DA SAÚDE
CULTURA DE SEGURIDAD DEL PACIENTE: PERSPECTIVA DE PROFESIONALES DE LA SALUD

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ABSTRACT

Objective: to know the perspective of health professionals about the culture of patient safety. **Method:** this is a quantitative, descriptive, observational study with 242 health professionals. Data was collected by means of a questionnaire, tabulated by the software: SPSS V20, Minitab 16 and Excel Office 2010. Tables were made to present the results by performing the descriptive analysis. **Results:** it appears that 50.4% of the respondents were trained in the last ten years, 90.1% affirmed the safety culture as a worldwide concern, 72.3% knew the protocols and practiced them, 74.7% believed that safety culture avoids mistakes, 97.0% affirmed the importance of everyone's involvement for culture change. **Conclusion:** there was inconsistency in the perspective of professionals regarding the understanding of the safety culture and, among other difficulties, lack of training, team work, commitment to daily practices and dissemination of culture throughout the hospital. **Descriptors:** Culture; Patient Safety; Public Opinion; Health Personnel; Hospitals; Health Care.

RESUMO

Objetivo: conhecer a perspectiva dos profissionais de saúde sobre a cultura de segurança do paciente. **Método:** trata-se de estudo quantitativo, descritivo, observacional, com 242 profissionais da saúde. Coletaram-se os dados de por meio de um questionário, tabulando-se pelos *softwares*: SPSS V20, Minitab 16 e Excel Office 2010. Confeccionaram-se tabelas para apresentar os resultados realizando-se a análise descritiva. **Resultados:** revela-se que, dos respondentes, 50,4% foram capacitados nos últimos dez anos, 90,1% afirmaram a cultura de segurança como preocupação mundial, 72,3% conheciam os protocolos e os praticavam, 74,7% acreditavam que a cultura de segurança evita erros, 97,0% afirmaram a importância do envolvimento de todos para a mudança da cultura. **Conclusão:** observou-se inconstância na perspectiva dos profissionais em relação ao entendimento sobre a cultura de segurança e, entre outras dificuldades, a falta de capacitação, de entrosamento no trabalho em equipe, de comprometimento com as práticas diárias e de disseminação da cultura em todo o hospital. **Descritores:** Cultura; Segurança do Paciente; Opinião Pública; Pessoal de Saúde; Hospitais; Assistência à Saúde.

RESUMEN

Objetivo: conocer la perspectiva de los profesionales de la salud sobre la cultura de seguridad del paciente. **Método:** este es un estudio cuantitativo, descriptivo, observacional con 242 profesionales de la salud. Los datos se recopilaron mediante un cuestionario tabulado por los *softwares*: SPSS V20, Minitab 16 y Excel Office 2010. Se realizaron tablas para presentar los resultados mediante el análisis descriptivo. **Resultados:** parece que el 50.4% de los encuestados fueron capacitados en los últimos diez años, el 90.1% afirmó que la cultura de seguridad era una preocupación mundial, el 72.3% conocía los protocolos y los practicaba, el 74.7% creía que la cultura de seguridad evita errores, el 97.0% afirmó la importancia de la participación de todos para el cambio cultural. **Conclusión:** hubo inconsistencia en la perspectiva de los profesionales con respecto a la comprensión de la cultura de seguridad y, entre otras dificultades, la falta de capacitación, buen convivio en el trabajo en equipo, el compromiso con las prácticas diarias y difusión de la cultura en todas partes del hospital. **Descriptores:** La Cultura; Seguridad del Paciente; Opinión Pública; Personal de Salud; Los Hospitales; Asistencia a la Salud.

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INTRODUCTION

It is known that health institutions, especially in the last two decades (1999 to 2019), have their attention focused on the quality of services provided with a view to offering greater security to users. The biggest challenges are believed to be to disseminate the patient safety culture and manage risks, which represents a basic premise in care processes, given that the patient safety culture is a set of values, attitudes, skills and behaviors that are committed to health and safety management and aim to minimize risks.¹⁻²

These risks refer to the likelihood of events/harm to the patient over a period of time and may occur during or after treatment, hospitalization and procedures.³ In this context, the purpose was to intensify actions aimed at patient safety after the great impact of the publication of the report "To Err Is Human" by the Institute of Medicine (IOM), in the United States, in 1999, with the an estimated 44 to 98,000 Americans who died each year from health care-related errors considered preventable deaths. This has made the subject of patient safety a worldwide concern.⁴⁻⁵ In addition, in a new survey conducted in the United States in 2013, an estimate was presented that an estimated 210,000 Americans died each year due to errors/damages associated with health care considered preventable harm in hospitals, and There are speculations that the numbers may be higher, reaching 400 thousand, because there is still no tool capable of detecting diagnostic errors.⁶

In Brazil, in 2013, 227,000 deaths from preventable adverse events occurred, according to the Ministry of Health's Indicators and Basic Data (IBD),⁷ however, a new study was conducted from 2014 to 2016, by the Sanitary Surveillance Notification System (Notivisa), showing the occurrence between 104,187 and 434,112 possible deaths associated with hospital adverse events.⁸

These events are related to health care, demonstrating serious global public health problems, as they can lead to death and harm to patients, as well as increased costs in health services.⁹

To this extent, actions were imposed at the beginning of this century, and the US Institute of Medicine (IOM) included patient safety as the sixth attribute of quality in order to prevent injury and harm to patients arising from care.⁹⁻¹⁰ Thus the World Health Organization (WHO) was created in 2004 by the World Alliance for Patient Safety, which after a while was renamed the Patient Safety Program to organize the concepts and patient safety definitions and suggest adjustments to mitigate risks and reduce events.¹¹⁻³

It is noted that, based on this worldwide initiative, Brazil also begins to work in this

perspective, establishing, in April 2013, by the Ministry of Health (MH), the National Patient Safety Program (NPSP), by Ordinance No. 529, which considers this topic a priority in health services, given the political agenda of the member states of the World Health Organization (WHO), which recommended that countries pay more attention in this regard.^{2,11}

In the same year 2013, in July, the Ministry of Health (MH) and the National Health Surveillance Agency (ANVISA) published Collegiate Board Resolution (CBR) No. 36, with the purpose of instituting actions for the promoting patient safety and improving quality in health services, determining the obligation to implement the Patient Safety Center (PSC) and its application to health services, in all sectors and levels of care, including those where carry out teaching and research.⁷ CBR No. 53/2013 was then published, setting the deadline for commencing monthly notifications of adverse events in the Sanitary Surveillance Notification System (NOTIVISA), starting in 2014.¹¹

It is important in this universe, considering hospitals as environments susceptible to the occurrence of risk of patient-related damage, the development of safety culture in all hospitals.¹⁴

The differentiated look to the theme of this research comes from the fact that health professionals are, for the most part, directly responsible for the care provided in health care, especially in the medical and nursing areas, which have greater interaction in procedures with patients. It became relevant, noting that the safety culture was not fully disseminated in the hospital context, knowledge about the theme among collaborators to improve their patient safety practices.

OBJECTIVE

- To know the perspective of health professionals on the patient safety culture.

METHOD

It is a quantitative, descriptive and observational study. Field research was carried out at the Francisco Morato de Oliveira State Public Servant Hospital (SPSH), in São Paulo (SP), Brazil, with health professionals in the care sectors from January to August 2016.

The study included health professionals working in the hospital. Those who were on vacation, sick leave and/or absent for other reasons during the data collection period were excluded. A questionnaire prepared by the researchers and previously successfully tested by a random sample composed of two doctors, two nurses, two nursing technicians and two nursing assistants was applied, validating and approving it by the IAMSPE ethics committee. The questions were arranged in

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quantity as follows: personal data (four); training of professionals (seven); teamwork (six); safety culture (five). It is noteworthy that all respondents read and signed the Free and Informed Consent Term (FICT). The sample was defined based on the total number of professionals belonging to the researched categories (according to data provided by SPSH's Human Resources department), with a 5% error margin and 95% confidence interval.

Data was tabulated after the end of the research, with statistical aid, in software: SPSS V20, Minitab 16 and Excel Office 2010. Tables were made with the results, performing the descriptive analysis, discussion and conclusion.

The research was considered to be in accordance with the norms and guidelines of the

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National Research Ethics Commission (CONEP), whose research project received favorable opinion number 1,227,892 and CAAE 47993415.5.0000.5463 of the Ethics Committee of the Institute of Medical Assistance of the State Public Servant (IAMSPE), after submission to the Brazil Platform, according to the determinations of Resolution No. 466/12 of the National Health Council.

RESULTS

The sample studied by 242 professionals was listed: 58 (24.0%) doctors; 52 (21.5%) nurses; 43 (17.8%) Nursing technicians and 89 (36.7%) Nursing assistants, all state public officials of SPSH who performed their duties in the hospital care areas.

Table 1 shows the sociodemographic characteristics of the respondents.

Table 1. Sociodemographic characteristics of professionals of the State Public Servant Hospital who answered the questionnaire. São Paulo (SP), Brazil, 2016.

Variables	Characteristics	n	%
Sex	Male	49	20.3
	Female	193	79.7
Age	Up to 30 years	39	16.1
	31 to 40 years	79	32.7
	41 to 50 years	41	16.9
	51 to 60 years	34	14.1
	Over 61 years	9	3.7
	Did not answer	40	16.5
Time you work at this institution	Less than 1 year	19	7.9
	1 to 10 years	146	60.2
	11 to 20 years	54	22.3
	21 to 30 years	7	2.9
	More than 30 years	11	4.6
	Did not answer	5	2.1
Education level	Elementary I and II	3	1.2
	Highschool	95	39.2
	Graduation	92	38.1
	Post-graduation	52	21.5

Table 2 shows the distribution of professionals according to patient safety training.

Table 2. Distribution of professionals according to patient safety training. São Paulo (SP), Brazil, 2016.

Variables	Characteristics	n	%
Have had training in the last ten years on the theme	In internal training	122	50.4
	In external training	33	13.6
	In graduation	38	15.7
	Did not have	49	20.3
What does patient safety culture mean	Protocol-based care practice	215	88.9
	Information for teams about assistential care	15	6.2
	Conceptual alignment of security policies	3	1.2
	Did not know	9	3.7
Why the topic is a worldwide concern	By the alarming rates of patient injury	218	90.1
	For being a highlight for health institutions	8	3.3
	Why government relations are assured	1	0.4
	Did not have knowledge	15	6.2
Do you know any protocol regarding this matter	Know	80	33.1
	Know and practice	95	39.2
	Had heard about it	20	8.3
	Did not know	47	19.4

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Do you think this theme should be part of the teaching grid?	From post-graduation	40	16.5
	From graduation	95	39.3
	From the technical course	105	43.4
	Did not see a need	2	0.8
Knowledge about safety regulations has changed the routine	Yes	107	44.1
	Felt safer to work	80	33.1
	No	13	5.4
	Did not know the rules	42	17.4
What you consider to be the National Patient Safety Policy (NPSP)	Correctly identify the patient	185	76.5
	Improve prescription safety	32	13.2
	Ensure surgery, procedure and correct patient	9	3.7
	Ensure surgery, procedure and correct patient	16	6.6

Table 3 shows the distribution of the professionals' responses.

Table 3. Distribution of responses from professionals of the State Public Server Hospital regarding teamwork. São Paulo (SP), Brazil, 2016.			
Variables	Characteristics	n	%
Industry professionals comply with patient safety procedures	Yes	81	33.5
	No	9	3.7
	In Part	139	57.4
	Did not know	13	5.4
Everyone's commitment to patient safety	Yes	65	26.9
	No	67	27.6
	Only some	63	26.0
	Did not know	47	19.5
Everyone recognizes the importance of patient safety in performing activities	Yes	52	21.5
	Some	169	69.9
	No	3	1.2
	Would not like to comment on this subject	18	7.4
Contribute to patient safety improvement practices	Always	171	70.7
	Sometimes	60	24.8
	Never	2	0.8
	I didn't know these practices	9	3.7
All professionals understand what patient safety culture is	Yes	32	13.2
	No	15	6.2
	Some understood	174	71.9
	They would not like to give their opinion	21	8.7
Professionals support each other in daily practices	Frequently	54	22.3
	Whenever possible	147	60.7
	Only when they were obliged	37	15.3
	Never	4	1.7

Table 4 shows that 235 (97.0%) responded that for the change in safety culture to happen in an institution, the involvement of all sectors was important.

Table 4. Understanding of the professionals surveyed at the State Public Servant Hospital regarding the patient safety culture. São Paulo (SP) Brazil, 2016.

Variables	Characteristics	n	%
For the change in security culture to happen in an institution, it is important to involve which sectors	Of all	235	97.0
	Technical areas only	4	1.7
	I still have questions about this subject	3	1.3
With patient safety standards in health care, you feel safer in performing	Yes	198	81.8
	No	6	2.5
	Didn't know these norms	9	3.7
	Would like to get information about standards	29	12.0
How the patient safety culture contributes to improving care delivery	Avoiding and preventing damage	181	74.8
	Informing basic patient safety standards	15	6.2
	It doesn't contribute anything	1	0.4
	Need to be more widespread in this institution	45	18.6
It usually puts itself in the patient's place during care practice	Yes	216	89.3
	No	1	0.4
	Sometimes	23	9.5
	Will rethink security practice	2	0.8
Do you think safety culture can avoid mistakes	Yes	181	74.7
	No, the mistake could happen even with knowledge of the safety culture	36	14.9
	Were unaware of the subject	4	1.7
	They think the safety culture should be more widespread in the hospital	21	8.7

DISCUSSION

It is possible to know, through the results obtained with the application of the questionnaire, the perspective of the health professionals surveyed about SPSH's patient safety culture. The profile of this paper presents similarities with other research conducted in Brazil and in other countries.^{1,4,6,9,16-7,26}

Of the professionals surveyed at the State Public Servant Hospital (SPSH), the predominance was 79.7% female. It was identified, in a recent research carried out in a federal teaching hospital of the State of Paraná (BR), that 57.6% of respondents were female and 42.4% male, which shows an approximation of the indices and this means that although the prevalence is female, there is an increase in male presence in patient care.¹⁵

Regarding age, the older age groups are evident, with the highest rate of 32.7% for the age between 31 and 40 years, information that may indicate a different view of the patient's safety

culture. In the study published at the hospital in the city of Taichung, Taiwan, 44% were found, aged between 31 and 40 years.¹⁶ Divergent result is observed in the research conducted at the General Hospital “Dr. Carlos Canseco ”of the Health Department in Tampico, Tamaulipas, Mexico, where 41.5% of respondents were 48 to 58 years old.¹⁷

It is noted that the average working time of the respondent professionals in SPSH was from one to ten years, corresponding to 60.2%, as it suggests some degree of interest in the subject. In a study conducted at the Teaching Hospital of the State of São Paulo (BR), results of 82.3% between one and ten years old were found.¹⁸ The result is confirmed by the average performance of professionals in Brazilian health institutions, and, although higher than the results of this research, are corroborative.

As for the level of education of the respondents in this study, 38.1% had a degree and 21.5% had a postgraduate degree. In addition, in a federal teaching hospital in the state of Paraná (BR),

22.2% had undergraduate and 53.1%, postgraduate.¹⁵

It is shown that, of the respondents on professional training in the last ten years, 50.4% had internal training on patient safety and 20.3% have not yet been trained, and 29.37% had external training. Almost half of the employees were not internally trained, so they have not yet had the opportunity to align with institutional security policies, which can lead to communication failure and consequent errors in care. It is described in a survey conducted in two Portuguese hospitals/hospitals that the results were 72.5% of staff trained in patient safety in hospital two and 56.3% in hospital one, showing that the institutions in other countries, show greater concern about the training of their professionals on this topic.^{1,8,15}

Regarding the significance of the patient safety culture, 88.9% said that it was protocol-based care practice, which, in their view, indicates that they are on the way to seeking safer care. Other studies endorse the need to use safety protocols to prevent damage to patient care, thus confirming this finding.^{11,19}

With regard to patient safety being a worldwide concern, 90.1% of respondents said that they are due to alarming rates of patient injury. Despite the perception of respondents about being the harm to the patient the main cause for concern worldwide, at the same time, there is no commitment of these professionals, to the same extent, to improve this situation. The extent of this concern is highlighted, given that even countries that are in a constant position of conflict, such as Pakistan and Saudi Arabia, in the midst of their difficulties, are already concerned with patient safety and have already started some actions in favor of patient safety and also some research on this topic.²⁰⁻¹

With regard to knowing and practicing some patient safety protocol, it was found that 72.3% answered that they knew and practiced and 19.4%, who did not know the protocols, which shows the fragility in the institution's situation regarding protocol implementation and patient safety. In order to explain the magnitude of the aforementioned finding, the importance of defining the protocols is highlighted, as they are part of the sector's attributions and responsibilities, save lives, avoid human errors and direct health professionals in the procedures.⁹ It is revealed in a medium-sized hospital in the interior of Rio Grande do Sul (BR) that 88.3% of respondents were aware of the protocols.²² It is understood that knowledge is an impact tool for change and implies improvements and improvements. In this sense, working based on protocols helps reduce damage rates and ensure patient safety.²³

It is reported, when asking the professionals about the insertion of the subject patient safety in teaching grade, that 43.4% answered yes to the technical course; 39.3% for undergraduate and 16.5% for postgraduate. It is inferred that the result is allusive to information from the Ministry of Health,⁷ which highlighted the need to include the subject of patient safety in technical education, undergraduate and graduate in health and also in the continuing education of health professionals.¹¹

Regarding knowledge of safety and routine change standards, 44.1% said they knew about them and that there were changes in their routine and 17.4% did not know them. Here again, the need to broaden the qualification of health professionals with standards and to work on patient safety actions is emphasized, as fragility in the hospital context is worrying. It is emphasized that, in hospital institutions located in the north of Paraná State (BR), the development of safety culture and the use of regulations changed the practices performed and the development of safety culture for the better.²

With regard to considering as National Patient Safety Policy (NPSP), it is reported that 76.5% answered that it is to correctly identify the patient. It is emphasized that although the result is in agreement with other studies,^{11,24} 6.6% said communication on shift change is important, presenting it as one of the most important points for effective communication in patient safety and, at the same time, concern given the importance of this action in relation to patient safety. It was stated in a study conducted in a public university hospital in the interior of the state of Paraná (BR), that 52.9% of respondents said that important information about patient care during shift change is not communicated, which makes it possible failure with the possibility of events, since it is understood as an appropriate procedure to shift the shift next to the patient, although not every professional practices such a directive, endangering patient safety.²⁵

Regarding compliance with established procedures, it is indicated that 33.5% said yes, but 57.4% answered that they partially complied. Concern is generated by the high rate of "partly" mentioned, which may pose risks to patient care, being confirmed by research conducted in a public university hospital in Paraná (BR), where 55.8% complied with the procedures, however, when the manager pressed, the work would be accelerated, even if they had to omit, that is, "comply in part" with some procedures, which could expose the assistance provided to risks.²

Regarding the commitment of all professionals regarding patient safety, 27.6% answered no; 26.9%, yes; 26%, only a few and 19.5 said they did not know. The results show that there is a lack of

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professional commitment and, mainly, a lack of communication, which suggests a reflection on the evolution of the patient safety culture, and other studies confirm the findings of this research.^{22,25}

It was asked if everyone recognized the importance of patient safety in performing their activities and 69.9% of respondents said some professionals recognized it. Thus, it is suggested by this answer, an alignment of communication in the hospital context regarding the importance of patient safety for all professionals and that it may differ according to the professions, sectors, hospitals, cities and countries, and other studies corroborate this finding.^{2-3,26}

The results show that 70.7% of the respondents always contributed to patient safety improvement practices and 24.8% sometimes contributed. In addition, at the Getúlio Vargas University Hospital in Manaus, Amazonas, 58% of respondents said they were continually working to improve safety;¹² In another study, improvement actions implemented in hospitals are essential for patient safety.⁴

Regarding the professionals' understanding about the safety culture, 71.9% thought that only a few had understanding, and should be a reason for the institution to disseminate the safety culture more, in view of the vulnerability in conceptual alignment. It is reinforced by the data in question that respondents need more information from the perspective of patient safety focused on daily practices. It is mentioned in a study conducted in public, private and philanthropic hospitals located in the city of Natal/Rio Grande do Norte (RN), that professionals had an understanding of the safety culture even in the midst of the difficulties involved.²⁷

As for the reciprocal support of professionals in daily practices, 60.7% answered whenever possible; 22.3% often and 15.3% only when required. It is emphasized, as a success factor in the assistance provided, the strengthening of teamwork, which is supported by professionals, as pointed out by a study at a public university hospital in the interior of the state of Paraná (BR), where about 85% of professionals believed that when work needed to be accelerated, there was cooperation among team members, as well as a respectful relationship between them.²⁵

It is noteworthy that 97.0% of professionals were aware of the need for the involvement of all sectors/professionals for cultural change. Studies have cited the importance of involving all sectors/professionals in this change.^{4,25} It is noted, given the result of this study, that existing differences improved understanding of organizational learning and the culture of safety.

It is indicated by the results that 81.8% of respondents said they feel safer in performing their duties with the patient safety standards

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implemented in health institutions and 12% would like more information about these standards. This translates into the willingness of employees to accept training on patient safety, provoking a reflection focused on the importance of implementing these standards in institutions. It was mentioned in a study conducted in public, private and philanthropic hospitals in the city of Natal/Rio Grande do Norte (RN), by the respondents, that the implementation of safety standards made it possible to offer safe patient care and gave security to the professional.²⁷

The results show that 74.8% state that the patient safety culture contributes to the improvement of the care provided and 18.6% said that it needs to be more widespread in the hospital. It is worth noting that, although the process of implementation of the SPSH Patient Safety Center actions is still beginning, professionals need to better understand the relevance of the safety culture and incorporate it into their daily activities. Other studies also mention the need to implement the National Patient Safety Program (NPSP) in health institutions and to develop this culture in them.^{18,26}

It was questioned if the professionals usually put themselves in the patient's place during their care practice, when 89.3% answered yes and 9.5% said they put themselves sometimes, suggesting an analysis of the importance of this practice, considering a humanized assistance. Safety attitudes such as this were also reported in studies conducted at the large teaching hospital in Curitiba-PR and at the public university hospital in the interior of the state of Paraná, Brazil, where respondents provided care focused on patient safety.^{25,29}

In another issue, 74.7% of respondents stated that patient safety culture contributes to avoid errors and 8.7% of respondents showed a need for greater dissemination of safety culture in SPSH. It is recommended that the development of safety culture should be a priority in all areas and also ensured by governmental and institutional policies, leading the way to security. In a study conducted in hospitals in the Netherlands, it is assured that the patient safety culture, in the opinion of the majority of the interviewed professionals, contributed to avoid errors,^{28,30} and other studies referred to the importance and stimulation in the development of safety culture for harm prevention and patient safety assurance.^{2,9}

CONCLUSION

In view of the above, there was an inconsistency in the perspective of health professionals at the State Public Servant Hospital (SPSH) regarding the understanding of the patient

safety culture. Although some security actions were implemented in the hospital, there are several issues that lead to the vulnerability of the safety culture, pointing out that it needs to be better developed, especially in the less positive aspects observed. Among the difficulties presented are the lack of training, team work, commitment to daily practices and the dissemination of culture throughout the hospital. The need for continuity in planning and action plans for hospital improvement is reinforced.

It is necessary to take into consideration, when dealing with a large hospital, that all care-related activities, directly and indirectly, present risks that may compromise patient safety. To this end, it is relevant to train all professionals, disseminating and strengthening the safety culture, implementing prevention actions and protocols related to patient safety and creating environments for discussion and learning among professionals. In addition, work processes need to be better structured to ensure patient safety.

This research will contribute to the increase of scientific knowledge on the subject, advancement in work processes, development and qualification of health professionals, higher quality of care, risk management in the hospital context and strengthening of the National Patient Safety Program (NPSP).

REFERENCES

1. Silva EMB, Pedrosa DLL, Leça APC, Silva DM. Health professionals' perceptions of pediatric patient safety culture. *Referência*. 2016 May;4(9):87-95. DOI: <http://dx.doi.org/10.12707/RIV16007>
2. Costa DB, Ramos D, Gabriel CS, Bernardes A. Patient safety culture: evaluation by nursing professionals. *Texto contexto-enferm*. 2018 Aug; 27(3):e2670016. DOI: <http://dx.doi.org/10.1590/0104-070720180002670016>
3. Tobias GC, Bezerra ALQ, Moreira IA, Paranaguá TTB, Silva AEBC. Knowledge of nurses on the culture of patient safety in university hospital. *J Nurs UFPE on line*. 2016 Mar;10(3):1071-9. DOI: [10.5205/reuol.8702-76273-4-SM.1003201617](https://doi.org/10.5205/reuol.8702-76273-4-SM.1003201617)
4. Andrade LEL, Lopes JM, Souza Filho MCM, Vieira Júnior RF, Farias LPC, Santos CCM, et al. Patient safety culture in three Brazilian hospitals with different types of management. *Ciênc saúde colet*. 2018 Jan; 23(1):161-72. DOI: <http://dx.doi.org/10.1590/1413-81232018231.24392015>
5. Gomes IBS, Santos DCO, Maia SF, Costa AWS. Attitudes and practices of the nursing team for patient safety. *Rev Uningá* [Internet]. 2019 Mar[cited 2018 Aug 10]; 56(2):14-29. Available from:

<http://revista.uninga.br/index.php/uninga/article/view/1398/1898>

6. James JT. A new, evidence-based estimate of patient harms associated with hospital care. *J Patient Saf*. 2013 Sept;9(3):122-28. DOI: [10.1097/PTS.0b013e3182948a69](https://doi.org/10.1097/PTS.0b013e3182948a69).
7. Biblioteca Virtual de Saúde. Rede Interagencial de Informações para a Saúde. Indicadores e dados básicos para a saúde no Brasil [Internet]. Brasília: BVS;2013 [cited 2019 Feb 15]. Available from: <http://www.ripsa.org.br/vhl/indicadores-e-dados-basicos-para-a-saude-no-brasil-idb/>
8. Maia CS, Freitas DRC, Gallo LG, Araújo WN. Registry of adverse events related to health care that results in deaths in Brazil, 2014-2016. *Epidemiol Serv Saúde*. 2018 June;27(2):e2017320. DOI: <http://dx.doi.org/10.5123/s1679-49742018000200004>
9. Ministério da Saúde (BR), Agência Nacional de Vigilância Sanitária. Assistência segura: uma reflexão teórica aplicada à prática [Internet]. Brasília: Ministério da Saúde; 2017 [cited 2019 Mar 19]. Available from: <https://www20.anvisa.gov.br/segurancadopacient e/index.php/publicacoes/item/caderno-1-assistencia-segura-uma-reflexao-teorica-aplicada-a-pratica>
10. Golle L, Ciotti D, Herr GEG, Aozene F, Schmidt CR, Kolankiewicz ACB. Culture of patient safety in hospital private. *J res fundam care online*. 2018 Jan/Mar;10(1):85-89. DOI: <http://dx.doi.org/10.9789/2175-5361.2018.v10i1.85-89>
11. Ministério da Saúde (BR), Fundação Oswaldo Cruz, Agência Nacional de Vigilância Sanitária. Documento de referência para o Programa Nacional de Segurança do Paciente [Internet]. Brasília: Ministério da Saúde; 2014 [cited 2019 Mar 19]. Available from: http://bvsmis.saude.gov.br/bvs/publicacoes/documento_referencia_programa_nacional_seguranca.pdf
12. Galvão T, Lopes MCC, Oliva CCC, Araújo MEA, Silva M. Cultura Patient safety culture in a university hospital. *Rev Latino-Am Enfermagem*. 2019 Feb;26:e3014. DOI: <https://doi.org/10.1590/rlae.v26i0.154227>
13. Ferreira AMD, Oliveira JLC, Camillo NRS, Reis GAX, Évora YDM, Matsuda LM. Perceptions of nursing professionals about the use of patient safety computerization. *Rev Gaúcha Enferm*. 2019 Apr; 40(Spe): e20180140. DOI: <http://dx.doi.org/10.1590/1983-1447.2019.20180140>
14. Fassarella CS, Camerini FG, Henrique DM, Almeida LF, Figueiredo MCB. Evaluation of patient safety culture: comparative study in university hospitals. *Rev Esc Enferm USP*. 2018 Nov;52:e03379. DOI:

<http://dx.doi.org/10.1590/s1980-220x2017033803379>

15. Batista J, Cruz EDA, Alpendre FT, Paixão DPSS, Gaspari AP, Mauricio AB. Safety culture and communication about surgical errors from the perspective of the health team. *Rev Gaúcha Enferm.* 2019; 40(Spe):e20180192. DOI: <http://dx.doi.org/10.1590/1983-1447.2019.20180192>

16. Yii-Ching L, Chih-Hsuan H, Chih-Yi H, Hsin-Hung W. A longitudinal study of assessing the patient safety culture from nurses' viewpoints based on the safety attitudes questionnaire in Taiwan. *IJIMT.* 2016 Dec;7(6):266-71. DOI: [10.18178/ijimt.2016.7.6.685](http://dx.doi.org/10.18178/ijimt.2016.7.6.685)

17. Castañeda-Hidalgo H, Hernández RG, Salinas MP, Zuñiga MP, Porras GA, Perez AA. Nursing perception of patient safety culture. *Cienc enferm.* 2013;19(2):77-88. DOI: <http://dx.doi.org/10.4067/S0717-95532013000200008>

18. Silva-Batalha EMS, Melleiro MM. Patient safety culture in a teaching hospital: differences in perception existing in the different scenarios of this institution. *Texto contexto-enferm.* 2015 Apr/June;24(2):432-41. DOI: <http://dx.doi.org/10.1590/0104-07072015000192014>

19. Carvalho REFL, Arruda LP, Nascimento NKP, Sampaio RL, Cavalcante MLSN, Costa ACP. Assessment of the culture of safety in public hospitals in Brazil. *Rev Latino-Am Enfermagem.* 2017 Mar;25:e2849. DOI: <http://dx.doi.org/10.1590/1518-8345.1600.2849>

20. Jafree SR, Zakar R, Zakar MZ, Fischer F. Assessing the patient safety culture and ward error reporting in public sector hospitals of Pakistan. *Safety Health.* 2017 Sept;3:10. DOI: <https://doi.org/10.1186/s40886-017-0061-x>

21. Alonazi NA, Alonazi AA, Saeed E, Mohamed S. The perception of safety culture among nurses in a tertiary hospital in Central Saudi Arabia. *Sudan J Pediatr* [Internet]. 2016 [cited 2019 Jan 15]; 16(2):51-8. Available from: <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC5237835/pdf/sjp-16-51.pdf>

22. Abreu IM, Rocha RC, Avelino FVSD, Guimarães DBO, Nogueira LT, Madeira MZA. Cultura de segurança do paciente em centro cirúrgico: visão da enfermagem. *Rev Gaúcha Enferm.* 2019 Apr;40(Spe):e20180198. DOI: <http://dx.doi.org/10.1590/1983-1447.2019.20180198>

23. Silva EMB, Pedrosa DLL, Leça APC, Silva DM. Health professionals' perceptions of pediatric patient safety culture. *Referência.* 2016 Apr/June; 4(9):87-94. DOI: <http://dx.doi.org/10.12707/RIV16007>

24. Ministério da Saúde (BR), Agência Nacional de Vigilância Sanitária, Gerência de Vigilância e Monitoramento em Serviços de Saúde (GVIMS), Gerência Geral de Tecnologia em Serviços de Saúde (GGTES). Implantação do Núcleo de Segurança do Paciente em Serviços de Saúde [Internet]. Brasília: Ministério da Saúde; 2016 [cited 2019 Mar 19]. Available from: <https://www20.anvisa.gov.br/segurancadopaciente/index.php/publicacoes/item/caderno-6-implantacao-do-nucleo-de-seguranca-do-paciente>

25. Bohrer CD, Marques LG, Vasconcelos RO, Oliveira JL, Nicola AL, Kawamoto AM. Communication and patient safety culture in the hospital environment: vision of multiprofessional team. *Rev Enferm UFSM.* 2016 Jan/Mar;6(1):50-60. DOI: <http://dx.doi.org/10.5902/2179769219260>

26. Silva ACAB, Rosa DOS. Patient safety culture in hospital organization. *Cogitare Enferm.* 2016;21(Spe):01-10. DOI: <http://dx.doi.org/10.5380/ce.v21i5.45583>

27. Cavalcante EFO, Pereira IRBO, Leite MJVF, Santos AMD, Cavalcante CAA. Implementation of patient safety centers and the healthcare-associated infections. *Rev Gaúcha Enferm.* 2019;40(Spe):e20180306. DOI: <http://dx.doi.org/10.1590/1983-1447.2019.20180306>

28. Zwijnenberg NC, Hendriks M, Hoogenorst-Schilp J, Wagner C. Healthcare professionals' views on feedback of a patient safety culture assessment. *BMC Health Serv Res.* 2016 June;16:199. DOI: [10.1186/s12913-016-1404-8](https://doi.org/10.1186/s12913-016-1404-8)

29. Raimondi DC, Bernal SCZ, Oliveira JLC, Matsuda LM. Patient safety culture in primary health care: analysis by professional categories. *Rev Gaúcha Enferm.* 2019 Jan;40 (Spe):e20180133. DOI: <http://dx.doi.org/10.1590/1983-1447.2019.20180133>


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