PATIENT SAFETY CULTURE AND THE CULTURAL NURSING CARE
CULTURA DE SEGURANÇA DO PACIENTE E CUIDADO CULTURAL DE ENFERMAGEM

ABSTRACT

Objective: to understand the safety culture based on the concepts discussed in the Theory of Diversity and Universality of Cultural Care and in the Conceptual Model of Cross-Cultural Nursing Care. Method: a reflective study from the Dissertation of the Postgraduate Program in Nursing, Federal University of Maranhão / UFMA, entitled ‘The culture of patient safety in intensive care from the perspective of nursing professionals’. Results: the approach of cross-cultural nursing in the assessment of the patient’s safety culture is considered, paying attention to the need to consider cultural aspects, thus contributing to the practice of safe care. Descriptors: Nursing; Nursing Theory; Nursing care; Transcultural Nursing; Patient safety; Organizational culture.

RESUMO

Objetivo: compreender a cultura de segurança fundamentada nos conceitos discutidos na Teoria da Diversidade e Universalidade do Cuidado Cultural e no Modelo Conceitual do Cuidado de Enfermagem Transcultural. Método: estudo reflexivo a partir da Dissertação do Programa de Pós-Graduação em Enfermagem, da Universidade Federal do Maranhão, intitulada ‘Cultura de segurança do paciente em terapia intensiva na perspectiva de profissionais de Enfermagem’. Resultados: percebe-se a aproximação da Enfermagem transcultural na avaliação da cultura de segurança do paciente tendo em vista que ela deve ser baseada em uma comunicação eficaz e por práticas que envolvam as culturas dos gestores, organizações, profissionais de Enfermagem e pacientes sustentando o planejamento de ações e a necessidade de prevenção de erros e danos. Conclusão: os conceitos apresentados são perfeitamente apropriados no contexto da cultura de segurança por remeter à necessidade de considerar os aspectos culturais contribuindo, assim, para a prática do cuidado seguro. Descriptors: Enfermagem; Teoria de Enfermagem; Cuidados de Enfermagem; Segurança do Paciente; Enfermagem Transcultural; Segurança do Paciente; Cultura Organizacional.
It is known that patient safety has become, in the last decades, one of the main goals sought by the institutions involved with care. For Nursing, safe care emerged with Florence Nightingale, who created new ways of providing health care by observing, during the Crimean War, that most soldiers died from preventable pathological complications.\(^1\) Faced with this scenario, such as the adoption of hygiene measures, better lighting and ventilation for the environment, strategies to prevent errors in the hospital environment and reduce mortality among soldiers.\(^2\)

The term safety culture was disseminated as a result of the Chernobyl nuclear accident in 1986, which was considered to be the worst accident in the history of nuclear power generation by the International Nuclear Safety Advisory Group which, in publishing the report on the accident, main cause, the weak safety culture.\(^3\)

It is considered that, after the report “To err is human: building a safer health system” was demonstrated in 1999 that errors occur and are frequent during health care, the World Health Organization has recognized patient safety as a problem of Since 2004, it has mobilized in the face of this issue, proposing that the institutions adopt a broad model including several elements, among them, the safety culture so that they can bring better quality results for clients, professionals and the institutions.\(^4\)\(^5\)

It is understood that safety culture is defined as the product of individual and group values, attitudes, perceptions, competencies and behavior patterns that determine the commitment and behavior of a health organization with patient safety management.\(^6\) It is increasingly valued within health organizations, as the sustainability of a positive safety culture guides the behavior of professionals in building high-priority vision and improving care.

It is revealed that in Brazil, this issue has gained evidence with the creation, in 2013, of the National Patient Safety Program (NPSP) in which safety culture was considered one of the principles of risk management focused on quality and safety of the patient.\(^7\) The biggest challenge for the safe health system is to replace the culture of guilt, where mistakes are seen only as personal failures, for a culture in which mistakes are considered opportunities for improvement.\(^5\)

It is important to emphasize that, in order to ensure that care is focused on safeguarding the patient, health institutions should, initially, evaluate and understand the existing safety culture so that, later, there can be the planning of measures and actions that reduce failures in the work processes and the occurrence of adverse events.\(^7\) However, in addition to evaluating the safety culture, it is the responsibility of the service to inform the professionals and managers of the results of these evaluations, as well as to implement necessary measures so that safe care can be offered to the patients.\(^8\)

It is understood that safety is a shared responsibility between all workers who act directly or indirectly in the care, the relatives, the patients themselves and the institution and, once adopted in the service, facilitates the professionals' understanding of the necessity of sharing, making possible the understanding of the protagonism of the patient and his family as a fundamental part for the successful achievement of satisfactory levels of health and well-being.\(^9\)

It is evident that organizations that present a positive safety culture are characterized by communication based on mutual trust, shared perceptions of the importance of safety and confidence in the effectiveness of preventive actions.\(^10\) Nursing has among its attributions the prevention of complications for adverse events during care practice. In this way, the importance of investing in a culture of patient safety is taken into account, taking into account strategies such as communication between the team and a non-punitive discussion at the time of the error.\(^2\)

It is noticed that care properties, observed in the concepts, culturally competent care and cultural communication refer the attention of Nursing to the practice of safe care, centered on communication and the construction of culturally competent organizations. In view of the above, the question was: How do the Diversity and Universality of Cultural Care Theory and the Conceptual Model of Transcultural Nursing Care contribute to the understanding of safe care?

**OBJECTIVE**

- Understanding the safety culture based on the concepts discussed in the Theory of Diversity and Universality of Cultural Care and the Conceptual Model of Cross-Cultural Nursing Care.

**METHOD**

It is a study of the reflexive analysis type from the Dissertation of the Graduate Program in Nursing, Federal University of Maranhão /
UFMA << Patient safety culture in intensive care from the perspective of Nursing professionals >>, with the purpose of understanding the convergence of concepts of culturally competent care and cultural communication with the culture of patient safety.

It should be emphasized that its construction was based on an extensive reading about the Theory of Diversity and Universality of Cultural Care, the Conceptual Model of Cross-Cultural Nursing Care and specific literature on the subject of patient safety culture through selection of articles in the Virtual Health Library (VHL), which culminated in the understanding about the convergence between the presented concepts and the patient safety culture, allowing the application of this one based on the Transcultural Theory.

RESULTS AND DISCUSSION

♦ Theory of Diversity and Universality of Cultural Care

It is recalled that Madeleine M. Leininger was the forerunner of Cross-Cultural Nursing in the 1950s, when she realized the lack of understanding of cultural factors in the health-disease process and raised her concerns about the influence of these factors on Nursing care for the university. After years of study, he developed the Theory of Diversity and Universality of Cultural Care, affirming that in order to offer universal care, one must know the diversity of each individual, his world and the values that interfere in their reactions.11

Transcultural Nursing was defined as a subfield or branch of Nursing that focuses on the comparative study and analysis of cultures regarding Nursing and care practices, beliefs and values, with the goal of providing meaningful and effective Nursing care to people according to their cultural values and their health-disease context.12

Nurses have been shown the importance of considering the cultural aspects of human need to develop culturally congruent care, and care has been established as an essential need for the maintenance and conservation of human beings, arguing that it must be specific and appropriate for each culture.13

It is worth noting that the theorist affirms that Transcultural Nursing develops from the analysis of culture, making its objective the care based on values, beliefs and attitudes both specific, unique to a group, and universal, shared between cultures that, together with Nursing practices, make possible the development of a scientific and humanistic knowledge necessary for the care.14

It is necessary, in this sense, for the nurse to discover the meaning of cultural care, to know and consider the factors for the understanding of humanized and culturally congruent care.13 Thus, only after reflection on the different ways of perceiving the world, the nurses will be able to provide a culturally competent and constructed care in the face of an enlarged view, seeing the individual inserted in his own culture, that is: his practice would be enrolled in the scope of Transcultural Nursing.15

It is emphasized that culturally competent care is understood as an action that facilitates or enables individuals to maintain their well-being and health by proposing improvements in human conditions and maintaining respect for their values and beliefs so that they may face disease situations, disability or death in a manner consistent with their culture.12

It is presented that, in the development of nursing practices, Leininger emphasizes the importance of the nurses’ participation with the patients, as they will provide valuable information about their cultural practices, so that care is planned based on their reality. In this way, culturally competent care will be achieved by preserving, negotiating or restructuring care.14

It should be noted that, in order to facilitate the understanding of these assumptions, as well as their theoretical bases, she elaborated a diagram entitled Model Sunrise. This model has four levels: the first is the way individuals interpret the world; the second level provides knowledge about individuals, families, groups and institutions in different health systems; the third deals with the popular system, the professional system and Nursing, including the characteristics and specific aspects of care in each system, and in the fourth level, Nursing actions and decisions such as preservation / cultural maintenance of care, accommodation / cultural negotiation of care and the cultural re-structuring / restructuring of care. At the latter level, culturally congruent care.12

It is defined that the actions of care have the purpose of assisting and directing the actions and decisions of Nursing. In this model, acts of cultural care, which are congruent with the patient’s beliefs and values, are considered the most significant, unifying and dominant concept for knowing, understanding and predicting popular therapeutic care.16 Its flexibility for use with individuals, families, groups, communities and
institutions in various health systems is a quality of Leininger’s theory. Thus, with regard to Safety Culture, we present Andrews and Boyle’s Conceptual Model of Cross-Cultural Nursing Care, which provides references for cross-cultural care, as well as discusses elements necessary for health institutions to become culturally competent.

**Conceptual Model of Cross-Cultural Nursing Care**

It is known that Margaret M. Andrews and Joyceen S. Boyle published the first version of the book Conceptual Model of Transcultural Nursing Care in 1989 as a result of their doctoral theses that aimed to facilitate the understanding of the concepts of Transcultural Nursing for practice. According to the critical analysis of the Theory of Diversity and Universality of Cultural Care, the authors mention two main concepts that guide Transcultural Nursing: culturally competent care and cultural communication.17-18

It is observed that the Culturally Competent Care, the first concept described in this model, consists of the knowledge of the components of cultural nursing care and requires, at the nurse, attitudes that respond to the cultural needs of their patients. Cultural competence requires that nurses reflect on their own culture and prejudices so that they then become aware of other cultures and can then assess and understand the cultural variations that involve caring for the other.17

It refers to the provision of care that is meaningful and appropriate to the cultural reality of individuals where the purpose is to assist and direct the following Nursing actions and decisions: maintenance or preservation of cultural care; accommodation or negotiation of cultural care and restructuring or reorganization of cultural care allowing the nurse to analyze daily practice and share with the health service, patients and other professionals their understanding of how culture interferes with care practices.13

Cultural Communication is considered to be an organized and standardized system that regulates behavior and marks the interactions between the nurse and the patient, enabling the exchange of messages and the creation of meanings.17 It is essential to understand how cultural differences interfere with care of Nursing, since it is the element capable of reducing cultural barriers. Therefore, the tone of voice employed, the environment where the action is occurring and the inherent aspects of the language directly affect nursing care.18

It is possible for nurses to communicate effectively with patients from different cultures, intervening in their health problems, and allowing patients to participate actively in their care, helping institutions and professionals to provide the best possible care, since, to be effective, this care must be understood as a duty of each person and not an exclusive activity of health professionals.17

It is noted that the goal of Transcultural Nursing is to pay careful attention to the cultural values of individuals, and the behaviors adopted in health/illness in different social groups are translated into intercultural communication.18 It is a requirement of the quality of care that it has an effective, fast and efficient communication channel that allows the exchange of information in a clear and correct way. The act of communicating is fundamental for the development of the work of the Nursing team, since it influences the decision making and the implementation of the care to the patient.19

It is noted that Cross-Cultural Nursing also refers to the capacity of health care providers and health organizations to understand and respond effectively to the cultural needs brought by the subjects. The ability to understand cultural differences is one of the main ingredients in ending health inequalities, since health services that respect and respond to the beliefs, practices and cultural needs of several patients can bring positive results for individual or collective health.17

It is understood that Culturally Competent Organizations require an understanding of the interaction between organizational culture, professional culture and community culture. In this sense, both the development of the organizational cultural competence and the individual cultural competence aim at the effectiveness of quality care in health institutions that must start from the continuous actions of the managers passing through the professionals and seeking to achieve patient satisfaction.17

In this way, transculturality goes beyond the appreciation of cultural differences. The nurse must be able to attend to the human beings in their totality respecting the cultural diversities when carrying out activities of planning and management in health.

**Application of the Security Culture based on Transcultural Theory**

It is argued that Nursing occupies a prominent position in patient safety by its constant presence in the execution of care, development, implementation and evaluation...
of management strategies. However, an exclusive type of care is not enough to meet the demands of various cultures, it must start from the cultural context in which the actors involved aim to prevent harm and the continuous improvement of health care.\textsuperscript{20}

The approach of the application of cross-cultural nursing in the assessment of the patient's safety culture among Nursing professionals is perceived, since it must be based on effective communication, mutual trust and practices that involve the cultures of managers, organizations, nursing professionals and patients always seeking the quality of health care.

It is considered essential, with the objective of advancing the quality of care, to replace traditional models of health work management with more flexible and dynamic ways of valuing individual needs, the humanization of relationships and the participation of the individual in the construction care practices.\textsuperscript{21}

It is revealed that the development of safety culture is strongly influenced by the behavior of health professionals, which in turn is influenced by the way of work organization and organizational management.\textsuperscript{22} From this perspective, it is observed that health organizations experience various types of cultural influences, from external market tendencies, increasingly based on patient quality and safety, as well as principles of the professionals who work there.

It is identified by correlating the concepts of Competent Cultural Care and Cultural Communication that health services that provide culturally competent care should respect and respond to the cultural and communication needs of patients stating that they are seen as essential for reducing disparities and improve the quality of health care.\textsuperscript{17}

It reiterates the need to consider values, attitudes and beliefs when performing health promotion, treatment and planning actions, since the health-disease process is extremely influenced by culture and can not simply be disregarded.\textsuperscript{23} It is noted that safety culture should be part of the health care environments supporting the planning of actions for continuous improvement and recognizing the role of the user and his family by the direct relationship between Nursing and the patient and the need to prevent errors and damages.

\section*{CONCLUSION}

It is considered that Nursing is a pioneer in the actions that involve the safety culture and takes the lead in safeguarding the patient in health institutions. However, for progress to occur, active participation of managers, practitioners, patients and family members is required to develop shared management for the development of a positive safety culture.

It is concluded that, in this context, Nursing professionals need to understand that both individual and organizational cultural conceptions directly interfere with the quality and safety of care offered to patients. Thus, the Cultural Care Diversity and Universality Theory is perfectly appropriate in the context of patient safety culture, since the concepts of culturally competent care and cultural communication elucidated in the Conceptual Model of Transcultural Nursing Care refer to Nursing care for the need to consider the cultural aspects, thus contributing to the practice of safe and meaningful care.

\section*{REFERENCES}
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