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# Assessment of the culture of patient safety in the surgical center: a cross-sectional study

**ABSTRACT |** Objective: to identify the strengths and weaknesses in the Patient Safety Culture (PSC) in a surgical center. Method: This is a cross-sectional study conducted in a tertiary public hospital in the Cariri region, Northeast Brazil. Participated in the research health professionals in the nursing area, who met the inclusion criteria: being a nursing professional and working at least 20 hours per week. Professionals associated and/or linked to the cooperative and those who occupied administrative functions were excluded. Results: Among CSP dimensions the following stood out: continued organizational learning 93.8% and management expectations/actions 85.6%. While the dimensions non-punitive response to mistakes (26.6%) and openness to communication and change of shift/transitions (65.8%), obtained the lowest results. Conclusion: Leadership can be of fundamental importance for building a strong CSP, by improving communication among the team and consequently removing the culture of individual blame for errors.
**Keywords:** Patient Safety; Surgical Center; Adverse Events; Surgery.

**RESUMEN |** Objetivo: Identificar los puntos fuertes y débiles de la Cultura de Seguridad del Paciente (CSP) en un centro quirúrgico. Método: Se trata de un estudio transversal realizado en un hospital público terciario de referencia en la región de Cariri, Nordeste de Brasil. Participaron en la investigación profesionales sanitarios del área de enfermería, que cumplían los criterios de inclusión: ser profesional de enfermería y trabajar al menos 20 horas semanales. Se excluyeron los profesionales asociados y/o vinculados a la cooperativa y los que ocupaban funciones administrativas. Resultados: Entre las dimensiones del CSP destacan: el aprendizaje organizativo continuado 93,8% y las expectativas/acciones de la dirección 85,6%. Mientras que las dimensiones respuesta no punitiva a los errores (26,6%) y apertura a las comunicaciones y a los turnos/transiciones (65,8%), obtuvieron los resultados más bajos. Conclusión: El liderazgo puede ser de fundamental importancia para la construcción de un CSP fuerte, a partir de la apertura de la comunicación entre el equipo y la consecuente remoción de la cultura de la culpa individual por el error.
**Palabras claves:** Seguridad del paciente; Centro quirúrgico; Eventos adversos; Cirugía.

**RESUMO |** Objetivo: identificar os pontos fortes e frágeis na Cultura de Segurança do Paciente (CSP) em um centro cirúrgico. Método: Trata-se de um estudo transversal realizado Hospital público terciário de referência na região do Cariri, Nordeste do Brasil. Participaram da pesquisa profissionais de saúde da área de enfermagem, que atenderam aos critérios de inclusão: ser profissional da área de enfermagem e trabalhar no mínimo 20 horas semanais. Foram exclusos os profissionais associados e/ou vinculados a cooperativa e os que ocupavam funções administrativas. Resultados: Dentre dimensões da CSP destacaram-se: aprendizagem organizacional continuada 93,8% e expectativas/ações da direção 85,6%. Enquanto as dimensões resposta não punitivas para erros (26,6%) e abertura para comunicações e mudança de turno/transições (65,8%), obtiveram os menores resultados. Conclusão: A liderança pode ser de fundamental importância para construção da CSP forte, a partir do aperfeiçoamento da comunicação entre a equipe e consequentemente remoção da cultura de culpa individual por erro.
**Palavras-chaves:** Segurança do Paciente; Centro Cirúrgico; Eventos adversos; Cirurgia.

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## INTRODUCTION

The patient safety culture (PSC) is the result of a set of values and competencies that establish a pattern of behavior. [1] An institution with a positive safety culture signals the offer of higher quality care to its users. However, a major challenge is still the frequency and multifactorial nature of adverse events. [2]

The operating room is one of the sectors with the highest incidence of adverse events, [3] throughout the perioperative period, the patient is exposed to several risks such as: negligence in the use of the safe surgery checklist and deficit in communication between professionals. [4] According to the WHO, annually at least 7 million patients are harmed by surgical complications, of which approximately 1 million evolve to death.

The management of an institution is responsible for planning and implementing strategies aimed at good PSC. However, it is necessary for each team member to have co-responsibility to promote safety. [5] It is estimated that by the year 2030 more than 23 million people may need surgical procedures. With this increase, we can infer that the operating room may need even more details to ensure patient safety (SP). [1,3,6]

It is known that the nursing team is the category with the largest number of professionals present in the sector, therefore, it needs to be engaged in safe educational and care actions.[1] Therefore, the question was: is the patient safety culture in the operating room adequate to prevent adverse events? Based on an assessment of the safety culture in the sector, a vision capable of identifying weaknesses in safety can be developed 1 and devising strategies to promote safe care and reduce harm. [7]

This study aimed to identify the strengths and weaknesses of PSC in a surgical center.

The patient safety culture (PSC) is the result of a set of values and competencies that establish a pattern of behavior. [1] An institution with a positive safety culture signals the offer of higher quality care to its users. However, a major challenge is still the frequency and multifactorial nature of adverse events.

## METHOD

This is a cross-sectional, descriptive research with a quantitative approach, where all analyzes were performed in a short period of time and subsequently the characteristics of the identified PSC were described. 8 The study was carried out in a tertiary public hospital of reference in the region of Cariri, Northeastern Brazil. Nursing professionals participated in the research: nurses and nursing technicians, who met the inclusion criteria: being a nursing professional and working at least 20 hours a week. Professionals associated with and/or linked to the cooperative and those who occupied administrative functions were excluded.

Data collection took place between February and April 2020, in person and online: with a tablet, the professionals were approached according to their time availability, in which the questionnaire was arranged. In the online method, the registered participant received the self-administered questionnaire in their e-mail to answer it without the need for an interviewer. The instrument used in this research was the Hospital Survey on Patient Safety Culture (HSOPSC) questionnaire, in an adapted, validated version, translated to the Brazilian reality. 9 Composed of 42 questions that allowed evaluating the PSC from 12 Dimensions (D). [1,10]

The research involved minimal risks and respected all ethical and legal aspects set out in resolution 466/12, which guides scientific research and protects the participants, 11 Research CAAE: 17148819.0000.5684. After ethical approval, the following were requested: full names, date of admission, e-mail of professionals and areas of activity/sector. All registered nursing care professionals were classified by order number, accor-

**Table 1 – Characterization of the sample Juazeiro do Norte-CE, Brazil, 2020**

| Sex | n | Percentage |
|---|---|---|
| Male | 10 | 20,8% |
| Female | 38 | 79,2% |
| Profession | | |
| Nurse | 11 | 22,9% |
| Nursing Technician | 37 | 77,1% |
| Experience in the area | | |
| Less than 1 year | 5 | 10,6% |
| From 2 to 5 years | 14 | 29,8% |
| From 6 to 10 years | 17 | 36,2% |
| From 11 to 15 years | 2 | 4,3% |
| From 16 to 20 years | 1 | 2,1% |
| 21 years or more | 1 | 2,1% |
| Working time at the hospital | | |
| Less than 1 year | 3 | 6,4% |
| From 2 to 5 years | 15 | 31,9% |
| From 6 to 10 years | 20 | 42,6% |
| Weekly workload | | |
| Up to 20 hours | 13 | 27,7% |
| From 21 to 39 hours | 8 | 17% |
| 40 hours or more | 26 | 55,3% |
| Contact with the patient | | |
| YES, I usually have contact with patients | 45 | 97,8% |
| NO, I do NOT usually have contact with patients | 1 | 2,2% |
| Total: | 48 | 100% |

Source: Survey data Juazeiro do Norte-CE, Brazil, 2020

**Table 2 - Percentage of responses by dimension Juazeiro do Norte-CE, Brazil, 2020**

| Dimensions | % |
|---|---|
| 1 - Frequency of notified events | 77,1% |
| 2 - Security perception | 74,5% |
| 3 - Expectations and actions of the direction/supervision of the unit/service that favor safety | 85,6% |
| 4 - Organizational learning/continuous improvement | 93,8% |
| 5 - Teamwork in the unit/service | 83,2% |
| 6 - Openness to communications | 60,2% |
| 7 - Feedback and communication about errors | 77,0% |
| 8 - Non-punitive response to errors | 26,6% |
| 9 - Staff sizing | 66,5% |
| 10 - Hospital management support for patient safety | 84,0% |
| 11 - Teamwork between units | 69,3% |

ding to the inclusion criteria to participate in the study.

For data analysis, the computer program XP (Extreme Programming) methodology was used. This computer program makes it possible to export the data for more detailed analysis in other software, such as Excel, Statistical Package for Social Sciences (SPSS) and Google Drive. 10 It also provides the construction of tables and graphs of indicators for the percentage of positive (>75%), neutral (> 50% and < 75%) and negative (<50%) responses, compared to individual items, to the dimensions of culture of safety and the general questionnaire. [10,12]

## RESULTS

The sample consisted of 48 health professionals who worked in the Surgical Center with a weekly workload of 40 hours or more. Of this total number of participants, 97,8% reported having direct contact with the patient (Table 1).

Among the 12 dimensions of the Patient Safety Culture evaluated by the HSPOSC, those that obtained the best results were: organizational learning/continuous improvement (93,8%); expectations and actions of the direction/supervision of the unit/service that favor safety (85,6%); and, hospital management support for patient safety (84%).

While the dimensions "non-punitive response to errors", "openness to communications" and "problems in shift changes and transitions between units/services", had the lowest results, as indicated in Table 2.

It was identified that the dimension "Non-punitive response to errors" was the only one that presented a negative percentage (26,6%), being characterized as a fragile area for PSC.

| | |
|---|---|
| 12 - Shift changes and transitions between units/services | 65,8% |

Source: Survey data Juazeiro do Norte-CE, Brazil, 2020

**Table 3 - Evaluation of items grouped in the dimension "Non-punitive response to errors" Juazeiro do Norte-CE, Brazil, 2020**

| Dimensions | + | * | - |
|---|---|---|---|
| Non-punitive error response | | | |
| 1. Professionals consider that their mistakes can be used against them | 24,4% | 8,9% | 66,7% |
| 2. When an event is notified, it appears that the focus is on the person rather than the issue. | 41,7% | 22,9% | 35,4% |
| 3. Professionals fear that their mistakes will be recorded in their functional sheets | 13% | 17,4% | 69,6% |

+=Positive, -=Negative *= neutral responses. Source: Survey data Juazeiro do Norte-CE, Brazil, 2020

**Table 4- Evaluation of items in the dimensions Juazeiro do Norte-CE, Brazil, 2020**

| Dimensions | + / * / - % |
|---|---|
| Expectations and actions of the direction/supervision of the unit/service that favor safety | |
| 1. My supervisor/boss praises when he sees work performed in accordance with established patient safety procedures | 76,6/12,8/10,6% |
| 2. My supervisor/boss really takes into account the professionals' suggestions to improve patient safety | 85,1/10,6/4,3% |
| 3. Whenever demand increases, my supervisor/boss wants us to work faster, even if it means "skipping steps" | 83,0/8,5/8,5% |
| 4. My supervisor/boss does not pay enough attention to patient safety issues that happen repeatedly | 97,8%/-/- |
| Organizational learning/continuous improvement | |
| 5. We are taking steps to improve patient safety | 93,8/6,2%/- |
| 6. When an error in patient care is identified, we adopt measures to prevent it | 97,9/-/- |
| 7. After implementing changes to improve patient safety, we assess their effectiveness | 89,6/6,2/4,2% |
| Hospital management support for patient safety | |
| 8. Hospital management provides a work climate that promotes patient safety | 89,6/6,2/4,2% |
| 9. The hospital management's actions demonstrate that patient safety is a priority | 85,4/10,4/4,2% |
| 10. The hospital management only shows interest in patient safety when an adverse event occurs | 77,1/10,4/12,5% |

Source: Survey data Juazeiro do Norte-CE, Brazil, 2020

## DISCUSSION

It was observed in the study that of the twelve dimensions evaluated, six had percentages above 75%, being considered strong areas; five presented themselves as areas of potential strengthening or neutral with scores between 60-74.5%; and punitive response for errors had a negative result presenting 26,6%, being considered as a fragile area for PSC. It can be considered that identifying the strengths and weaknesses of PSC enables increasingly positive results for patients and health organizations. [13]

Ineffective communication has been one of the main factors related to unsafe care and the occurrence of incidents in hospital institutions. [14] According to Pinheiro et al. (2017) and Costa et al. (2018), to establish effective communication, management involvement in daily situations is necessary, such as a higher frequency of meetings and standardizing the transmission of important information about the patient in the perioperative period. [15,16]

Regarding shift changes and transitions between units, it is believed that it may not be considered a strong area due to the fact that many nursing professionals have low pay and need to be doubled. The double workload of nursing can favor physical and psychological wear. [17] The study by Forte et al. (2019) showed that among the main causes is the work overload caused by a deficit in the number of professionals or the need to work in more than one service. [25] Improving the working conditions of the nursing team is considered essential for strengthening the PSC. [18]

Surveys conducted in Ethiopia, [19] Turkey [20], Saudi Arabia [21] and Hungary [22], where the dimension "non-punitive response to error" was identified as a fragile area. When working in a way where professionals are not blamed for errors in the care process and seek to learn from mistakes, then a fair culture is structured, based on transparency and trust. [15]

Authors in Hungary noted that a "culture of blame" undermines the PSC's strength. [22] A Spanish study, in agreement, emphasized that it is necessary to eliminate blame to improve communication in the team. [23] Another factor is that the punitive

error response favors underreporting, reduces the opening for communication and hinders the planning of safer processes. [24] It is known that if the reported adverse event is treated in a purely punitive way, the professional will tend to omit it. [2]

Therefore, it is necessary to use tools that improve and promote safe care, such as reducing barriers that hinder communication between members of the surgical team and removing the culture of blame to encourage the notification of incidents and adverse events. [7] Thus, the team's priority and pursuit will be to work on preventing adverse events before they occur and to strengthen the safety culture in health services.

## CONCLUSION

The study showed that 50% of the dimensions evaluated by the study were classified as strong areas. In general, the PSC of the research surgical sector was found to be adequate, and the punitive response was the most critical area. In this dimension, the sector must upgrade, in order to improve trust in the team and increase the quality of care provided. The leadership can act to break down the barriers identified for building a strong PSC, by improving communication between the team and, consequently, removing the culture of individual blame for error.

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## OPINION OF THE ETHICS COMMITTEE

INSTITUTO DE SAÚDE E GESTÃO HOSPITALAR - ISGH

### PARECER CONSUBSTANCIADO DO CEP

**DADOS DO PROJETO DE PESQUISA**

**Título da Pesquisa:** AVALIAÇÃO DA CULTURA DE SEGURANÇA DO PACIENTE NA EQUIPE DE ENFERMAGEM EM UMA INSTITUIÇÃO HOSPITALAR PÚBLICA

**Pesquisador:** Cíntia de Lima Garcia

**Área Temática:**

**Versão:** 1

**CAAE:** 17148819.1.0000.5684

**Instituição Proponente:** INSTITUTO DE SAUDE E GESTÃO HOSPITALAR

**Patrocinador Principal:** Financiamento Próprio

**DADOS DO PARECER**

**Número do Parecer:** 3.488.076

**Apresentação do Projeto:**

"Trata-se de uma pesquisa transversal, descritiva com abordagem quantitativa. No Hospital Regional do Cariri (HRC). Participarão da pesquisa profissionais de saúde da área de enfermagem, tais: Enfermeiros e Técnicos de Enfermagem. Que atendam os seguintes critérios de inclusão: ser profissional da área de enfermagem está trabalhando no período mínimo de doze meses, trabalhar no mínimo 20/hs semanais. Os critérios de exclusão estabelecidos serão: profissionais associados e/ou vinculados a cooperativa, profissionais que ocupam funções administrativas e/ou gerenciais.Sucederá uma visita ao setor de Recursos Humano, autorizado de forma prévia pela gerência de ensino e pesquisa do HRC.O instrumento que será utilizado nessa referida pesquisa, será o questionário o Hospital Survey on Patient Safety Culture (HSOPSC).

**Objetivo da Pesquisa:**

Objetivo primário:

- Avaliar a percepção dos profissionais de enfermagem sobre a cultura de segurança do paciente em um hospital público.

Objetivos secundários:

- Mensurar os níveis das dimensões da cultura de segurança do paciente por unidade hospitalar.
- Identificar as áreas com pontos fortes e frágeis dos setores pesquisados através das dimensões

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## OPINION OF THE ETHICS COMMITTEE

INSTITUTO DE SAÚDE E GESTÃO HOSPITALAR - ISGH

Continuação do Parecer: 3.488.076

da cultura de segurança do paciente.

- Averiguar o processo gerencial da cultura de segurança do paciente no serviço, sob a ótica dos profissionais de enfermagem.

**Avaliação dos Riscos e Benefícios:**

Riscos:

De acordo com a pesquisadora a "pesquisa envolve riscos mínimos que podem estar relacionados à algum constrangimento em relação as perguntas relativas a sua prática profissional e/ou a seu lócus de assistência. Esse risco será minimizado pela garantia do anonimato, e a garantia que a identidade não será revelada." A aplicação do questionário se dará em ambiente reservado da própria instituição.

Benefícios:

"Benefícios subsidiar pesquisa futuras e na cooperação na melhoria da qualidade dos serviços prestados da instituição participante. Além disso, espera-se que os resultados dessa pesquisa potencialmente possam contribuir para o fortalecimento da cultura de segurança do paciente nas instituições e assim, redução da incidência de eventos adversos."

**Comentários e Considerações sobre a Pesquisa:**

Trata-se de um estudo do tipo descritivo e transversal a ser realizado no HRC sobre a cultura de segurança na equipe de enfermagem. Será aplicado um questionário sobre avaliação da cultura de segurança em ambiente reservado.

**Considerações sobre os Termos de apresentação obrigatória:**

Anexados na Plataforma Brasil os documentos obrigatórios para execução da pesquisa: Folha de Rosto; Carta de anuência; Termo de Consentimento Livre Esclarecido; Termo de Ciência da Unidade Hospitalar; Projeto detalhado; Instrumento de coleta de dados; Cronograma; Orçamento.

**Recomendações:**

- Recomenda-se a comunicação e registro de quaisquer alterações realizadas no protocolo de pesquisa ao Comitê de Ética em Pesquisa e Centros Participantes.

- Recomenda-se que ao término da pesquisa, o pesquisador realize a devolutiva dos resultados da pesquisa ao Comitê de Ética em Pesquisa do Instituto de Saúde e Gestão Hospitalar por meio do envio do Relatório Final de Pesquisa na aba Notificações da Plataforma Brasil e para a Instituição participante.

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## OPINION OF THE ETHICS COMMITTEE

INSTITUTO DE SAÚDE E GESTÃO HOSPITALAR - ISGH

Continuação do Parecer: 3.488.076

**Conclusões ou Pendências e Lista de Inadequações:**

O trabalho obedece a RDC 466/12, estando apto para ser iniciado.

**Considerações Finais a critério do CEP:**

O colegiado acata o parecer da relatoria quanto à aprovação do projeto de pesquisa, visto atender a apresentação dos documentos obrigatórios e seguir os preceitos éticos. A pesquisa deve ser desenvolvida mediante delineamento do protocolo aprovado, informando efeitos adversos ou fatos relevantes que alterem o fluxo das normas da pesquisa. Emendas ou modificações ao protocolo devem ser enviadas ao CEP para apreciação ética. Ao término da pesquisa, enviar relatório final para a Instituição participante e CEP/ISGH.

**Este parecer foi elaborado baseado nos documentos abaixo relacionados:**

| Tipo Documento | Arquivo | Postagem | Autor | Situação |
|---|---|---|---|---|
| Informações Básicas do Projeto | PB_INFORMAÇÕES_BÁSICAS_DO_PROJETO_1363723.pdf | 03/07/2019 17:24:42 | | Aceito |
| Cronograma | Cronograma.docx | 03/07/2019 17:24:09 | Cíntia de Lima Garcia | Aceito |
| Folha de Rosto | FolhaAssinada.docx | 03/07/2019 17:23:53 | Cíntia de Lima Garcia | Aceito |
| Projeto Detalhado / Brochura Investigador | ProjetoCompleto.docx | 03/07/2019 11:51:32 | Cíntia de Lima Garcia | Aceito |
| Outros | DeclaracaoCienciaPesquisador.docx | 23/05/2019 16:14:42 | Cíntia de Lima Garcia | Aceito |
| Outros | TermodeCiencia.docx | 23/05/2019 16:13:43 | Cíntia de Lima Garcia | Aceito |
| Outros | AutorizacaoPesquisa.docx | 23/05/2019 16:13:25 | Cíntia de Lima Garcia | Aceito |
| Outros | CartadeApresentacao.docx | 23/05/2019 16:13:00 | Cíntia de Lima Garcia | Aceito |
| Outros | CartadeAnuencia.docx | 23/05/2019 16:11:17 | Cíntia de Lima Garcia | Aceito |
| TCLE / Termos de Assentimento / Justificativa de | TCLE.docx | 23/05/2019 16:10:23 | Cíntia de Lima Garcia | Aceito |

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## OPINION OF THE ETHICS COMMITTEE

INSTITUTO DE SAÚDE E GESTÃO HOSPITALAR - ISGH

Continuação do Parecer: 3.488.076

| | | | | |
|---|---|---|---|---|
| Ausência | TCLE.docx | 23/05/2019 16:10:23 | Cíntia de Lima Garcia | Aceito |

**Situação do Parecer:**
Aprovado

**Necessita Apreciação da CONEP:**
Não

FORTALEZA, 06 de Agosto de 2019

**Assinado por:**
**Jamille Soares Moreira Alves**
**(Coordenador(a))**

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