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ORIGINAL ARTICLE

Safety culture in an emergency mobile care service

Cultura de segurança em um serviço de atendimento móvel de urgência

Cultura de seguridad em um servicio de atención móvil de emergência

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Abstract

Objective: To analyze the safety culture of the multidisciplinary team of a Mobile Emergency Care Service (SAMU). **Methods:** A descriptive cross-sectional study with a quantitative approach, carried out in a city in southwestern Bahia. The Safety Attitudes Questionnaire (SAQ) was used for data collection, with a non-probabilistic and convenience sample. Descriptive statistics were used to characterize the participants and the SAQ domains, and the Shapiro-Wilk and Kruskal-Wallis tests were also performed. **Results:** The total SAQ had a median of 75.8, indicating a positive perception of the participants regarding patient safety. There was a negative perception only in the domains, Perception of stress and Perception of management. **Conclusion:** It is expected that the results of this study can help in the development of actions that promote a safety culture within SAMU services. It is necessary for management to commit to formulating strategies aimed at developing a safety culture.

Descriptors: Patient Safety; Prehospital Care; Patient Care Team; Organizational Culture.

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Resumo

Objetivo: Analisar a cultura de segurança da equipe multiprofissional de um Serviço de Atendimento Móvel de Urgência (SAMU). **Métodos:** Estudo transversal descritivo, de abordagem quantitativa, realizado em uma cidade do sudoeste da Bahia. Para coleta de dados foi utilizado o instrumento autoaplicável *Safety Attitudes Questionnaire* (SAQ), com amostra do tipo não probabilística e por conveniência. Empregada estatística descritiva para caracterização dos participantes e dos domínios do SAQ, realizado ainda os testes de Shapiro-Wilk e Kruskal Wallis. **Resultados:** O SAQ total apresentou mediana de 75,8 indicando percepção positiva dos participantes acerca da segurança do paciente. Houve uma percepção negativa apenas nos domínios, Percepção do estresse e Percepção da gestão. **Conclusão:** Espera-se que os resultados deste estudo possam auxiliar no desenvolvimento de ações que promovam uma cultura de segurança dentro dos serviços do SAMU. Sendo necessário o comprometimento da gestão na formulação de estratégias direcionadas ao desenvolvimento de uma cultura de segurança.

Descritores: Segurança do Paciente; Assistência Pré-Hospitalar; Equipe Multiprofissional; Cultura Organizacional.

Resumen

Objetivo: Analizar la cultura de seguridad del equipo multidisciplinario de un Servicio Móvil de Atención de Emergencias (SAMU). **Métodos:** Estudio descriptivo transversal, con enfoque cuantitativo, realizado en una ciudad del suroeste de Bahía. Para la recolección de datos se utilizó el instrumento autoadministrado Safety Attitudes Questionnaire (SAQ), con muestra no probabilística y por conveniencia. Se utilizó estadística descriptiva para caracterizar a los participantes y los dominios del SAQ, utilizando también las pruebas de Shapiro-Wilk y Kruskal Wallis. **Resultados:** El SAQ total tuvo una mediana de 75,8, lo que indica una percepción positiva de los participantes sobre la seguridad del paciente. Hubo percepción negativa sólo en los dominios Percepción del estrés y Percepción de la gestión. **Conclusión:** Se espera que los resultados de este estudio puedan ayudar en el desarrollo de acciones que promuevan una cultura de seguridad dentro de los servicios del SAMU. El compromiso de la dirección es necesario en la formulación de estrategias encaminadas a desarrollar una cultura de seguridad.

Descriptores: Seguridad del Paciente; Atención Prehospitalaria; Grupo de Atención al Paciente; Cultura Organizacional**.**

INTRODUCTION

Aspects related to patient safety are a global health problem, ranging from mild consequences to deaths resulting from errors. Because of this situation, the World Health Organization launched the World Alliance for Patient Safety in 2004, with the aim of developing strategies to reduce adverse events associated with healthcare.[1]

The National Patient Safety Program (PNSP) was only established in Brazil in 2013, following the publication of Ministry of Health Ordinance MS/GM No. 529, with the objective of assisting institutions in improving the quality of healthcare and promoting a culture of patient safety to

ensure quality care; thus, reducing adverse events to the minimum acceptable level.[2] This is a program created for all healthcare establishments; however, there is a clear and urgent need for greater emphasis on this issue in services such as Pre-Hospital Care (PHC).[3]

Patient safety culture can be defined as a set of individual and collective actions, skills, values, and behaviors that aim to replace blame and punishment with learning that leads to improved care, in order to contribute to safe assistance.[4] Services that have a safety culture are more reliable because they operate based on preventive practices against adverse events. This benefit is not limited to the patient, but also extends to professionals, through the promotion of safe work processes where learning occurs from incidents when they happen.[5]

Pre-hospital care services, such as the Mobile Emergency Care Service (SAMU), differ from those provided in a hospital setting because their main function is to stabilize the victim in order to direct them, according to their clinical condition, to more complex and specific care.[3] In addition, they constantly experience dynamic and complex situations that cause stress, which makes this type of service more vulnerable to adverse events.[3,6]

The SAMU team provides care to patients with varying needs, on an emergency basis, sometimes in unsafe contexts, which requires quick and accurate decision-making to identify the necessary care, often performed in public.[7] Furthermore, during the patient's transport from the scene of the incident to their arrival at the hospital, they are exposed to numerous complications, such as the worsening of their clinical condition.[3]

In this context, patient safety culture plays an important role in improving the quality of services provided, as it directly influences good practices, with positive effects on the safety climate in the service. This is because expanding safety in healthcare reduces the occurrence of adverse events and errors resulting from care, regardless of the unit's level of complexity.[8]

Given the dynamics and nature of pre-hospital care services, and the interaction of the various actors involved in the care process, it is necessary to consider the safety culture within this healthcare practice environment.[7] However, there is a scarcity of studies focused on this topic in these care settings[6]; therefore, it becomes necessary to understand the safety culture of these institutions through the evaluation of concrete indicators that represent their current state. This can help in identifying

the risks that increase the potential for unsafe actions towards the patient and in building strategies aimed at promoting the quality of patient care, safe work processes, and organizational improvement.

Given this, this study aims to analyze the safety culture of the multidisciplinary team in a Mobile Emergency Care Service.

METHODOLOGY

This descriptive cross-sectional study, with a quantitative approach, conducted from April to May 2024 at the main base of a Mobile Emergency Care Service (SAMU) located in a medium-sized city in southwestern Bahia. The service operates seven days a week without interruption, with an active fleet consisting of one motorcycle, one advanced life support ambulance, four basic life support ambulances, and seven transport ambulances located in rural areas.[9]

The study population consisted of the SAMU multidisciplinary team, made up of doctors, nurses, nursing technicians, and ambulance drivers, totaling 88 professionals. All those who had been performing healthcare activities for at least three months in the service were included in the study, while professionals who were on leave or vacation during the data collection period were excluded from the sample.

The sample was non-probabilistic and based on convenience. The research included 6 nurses, 29 nursing technicians, 8 doctors, and 21 drivers, totaling 64 informants. The following did not participate in the study: 7 professionals who were on vacation or leave; 4 due to a misunderstanding with the researcher, due to a change in shifts; 11 drivers from the districts, due to their absence from the SAMU headquarters during the collection period; and there were 2 refusals to participate in the research.

The Brazilian version of the self-administered Safety Attitudes Questionnaire (SAQ), translated and validated by authors[10] for use in Brazil, was used. It should be noted that the author responsible for validating the instrument in Brazil provided permission for the use of the SAQ in this research.

The SAQ is composed of two parts. The first contains 41 questions related to aspects of safety culture, classified into six domains: teamwork climate; safety climate; job satisfaction; perception of stress; perception of unit management; and working conditions. The second part of the instrument covers sociodemographic aspects such as profession, gender, target audience, and length of service.

Due to the specificities of the study setting, in the management perception

domain, the five items directed at hospital administration were not applied; however, the exclusion of these questions did not influence the results. In the working conditions domain, the item directed at the pharmacist's performance was removed, as this category is not included in the field collection service's staff. Thus, within the six SAQ domains, 35 questions were considered.

The response to each question followed a five-point Likert scale, with scores distributed in the instrument as strongly disagree, partially disagree, neutral, partially agree, and strongly agree, receiving scores of 0, 25, 50, 75, and 100, respectively. Positive values of safety perception were considered to be scores ≥ 75.[10]

After collection, the data were entered into spreadsheets using Microsoft Office Excel® 2020 software and subsequently transferred to IBM Statistical Package for Social Science® (SPSS) version 21.0 for processing and analysis. Descriptive statistics were used to characterize the participants and the domains of the SAQ. Categorical variables were described in absolute numbers and percentages, and quantitative variables were expressed as median, interquartile range, minimum and maximum values. The Shapiro-Wilk test was performed, which proved the non-normality of the variables; therefore, the non-parametric Kruskal-Wallis test was used to compare more than two groups of independent samples, considering a significance level of 5%.

The research followed the ethical precepts foreseen in Resolution No. 466/12 of the National Health Council; all participants signed the Informed Consent Form in duplicate. Approval from the Research Ethics Committee (CEP) of the Federal University of Bahia was obtained, with CAAE: 77181223.1.0000.5556

RESULTS

The sample consists of 72.7% (n=64) of the multidisciplinary team from the SAMU base unit in the city chosen for the study. Table 1 describes the characteristics of the participants in relation to gender, main role, and time in the specialty. It was observed that the majority of professionals are male, representing 60.9% (n=39) of the overall team.

Within the professional category of the entire sample, nursing technicians are the majority within the team, 45.3% (n=29) of the participants, followed by ambulance drivers, 32.8% (n=21). This result is expected, given that a greater number of ambulances require only the services of a nursing technician and a driver, such as in basic life support. The service has only one

advanced support ambulance, which requires a nurse and a doctor, in addition to the emergency driver.

With regard to length of service in the specialty, the majority, 64.1% (n=41), have more than 11 years of experience in prehospital care in urgent and emergency situations. This shows that the service is composed mainly of a team that is highly experienced in the field.

Table 1. Characterization of the sample according to the variables of gender, professional category, professional activity and time in the specialty. Vitória da Conquista-BA, 2024 (n=64)

Variables	Frequencies n (%)
Gender	
Male	39 (60.9)
Female	25 (39.1)
Professional category	
Nursing technician	29 (45.3)
Emergency medical Technician/driver	21(32,8)
Doctor	8 (12.5)
Nurse	6(9,4)
Main Role	
Adult	1(1,6)
Adult and Pediatric	63(98,4)
Time spent in the specialty	
Less than 5 years	1(7,9)
5 to 10 years	17(26,6)
11 to 20 years old	35(54,7)
21 years of age or older	6(9,4)
Not informed	1(1,6)

Source: author's own elaboration

The safety culture scores obtained in the domains of the SAQ instrument are presented in Table 2, with median, interquartile range, minimum, and maximum results for the research sample. It can be observed from the median values described in the table that the domains: teamwork climate; safety climate; job satisfaction; and working conditions obtained positive results, i.e., a median above 75. The domains of perceived stress and perceived management, however, presented negative results.

Table 2. Descriptive analysis of safety culture scores, by domains of the SAQ - Safety Attitudes Questionnaire. Vitória da Conquista-Ba, 2024 (n=64)

Domains	Median	Interquartile range	Minimum - Maximum	p-value*
Teamwork environment	83.3	16.7	41.7 - 100	0.001
Safety climate	78.6	19.6	25.0 - 100	0.003
Job satisfaction	90.0	20.0	5.0 – 100	<0.001
Perception of stress	62.5	37.5	6.3 - 100	0.006
Management perception	70.8	25.0	15.0 - 100	0.023
Working conditions	83.3	33.3	12.5 - 100	<0.001
SAQ total	75.8	16.1	28.9–94.0	0.001

* Shapiro-Wilk test

Table 3 shows the median found in each domain stratified by professional category. The Kruskal-Wallis test showed that there is an effect of professional category only for the perception of management (p=0.036), with negative perceptions of safety, related to this domain, for the nursing, driver and medical professionals, while the nursing technician had a positive perception.

Table 3. Association between SAQ domains and professional category. Vitória da Conquista - Ba, 2024 (n=64)

Domains	Professional category – intermediate				p-value*
	Nursing Technician	Driver	Doctor	Nurse	
Teamwork environment	83.3	83.3	83.3	91.7	0.794
Safety climate	79.7	83.3	76.8	67.9	0.054
Job satisfaction	95.0	95.0	82.5	85.0	0.339
Perception of stress	62.5	58.3	71.9	75.0	0.307
Management perception	83.3	62.5	68.8	56.3	**0.036**
Working conditions	91.7	83.3	75.0	79.2	0.682
SAQ total	78.2	75.8	73.4	73.0	0.529

*Kruskal-Wallis test.

Table 4 shows the median results of the SAQ domains associated with length of time in the specialty. These results are distributed into periods of less than five years, between five and ten years, and those with more than ten years of experience in the field. The Kruskal-Wallis test showed that there was an effect of length of time in the specialty on the domains of Safety Climate (p=0.040) and Job Satisfaction (p=0.015), but not on the other domains (p $\geq$ 0.05).

Table 4. Association between SAQ domains and time in the specialty. Vitória da Conquista - Ba (n=64)

	Time in specialty (years) - Median			
Domains	**<5**	**5 – 10**	**>10**	**p-value***
Work environment	79.7	83.3	83.3	0.534
Safety climate	96.4	75.0	78.6	**0.040**
Job satisfaction	95.0	80.0	95.0	**0.015**
Perception of stress	56.3	62.5	68.8	0.580
Management perception	70.8	70.8	66.7	0.745
Working conditions	91.7	75.0	83.3	0.509
SAQ total	76.6	73.0	77.6	0.233

*Kruskal-Wallis test.

DISCUSSION

The overall results of the domains found for the SAQ point to a positive safety attitude, since the median SAQ score was above 75. This result reflects a series of individual and group values and actions that focus on providing care that prioritizes patient safety, contributing to the promotion of a culture of safety in the service.

This finding differs from the SAQ results found in another study conducted at the SAMU in a city in the interior of São Paulo, which showed a generally negative perception among professionals regarding issues related to patient safety, with a median SAQ score of 70.[6] This perception of insecurity is repeated in studies conducted in other healthcare units in Brazil, such as in an intensive care unit (ICU) of a hospital in Piauí.[11]

Understanding the perception of safety culture is important for professionals and teams alike, in order to develop a critical perspective to identify gaps that can lead to adverse events and other complications associated with healthcare. However, developing a safety culture within an institution is surrounded by individual, collective, and organizational challenges; therefore, the engagement of all stakeholders is necessary to overcome them.[12]

One of the key findings of this study is the predominance of males among the professionals who make up the SAMU team. Theoretically, gender is not a prerequisite for working in this type of service, and there is no evidence of its impact on patient safety; however, this is a reality also observed in other pre-hospital

care units in Brazil.[13] However, it is worth highlighting the findings of a study that analyzes the relationship between gender and other stressors among APH service workers in the Federal District, which found that masculinity and physical strength were valued as influencing factors for hiring.[13] This finding may explain the higher number of male workers in these services.

The domains presented in the SAQ raise questions that reflect the quality of care, the professional's interaction with the service and the team. One of the key points for developing a Patient Safety Culture is related to building dialogue, bonding, and cooperation among everyone in the work environment, both for multi-professional decision-making and for promoting individual participation in their care process, thus strengthening Patient Safety.[6]

The first domain present in the SAQ is the teamwork climate. This obtained a median SAQ of 83.3, which reveals a good relationship within the work environment in the service surveyed. Maintaining a healthy work environment through effective communication, in which those involved in the care process feel comfortable expressing their opinions and discussing decision-making, is essential in promoting safe healthcare.

When it comes to the safety climate, the second domain present in the SAQ, a positive result is observed from the perspective of the multidisciplinary team, with a median of 78.6. However, when stratifying the results by time in the specialty, it is noticeable that those professionals who have less than five years in the area have a better perception of the safety climate than those who have more than five years (p=0.040). This difference may occur because professionals with more experience in the service have already experienced situations that affected the safety climate, which may influence how they understand safety in the work environment and the relationship developed with actions that, in fact, offer more safety to the patient.[14]

In this study, the third domain, job satisfaction, showed variation in results in relation to the length of time working in the specialty (p=0.015). There was greater satisfaction among those with less than five years in the service, and those with more than ten years in the specialty; however, all showed a positive perception regarding this domain. Results from studies evaluating the relationship between time in service and job satisfaction indicate that professionals with less time in service are more satisfied with the opportunity to have an employment contract, in addition to valuing interaction with the team and having a greater willingness to learn and improve their

skills.[15] Regarding those who have been in the specialty for longer, there is greater satisfaction related to the recognition of their experience, in addition to their skills and abilities having a positive effect on the work of younger professionals, also conveying a feeling of security.[15]

This positive perception in the job satisfaction domain was also present in another SAMU service in São Paulo, with a median of 95.0.[6] This domain has been highlighted in the scores in other studies, being the main point for the development of a safety culture.[6] Job satisfaction functions as an indicator of service quality, which requires the organization's management to offer environmental conditions, matrix resources and human resources so that the teams can provide good assistance.[11]

When it comes to the domain of perceived stress, overall there is a negative result, with a median of 62.5. This result may reflect a lack of understanding of the factors that generate stress and impair performance, such as work overload, fatigue, and conflicts.[16]

In addition to the factors already mentioned, the literature also points to occupational risks as a stress factor for professionals working in pre-hospital care. Among these, physical risks are highlighted, such as traffic noise, sirens, and climate changes as stressors. In addition, there are ergonomic risks associated with posture and muscle strength used, biological risks due to contact with blood and secretions, chemical risks, and risks of car accidents. Finally, there is the psychosocial risk related to working hours, interpersonal relationships with colleagues, and with the population served.[17]

To change the understanding of the issues that generate stress, it is important that professionals and management recognize the circumstances that present risks, especially in pre-hospital care, which has a work context that is sometimes full of adversities. This will allow these factors to be evaluated, and strategies to be devised in order to promote the safety of the team and consequently ensure better patient care.[7]

Another domain that showed negative results was the perception of management, which presented, in a general perspective, a median of 70.9, in addition to showing a statistically significant difference according to professional categories, with a lower value for nurses, median 56.3 (p=0.036). It should be noted that this perception could have been worse, since two of the participating nurses hold management and care positions simultaneously, which may have generated response bias. Observing research results, it is possible to see that this negative perception also occurs in other services,

such as in an ICU of a public hospital in Piauí, which obtained a median for this domain of 62.5.[11]

In another study with the nursing staff of the adult ICU at a public hospital in Bahia, the domain of management perception also did not achieve positive results, represented by an average rating of 47.1.[16] These data demonstrate weaknesses in management performance regarding patient safety issues in the various care settings evaluated, thus requiring greater commitment from the services, starting with prioritizing the topic and creating and implementing institutional policies.[16]

The difference found in this research regarding nurses' perception of management might be associated with their professional training. Studies report a discrepancy in the approach to patient safety across different undergraduate health courses, with nursing being the one that most emphasizes the topic during student training[18], making these professionals more sensitive to patient safety issues, mainly due to the emphasis on managerial issues in nurse training.[19]

The domain of working conditions showed positive results both in the stratification of professional categories and in the length of service. In the instrument, this assessment is related to the availability of training and information necessary for the job. However, the literature expands the criteria that indicate good working conditions, with issues such as adequate infrastructure, working hours and satisfactory salaries, in addition to the development of good interpersonal relationships.[20]

CONCLUSION

When evaluating aspects of safety culture in SAMU (Mobile Emergency Care Service), from the perspective of the multidisciplinary team, it was found that, in general, the team has a positive perception of the domains present in the SAQ (Safety Assessment Questionnaire). However, when evaluated by domain, it is observed that the perception of stress and management presents negative results related to safety attitudes in these areas.

When stratifying the domains by professional category, nurses were the professionals who scored lowest in the management perception domain, which may be related to their professional training and broader vision in the areas of patient safety and service management. This allows them to more easily identify weaknesses in management in relation to their work in the field.

Regarding time spent in the specialty, there was statistical significance for the domains of safety climate and job

satisfaction. Although all values showed a positive perception of safety, there were differences that may be related to knowledge and practices that greater experience in the field promotes.

It is expected that the results of this study can assist in the development of actions that promote a safety culture within SAMU services, especially in the areas that showed negative results in this research and that pointed to the need for specific actions, such as stress perception and management. Therefore, management commitment is necessary in formulating strategies aimed at developing a safety culture within the pre-hospital care service, which will enable safer work processes and a reduction in adverse events.

This research has some limitations, such as presenting the reality of only one SAMU (Mobile Emergency Care Service) unit in a single municipality, which does not allow for the generalization of the results. However, the novelty of the data makes it relevant, since there is still no research in this context in the Northeast region of Brazil. Another limitation is the use of a questionnaire that is directed towards the hospital environment, as there are still no validated instruments for pre-hospital care services, a fact that may have hindered a more specific evaluation of issues in the assessed scenario. However, even with these limitations, it is understood that the results obtained in this study can contribute to the identification of critical points that hinder the construction of a safety culture in pre-hospital care services, and encourage more research addressing this topic in these healthcare settings.

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