

Nursing professionals' attitudes of safety related care**Atitudes dos profissionais de enfermagem a respeito da segurança relacionada à assistência****Actitudes de los profesionales de enfermería sobre la seguridad relacionada con la asistencia****Received: 06/10/2015****Approved: 23/03/2016****Published: 01/05/2016****Karine Clemente Nazário¹**
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The study's objective was to identify the safety attitudes of nursing staff-related assistance. Descriptive cross-sectional study, carried out with 105 nursing professionals. For data collection a card was used to characterize the sample and the Safety Attitudes Questionnaire, which it regards as acceptable minimum score value of 75 points for each area. The following scores were obtained: teamwork climate (65.8), safety climate (61.8), job satisfaction (74.8), stress recognition (67.5), perception of the unity of management (52.9), perception of hospital management (54.2), working conditions (58.0) and safe behavior (67.2). Survey participants did not show front safety attitudes care that the patient. The study helped identify weaknesses that may contribute to the planning and development of strategies for patient safety.

Descriptors: Patient safety; Perception; Culture; Nursing.

O objetivo do estudo foi identificar as atitudes de segurança da equipe de enfermagem relacionadas à assistência. Estudo descritivo, transversal, realizado com 105 profissionais de enfermagem. Para a coleta de dados foi utilizada uma ficha para caracterização da amostra e o Questionário Atitudes de Segurança, que considera como escore mínimo aceitável o valor de 75 pontos em cada domínio. Foram obtidas as seguintes pontuações: clima de trabalho em equipe (65,8), clima de segurança (61,8), satisfação no trabalho (74,8), percepção do estresse (67,5), percepção da gestão da unidade (52,9), percepção da gestão do hospital (54,2), condições de trabalho (58,0) e comportamento seguro (67,2). Os participantes da pesquisa não demonstraram atitudes de segurança frente à assistência ao paciente. O estudo contribuiu para a identificação de fragilidades que podem subsidiar o planejamento e desenvolvimento de estratégias para a segurança do paciente.

Descritores: Segurança do paciente; Percepção; Cultura; Enfermagem.

El objetivo del estudio fue identificar las actitudes de seguridad del equipo de enfermería relacionadas con la asistencia. Estudio descriptivo, transversal, hecho con 105 profesionales de enfermería. Para la recolección de datos se utilizó una tarjeta para caracterización de la muestra y el Cuestionario de Actitudes de Seguridad, que considera el valor de puntaje mínimo aceptable de 75 puntos para cada área. Las siguientes puntuaciones fueron obtenidas: ambiente de trabajo en equipo (65,8), clima de seguridad (61,8), satisfacción en el trabajo (74,8), estrés percibido (67,5), percepción de la unidad de gestión (52,9), percepción de la gestión hospitalaria (54,2), condiciones de trabajo (58,0) y comportamiento seguro (67,2). Los participantes de la encuesta no mostraron actitudes de seguridad frente a la asistencia al paciente. El estudio contribuyó para la identificación de las debilidades que pueden apoyar a la planificación y desarrollo de estrategias para la seguridad del paciente.

Descritores: Seguridad del paciente; Percepción; Cultura; Enfermería.

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INTRODUCTION

IN Brazil, the situation is beset by a series of structural, political, economic, and cultural issues that must be overcome in order to maintain and improve care environments¹. Against this background, the issue of patient safety has become a global challenge that has increasingly become the subject of research².

In 1999, the U.S. Institute of Medicine published the first alarming report on patient safety, called *To Err is Human: Building a Safer Health System*, which showed that there were between 44,000 and 98,000 deaths caused by assistance-related errors and that because of that, concern for patient safety became a priority in the health field in recent decades³.

In order to raise awareness and educate the public and health professionals, the World Health Organization (WHO) launched the World Alliance for Patient Safety in 2004, with the aim of reducing risks and minimizing adverse events, creating programs and guidelines in search of solutions that help change on a worldwide level. For WHO, patient safety means reducing to an acceptable minimum the risk of harm associated with health care^{3,4}.

In November 2005, in Concepción, Chile, the International Network of Nursing and Patient Safety was created as a result of meetings organized by the Nursing Program of Human Resources Health Unit of the Pan American Health Organization. In these meetings, the priorities and trends in the development of the area of patient safety in nursing were analyzed, giving rise to the Brazilian Network of Nursing and Patient Safety (REBRAENSP)⁵.

In 2008, in São Paulo, REBRAENSP was formally constituted by nurses as a means of disseminating knowledge and nursing efforts, committed to the permanent development of this area in Brazil, with the purpose of promoting coordination and technical cooperation with institutions related to health and the education of professionals in the health field, thus strengthening nursing care

and developing programs according to the needs of each Brazilian state or municipality^{5,6}.

In 2010, the São Paulo Regional Nursing Council (COREN-SP, Brazil), initiated a major campaign for patient safety by examining everyday practices, with the aim of identifying flaws in potential processes of generating errors. Thus, the Technical Chamber of COREN-SP, together with members of the São Paulo branch of REBRAENSP prepared a booklet entitled "10 Steps to Patient Safety," which would have a direct impact on the practice of nursing care⁵.

In 2013, the Ministry of Health of Brazil, launched the National Program of Patient Safety, whose general objective is to contribute to the improvement of care in all health facilities in the country, whether public or private, military or philanthropic. In July of the same year, the National Health Surveillance Agency (ANVISA), via Resolution no. 36, established measures to improve the quality of care by promoting an environment that ensures patient safety^{4,7,8}.

Given the above and with the goal of providing subsidies so that managers can implement strategies to familiarize staff with the issue and to ensure the improvement in the quality of care, the objective of this study was to identify the attitudes of nursing staff towards patient safety.

METHOD

This is a descriptive, cross-sectional study conducted in a private, nonprofit hospital in the state of São Paulo that is a leader in serving the local population in addition to eight municipalities in the region, with 238 beds in different clinical and surgical specialties.

For sample size calculation, we adopted a sampling error of 9% and a confidence level of 95%, with a total sample of 105 professionals. The inclusion criteria were: being a nurse, technician or nursing assistant and having more than three months of experience in the institution.

As collection instruments, two forms were used to characterize a sample of 13 items divided into two categories: personal information (age, sex, marital status) and professional information (function in the institution, year of graduation in current function, experience in current role, training, unit / labor sector, work shift, average patients per shift, number of work hours in the institution, number of work hours in the unit, and other, concurrent employment); and the Safety Attitudes Questionnaire (SAQ), adapted and validated for Brazilian culture, composing 41 items distributed in seven areas: work environment for staff, safety environment, job satisfaction, perceived stress, perceived management of unit, perceived management of hospital, working conditions (items 30-32) and safe behavior.^{8,9}

The response options for each item are given by a Likert scale with five points, where A=totally disagree, B=disagree in part C=neutral, D=partially agrees, and E=totally agree and X=does not apply. Scores higher than 75 indicate the perception of a safe environment for the patient. The final score is calculated by averaging the responses of subjects for each domain, where A=0, B=25, C=50, D=75 and E=100. Responses of X were excluded from the calculation. Questions 2, 11 and 36 have inverse scores. Items 24 through 28 are repeated, differentiating the evaluation of the management of the unit and of the hospital^{8,9}.

Data collection was conducted from July to September 2015 and participants were interviewed in the workplace, during times available to explain the purpose of the study. As such, the instruments were delivered to the sectors responsible for distribution to staff members or directly to employees, to be completed and returned later, directly to the researcher, on pre-established dates. Each participant received an envelope containing

two Terms of Free and Informed Consent, a copy of the SAQ tool, and a copy of the characterization form.

After collection, the data was entered into a database (Excel program for Windows Microsoft®) and subjected to descriptive analysis to obtain measurements of absolute and relative frequency of categorical variables and the position and dispersion of continuous variables. To verify the reliability of the subscales, internal consistency was used through Cronbach's alpha calculation, where values above 0.70 were considered satisfactory¹⁰.

The study was submitted to the Research Ethics Committee, obtaining approval registered under the number 609,396 on April 9, 2014. The research complied with all the requirements set by CNS Resolution No. 466/12.

RESULTS

In this study, the sample was composed of 105 nursing professionals, the highest frequencies being females 90 (85.7%), nursing assistants 48 (45.7%), married 44 (41.9%), with training 47 (44.8%) nursing technician, working in Intensive Care Units (ICU) 39 (37.1%), at night 47 (44.8%), and no other employment (68.6%), as shown in Table 1.

The average age of professionals was 34.2 years (sd=8.7), working time in the unit and in the institution 3.2 years (sd=3.4) and 6.3 years (sd=6.2), respectively, and the number of patients under professional responsibility was 8.7 (sd=8.8) per shift.

Table 2 presents the mean, standard deviation, and Cronbach's alpha calculation for each of the domains.

Table 3 presents the mean and standard deviation that correspond to each domain item.

Table 1. Profile of nursing professionals, São Paulo, 2015.

Variables	n	%
Marital status		
Married	44	40.9
Not married	42	40.0
Divorced	08	7.6
Separate	04	3.8
Widower	02	1.9
Others	05	4.8
Function in the institution		
Nursing assistant	48	45.7
Technical nursing	27	25.7
Nurse	30	28.6
Professional qualification		
Nursing assistant	21	20.0
Technical nursing	47	44.8
Graduated in nursing	12	11.4
Postgraduate	25	23.8
Sector/Unit of Work		
UTI	39	37.1
Surgical clinic	32	30.5
Medical clinic	26	24.8
Emergency room.	08	7.6
Work shift		
Morning	12	11.4
Afternoon	03	2.9
Night	47	44.8
12 hour diurnal	27	25.7
Other	16	15.2

Table 2. Average responses by area, São Paulo, 2015.

Domains	Average	sd	Alfa
Job satisfaction	74.8	20.4	0.79
Perceived stress	67.5	24.4	0.89
Safe behavior	67.2	25.0	0.80
Climate of teamwork	65.8	18.8	0.80
Safety of environment	61.8	17.8	0.79
Work conditions	58.0	28.9	0.78
Perception of management of hospital	54.2	20.9	0.78
Perception of the management of unit	52.9	22.4	0.79

Table 3. Distribution of averages of items by the SAQ areas, São Paulo, 2015.

	Questions	Average	sd*
Job satisfaction	I like my job	86.0	25,0
	I am proud to work in this area	85.5	26,8
	This is a good place to work	79.3	24,6
	Working here is like being part of a large family	68.9	32,4
	The morale in this area is high	53.6	32,9
Perceived stress	When my workload is excessive, my performance is impaired	76.9	27,9
	I am less efficient at work when I'm tired (a)	70.5	33,0
	I'm more likely to make mistakes in tense situations or hostile	61.7	34,4
	Tiredness affect my performance during emergency situations (eg, CPR, seizures)	61.0	34,1
Safe Behavior	I experience good cooperation with nurses in this area	72.6	27,0
	I experience good collaboration with the team of doctors in this area	63.8	29,0
	I experience good collaboration with pharmacists in this area	65.2	28,7
	Miscommunication that lead to delays in care are common	40.3	32,3
Climate of Teamwork	It is easy for professionals working in this area to ask questions when there is something they do not understand	76.4	28,1
	The nurse's suggestions are well received in this area	72.0	25,8
	I have the support I need from other members of staff to care for patients	70.0	32,0
	In this area, the disagreements are resolved appropriately.	68.5	30,0
	The doctors and nurses here work together as a well-coordinated team	59.7	32,1
	In this area, it is difficult to talk openly if I notice a problem with patient care	48.3	34,3
Safety Environment	I know the appropriate means to forward the issues related to patient safety in this area	75.0	25,5
	I feel safe if they were treated here as a patient	69.2	30,4
	I am encouraged by my colleagues to report any concern I may have regarding the safety of the patient	67.1	31,8
	Errors are handled appropriately in this area	62.7	35,5
	The culture in this area makes it easy to learn from the mistakes of others	59.1	33,6

	I get appropriate feedback on my performance	51.2	30,4
	In this area, it is difficult to discuss mistakes	48.1	31,5
Work conditions	All necessary information for diagnostic and therapeutic information is routinely available to me	59.3	32,9
	This hospital does a good job in training new team members	58.7	34,4
	Trainees of my profession are adequately supervised	56.6	34,1
Perception of management of unit and of hospital	Management does not consciously committed to patient safety: (Unit)	60.3	30,3
	Receive appropriate and timely information about events that may affect my work: (Unit)	57.5	33,5
	The administration is doing a good job: (Unit)	55.0	31,0
	Problem of staff professionals are treated constructively by our management: (Unit)	54.3	32,0
	The administration supports my daily efforts: (Unit)	47.4	34,5
	In this area, the number and qualification of professionals is enough to handle the number of patients.	44.0	37,3
	My suggestions on safety would be put into action if I express the administration	53.5	30,4
	Receive appropriate and timely information about events that may affect my work: (Hospital)	61.8	29,6
	Management does not consciously committed to patient safety: (Hospital)	59.3	29,8
	The administration is doing a good job: (Hospital)	54.8	32,4
	Problem of staff professionals are treated constructively by our management: (Hospital)	50.7	33,3
	The administration supports my daily efforts: (Hospital)	46.6	33,2

*Standard Deviation (sd)

DISCUSSION

Results showed that the majority of the sample consisted of married women, which coincides with the trend in nursing, where there is a female predominance in all regions of Brazil¹¹.

Although most participants have technical training, they continue to work as a nursing assistant, a fact from which we can infer that there was an increase in the level of education of Brazilian nurses, but that the financial investment required to hire these

professionals is still a challenge to be faced by those they work with limited financial resources, making it difficult to improve the service provided^{11,12}.

The largest number of professionals working also in UTI was observed in other studies¹³, due to the fact that these units treat patients with a higher degree of complexity and, therefore, have the protection of laws that determine a minimum quantity of personnel

required for providing safe, quality nursing care^{14,15}.

It is important to highlight that although studies indicate that nursing is a poorly paid profession and therefore requires professionals to work other jobs¹⁶, most of the sample does not have other employment.

Average work time in the unit and in the hospital in general was lower when compared to other studies^{8,9,17,18}. Furthermore, it appears that the more time professionals work in the institution, the better their perception of patient safety, since they can perceive changes and improvements in the environment⁸.

The average number of patients per professional did not differ from the average found in another study¹. The number of patients for which one professional is responsible is directly related to patient safety: an increase in the number of patients for which one professional is responsible increases the incidence of adverse events. A nursing staff of appropriate size brings with it a significant cost to the institution, although the detrimental results of this lack of personnel, such as increased length of stay for patients, increased adverse events, and increased mortality and morbidity rates also carry extremely significant costs to the institutions¹⁹.

The job satisfaction domain had the highest score in this study and was the only one close enough to the minimum score required for an environment to be considered safe. This finding corroborates other research^{8,17} and is considered a positive aspect, since satisfied professionals tend to provide better care and collaborate in building a safer working environment, with lower rates of adverse events.

Within that domain, three of the five items showed values above 75: "I like my job," "I am proud to work in this area" and "This is a good place to work." However, professionals do not feel extremely well provided for and find fault in the moral conduct of members with whom they work.

When comparing the perceived stress domain it was noted that the average was higher than in other research^{8,17}, demonstrating that the participants in this study have a better understanding of the fact that stress negatively influences the safety environment that exists in every step of assistance.

In this domain, the question with the highest average was related to excessive workload, which indicates that participants recognize that an excessive workload is a factor that negatively influences patient safety.

The domains environment of teamwork and safety environment had averages close to other studies^{1,9}, which also did not reach the minimum score determined by the instrument. It was noted that only one item in each of the domains had scores above 75: "It is easy for professionals working in this area to ask questions when there is something they do not understand" and "I know the appropriate means to route issues related to patient safety in this area." However, it was realized that the lack of support in problem solving and the way in which the occurrence of events is being conducted are challenges yet to be confronted effectively by institution's managers.

In the domain of working conditions, which showed one of the lowest scores in the study, participants highlighted poor communication and a lack of proper follow-ups once patients were admitted to the institution. With respect to training, similar results were found by other researchers¹. The acquisition of new knowledge has a direct relation to good results such as improved productivity and higher quality work.²⁰

The lowest score of the study was in the domain of perceived management of the unit, which corroborates the results of other studies^{1,8,9}, which have identified the need for the institution's commitment to patient safety and the weakness of management, since this area reflects to what degree professionals agree with actions taken by management at the level of the unit and the hospital in relation to

patient safety. Participants pointed out a shortage of professionals needed to carry out effective work, the lack of dissemination of information about events that could affect work and the non-constructive conduct of "problematic professionals."

By analyzing the safe behavior domain, it was noted that none of the items reached the minimum score, demonstrating that communication and interpersonal skills are aspects rarely exploited and applied by managers. According to COREN/SP and ANVISA, communication is a fundamental aspect in creating a safe environment for the patient^{5,7}.

The domains of the instrument have been shown to be reliable insofar as they achieved alpha values higher than those recommended and also higher than those found in the validation study conducted by SAQ for Brazilian culture^{9,10}.

CONCLUSION

The results showed that professionals who participated in this study did not demonstrate attitudes toward patient safety, in that none of the domains in the instrument used achieved the minimum score.

Improving the way professionals are treated, as well as communication, interpersonal relationship, the handling of adverse events, and reducing professionals' workload are some challenges that managers must confront in order to ensure a safer working environment and promote safer attitudes on the part of employees.

Establishing a safe environment undoubtedly leads to positive results and to the development of ways to guide attempts to solve day-to-day problems that professionals and their superiors face, thus facilitating joint actions for the continuous improvement and the creation and strengthening of relationships of confidence where mistakes can be exposed more openly.

The research contributes to identifying weaknesses, which can support the planning

and development of strategies related to patient safety.

It recommended further research be conducted, involving more representative samples of the population, in order to better establish the variables that influence the safety environment in various healthcare settings, to identify the strengths and weaknesses of this question and planning changes involving professionals who work directly in patient care.

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CONTRIBUTIONS

Karine Clement Nazario contributed to the conception, design, data collection, analysis and interpretation of data, and to the writing of the article. **Renata Cristina Gasparino** was responsible for the conception, design, analysis and interpretation of data, for the writing of the and its critical analysis.

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