Safety culture and the communication process among nursing team members

Cultura de segurança e o processo de comunicação entre membros da equipe de enfermagem

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RESUMO

O tema segurança, vem sendo abordado nas diferentes áreas de prestação de serviços à sociedade. São objetivos deste estudo, caracterizar o processo de comunicação da equipe de enfermagem em um hospital filantrópico localizado no Leste de Minas Gerais, e identificar os aspectos relacionados. Trata-se de um estudo descritivo e exploratório com abordagem quantitativa do tipo estudo de caso. 80 profissionais da enfermagem participaram da pesquisa. Em um ambiente hospitalar, erros, enganos e/ou falhas na assistência são situações que podem ocorrer. Tendo isto como fato, é preciso que coordenadores e gestores não apontem os erros como falhas individuais, mas sim como falhas do sistema. Ao expor-se, o profissional também ordena suas ideias, a oportunidade de expressar-se oralmente leva a pessoa a reflexões que, sem este estímulo, ela não faria. Conclui-se que a comunicação entre as equipes de saúde é um fator chave para a segurança do paciente. Um processo comunicativo ineficaz contribui diretamente para que ocorra a possibilidade de erros, levando assim, a possíveis danos ao paciente, que em muitas vezes, podem ser irreversíveis.

Palavras-chave: Segurança do paciente; Comunicação; Erros Médicos.

ABSTRACT

The security theme has been approached in the different contexts of service provision to society. The objectives of this study are to characterize the nursing team communication process in a philanthropic hospital, located in the East of Minas Gerais, and identify the related aspects. This is a descriptive and exploratory study, a case study type, with a quantitative approach. 80 nursing professionals participated in the research. Having this as a fact, coordinators and managers need not point to errors as individual failures but rather as failures of the system. When exposing himself, the professional also orders his ideas, the opportunity to express himself orally leads the person to reflections that, without this stimulus, he would not do. It concludes that communication between health teams is a key factor for patient safety. An ineffective communicative process directly contributes to the possibility of errors occurring thus leading to possible damages to the patient, which in many cases may be irreversible.

Keywords: Patient Safety ; Communication; Error.

NOTA

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INTRODUCTION

The issue of security has been addressed in the different areas of service delivery to society, whether in air transport, ground transportation, industry or public safety, and health care has entered the world agenda at the beginning of the third millennium.

In the definition of the World Health Organization (WHO) [1], patient safety is intended to reduce the risk of unnecessary harm associated with health care to an acceptable minimum.

The 4th edition of the Joint Commission International (JCI) Accreditation Standards for Hospitals establishes 6 goals for patient safety: they identify patients correctly; improve effective communication; improve the safety of high-vigilance medicines; assure surgeries with correct intervention site, correct procedure and correct patient; reduce the risk of infections associated with health care; reduce the risk of injury to the patient due to falls [2].

The JCI standards make clear the importance of effective communication, and it is the key to the safety culture, having such a significant importance that it was considered the Second International Goal for Patient Safety [2].

Engagement in communication results in bilateral learning. Institutions demonstrate effort and commitment to assistive care, which results in improvement actions. From society's point of view, it deepens in the awareness that the failures of health processes are real, and must be tackled in an assertive and constructive way [2].

The research question is: from a patient safety perspective, how can we characterize the communication process of the nursing team in the hospital environment?

The objective is to characterize the communication process of the nursing team in a medium-sized philanthropic hospital.

METHOD

This is a descriptive study with a quantitative approach of the case study type. This type of research was chosen because it was believed that the objectives of the study could only be reached from the description of the phenomenon *in loco*.

The safety culture of the patient was described using the instrument Hospital Survey on Patient Safety Culture (HSoPSC). HSoPSC was developed by the Agency for Healthcare Research and Quality (AHRQ) as a valid instrument for measuring the institutional culture of patient safety [4]. This instrument was translated, adapted transculturally and validated for use in the Brazilian context through the doctoral thesis of the researcher Cláudia Tartaglia Reis, by the National School of Public Health - ENSP - Fundação and Instituto Oswaldo Cruz - Fiocruz, defended in 2013 with the title: "The safety culture of the patient: validation of an instrument for the Brazilian hospital context"[5].

The HSoPSC consists of 42 questions distributed in 12 dimensions and three levels: unit of work (expectations and actions to promote the safety of supervisors and managers, organizational learning, teamwork, open communication, feedback and communication about errors, non-punitive responses to errors and adequacy of human resources); hospital support (management support for patient safety, teamwork among units, on-call transfers and internal transfers) and outcome (general perception of patient safety and frequency of event reporting).

The article is about cutting out a master's thesis, therefore, for this publication, the "Openness of Communication" dimension will be presented. This dimension was chosen because of the impact that the communication presents on patient safety.

This dimension is composed of 3 questions, their answers were codified through the Likert Scale. Strengths were interpreted as items with 75% or more of results favorable to patient safety, while positive responses less than 50% represent fragilities [6]. In the present study, the frequency of positive responses was calculated. Positive responses that had a frequency between 50% and less than 75%, we consider as neutral because they are neither a strength nor a fragility.

The data were produced in August 2016, after analysis and approval of the Research Ethics Committee of UNIRIO, protocol no. 1.651.344, from electronic forms, in these forms were attached the Terms of Free Consent (TCLE) signed by each participant. To use these forms, the KoBoToolbox application was used. This program encompasses a set of tools for field data collection. The software is free and open source. Collection can be done through smartphones, tablets or computers. In this study, the tablet was used to collect the data.

The proposed scenario was a medium-sized philanthropic hospital in the East of Minas Gerais, Brazil, which has 213 active beds, serving 23 cities in the region. At the time of data collection the institution did not have the Patient Safety Center (NSP), its efforts were focused on the implantation of this sector. Currently the NSP was founded and is beginning its work, where the results of this research are being used to guide decision making.

This institution also serves as a field of practical teaching activity for undergraduate students in Nursing, Pharmacy and Medicine, technical courses in Nursing and medical residency.

It would be ideal for data collection with the HSoPSC, the application of the instrument with all profession-

al categories of the institution studied, however, as the study is a master's dissertation, there was no time to collect with all employees. In this context, the nursing team, in its entirety, was elected to participate in the research, since it is the one that dedicates the most time to patient care, and because it is the category with the highest number of professionals. Due to the data collected and the information that the institution allowed access, the statistical analysis was based on the frequency of responses using Excel 2013 software.

RESULTS

The study institution counts on 277 professionals in the nursing team, of whom 80 participated in the study, of which 45% (n = 38) are nursing technicians, 45% (n = 38) are nursing assistants and 10% = 08) are nurses. It was not possible to make the comparative analysis in relation to the proportion of nursing technicians / assistants and nurses who work in the institution because there was no access to these numbers. The sampling used was for convenience.

The difficulty found to collect the data was given at night shift, in which professionals were invited to participate but, most of them, denied justifying the intense flow of work.

It was observed that 3 (37.5%) of the nurses who participated in the research work in the institution less than 5 years and only 1 (12.5%) worked in the hospital for more than 20 years. The others, which total 4 participants (50%) are in the institution in a period of 6 to 20 years. Regarding the working time in the current unit, 7 (f 87.5%) nurses are less than 5 years old in the sector, while 1 (f.12.5), is over 21 years old. Regarding the time that works in the specialty or the current profession, 4 (50%) nurses were classified as being less than 5 years old, 3 (37.5%) claimed to be in the specialization or profession between 6 to 10 years and 1 (12.5%) is in the period of 11 to 20 years.

As for nursing technicians, 13 (36.11%) work in the institution at less than 5 years, 21 (58.34%) are in the hospital in a period of 6 to 20 years and 2 (5.56 %) to more than 21 years. Regarding the working time in the current unit, 22 (61.11%) nursing technicians are less than 5 years old in the sector, while 14 (38.89%) are between 6 and 20 years old. Of the work time in the profession, 12 (33.33%) are in the function less than 5 years, 21 (58.33%) in the period of 6 to 20 years and 3 (f. %) are technicians of more than 21 years.

Of the nursing assistants, 14 (38.89%) are in the institution less than 5 years old, 20 (55.55%) work in the hospital between 6 and 20 years and 3 (8.33%) to more than 21 years. As for the working time in the current unit, 25 (69.44%) are in the allocation less than 5 years and 11 (30.55%) are between 6 and 20 years in the sector. Regarding the time in the current profession, 15 (41.67%) work less than 5 years while 21 (58.34%) are in the profession between 6 and 20 years.

In relation to the distribution of the participants of the research by clinics, Table 1 is presented.

The units with the largest number of participants were: the Medical Clinic and the Joint Hospitalization Unit, representing together, 47.5% of the participants. These units correspond, respectively, to the sector that receives private patients and health plans, and to an industry that receives patients through SUS.

The "Opening of the Communication", according to the participants' answers, constituted a fragility. The frequency of positive responses was 16.25% for the first question, 35% for the second question and 33.75% for the third question, as can be seen in Table 2.

DISCUSSION

In a hospital environment, errors, mistakes and / or failures in care are situations that may occur. With this in mind, coordinators and managers need not point to errors as individual failures, but rather as failures of the system. In order for the safety culture to be strengthened, mistakes must be treated uncritically, since such action may encourage professionals to report errors and possible adverse events.

When exposing themselves, the professionals also or-

TABLE 1 – Distribution of study participants per hospital unit. Rio de Janeiro, RJ, Brazil, 2017.

UNIT	N	*F*
Mixed Hospitalization Unit	20	25,0%
Medical clinic	18	22,5%
Surgery	12	15,0%
Pediatrics	11	13,75%
Obstetrics	10	12,5%
Intensive Care Unit (any type)	9	11,25%

Source: survey data.

TABLE 2 – Dimension 4: the opening of the communication obtained a frequency of 28.33% of positive responses. Rio de Janeiro, RJ, Brazil, 2017.

Questions Dimension 4	N	*F*
Professionals (regardless of employment) are free to say when they see something that can negatively affect patient care.	13	16,25%
The professionals (regardless of the employment relationship) feel free to question the decisions or actions of their superiors.	28	35%
Professionals (regardless of employment) are afraid to ask, when something does not seem right.	27	33,75%

Source: survey data.

ders their ideas, the opportunity to express themselves orally leads the person to reflections that, without this stimulus, it would not do. In speaking, often, the individual makes reflections, since other ideas are also exposed by the participants in the dialogue. Because of this, the individual finds themself forced into another kind of ordering of ideas, modifying thought patterns and having to adjust his conclusions to the listener [7].

A good leader has some characteristics, among them, the ability to listen to his or her people. Some factors are recommended to get an improvement in the art of listening. Let the team member express the therapeutic effect, a leader that allows a "therapeutic speech." This function is not conditioned by the approach of or by the way of the solution intended by the professional, however, it makes it feel fundamental to the task and allow adverse events to be avoided and/or solved effectively [7].

Standards reinforce the process of evaluation of nursing care, rehabilitation and improvement, adding benefits not only institutional but multiprofessional, and consequently the quality of care [8].

Taking the example of civil aviation, one can cite the method developed by the American Aviation Agency (NASA), which has become a compulsory method worldwide for the training of civil aviation professionals in passenger transport, Corporate Resources Management (CRM)[9].

In this training, teams develop their work in critical environments, and preferably with members they do not know each other. This is justified by the large number of flights and professionals that aviation companies have. With this measure, the professionals become able to develop their work with mastery, independent of the interpersonal relationship.

The great differential of aviation CRM is the focus on communication. Its foundations are based on the exchange of quality information among the professionals involved, who in turn need a favorable working environment for this to happen [9].

The purpose of CRM communication is to increase managerial efficiency by understanding processes, making the team work cohesively, regardless of whether they have previously worked together[9].

One of the assumptions for safety culture is open communication between health services and their patients [2]. One way to deal with communication between professionals and between professionals and patients is the Disclosure method.

The Brazilian Institute for Patient Safety (IBSP) defined disclosure as the structured process of communication between the patient and his/her family members when there is an unintentional or intentional, serious or potentially serious harm that occurred in the care process. This term comes from the English language and is usually translated as "revelation" or "openness" [7].

In disclosure, the way in which the communication process will take place is unique, varying the decision making according to the severity of the Adverse Event.

It is important that this tool has a beginning and an end. In the initial disclosure, the professionals involved should provide information about the event's facts, the impacts occurred and what measures were taken to minimize and/or reverse the damage. In the final disclosure, professionals should provide complementary information with the exposition of the causes of the event and the lessons learned in the process, noting that these stages require the participation not only of health care professionals, but also professionals in the legal and managers [2].

In any situation, the most effective leader is the one who best meets the needs of his followers, these needs do not always mean doing what the subordinate wants, but giving him voice and analyzing his ideas. Leadership is the interpersonal influence exercised in a situation, through the communication process, to achieve a goal. An effective leader needs to be integrated, to be concerned not only with the tasks to be performed but also with his subordinates [10].

Information among members of a health team should be transparent, free, and one of the most important attributes of the safety culture. Transparency and freedom to express oneself must be the primary conditions for achieving safety, absence of these attributes, inhibiting learning from incidents, and it is mentioned in the literature that ineffective communication among health pro-

fessionals is one of the main causes of incidents, causing damage to patients [11].

CONCLUSION

In the present study it was evident how problematic the communication in the sectors of the studied institution is. Questioning care errors should not be interpreted as a form of negative criticism, or punishment, but as a form of exchange of experiences and knowledge, in order to draw a better therapeutic course to the patient.

Communication between health teams is a key factor for patient safety. An ineffective communicative process contributes directly to the possibility of errors, thus leading to possible harm to the patient, which in many cases may be irreversible.

A leader must know how to communicate, and give freedom to team members for communication. Patient safety requires efficient communication among health professionals, lack of this contributes to the occurrence of incidents. There is no way to implement care intervention methods if there is no communication, and consequently, there will be no prevention and / or correction of negative outcomes.

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