

Patient safety culture perceived by nurses of hospitalization services

Abstract

Patient safety can be altered by the high probability that an error occurs and is given by the fact that the provision of services is linked to complex interactions. The purpose of the study was to describe the culture of patient safety in hospitalization services from the perspective of the nursing personal, at the Tumbes Regional Hospital 2018. Descriptive-exploratory, quantitative study; With a census sample of 80 nurses, a survey was applied to collect the information, obtaining as a result that the patient safety culture of the nursing staff is on a neutral average with 91.3%, followed by positive in 5.0% and negative in 3.75%. It is concluded that the Safety Culture of the Patient of the nurses is neutral, but it can be improved, being negative the perception of personnel endowment and neutral in teamwork between the services and the Expectations and Actions in patient safety, identifying strengths in the dimensions of personnel, team work, and positive in the Expectations and Actions in patient safety, and the weaknesses identified in eight dimensions in our organization so it is necessary to establish strategic lines of work that help minimize adverse events in our patients .

Keywords: culture, patient safety, hospital, nurse, dimension, mild disability, patient, researcher, patient safety, health care

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Introduction

Patient safety is considered by the Institute of Medicine (IOM) of the United States one of the six key dimensions or attributes of the quality of health services. WHO, which considers patient safety as “absence of damage, real or potential, related to health services”.¹ International health institutions and organizations have considered patient safety as a serious problem and of consequences with great impact on the quality of their services; improving it has become a prevalent health policy worldwide² bringing together different communities to a common goal such as the Joint International Commission (JCI) world leader in accreditation of health institutions.³

With the increase in the rate of adverse events, researchers conducted studies in countries such as the United States, Canada, the Netherlands and Sweden, and found that 2.9 to 16.6% of hospitalized users were victims of an adverse event, of those 50% could be avoided. In addition, it was found that a large part resulted in mild disability, however, it is worth noting that 4.9 to 13.6% of these events caused the death of users in hospital services.⁴

In Peru, one of the health policies of the Ministry of Health (MINSA) is the implementation of quality policies, through a quality management system as a central strategy in the implementation of these policies at the national level, being the organizations responsible of its implementation.

The culture of the institution is one of the pillars of security as an integrated pattern of individual and organizational behavior, based on shared beliefs and values, which continuously seeks to minimize the damage that the patient could suffer as a result of the processes of provision of care.² Therefore, the motivation to develop this research arises because of the importance of the safety culture of the patient and the researcher.

The study is justified, because knowing the reality about the patient safety culture; will allow to propose strategies and models of nursing care for hospital services, compliance with protocols, and

patient safety standards³ The general objective that guided the study was: Describe the culture of patient safety in perceived hospitalization services by the nursing staff, at the Tumbes Regional Hospital 2018.

Methodology

It is a research is descriptive-exploratory, quantitative,⁵ The population was made up of the nursing professionals who work in the hospitalization services in a total of 109 nurses of the hospitalization services;⁶ emergency service (27), Intensive care unit (UCI) (15), Surgical center (17), obstetrics Gynecology (10), medicine (10), surgery (10), pediatric (10) and neonatology(20), applying the statistical formula for finite populations, with a confidence level of 95% and margin of error of 5% a total of 86 was determined; constituting 80 nurses as a sample for finding 4 on vacation and 2 on leave.

It was taken into account as inclusion criteria: nursing professionals who are working in hospitalization services and who decide to voluntarily participate in the study and as exclusion criteria: Nurses who are on leave, vacations during information collection, nurses that are for a short time in the institution as they are temporary highlights.

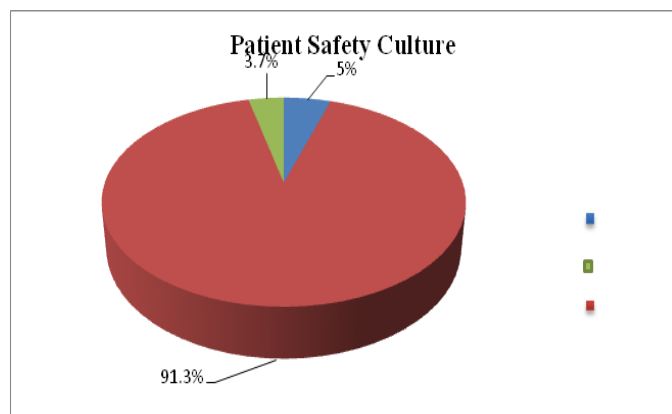
As a technique, the survey was used to gather information. The instrument was the Likert scale used for the analysis of safety culture, taken from Pozo Muñoz as a reference,^{7,8} which uses the scale that has the indicators according to those of the Agency for Healthcare Research and Quality-AHQR, validated to the Spanish context, which is composed of 42 items, with three sections: General characteristics, Labor characteristics and dimensions of the patient’s safety culture in the dimensions: “frequency of notified events” and “perception of safety”; safety culture at the unit/service level, “management expectations and actions/supervision/services to promote security”; “Organizational learning/continuous improvement”, “teamwork in the unit/service”; “Openness of communication”, feedback and communication about errors”, “non-punitive response to errors”, “staffing” and “hospital management support in patient safety”, where the assertions have

different directions, if the affirmation is positive, it was rated with a score of five to one, the highest score strongly agree, and the lowest score strongly disagree. When the affirmations are negative, they are rated contrary to the positive ones from one to five, in which case the lowest score is in agreement and the highest score strongly disagrees.⁹

The instrument was submitted to the validity of expert judgment; obtaining as a result in the binomial test ($p=0.0378$). For the reliability of the instrument, the pilot test was carried out on 5 nurses who did not participate in the project, the reliability test was applied, the reliability calculation was made by applying Kuder Richardson's formula 20 known as the KR-20 formula, obtaining as reliable result ($KR 20=0.78$). For the statistical analysis, all the information was processed through the SPSS program version 23 year 2014, descriptive analysis with measures of central tendency. As Ethical principles (8), the Universal Declaration on Bioethics and Human Rights, on the individual and the communities that are relevant to the ethics of research involving human beings and the main Ethical Principles (8) were taken into account.

Results

Graph 1 shows the Patient Safety Culture, observing that the Patient Safety Culture is Neutral in 91%, Positive in 5% and negative in 3.7% Of the Nursing professionals of the Regional Hospital of Tumbes.



Graph 1 Patient safety culture at the regional hospital of tumbes.

Source:Application of the patient safety culture scale

Table 1, related to the dimensions of patient safety culture in nursing staff, it was observed that the staffing dimension is negative with 87.5%, and only 17.5% is positive in expectations and actions in patient safety. The safety culture is neutral in terms of the non-punitive response to errors in 83.7%, Teamwork between Services in 85.0%, in relation to events reported in 80%, expectations and actions in patient safety by 77.5%, management support in 70.0%, in relation to the Perception for patient safety in 68.7%, and changes in shifts and transitions between services and actions in 52.5%

It is negative in staffing 87.5%, openness in the communication of errors in 58.7%, organizational learning in 51.2%, feedback and communication about errors 56.2%.

Analysis and discussion

In the world millions of patients suffer disabling injuries or die as a result of medical practices or unsafe care, one in 10 patients suffer some damage when receiving health care in well-funded and technologically advanced hospitals.

Table 1 Dimensions of patient safety in the hospital

Dimension	Positive	Neutral	Negative
Notification of errors	10(12.5%)	64(80.0%)	6(7.5%)
Perception for patient safety	2(25.0%)	55(68.7%)	23(28.7%)
Expectations and actions in patient safety	14(17.5%)	62(77.5%)	4(5.0%)
Organizational learning	8(10.0%)	31(38.7%)	41(51.2%)
Teamwork in the Service	6(7.5%)	41(51.2%)	31(38.8%)
Openness in error communication	0(0.0%)	33(41.2%)	47(58.7%)
Feedback and communication of errors.	2(2.5%)	33(41.2%)	45(56.2%)
Non-punitive response to errors	0(0.0%)	67(83.7%)	13(16.2%)
Staffing	0(0.0%)	10(12.5%)	70(87.5%)
Support of management	8(10.0%)	56(70.0%)	26(32.5%)
Teamwork between the services	2(2.5%)	68(85.0%)	10(12.5%)
Shift changes or transition between services	2(2.5%)	42(52.5%)	36(45.0%)

Source:Application of the patient safety culture scale.

According to WHO: Patient safety is defined as “the absence of risk or potential harm associated with health care, which is based on the set of structural elements, processes, instruments and methodologies based on scientifically proven evidence in order to minimize the risk of suffering an adverse event in the health care process or mitigating its consequences”.⁹

Considering that in the process for Patient Safety, the various professions are involved, the present study provides information regarding safety culture from the preception of nursing professionals of a public hospital made up of 80 nursing professionals characterized by the fact that 85.7% they belong to the female sex, 37.5% are married, 88.5% carry out continuing education studies.¹⁰

The safety culture from the perspective of nursing staff at the Hospital de Tumbes according to the survey Hospital Survey on Patient Safety Culture (HSOPSC) of the Agency for Healthcare Research and Quality (AHRQ) adapted to Spanish⁸ is Neutral in 91%, Positive in 5% and negative in 3.7%; in the 12 dimensions Results that differ from those found by Espinoza Ramos Y^{11,12} In their study on Culture of Patient Safety in Nursing Professionals at the Hermilio Valdizán de Huánuco Regional Hospital, 2014, which in general, 95.1% (78 nurses) expressed a medium perception of the culture of patient safety, they also had average perception level of 87.8% in safety culture results; 97.6% in safety culture at the service level and 80.5% in safety culture at the entire hospital level.

The research conducted by Pozo Muñoz and Padilla Marin,⁷ He described the frequency of favorable attitudes and behaviors related to patient safety in health professionals in a health area, where he found that 50% of health professionals rate the safety climate as very good, 37% as acceptable and 7% as excellent.

The Quality Agency of the National Health System Ministry of

Health, Social Policy and Equality, Madrid 2011, cited by Muñoz, points out the safety culture of an organization as the sum of values, attitudes, perceptions, competencies and individual behavior patterns and groups that determine the style, aptitude and commitment of security management in an organization.⁹

The results of the study show that there is no Safety Culture as an integrated pattern of individual and organizational behavior, therefore there is a risk of harm that the patient could suffer as a result of the care delivery processes considered as a Neutral Perception of the Patient Safety culture at 91.3% in nursing professionals as indicated by the Table 1, what could be observed as indifference in the dimensions indicated above, and considered as a Positive Perception only in 5.0% of the professionals surveyed, and 3.7% as Negative Perception. Results that could be attributed to the organization's own factors such as dissemination and ongoing training of professionals about the MINSA Rules and Regulations on Patient Safety, and the implementation of control systems in compliance with it for assurance of the quality of care, safe and risk-free care.

In the health organizations, Patient Safety and, in relation to this concept, the cultural factors to promote within the organization as favoring a good security climate have been considered of great importance, in such a way that the perception of professionals of Nursing at the Hospital de Tumbes, of the 42 questions that measure the 12 dimensions that make up the Patient Safety Culture construct (Frequency of notification/reporting of errors, perception of patient safety, expectations and actions of management/supervision that promotes patient safety, organizational learning and continuous improvement, teamwork in the service, openness in communication, feedback and error communication, non-punitive response to errors, staffing, hospital management support in patient safety, teamwork between units and services and shift changes/transition between services), the results show that perception of the professionals regarding the frequency of notification/reporting of errors, 80% of professionals have a neutral perception.

The study in the Patient Safety Perception dimension, indicates that it is 68.7% Neutral, considering that the work rate is never increased if that implies sacrificing patient safety, procedures and working methods are good to avoid errors in assistance, no more failures occur by chance, they say that in their services there are problems related to "Patient Safety".¹³ Nursing plays a crucial role in promoting patient safety by presenting itself more consistently and directly in patient care. On the other hand, if this care is not carried out with quality it can generate errors and jeopardize the safety of the care.

The results differ with the study conducted by Pozo Muñoz,⁷ who conducted a comparative study and evaluated the culture of patient safety in the field of a health area using the Hospital Survey on Patient Safety Culture (HSOPSC) survey of the Agency for Healthcare Research and Quality (AHRQ) adapted to Spanish, finding general perception of patient safety of 59% vs. 65% among the hospitals considered in the study.

The dimensions studied regarding Expectations and actions that promote patient safety, Teamwork in the Service, Non-Punitive Response to errors, Support of the Hospital Management in Patient Safety, Teamwork between Services, Shift Changes and Transition between services, show the same Perception of Patient Safety in nursing professionals, Neutral Perception with 77.5%, 51.2%, 83.7%, 70%, 85%, and 52.5% respectively.

The nursing professionals of the Hospital de Tumbes, show a Negative Perception in the dimensions of Organizational Learning and continuous improvement in 51.2%, Frankness in communication 58.7%, Staffing 87.5%, Feedback and communication of errors with 56.2%; results that differ with the study of López Pinzón V,³ In his study: Measuring the culture of patient safety in a public hospital, the results showed strengths such as organizational learning, continuous improvement and administrators' support for patient safety. The dimensions classified as opportunities for improvement were non-punitive culture, personnel, transfers and transitions and the degree to which communication is open, staff perceived as positive the process of improvement and support of the administration also felt that it was judged whether reported some adverse event. Results that differ with the present investigation, which shows that only an average of 5.0% of professionals perceive as a positive Culture in patient safety.

Conclusion

1. The culture of patient safety in hospitalization services from the perspective of the nursing professional at the Tumbes Regional Hospital 2018, is on average neutral with 91.3%, positive in 5.0% and negative in 3.7%.
2. The culture of patient safety in hospitalization services from the perspective of the nursing professional at the Regional Hospital of Tumbes 2018 is neutral in relation to the frequency of notifications, in the perception of patient safety, in relation to Expectations and actions of the direction/supervision that promote patient safety, in teamwork in the service, in relation to the non-punitive response of errors, in relation to management support by 70% in relation to teamwork between services and in relation to shift/transition changes between services.
3. The culture of patient safety in hospitalization services from the perspective of the nursing professional, is Negative in relation to organizational learning/continuous improvement, in relation to openness in communication, in relation to feedback and error communication, in relation to staffing.
4. Reflect on the results of this study in each of the dimensions and assume commitment to improve risk-free nursing care.
5. That the hospital authorities; create the culture of Patient Safety through awareness courses and ongoing training of current regulations in the Ministry of Health to nursing professionals, as well as monitor the registration of adverse events and error notification as evidence, in order to promote the promotion of safety through permanent training to nursing professionals for the purpose of improving nursing care.
6. Manage the implementation of safe practices, training programs, institutional communication and job satisfaction for professionals in services.

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None.

Conflict of interest

The authors declare that there is no conflict of interest.

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