

SAFETY CULTURE AMONG SURGICAL CENTER PROFESSIONALS*

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ABSTRACT: This survey type study was conducted between June and August 2013 and assessed the perception of safety culture. Of the 185 workers of two surgical centers of a teaching hospital in southern Brazil that fulfilled the inclusion criteria, 165 responded to the Safety Attitudes Questionnaire. Of these 33 were excluded due to a response rate below 65%, leaving 132 participants, mostly from the nursing and medical team. A low perception of the safety culture was evidenced by scores <75 points among 73.5% of the participants. The mean score was 62.7 and among the domains ranged from 55.4 for the Perceptions of Unit Management to 76.9 for Job Satisfaction; statistical differences were observed between the professional categories in various aspects of the safety culture. The results highlight the need for actions aiming to strengthen the patient safety culture considering the complexity of the care provided in the surgical center.

DESCRIPTORS: Organizational culture; Patient safety; Hospital surgical center

CULTURA DE SEGURANÇA ENTRE PROFISSIONAIS DE CENTRO CIRÚRGICO

RESUMO: Esta pesquisa do tipo *survey* foi realizada entre junho e agosto de 2013 e avaliou a percepção da cultura de segurança. Entre 185 trabalhadores de dois centros cirúrgicos de hospital de ensino do sul do Brasil, que atenderam aos critérios de inclusão, 165 responderam ao Questionário de Atitudes de Segurança e 33 foram excluídos por taxa de resposta inferior a 65%, restando 132 participantes, majoritariamente da equipe de enfermagem e médica. Baixa percepção da cultura de segurança foi evidenciada por escores <75 pontos entre 73,5% dos participantes. O escore médio foi de 62,7 e entre os domínios variou de 55,4 para Gerência da Unidade à 76,9 para Satisfação no Trabalho; observou-se diferença estatística entre as categorias profissionais em diversos aspectos da cultura de segurança. Os resultados apontam a necessidade de ações com vistas a fortalecer a cultura de segurança do paciente considerando a complexidade da assistência prestada em centro cirúrgico.

DESCRIPTORES: Cultura organizacional; Segurança do paciente; Centro cirúrgico hospitalar.

CULTURA DE SEGURIDAD ENTRE PROFESIONALES DE CENTRO QUIRÚRGICO

RESUMEN: Esta investigación del tipo *survey* fue realizada entre junio y agosto de 2013 y evaluó la percepción de la cultura de seguridad. Entre 185 trabajadores de dos centros quirúrgicos de hospital de enseñanza del sur de Brasil que atendieron a los criterios de inclusión, 165 contestaron al Cuestionario de Actitudes de Seguridad y 33 fueron excluidos por tasa de respuesta inferior a 65%, restando 132 participantes, mayoritariamente del equipo de enfermería y médica. Baja percepción de la cultura de seguridad fue evidenciada por scores <75 puntos entre 73,5% de los participantes. El score medio fue de 62,7 y entre los dominios ha variado de 55,4 para Administración de la Unidad a los 76,9 para Satisfacción en el Trabajo; se observó diferencia estadística entre las categorías profesionales en diversos aspectos de la cultura de seguridad. Los resultados apuntan la necesidad de acciones para fortalecer la cultura del paciente, considerando la complejidad de la asistencia prestada en centro quirúrgico.

DESCRIPTORES: Cultura organizacional; Seguridad del paciente; Centro quirúrgico hospitalar.

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INTRODUCTION

Patient safety is defined as the set of actions and attitudes that aim to reduce the occurrence of harm and avoid adverse events to patients during medical-hospital care⁽¹⁾. The theme is treated as a priority in matters relating to the quality of care and is emphasized in the discussions of health services engaged in improving the care offered.

The first initiatives to promote the reduction of harm resulting from healthcare were defined "in 2004" by the World Health Organization (WHO), from the Global Alliance for Patient Safety, with the establishment of a package of measures called challenges⁽¹⁾. In Brazil, the National Program for Patient Safety, established in 2013, established the safety culture as a strong indicator for the health services⁽²⁾. The concept comes from the term organizational culture, understood as a set of beliefs, values, rules and expectations present among members of an organization⁽³⁾. When adapted to the context of healthcare, safety culture is understood as

the product of values and attitudes, perceptions, and individual and group skills that determine the commitment, style and proficiency regarding patient safety issues in a health institution^(4;18).

Knowing the safety culture of healthcare providers has a direct implication for the activities to promote patient safety. Accordingly, the Safety Attitudes Questionnaire (SAQ), developed in 2006⁽⁵⁾ at the University of Texas, USA, allows this assessment. The SAQ is widely used in hospitals, is self-administered, presents good psychometric properties and its use is recommended by the WHO⁽⁶⁾. In 2011 the instrument underwent translation and validation for the Brazilian context, and was applied in six tertiary public hospitals⁽⁷⁾.

Among the guidelines for hospitals, the safety culture indicator is recommended⁽²⁾. This justifies the present study, which was performed in surgical centers of an accredited teaching hospital that instituted, in 2010, the Safe Surgery Saves Lives Program, recommended by the WHO⁽¹⁾. In this context, the aim of the study was to evaluate the perception safety culture among health professionals that work in the surgical center units.

METHOD

This quantitative, cross-sectional, survey type study was conducted in the General Surgical Center and Gynecology and Obstetric Surgical Center of a teaching hospital in the municipality of Curitiba, Parana state, Brazil. Data were collected between June and August 2013, with a target population of 185 professionals of health and other areas that compose the work teams, these being 11 nurses, 64 auxiliary nurses and nursing technicians, 30 surgeons and anesthesiologists, 35 medical residents and 45 individuals of other categories (pharmacy and laboratory technicians, administrative and environmental support staff, nursing residents and trainees, and volunteers). Inclusion criteria for the study were: to have worked for at least four weeks in the unit, with a weekly workload of at least 20 hours⁽⁵⁾, to be practicing during the study, to respond to the version of the SAQ validated and adapted for the Brazilian reality⁽⁶⁻⁷⁾, and to agree to and formalize the participation. The exclusion criterion was the completion of the instrument with a response rates below 65%⁽⁵⁾.

The SAQ⁽⁵⁾ consists of two parts; the first features 36 items covering six domains: Teamwork climate (D1), Safety climate (D2), Job satisfaction (D3), Stress recognition (D4), Perceptions of unit management (D5a) and Perceptions of hospital management (D5b), and Working conditions (D6); as well as five independent items (14, 33 to 36). The second part of the questionnaire aims to collect data regarding the professional category, gender, time and unit of practice. The score is assigned according to the items proposed in the Likert scale: disagree strongly (0 point), disagree slightly (25 points), neutral (50 points), agree slightly (75 points) and agree strongly (100 points). The scores result from the product of the points assigned divided by the number of questions; a mean score ≥ 75 points is considered to be a positive value for safety culture.

For the data collection, primarily there was formal meeting with the unit managers, in which the study aims and instrument, the way of approaching the participants and the data collection methodology were presented. The invitation and clarifications were performed individually, in the workplace; and those that agreed to participate were given an envelope containing the SAQ,

the Terms of Informed Consent and a pencil and eraser. The material was returned directly to the researcher or by depositing it into a sealed box, available in the units, as previously agreed. The data were entered into a Excel program database and processed using the Statistica v.8.0 program. The SAQ scores were compared according to the domains and the professional categories, gender and length of practice, using the Kruskal-Wallis non-parametric test. P-values <0.05 were considered statistically significant.

The study was approved by the Research Ethics Committee of the Health Sciences Sector of the University and received the Certificate of Ethics Assessment Presentation No. 13383813. 2.0000. 0102, and complied with the ethical principles of research with human subjects.

RESULTS

Of the 165 questionnaires obtained, 33 had a response rate of less than 65% and were excluded from the study, leaving 132 valid questionnaires, corresponding to the number of participants of the medical and nursing teams, medical residents, nursing staff and other workers, including pharmacy and laboratory technicians, nursing trainees and residents, administrative and environmental support staff, and volunteers. Negative values for safety culture, corresponding to a mean score <75 points, were observed for 97 (73.5%) participants and positive values were observed for 35 (26.5%) participants. Tables 1 and 2 present the results by domain and according to the different categories of workers; tables 3 to 5 present the results for the questions that compose the SAQ.

Among the domains that compose the SAQ, the highest means were allocated to Job Satisfaction, which denotes the contentment of the participants with practicing in the surgical center units. It should be noted that the nurses scored a mean of 82.5 and only the medical residents did not present a positive mean (59.2). With respect to the statements that are included in this dimension, 93.7% of the respondents agreed that they enjoyed their work and 82.4% felt proud to belong to the surgical teams (Table 5).

Teamwork climate and Safety climate represented the domains with the second highest score, however, both the means by category did not exceed the minimum for a positive safety

culture. Regarding Teamwork climate, the nurses and physicians indicated the highest means (68.6 and 67.6, respectively). As a favorable point for this dimension, 77.6% agreed that there was support for the team in the care for surgical patients, however, 32.1% reported that there was conflict between the work of the physicians and nurses (Table 3).

For the dimension that evaluates the perception of the team members in relation to the commitment of the organization to patient safety, means close to 70 were assigned by the auxiliary nurses/nursing technicians and other team members. It should be noted that half of the respondents (51.5%) agreed that it is difficult to talk about errors in the units, however, 73.3% said they received encouragement to report situations that compromise patient safety (Table 3).

The Stress recognition dimension covers the recognition of how stress factors influence the performance of the work. The highest mean was indicated by the medical residents (74.4) and this group only assigned a mean >70 in this domain. Among the participants, 72.5% recognized that when there is excess work the performance suffers, and half (53.8%) recognized that fatigue impairs the care in emergency situations. The perception of the quality of the working environment, addressed in the Working conditions domain, did not present positive results among the participants, and the main contributory fact was that 40.2% inferred that there were deficits in the training of new personnel (Table 4).

All the groups of workers scored that the Perception of unit and hospital management presented gaps in the promotion of the patient safety culture. Lower means were recorded among residents, physicians and nurses, respectively. As Presented in Table 4 there was large disparity in the responses attributed to this dimension. For 63% of the participants, the number and qualification of the professionals were insufficient to meet the demands of the surgical center, however, 65.2% believed that the administration performed a good job in the hospital organization.

The results related to the independent questions, presented in Table 2, indicate the means of the scores; when comparing the standard deviation between domains and independent items, the dispersion and divergence in the views expressed by the workers was evident.

The lowest means were identified for the statements “My suggestions regarding patient safety would be put into action if I expressed them to the administration”, with the agreement of 51.2% and “Failures in communication that lead to delays are common” with 58.1% affirmative responses. For items 33 (I experience good collaboration with the nurses in this area), 34 (I

experience good collaboration with the team of physicians in this area) and 35 (I experience good collaboration with the pharmacists in this area) the means were close to 75 points.

The data presented in Table 5 show positive scores for liking the work, considering it a good place to work, being proud to be part of the team, and good relationships with nurses and physicians.

Table 1 Comparison of mean scores for the Safety Attitudes Questionnaire domains in a surgical center. Curitiba-PR, 2013

		SAQ* Total	SAQ domains						
			D1	D2	D3	D4	D5a	D5b	D6
Worker	N	Mean (SD**)	Mean (SD**)	Mean (SD**)	Mean (SD**)	Mean (SD**)	Mean (SD**)	Mean (SD**)	Mean (SD**)
Aux/ technician	49	67,1 (15,9)	66,1 (20,4)	67,5 (19,4)	82 (19,4)	66,1 (29,9)	61,4 (24,5)	63,4 (27,1)	63,2 (28,8)
Nurse	10	62,3 (16,3)	68,6 (19,8)	65,7 (19,8)	82,5 (13,6)	46,3 (35,7)	57,6 (22,5)	61,5 (25,8)	49,2 (33)
Physician	19	64,7 (14,3)	67,6 (20,1)	63,1 (24,9)	77,8 (18,8)	67,8 (24,7)	58,1 (23,7)	59,3 (26)	56,6 (30,6)
Resident	23	48,3 (16,2)	44,7 (24,2)	49,5 (18,6)	59,8 (26,1)	74,5 (23,1)	34,4 (18,4)	34,2 (19,5)	44,2 (28,2)
Other	31	65,3 (16,2)	66,3 (20,8)	66,8 (15,8)	79,3 (17,2)	61,8 (21,9)	58,9 (24)	57,4 (24,9)	66,8 (25,3)
Total	132	62,7 (17)	62,8 (22,4)	63,4 (20,3)	76,9 (21,1)	65,3 (27,3)	55,4 (24,8)	56,2 (26,8)	58,7 (29,3)
p value		0,001	0,003	0,06	0,01	0,085	<0,001	0,001	0,041

*Safety Attitudes Questionnaire: D1 Teamwork climate; D2 Safety climate; D3 Job satisfaction; D4 Stress recognition; D5a Perceptions of unit management; D5b Perceptions of hospital management; D6 Working conditions; ** Standard Deviation

Table 2 Comparison of mean scores for the independent items of the Safety Attitudes Questionnaire among surgical center workers. Curitiba-PR, 2013

		Item 14		Item 33		Item 34		Item 35		Item 36
Worker	N	Mean (SD*)	N	Mean (SD*)	N	Mean (SD*)	N	Mean (SD*)	N	Mean (SD*)
Aux/technician	48	69,3 (31,0)	48	77,1 (30,4)	46	72,3 (35,4)	37	70,3 (34,3)	44	40,9 (38,5)
Nurse	09	52,8 (42,3)	10	70 (38,7)	10	75 (28,9)	8	75 (32,7)	09	33,3 (39,5)
Physician	19	68,4 (32,1)	19	78,9 (28,0)	19	72,4 (32,2)	19	86,8 (25,5)	19	27,6 (26,2)
Resident	23	32,6 (27,6)	23	47,8 (33,6)	23	78,3 (28,5)	21	69 (23,6)	23	28,3 (31,4)
Other	30	55,8 (33,9)	30	73,3 (34,7)	30	70,8 (31,5)	24	66,7 (33,5)	29	59,5 (33,0)
Total	129	58,3 (34,4)		70,8 (33,7)		73,2 (32)		72,5 (31)		40,3 (35,9)
p value		<0,001		0,011		0,952		0,109		0,006

*Standard Deviation

Table 3 - Distribution of responses for the Teamwork climate and Safety climate in the surgical center. Curitiba-PR, 2013

Teamwork climate	Disagree* N (%)	Neutral N(%)	Agree* N(%)	NA** N(%)
Nurse input is well received.	29(22,8)	19(15,0)	79(62,2)	01(0,8)
It is difficult to speak up if I perceive a problem with patient care.	72(55,0)	13(9,9)	46(35,1)	01(0,8)
Disagreements are resolved appropriately.	38(29,0)	17(13,0)	76(58,0)	0
I have the support I need from other personnel to care for patients.	18(14,4)	10(8,0)	97(77,6)	05(3,8)
It is easy for personnel to ask questions when there is something that they do not understand.	22(17,1)	09(7,0)	98(76,0)	01 (0,8)
The physicians and nurses here work together as a well-coordinated team.	42 (32,1)	09(6,9)	80(61,1)	0
Safety Climate	Disagree* N (%)	Neutral N(%)	Agree* N(%)	NA** N(%)
I would feel safe being treated here as a patient.	27(20,9)	16(12,4)	86(66,7)	01(0,8)
Medical errors are handled appropriately.	25(19,8)	16(12,7)	85 (67,5)	03(2,3)
I know the proper channels to direct questions regarding patient safety.	21(16,7)	19(15,1)	86 (68,3)	03(2,3)
I receive appropriate feedback about my performance.	37(28,9)	20(15,6)	71(55,5)	03(2,3)
In this area, it is difficult to discuss errors.	46(35,4)	17(13,1)	67(51,5)	01(0,8)
The culture in this area makes it easy to learn from the errors of others.	33(25,4)	23(17,7)	74(56,9)	02(1,5)
I am encouraged by my colleagues to report any patient safety concerns I may have.	20 (15,3)	15 (11,5)	96 (73,3)	01(0,8)

*Slightly or strongly; **Not applicable

Table 4 - Distribution of the responses to Perception of the management and Stress recognition in the surgical center. Curitiba-PR, 2013

Perceptions of unit/hospital management	Disagree* N (%)	Neutral N(%)	Agree* N(%)	NA** N(%)
Hospital administration supports my daily efforts.	47(36,2)	15(11,5)	68(52,3)	01(0,8)
Unit administration supports my daily efforts.	49(38)	20(15,5)	60(46,5)	01(0,8)
Hospital management does not knowingly compromise the safety of patients.	35(26,9)	19(14,6)	76(58,5)	01(0,8)
Unit management does not knowingly compromise the safety of patients.	40(30,5)	13(9,9)	78(59,5)	0
Hospital administration is doing a good job.	30(22,7)	16(12,1)	86(65,2)	0
Unit administration is doing a good job.	32(24,4)	29(22,1)	70(53,4)	0
Problematic professionals are treated constructively by the hospital.	48(37,2)	19(14,7)	62(48,1)	02(1,5)
Problematic professionals are treated constructively by the unit.	49(38,0)	25(19,4)	55(42,6)	02(1,5)
I am provided with adequate, timely information about events in the hospital that might affect my work.	48(37,5)	12(9,4)	68(53,1)	0
I am provided with adequate, timely information about events in the unit that might affect my work.	48(37,8)	17(13,4)	62(48,8)	04(3,0)
The levels of staffing in this area are sufficient to handle the number of patients.	80(63)	06(4,7)	41(32,3)	01(0,8)
Stress recognition	Disagree* N (%)	Neutral N(%)	Agree* N(%)	NA** N(%)
When my workload becomes excessive, my performance is impaired.	27(20,6)	09(6,9)	95(72,5)	01(0,8)
I am less effective at work when fatigued.	32(24,6)	14(10,8)	84(64,6)	01(0,8)
I am more likely to make errors in tense or hostile situations.	27(20,9)	18(14,0)	84(65,1)	02(1,5)
Fatigue impairs my performance during emergency situations.	39(32,8)	16(13,4)	64(53,8)	12 (9)

*Slightly or strongly; **Not applicable

Table 5 - Distribution of the responses for Job satisfaction, Working conditions and independent items in the surgical center. Curitiba-PR, 2013

Job satisfaction	Disagree* N (%)	Neutral N(%)	Agree* N(%)	NA** N(%)
I like my job.	04(3,1)	04(3,1)	119(93,7)	01(0,8)
This is a good place to work.	17(12,9)	10(7,6)	105(79,5)	-
I am proud to work in this area.	11(8,4)	12(9,2)	108(82,4)	-
Working here is like part of a large family.	32(24,8)	08(6,2)	89(69,0)	03(2,3)
Working conditions	Disagree* N (%)	Neutral N(%)	Agree* N(%)	NA** N(%)
This hospital does a good job of training new personnel.	51(40,2)	18(14,2)	58(45,7)	02(1,5)
All the necessary information for decisions is routinely available to me.	42(34,4)	15(12,3)	65(53,3)	10(7,5)
Trainees in my discipline are adequately supervised.	35(28,2)	10(8,1)	79(63,7)	05(3,8)
Independent items	Disagree* N (%)	Neutral N(%)	Agree* N(%)	NA** N(%)
My suggestions would be put into action if I expressed them.	35(27,1)	28(21,7)	66(51,2)	02(2,5)
I experience good collaboration with the nurses in this area.	29(22,3)	10(7,7)	91(70,0)	01(0,8)
I experience good collaboration with the team of physicians in this area.	23(18,0)	10(7,8)	95(74,2)	04(3,0)
I experience good collaboration with the pharmacists in this area.	16(14,7)	17(15,6)	76(69,7)	21(15,8)
Failures in communication that lead to delays in care are common.	72(58,1)	17(13,7)	35(28,2)	04(3,0)

*Slightly or strongly; **Not applicable

DISCUSSION

Over the last decade different studies evaluating the safety culture among professional categories, comparing units of practice and the domains of the SAQ, have been performed⁽⁸⁻¹⁴⁾. In the present study only 26.5% of the participants presented, through the mean score, positive safety culture results, indicating the need for organizational strategies aiming to promote actions and attitudes that contribute to this indicator. A study conducted in a Brazilian surgical center, which used an unvalidated version of the SAQ, obtained only negative scores⁽⁸⁾.

Corroborating national studies^(8-9,15) the Job satisfaction domain presented the highest total mean among all domains that compose the SAQ; among the groups of participating professionals, the highest scores were attributed by the nurses (82.5). This positive result demonstrates the contentment of the workers with working in the units studied and can be seen as a potential

for patient safety promotion activities being developed in these sectors. In intensive care units the scores for this domain ranged from 78 to 89 and indicated that their workers had a positive view of the work environment⁽¹⁶⁾. In this context, there is evidence that good perceptions related to this domain directly influence the quality of the care provided⁽⁸⁾ and that the productivity of a team depends on intrinsic and extrinsic factors, guided by the concept of job satisfaction⁽¹⁷⁾.

Regarding the Teamwork climate the means highlight deficits in the affinity and collaboration among members of the surgical team. In a similar Brazilian study, a mean of 64.33 was obtained⁽⁸⁾. Mean scores presented for this domain, according to professional category, vary between 58(14) and 86⁽⁹⁾ for the nursing staff; between 45 and 77.5 for physicians and residents; and between 70 and 74.3 for the other categories^(10,14). It is considered that a well coordinated team with good relationships provides safe care with less chance of harm to the patient⁽¹⁸⁾. Furthermore,

the low perception of the safety culture in this dimension can be correlated with the high percentage of responses to the independent item that deals with communication failures that lead to delays which impair the functioning of the service, contributing to friction and prejudicing the patient and the institution. When there is disarticulation in the team, the activities are compromised due to deficits in communication, which can result in errors and consequently prejudice the safety of the client⁽¹⁹⁾.

The organizational commitment toward safe care, the Safety climate domain, also presented a result that deserves attention, since the total mean did not exceed the required minimum. The literature shows similar results; in Brazil, the safety culture among nursing professionals ranged from 66 to 75⁽⁹⁾, while international studies showed a low culture in this regard, with scores of 65⁽¹⁴⁾ and 73.6⁽¹⁰⁾. It should be noted that the Safety climate is comprehended as a temporal measure of the safety culture⁽²⁰⁾, i.e., in the research period this dimension indicated weakness in the safety culture in the surgical centers.

Considering the complexity of the surgical environment, and the risks inherent to surgery, this domain more particularly refers to the approach taken toward errors and, therefore, reflects that the team does not attribute adequate patient care safety to the organization. An important aspect is the percentage of workers (51.2%) who said that it was difficult to discuss errors. The study units make use of strategies to promote the safety of the surgical patient, through the implementation of the Safe Surgery Saves Lives program and, in this context, it is expected that care errors are discussed for the gradual reduction of adverse events in surgeries⁽²¹⁾.

The recognition of stress and working conditions as contributing to risks for patient safety present a strong correlation, as situations of poor relationships between team members, deficits in human and material resources, behavior of surgeons and factors associated with the health condition of the patients⁽¹⁷⁾ contribute to work related stress. Positive responses were verified, which indicate the awareness of the professionals that the overload of activities and fatigue influence the hospital care. However, almost half of the respondents said that there were problems in the training of new personnel, leading to the deterioration of the other team

members, and 63% believed that the number and qualification of the professionals did not meet the needs of the surgical centers studied. It is believed that failures in the integration of the new workers, and in their qualifications, can contribute to stress and failures in the healthcare.

The major weaknesses highlighted by the group were contemplated in the Perceptions of management domain, which was evaluated with the lowest scores by the participants, especially among the auxiliary nurses/nursing technicians and the medical residents. The management, or leadership, is recognized as the subculture of the safety culture. Thus, the directors of the health services should recognize that the healthcare environment has risks and group the vision, mission, competence, legal and human resources of those who perform the activities, in order to conceive the relevant elements for the construction of patient safety⁽²²⁾.

Although 65.2% of the group agreed that the administration does a good job, the dispersal of the responses in this domain reveals the divergence of opinions of the workers regarding the quality of the work performed by the management. A management committed to the safety of the patient provides the institution and professionals with a adequate working environment, either through the provision of material and human resources and training of its employees or through comprehension of the existing gaps that imply a reduction in the quality of care⁽²³⁾. With these actions, other fields that address the safety culture, such as collaboration between staff, occupational stress, and job conditions and satisfaction, are indirectly favored.

The independent items related to communication between professionals and management were also prominent, in which there was agreement with low means, both for the analysis between domains, as well as for the statement "Failures in communication that lead to delays in care are common". Lower scores for communication were identified in this study, which reflects a certain level of disarticulation of the activities among the multidisciplinary team. Consequently, there were delays and even the suspension of surgeries, which allows the inference that there was deterioration in all those involved in the previously scheduled activities, as well as in the quality and risk-free care.

Regarding the questionnaire used, difficulties in understanding the statements, by the participants, were observed in this study, confirming the results of other studies⁽⁶⁻⁷⁾. Thus, the support of the researcher to clarify the doubts is highlighted as fundamental for future studies using the SAQ, contributing to the reliability of results. It is also suggested that the Perceptions of hospital/unit management domain should be divided into Hospital management and Unit management, as these are not part of the same physical space and body of professionals.

CONCLUSION

The assessment of the safety culture showed negative scores in the six domains evaluated and showed variation in the perception of safety culture among different categories of workers. The low scores attributed to the managements are indicators of how the leaders confront patient safety in relation to the teams that work in direct care and reflect a challenge for the organization. Weaknesses were also identified in communication and indicate the low levels of dialogue and interaction and the lack of exchange of information in the surgical care environment. The low scores assigned by the resident physicians were prominent, a result that can provide a basis for the discussion of the relevance of this topic among young professionals, preceptors and managers.

It was concluded that the use of the SAQ constitutes an adequate tool for the situational diagnosis of the safety culture in surgical centers and that the results can contribute to the planning of interventions consistent with the needs or weaknesses identified.

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