

THE IMPORTANCE OF PEDIATRIC SURGICAL PATIENT SAFETY FOR THE NURSING STAFF

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ABSTRACT: The aim of this study was to learn the importance of safety for nursing staff who work with pediatric surgical patients. Content method analysis was carried out using 20 nursing professional discourses from a maternal and child health federal public hospital located in the city of Rio de Janeiro. Data were collected during the period from March to June, 2015. The staff acknowledged the need for safe nursing care through elements such as: fall prevention; infections; exercising ethics; and use of protocols. The professionals did not clearly mention communication as an essential element of safety. Other elements that were not pointed out either referred to patient identification, ulcer prevention by pressure, and promotion of a safe environment. The creation of a safety culture must be encouraged in order to achieve a better nursing practice performance in pediatric surgery.

DESCRIPTORS: Pediatric nursing; Patient safety; Surgery.

O SIGNIFICADO DA SEGURANÇA DO PACIENTE CIRÚRGICO PEDIÁTRICO PARA A EQUIPE DE ENFERMAGEM

RESUMO: Este estudo teve como objetivo conhecer o significado de segurança para as equipes de enfermagem que atuam junto à criança cirúrgica. Foi utilizado o método da análise de conteúdo em vinte discursos de profissionais de enfermagem de um hospital público federal materno-infantil localizado na cidade do Rio de Janeiro. A coleta de dados deu-se no período de março a junho de 2015. As equipes reconhecem a necessidade de uma assistência de enfermagem segura através de alguns elementos como: prevenção de quedas, infecções, exercício de ética e uso de protocolos. Os profissionais não mencionaram claramente a comunicação como um elemento essencial à segurança. Outros elementos que também não foram apontados referem-se à identificação do paciente, prevenção de úlceras por pressão e promoção de um ambiente seguro. Criar uma cultura de segurança deve ser incentivado a fim de buscar melhor desempenho das práticas de enfermagem em cirurgia pediátrica.

DESCRIPTORES: Enfermagem pediátrica; Segurança do paciente; Cirurgia.

SIGNIFICADO DE LA SEGURIDAD DEL PACIENTE QUIRÚRGICO PEDIÁTRICO PARA EL EQUIPO DE ENFERMERÍA

RESUMEN: Estudio con el objetivo de conocer el significado de seguridad para los equipos de enfermería que actúan con el paciente quirúrgico infantil. Fue utilizado el método de análisis de contenido en veinte testimonios de profesionales de enfermería de un hospital público federal materno-infantil de la ciudad de Rio de Janeiro. Datos recolectados entre marzo y junio de 2015. Los equipos reconocieron la necesidad de una atención de enfermería segura mediante elementos tales como: prevención de caídas, infecciones, ejercicio de la ética y uso de protocolos. Los profesionales no mencionaron explícitamente la comunicación como elemento esencial para la seguridad. Otros elementos no mencionados son los referentes a la identificación del paciente, prevención de úlceras por presión y promoción de un ámbito seguro. Crear una cultura de seguridad debe incentivarse, a fin de buscar una mejor aplicación de las prácticas de enfermería en cirugía pediátrica.

DESCRIPTORES: Enfermería Pediátrica; Seguridad del Paciente; Cirugía.

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Received: 26/02/2016

Finalized: 01/08/2016

● INTRODUCTION

Patient safety has been an emerging topic and of keen worldwide interest. Several cases addressed by the media have attracted the attention of the population, particularly regarding pediatric patients.

Patient safety is defined as risk reduction of unnecessary harm associated with health care up to a "minimum acceptable." This "minimum acceptable" refers to what is feasible in terms of current knowledge, available resources, and the context in which the care was provided, addressing the risk of non-treatment or another treatment⁽¹⁾. Patient safety can also be defined as the act of avoiding, preventing, and/or improving adverse outcomes or possible lesions that occur during medical hospital service⁽²⁾.

Health care institutions are increasingly concerned with patient safety, and are developing a safety culture. Safety culture is defined as "the individual product or, collective, values, attitudes, perceptions, competencies, and behavior patterns that determine the commitment, style, and competence that a health care organization use to promote safety"^(3,48).

With the aim of promoting specific improvements in health care in greater risk situations, the Joint Commission International, in partnership with the World Health Organization, established six safety goals for the patient: identify patients correctly; improve effective communication; improve the safety of high-alert medications; ensure correct-site, correct-procedure, and correct-patient surgery; reduce the risk of health care-associated infections; and reduce patient harm resulting from falls⁽⁴⁾.

Based on international patient safety goals, institutions are increasingly adopting initiatives with the aim of establishing a safety culture. The professionals that perform duties in surgical sites are extremely involved with these initiatives, having major responsibility for carrying out their activities. Pediatric patients with a surgical profile and their families require specialized care during the entire period of hospitalization, especially when dealing with pathologies that demand long-term treatment.

Within this clientele, the possibility of several hospitalizations mobilizes a multifaceted working process that includes the preparation for each hospitalization, as well as pre-, trans-, and postoperative care. The objective is to reduce to a minimum the physical and emotional sideeffects that could impose a burden on the child, the family and/or caregiver, as well as the recovery of the family dynamics and child-and-family integration in the social context⁽⁵⁾.

Surgical complications may lead to irreversible disabilities, including death. Prevention requires behavior change from professionals, particularly in surgical procedure care⁽⁶⁾. Therefore, nursing professionals need to expand their actions beyond semitechnique; aiming for the protection and safety of the pediatric surgical patient and their family during the hospital admission period.

The nursing working process consists of a set of techniques of care practices, socially and politically determined by the workers, users, and service managers. Its development requires some types of technologies that, well-articulated, will determine the production of care provision⁽⁷⁾.

The working process broadly includes all activities carried out among health care professionals and patients. However, to talk about working process is to take a look into a process that involves human beings (with their subjectivities, cultures, needs, desires, and wishes) and technologies. These are key factors in ways of dealing with health care and the quality of the final product⁽⁸⁾.

This research focused on learning more about the importance of safety for nursing staff that work with pediatric surgery. This could be the first step towards the identification of a service culture, leading to a change in practices and working processes.

● METHOD

This was qualitative descriptive research aimed at observing, describing, and recording the characteristics of facts and phenomena⁽⁹⁾.

Research participants were nurses and nursing technicians assigned to the pediatric surgery department in a maternal and child care federal public hospital located in the city of Rio de Janeiro. The data were collected from the period of March to June of 2015, using a semi-structured form including closed questions (occupational category and gender) and the following open question: "What does the safety of a child undergoing surgery mean to you?" It ended when the saturation point of the talks was reached, when repetition in the units of analysis or little additional data were detected⁽⁹⁾. The inclusion criterion was professionals that worked for at least six months in direct care with pediatric surgical patients. Professionals that refused to participate in the research, or those who were absent during the data collecting period due to vacation, being on leave, or away from work were excluded.

The sector relies on 18 beds (among them, six are neonatal intensive care units with a surgical profile) with an average of 60 nursing professionals, among them nursing technicians, nurses, and nursing residents. The assisted pediatric surgical patients were there mostly for elective surgery. However, there were neonatal emergency surgery situations and inpatients that were already assisted in this hospital and/or transferred from other hospital units.

This research was approved by the institution's Ethics Committee, under number 281.709 on 04/25/2013. The interviews were recorded with the consent of the professionals using MP3 media. The recordings were transcribed in their entirety through content method analysis in thematic mode⁽⁹⁻¹⁰⁾.

The process of analysis resulted in three thematic categories: 1. Good practices and safe practices; 2. Responsibility and professional ethics; and 3. Preventing adverse events: infections and falls.

In order to protect the anonymity of the participants in conformity with Resolution 466/12⁽¹¹⁾, they were coded with the letter "N" for nurse and "T" for nursing technicians, followed by Arabic numerals, according to the order in which they were interviewed.

● RESULTS

The study counted on the participation of 20 health care professionals, of whom 18 were women and two men, 13 nursing technicians, and seven nurses. Six professionals invited refused to participate in the study, which could indicate that to talk about safety in the present day is still considered a taboo in the health care environment.

The thematic categories presented were analyzed under the perspective of national and international literatures on pediatric patient safety.

1 – Good practices and safe practices

In this category topics such as harm prevention, professional responsibility toward patient safety, and safe surgery were addressed.

This study clearly showed the nursing staff's concern with comfort, well-being, and harm prevention as a way of contributing to the health promotion of hospitalized patients, as evidenced by the talk below:

Patient safety involves a full scope, not only techniques, but also providing adequate comfort for them [...]. (N1)

The inclusion of family members in child treatment is a requirement recollected in the following excerpt:

[...] essentially the guidance of the family members so they could participate with the nursing caring for the patient until hospital discharge [...]. (N3)

The safety of administering medication was also mentioned:

[...] in case of administering wrong medications [...]. (T8)

The excerpt below represents the professional concern with a surgery free of errors:

[...] that the surgery is adequate for the patient and that the operating room that he is located is the right one [...]. (N7)

2 – Responsibility and professional ethics

This category deals with the importance of the multiprofessional team, the commitment to patient safety, the responsibility for the hospitalized patient, and professional practice ethical accountability.

The importance of the multiprofessional team is expressed in the following excerpt:

[...] for me the safety of the surgical child has to do with the team, not only nursing, but the medical and multidisciplinary team as a whole[...]. (N2)

In addition to the need to improve the relationship among the members of the multiprofessional team, the interviewees also recalled that professionals must show commitment to their activities:

[...] people commit themselves to the work process [...]. (N2)

The ethical issues are treated by the professionals with respect, trust, and accountability:

[...] to treat this pediatric surgical patient with respect and convey the trust he needs for the surgery[...]. (T9)

[...] it means double responsibility[...]. (T11)

3 – Preventing adverse events: infections and falls

In this category the concern of the professionals towards prevention of infections and falls in the hospital setting was evident. The professionals' concern with the reduction of infections in the hospital setting is exemplified in the quotes below:

[...] so we can also avoid infections, a possible worsening of clinical presentation[...]. (T1)

[...] to avoid infections, we should always wash our hands [...]. (T4)

[...] without ignoring the aseptic techniques[...]. (N2)

The concern with prevention of falls was evidenced in the excerpts below:

[...] be on the alert with the crib rail guards [...]. (T2)

[...] manipulate the patient with safety, keeping him free of falls and iatrogenic[...]. (T8)

● DISCUSSION

The actions provided by the nurses offering human dignity helped the patients to better face the suffering and the pain caused by the disease, thus assisting their health recovery⁽¹²⁾. Therefore, comfort is a present and active element, considered by the professionals as essential to safety.

Maintaining a good interpersonal relationship is also important, especially when providing care to pediatric and neonatal patients, since this is a clientele in which the family is responsible for the communication between what the child is feeling and what the health care team must and could do. Effective communication can help the patients to evaluate and analyze their problems in a more relaxed way, facilitating the way they deal with concerns, fears, and doubts, in order to help them when new obstacles and new forms of behavior arise⁽¹³⁾. Interpersonal communication is an indispensable condition for achieving success in any human activity and requires the utmost exchange of information in order to be effective⁽⁶⁾. Therefore, in addition to having a good relationship with the patients and their

parents, the communication among members of the health care team is also of utmost importance.

The pediatric surgical patient presents a complex network of care demands, mobilizing several fields of activity. Thus, teamwork will promote the exchange of experiences and knowledge, thereby facilitating the comprehension of the pathologies, as well as the assistance provided to the patient as a whole, in order to make the hospitalization process less traumatic, more safe, and with quality⁽¹⁴⁾.

Considering the possibility of errors in administering medications, monitoring measures are essential for promoting patient safety⁽¹⁵⁾.

While assisting the pediatric surgical patient, the use of multi-drug regimens requires attention to prevent adverse drug events (ADEs). These can increase the length of hospital stays, lead to complications in the clinical condition of the patient, and even lead to death. Hospitalized patients that are on multi-drug regimens are more vulnerable to adverse events⁽¹⁶⁾.

The nursing team specialized in pediatric surgical patient care expressed in their discourse their concerns with ADEs, because they take into account the subtle distinction between therapeutic dose and iatrogenics in pediatrics, as well as the high number of drugs that a hospitalized child is submitted to.

These professionals also acknowledged that the protocols for safe surgery must be applied to children undergoing surgery. Surgical techniques have been improved in the last decades, increasing the opportunities for treating complex pathologies. However, such advances could lead to substantial failures during surgical procedures⁽¹⁷⁾.

It is clear that the professionals that work in pediatric surgery are aware of and refer to the national and international strategies focused on patient safety. Strategies for "safe surgery" and "prevention of medication errors" are mentioned in the team discourses and go beyond, with the professionals listing elements such as comfort and orientation toward families (communication) that are experiencing surgical situations with their children.

Multiprofessional team interaction is an element that converges into patient safety. The fact that teamwork demands a collective construction of actions, the difficulties, even if they are present, can be overcome through exchange of information and therapeutic plans made possible through cooperation among members of the group⁽¹⁸⁾.

Effective communication between health service professionals and health care services is part of the Patient Safety Plan in Health Care Service (PSP)⁽¹⁹⁻²⁰⁾.

The promotion of patient safety is a worldwide concern and surpasses the ethical and moral aspects in terms of providing care to individuals. Nursing, as the main contingent of health professionals in the country, has the duty to provide safety to the patient⁽²¹⁾.

Respect for the patient is a requirement for humanization practice in care processes. The act of respecting others is characterized especially by the capacity to listen, to respect, and to be considerate with relationships. It is important to emphasize that it is the nurse's duty and responsibility to exercise the profession with justice, commitment, fairness, accountability, dignity, competence, responsibility, honesty, and loyalty⁽²²⁾. Under the Code of Ethics for Nursing Professionals, unrighteous conduct interferes adversely in different physiological, psychological, and psychosocial factors, as well as interpersonal relations.

Although the International Patient Safety Goals were not explicitly mentioned, the professionals expressed knowledge of the fifth and sixth international patient safety goals (reduce the risk of health care-associated infections and reduce the risk of patient harm resulting from falls).

Infections related to health care can be defined as any infectious process acquired in the hospital, diagnosed during admission, or even those whose symptoms started after hospital discharge, but which could have a correlation with the hospitalization period⁽²³⁾.

This kind of infection, in addition to the financial burden for the patient and for the public service, results in losses that go beyond such issues, because it leads to costly social and psychological

damage⁽²⁴⁾. It is estimated that 5% to 10% of the patients admitted to hospitals will acquire one or more infections. Correct hygiene with hand-washing is a fundamental primary preventive measure⁽²⁵⁾.

The professionals interviewed also consider that the act of preventing infections is directly related to safe care. Therefore, it is noticeable that these professionals are aware of the actions and guidelines included in resolutions, policies, and programs aimed at patient safety in health care services at the national level.

As for falls, the hospitalization itself is already a contributing factor for increasing the risk of falls, and could lead to increased periods of hospital stay, as well as health care costs⁽²⁶⁾.

The interventions for preventing falls require individual evaluation of each patient, involving different health professionals, family members, and the patient⁽⁶⁾. With pediatric patients in particular, the risk of falls must be kept in mind due to their vulnerability according to their age. Infants and pre-school age children are not aware of risk and could be more prone to accidents because of their own phase of exploration, which is part of their growing nature. The return from the post-surgery can also increase this risk, since even older children may still be drowsy under the effects of the anesthesia and not be aware of the presence of risk.

Therefore, continuous monitoring, the use of rail guards, and wet floor signs must be the priority actions taken when providing care for surgical children.

Some safety goals such as patient identification, prevention of pressure ulcers, in addition to promoting a safe environment and encouraging a safe culture did not come up in the discourses. But, in general, the nursing team members mentioned important elements for promoting safety to surgical children and expressed some aspects that transcended the practice, such as the promotion of comfort for patients' well-being.

● CONCLUSIONS

The limitation was that the study was carried out in one single health care center, and might have reproduced local practices that are less generalized.

The data collected from the studied setting showed that the teams acknowledge the need to provide safe nursing care through some elements, such as prevention of falls and infections, the practice of ethics, and the use of protocols (good practices).

The professionals did not clearly mention communication as an element for safety in the child surgical procedure and the family. Communication was implicit when valuing the multiprofessional teams and referencing a cohesion among members.

Communication and orientation (preparing the child and family for the surgical procedure) are light technologies that can avoid traumatic situations and sequelae for all parties involved, turning the nursing practice into one based on actions that provide safety and quality.

Other elements that were not addressed referred to patient identification, prevention of pressure ulcers, promotion of a safe environment, and incentives for a safe culture.

However, the professionals mentioned elements of the practice that transcend actions, but which lingered at the subjective level, such as ethics, respect, commitment, and promotion of comfort.

It is known that the preoperative pediatric patient requires thorough preparation to avoid adverse events such as allergic reactions to drugs, bronchoaspiration, burns, and infection, among others. Effective nursing actions must be aimed at preventing risks related to the surgical procedure, as well as anticipating orientations that can help reduce anxiety in the family and child experiencing such procedures, promoting a safe culture in health care settings.

We believe that team involvement with the child and family leads to a greater commitment to preventing errors, resulting in safer nursing actions. Therefore, safety must be included in the technical procedures, ethics, and communication tools, or the so-called light health care technologies. Creating

a safe culture in the process of health care work can provide broadened discussions on the subject, thus leading to a better nursing practice performance in pediatric surgery units.

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