

Patient Safety Culture in Primary and Home Care Services

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Abstract

Background: Safety culture in primary care and home care services is still poorly studied, although these levels of care are the gateways to health services. This study aims to evaluate the culture of patient safety in Primary and Home Care Services.

Methods: This is an observational cross-sectional study carried out with 147 professionals from nine districts linked to the Home Care Program and six primary health care units. For the evaluation of culture, the Safety Attitudes Questionnaire (SAQ) was used, which considers a positive patient safety culture with scores ≥ 75 .

Results: Men who work in home care with time of professional experience of three to four years scored better for the Safety Climate, Job Satisfaction, Teamwork Climate and Total SAQ. Perception of management and Working Conditions received lower scores from professionals with long time of experience.

Conclusions: It is concluded that the safety culture evaluation was better in the home care service when compared to the primary health care service.

Background

Providing safe care means changes in attitude and practice of all professionals involved in patient care. This requires, in the workplace, a safety culture that strengthens the commitment and performance of the multidisciplinary team, as well as specific competences in terms of care, in order to ensure patient safety¹.

According to the World Health Organization (WHO), patient safety is the reduction of risk of unnecessary harm associated to health care to an acceptable minimum. To ensure patient safety in Brazil, the National Patient Safety Program (PNSP) stands out with one of the strategies, promoting the safety culture, emphasizing learning and organizational improvement and the adherence of professionals and patients in incident prevention, using safe systems and avoiding individual accountability².

To establish a safety culture, it is necessary to understand that it is the product of a set of values, attitudes, perceptions, competences, and abilities, from whether a group or an individual, that integrate into a behavior of commitment to the safety and safe care of a service and/or institution. This commitment behavior should involve managers and professionals through actions to improve health care, collective learning and correction of errors³.

However, it is observed that the strategies developed for the implementation of safety culture in the Primary Care and Home Care services have not been the target of these actions^{4,5}.

Patient safety in Primary Care and Home Care Service is sometimes neglected. The development of actions and research within this theme are still focused on hospitals and clinics since a culture of safety and patient safety outside the hospital is still a challenge to be faced ^{6,7}.

In Brazil, primary care is recognized as the gateway to the health system. Services provided in Brazilian primary health facilities directly affect the well-being of Brazilian families and the use of other resources. Consequently, insecure, inadequate, or ineffective primary care can increase preventable morbidity and mortality or lead to unnecessary use of hospital resources⁸.

Home care services are part of a federal program that seeks to expand and qualify care within the Brazilian Unified Health System (SUS). It is composed of services and actions that come not to replace, but to complement other levels of care, especially the tertiary and outpatient levels, ensuring an objective continuity of care and integration with the other services of the network⁹.

It also enables a full knowledge of the patient, where the professional is qualified and familiar with the routine, culture, and families, which favors the execution and articulation of actions such as rehabilitation, prevention, education and health promotion. Thus, the Brazilian SUS is recognized as a system that favors patient safety movements and the implementation of a safety culture^{10,11}.

In this context, due to the prioritization of patient safety in high complexity services, today we have a shortage of studies on the subject in primary and home care, presenting gaps in research and practices^{12,13}. In order to elucidate possible needs for change or implementation in care practice, it is necessary, initially, to evaluate the safety actions that are practiced, based on the perceptions of health workers.

Instruments that assess patient safety are important tools to measure aspects such as organizational conditions that lead to damage during health care, contributing to awareness of safety issues. This type of assessment helps to diagnose factors that influence the safety culture and the interventions that can be adopted to improve patient safety^{14,15}.

The Safety Attitudes Questionnaire (SAQ) is one of these tools to provide a situational diagnosis of a service and/or institution, which enables an accurate assessment of factors that need to be improved and that influence the safety culture, such as teamwork, professional satisfaction and working conditions¹⁶.

Thus, the objective of this study was to evaluate the safety culture in Primary and Home Care Services through the Safety Attitudes Questionnaire (SAQ) and to verify if there are relationships between the SAQ domains and the variables gender, type of service (primary care and home care), and years of professional experience.

Methods

This is a cross-sectional observational study conducted at a Home Care Service located in the metropolitan region of Fortaleza, Ceará, Brazil, and in six Primary Care Services in two cities in the northeastern Brazil, from January to July 2019.

The metropolitan region of Fortaleza in the state of Ceará consists of nineteen cities, however, only nine are linked to the "Best at Home" Program. Thus, all units that offered this service participated in the research, namely: Cascavel, Eusébio, Guaiuba, Itaitinga, Horizonte, Maranguape, Maracanaú, Pacatuba and São Gonçalo do Amarante. Six primary care units participated in the research, one from Fortaleza city and five from Acarape city.

All 69 professionals working in the Multiprofessional Home Care Team (MHCT) of the nine cities and 95 professionals from the six primary care units were invited to participate. The sample used was intentional and non-probabilistic. Professionals who were developing their work activities during the data collection period, and that had more than six months of time of experience were included. Professionals who were not developing their work activities due to holidays or sick leave were excluded.

During the collection, four professionals were absent from their work activities due to vacation or leave. In addition to these, six professionals did not return the questionnaire or refused to participate. Thus, of the home care teams, from 65 questionnaires 56 were returned. In primary care, from 65 questionnaires delivered in the five health units of the Acarape city, 55 returned. In primary care in Fortaleza, 40 questionnaires were distributed and 36 returned.

For data collection, the Safety Attitudes Questionnaire (SAQ) was used in its Brazilian translated and validated version¹⁶. For this research, the instrument was sent to professionals, virtually, via Google Forms. SAQ is one of the most used questionnaires to assess the safety culture. Several studies present evidence of the validity^{17,18} and reliability^{19,20} of SAQ in several languages^{16,17,18,21}.

The SAQ instrument is divided into two parts. The first part contains the 41 items divided into six domains and the second part refers to the information of professionals. The domains are: Teamwork Climate, Job Satisfaction, Perception of Unit and Hospital Management, Safety Climate, Working Conditions, and Perception of Stress. The analysis of the answers is done by each item following the Likert five-point scale. The final score can range from 0 to 100 points, where zero corresponds to the worst perception of safety culture and 100 the best perception. For the safety culture to be considered positive, the instrument scores need to reach total and domain values ≥ 75 ²².

The data collected were tabulated in Microsoft Excel 2007® and analyzed using the Statistical Package for Social Science (SPSS) version 22.0. To determine if there was a difference between the mean scores of the domains, we used the analysis of variance (ANOVA) for the quantitative variables and the Kruskal-Wallis test for the qualitative variables, considering a significance level of <0.05 .

Multiple regression analysis was performed for the adjustment of the predictive model. Dependent or response variables were considered the scores of each domain and the total SAQ value, for independent or predictor variables: gender, type of service (primary care and home care) and time of professional experience.

Before starting the research, consent from the managers of each study site was obtained. In agreement with the ethical and legal aspects, all participants were invited to participate in the research by signing the Informed Consent Form. The study was submitted to and approved by the Research Ethics Committee at the State University of Ceará (UECE) and at the University for International Integration of the Afro-Brazilian Lusophony (UNILAB), with numbers: 2.943.854 and 2.522.957, respectively.

Results

Participants were 147 professionals. Of these, 98 (66.7%) were females and 91 (61.9%) were primary care workers, with up to 2 years of professional experience (58, 39.5%). Community Health Agents (CHA) represented 23 (15.6%) participants of the sample, followed by nursing technicians and doctors, with 22 (15%) and 20 (13.6%), respectively (Table 1).

The total SAQ score was 68.5 (+/-14.4), indicating that primary care and home care services, in general, did not reach a positive value for the safety culture, i.e., equal to or greater than 75. The scores of the domains ranged from 57.3 to 80.4. Job satisfaction obtained the best value (80.4,+/-15.8), this means that professionals were satisfied with their job; on the other hand, management perception presented the lowest scores, showing that professionals did not identify management actions for patient safety (Table 2).

The correlation between the variables gender, type of service (primary care versus home care) and time of professional experience and the SAQ domains showed a statistical significant difference between men and women in the scores for the domains Safety climate, Perception of stress, and Management perception. Home care professionals had scores higher than the scores of primary care professionals in all domains, except Perception of stress. In regards to time of professional experience, professionals working for 3 to 4 years tended to attribute high scores to the domains Safety climate, Job satisfaction, Teamwork climate and the total SAQ score (<0001). As for total SAQ score, it was observed that men from home care teams with 3 to 4 years of professional experience evaluated safety culture in their workplace more positively (Table 3).

The data presented in table 4 reveal the values of standardized and non-standardized coefficients, in addition to t test, indicating how much the variables gender, type of service and time of professional experience influenced the variables: Working condition, Safety climate, Job satisfaction, Perception of stress, Climate of Teamwork and the total SAQ score (Table 4).

The adjusted values of the square (R²) ranged from 0.096 to 0.393. Adjusted R² suggests that 39% of the variation in the variables Safety climate and total SAQ score can be explained by the variables gender, type of service and time of experience. The R² adjusted for the domain Teamwork climate suggests that it accounts for 26% of the variation in the variable type of service (primary care versus home care).

Discussion

The safety culture in primary and home care services evaluated in this study was attended by 147 professionals, most of them female and community health agents, with time of professional experience of one to two years, indicating that they are the main professionals in this type of service, responsible for the entry of the health team into homes²³.

The total score for assessing safety culture in both services was 68.5 (SD: 14.4). There was a statistically significant difference in the safety culture scores for home care services (78) indicating that this service was more positively rated in regards to safety culture by the workers than primary care services. Although no comparison studies were identified between these two types of services, it is observed that the values of the scores identified in primary care coincide with the results of another research conducted in the south of the country¹³.

According to a study conducted in the southern region of Brazil, almost all domains presented negative scores for safety culture in primary care¹³. An opposite result was identified in another study: primary care team and oral health team were evaluated in regards to safety culture through the instrument Medical Office Survey on Patient Safety Culture (MOSPSC) and positive values in the safety culture assessment were identified¹².

The scores of the domains ranged from 57.3 to 80.4. The job satisfaction domain obtained the best value, in contrast to the management perception domain, which presented the lowest scores, with a statistically significant difference between types of service and time of experience. These findings indicate that the participants do what "they like to do". However, the low scores of management perception indicate that they do not approve (or partially approve) actions of their leaders regarding patient safety issues. These results are in agreement with previous studies that used SAQ in Brazil and in other countries. A study conducted with professionals from five homes in Tonsberg, Norway, found that job satisfaction achieved the best scoring, followed by teamwork climate and safety climate²⁴. In home care services developed in Norway, Teamwork was the dimension with the highest percentage of positive score²⁵.

A Brazilian study also found that health professionals in primary care have difficulty in working relationships with the manager and avoid commenting on work-related problems with managers because they do not feel safe. In relation to this issue, managers recognized that communication problems are real in the primary care facilities⁸. Thus, this situation can weaken patient safety in primary care.

In the present study, men who work in home care with three to four years of experience attributed high scores to Safety Climate, Job Satisfaction, Teamwork Climate domains, and the total SAQ. This means that these professionals enjoy the work that they do and have a positive view of the relationships and the collaboration at the team level. Until the completion of this study, no research was identified that justifies the difference in perceptions of safety culture between men and women. However, a study conducted in China with 2584 professionals identified that women had better perception than men in all domains, different from what was identified in our study²⁶.

It is noteworthy that positive scores in the domains may indicate that professionals are satisfied with their own performance at work in situations where patient care may not be ideal. For this reason, managers should interpret the results with caution and consider the implementation of quality improvement interventions²⁴.

Regarding the type of service, a study identified a similar result when assessing safety culture in home care services²⁷. In addition, according to a Brazilian study developed in the Home Care Services with users and caregivers, the participants felt satisfied with the program and this feeling would be the result of support from teams available for user care, especially in moments of doubt or intercurrency²⁸.

As for the time of professional experience, it was observed that professionals with longer experience tended to be more critical regarding management actions and characteristics of the work environment that affect patient safety²⁹, which may justify the lower scores of the domains Working conditions and Perception of managers attributed by professionals with more than 10 years of experience. Perception of Management and the Teamwork Climate are domains that influence all the others except Perception of stress²¹.

The statistically significant correlations do not necessarily indicate an underlying relationship between the variables. It was observed how much an independent variable explains a response variable through multiple linear regression. Based on the analysis of the regression model, it was possible to conclude, with more reliability, that the variables gender, type of service (primary care versus home care), and time of professional experience contributed (positively and negatively) to the prediction of Safety climate, Job satisfaction, Perception of stress, Teamwork climate, Management perception, Working conditions, and Total SAQ. Other studies have similar results and report, from multiple linear regression equations, that demographic factors such as gender, age, and participation in training significantly affect SAQ^{26,30}.

Given what was presented, the study design and the convenience sample were limitations of the research that prevent us from making generalizations to the target population. In addition, there is a scarcity of studies evaluating safety culture in primary and home care settings, and the number of studies about the dimensions of SAQ and its relationship to demographic variables using multiple regression is small.

Conclusion

It can be concluded that home care services obtained a positive result regarding safety culture when compared to primary care services. In addition, men with length of service between three and four years showed a good perception of the safety culture when compared to women and older professionals in the service.

In addition, professionals with longer working time were more critical regarding the perception of management and working conditions. It should be noted that this study is a part of the perception of safety culture and that patient safety in the services studied is not necessarily associated with a high quality of diagnostic skills, adequate treatment and patient-centered care. In order to further explore this subject, it is directed to investigate the associations between patient safety culture and the occurrence of adverse events in these services.

Finally, from the results evidenced in this study, it would be appropriate for managers to promote the culture of patient safety in these services, based on the awareness of professionals of the factors that can influence the culture of safety.

Abbreviations

WHO- World Health Organization

PNSP- National Patient Safety Program

SAQ - Safety Attitudes Questionnaire

MHCT - Multiprofessional Home Care Team

SPSS- Statistical Package for Social Science

ANOVA - analysis of variance

CHA- Community Health Agents

MOSPSC- Medical Office Survey on Patient Safety Culture

Declarations

Ethics approval and consent to participate

Before starting the research, the consent of the service of each municipality was obtained. In agreement with ethical and legal aspects, all participants were invited to participate in the research and signing in writing the Free and Informed Consent Form. The study was submitted and approved by the Research Ethics Committee of the Universidade Estadual do Ceará (UECE) and the Universidade da Lusophonia Afro Brasileira (UNILAB) with numbers: 2.943.854 and 2.522.957, respectively.

Consent for publication

Not applicable

Availability of data and material

All data generated or analysed during this study are included in this published article [and its supplementary information files].

Competing interests

There is no competing interest

Funding

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Authors' contributions

LML, BVS contributed to a project and project, analysis and interpretation of data and writing of the article.

FCSD, NLLO, IBB contributed to data analysis and relevant critical review of intellectual content.

REFLC, PFV contributed to the conception and design, analysis and interpretation of data and relevant critical review of intellectual content.

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Tables

Table 1. Profile of professionals participating in the research (n=147).

Variables	N	%
Gender		
Female	98	66.7
Male	49	33.3
Service		
Home care	56	38.1
Primary care	91	61.9
Profession		
Community health agent	23	15.6
Nursing Technician	22	15
Doctor	20	13.6
Nurse	19	12.9
Physiotherapist	16	10.9
Admin Support	12	7.5
Psychologist	10	6.8
Social worker	5	3.4
Speech Therapist	4	2.7
Others*	16	2.0
Time in service		
Less than 6 months	11	7.5
6 to 11 months	12	8.2
1 to 2 years	35	23.8
3 to 4 years	29	19.7
5 to 10 years	23	15.6
11 a 20 years	12	17
More than 20 years	12	8.2

*Nutritionists, pharmacists, occupational therapists, dentists.

Table 2. Safety Attitudes Questionnaire (SAQ) scores by domain.

Domains	mean	SD*	Median	Mín	Máx	75th percentile
Teamwork climate	75.8	21.5	79.1	25	100	87.5
Safety climate	68.6	15.8	83.3	0	100	90
Job satisfaction	80.4	15.8	83.3	25	100	94.8
Perception of stress	64.1	27.2	62.5	0	100	87.5
Management perception	57.9	23.5	60	0	100	75
Working conditions	57.3	27.8	58.3	0	100	75
Total SAQ	68.5	14.4	72.2	25	100	80.3

Table 3. Comparison of the averages of the SAQ domains and the variables

gender, service, and time in service.

	Domains						
	SC	JS	PS	TC	MP	WC	Total SAQ
Gender							
Female	65.2	79.8	57.6	74.5	52.6	54.5	65.7
Male	75.4	81.5	77	78.5	68.9	62.9	74
	<0.05		<0.001		<0.001		<0.001
Type of service							
Home care	83.4	88.8	61.4	86.3	63.8	67.1	78
Primary care	59.5	75.1	65.8	69.4	54.5	51.2	62.6
	<0.001	<0.001		<0.001	<0.03	<0.001	<0.001
Time of professional experience							
Less than 6 months	61.4	70.6	58.3	73.1	62.3	42.9	62.3
6 to 11 months	78.5	78.8	76	79.8	66.7	68	73.5
1 to 2 years	77.3	84.6	62.5	79.5	67.9	70.1	74.8
3 to 4 years	79.3	86.8	67.6	83.9	63.4	62.2	75.5
5 to 10 years	70.3	80.8	69.4	81.9	57.5	58	70.6
11 a 20 years	48,3	75.3	57.3	59	39	41.6	55.2
More than 20 years	53.6	72.9	57.8	67.9	45	42.3	57.6
	<0.00	<0.002		<0.00	<0.00	<0.001	<0.00

Safety Climate (SC), Job satisfaction (JS), Perception of stress (PS); Teamwork climate (TC), Management perception (MP), and Working conditions (WC).

Table 4- Multiple linear regression of response and explanatory variables.

Dependent Variables	Variables Independents	Unstandardized Coefficients	Standardized Coefficients	R ²	t	p
Safety Climate	Gender	11.88	.26	.393	3.86	0.000
	Primary/home care	-23.76	-.54		-7.95	0.000
Job satisfaction	Time in service	-2.07	-.16		-2.35	0.002
	Primary/home care	-14.64	-.45	.174	-5.69	0.000
Perception of stress	Gender	19.10	.33	.096	3.14	0.001
Safety climate	Primary/home care	-16.52	-.47	.262	-6.32	0.000
Management perception	Gender	14.66	.29	.215	3.81	0.000
	Time in service	-3.81	-.27		-3.45	0.001
Working condition	Primary/home care	-15.06	-.26	.107	-3.17	0.002
Total SAQ	Gender	9.60	.31	.392	4.64	0.000
	Primary/home care	-15.80	-.53		-7.87	0.000