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ORGANIZATIONAL BEHAVIOR AND THE DEVELOPMENT OF A SAFETY CULTURE IN THE CARE OF PATIENTS SUSPECTED OF CONTAMINATION BY COVID-19(SARS-COV-2)

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ABSTRACT

Objective: Understand from the emergence of the new coronavirus, to the development of security measures for its prevention worldwide, the organizational behavior and facilitate the development of a safety culture in the care of patients suspected of being infected by COVID-19. **Method:** This study corresponds to a reflective analysis structured through an expanded search of the literature, resulting in a sample of several documents from the World Health Organization, Ministry of Health and authors with expertise in the subject in question. **Results and Discussion:** three categories were used: a relationship between organizational behavior and safety culture, Chinese medicine on SARS-Cov-2 and COVID-19, global coping measures applied to COVID-19. **Conclusion:** The creation of a safety culture depends directly on managers and caregivers, such as the use of protocols that promote the safety of patients and professionals. Some preventive measures, such as isolation or social distance, voluntary quarantine and mainly hand hygiene, are the most difficult ways to reduce or advance COVID-19 in the world population.

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INTRODUCTION

According to the World Health Organization (WHO), coronavirus (CoV), names a large group of viral strains, with the same crowned morphological characteristic, which when they infect the human organism cause common colds and also Serious Acute Respiratory Syndromes (SARS). The latter defines the serious form of the condition. Pathological symptoms are characterized by cough, fever and breathing difficulties. Transmission occurs between pairs of animals and humans, that is, there are viruses that circulate between humans and others that only infect animals, which characterizes the disease as a zoonosis. When the strain is unknown to the human organism, it is called a "new coronavirus" condition (WHO, 2020a). Since the beginning of this worldwide crisis, there has been a lot of media repercussion. However, greater reliability was only acquired

after the WHO announcement when it characterized the infection as a pandemic. This, currently experienced, reveals the importance of the press in relation to forms of prevention, promotion and treatment and dissemination of content about the new infection. The characterization of a pandemic aims to alert and encourage the authorities in relation to quality care with a focus on prevention, in the search for a more appropriate treatment that includes the use of proven effective drugs and the creation of vaccines, the encouragement of scientific research related to the coronavirus, early diagnosis and measures taken by countries to respond to the problem (Opas, 2020). As the prospect of achieving desired results through current scientific evidence increases, the importance of increasing the quality of health care can be realized. With insecure care, there is a gap between the expected and possible outcomes and those actually achieved. It is then possible to have unfavorable health care results due to the increasing rate

of unnecessary harm to patients and professionals (Andrade Lel, *et al.*, 2018). The safety culture that is implanted in some hospital organizations in the world considered to be of high credibility, has the quality of care, are determined by risk processes that are complex, but with low error rates and potential failures. Such organizations achieve high credibility because they are concerned with damage, and are sensitive to how each team member affects a process. They rely on those who are more knowledgeable about the decision-making process, and resist the temptation to blame individuals for errors within complex processes (Silva, 2012). Organizational behavior permeates social interactions within internal environments, being able to define these as organisms that if looked at for their peculiarities are considered alive and synergistic, in which their interactions depend on several factors which they condition their survival (Silva, 2014). In this sense, this study aims to reflect and describe the importance of organizational behavior in the development of a safety culture in the care of patients suspected of being contaminated by COVID-19.

MATERIALS AND METHODS

This study corresponds to a reflexive analysis structured through an expanded search of the literature. Initially, using the keywords “Organizational behavior”, “Safety culture”, “Pandemia”, “COVID-19” and “Coronavirus”, a bibliographic survey was carried out, resulting in a sample of several Organization documents World Health Organization, Ministry of Health and authors with expertise in the subject in question. Despite the vast literature produced and available, in order to avoid fake news and obtain a sample with reliable information, it was decided to centralize the search in bodies notoriously recognized for the quality and veracity of the evidence, as well as the methodological and bioethical rigor of the studies. After reading and analyzing the documents included in the sample, it was possible to build 3 categories that deepened the thematic and that later it was possible to interrelate them. The categories were named “The relationship between organizational behavior and the safety culture”, Scientific evidence on SARS-Cov-2 and COVID-19 ”and, “ Global coping measures applied to COVID-19 ”, and are described below.

RESULT AND DISCUSSION

The relationship between organizational behavior and the safety culture: Organizational behavior is an area of knowledge that emerges as a novelty in the gestational world and for this reason, several theorists on the subject sought information from other areas of knowledge (Caravantes *et al.*, 2012). The study of organizational behavior comprises different behavioral sciences where each of these offers a view within its limitations and specializations, thus forming the general framework that centers the study of the topic in organizations and the social environment, psychology, sociology, political science, and others, none of which has exclusive property on a given subject and act together in the formation of concepts when trying to explain this (Maximiano, 2012). From a broad perspective, the study of organizational behavior exemplifies strengths and weaknesses that may or may not be decisive for the survival of groups, as well as the intrinsic and extrinsic behaviors of certain people or situations. Individual and social behaviors, as well as their ramifications, are able to explain the level of interaction and adaptation of a

system, as well as able to show them how vital their mutuality is (Caravantes *et al.*, 2012). The focus on behavior starts at a very early age with regard to the general theories of management, having started not as a gestational bias, by the Greek philosophers, who made the first attempts to understand human behavior in a generalized way in its particularities. Movements like humanism also helped in the construction of theories that talk about organizational behavior (Maximiano, 2012). The areas of knowledge that seek to understand organizational behavior as a gestational form, include peculiar characteristics such as motivation, leadership, ethics, social responsibility and organizational culture. These are considered the precursors of the behavioral approach and start from some theorists and experiences that play a fundamental role in the school of human relations, whose experiment emphasized the importance of groups on individual performances (Maximiano, 2012).

In essence, people's performance depends much less on working methods, in the view of scientific management, than on emotional or behavioral factors. Of these, the most powerful are those resulting from worker participation in social groups (Maximiano, 2012). Nursing, considering the particularities of the profession and the direct and more prolonged contact with the patient than other professions, are responsible for ensuring the safety and quality of patient care at all times, being Patient Safety (SP)) a matter of concern among health researchers (Elliott and Liu, 2010). According to the World Health Organization (WHO) the concept is associated with the management of potentially harmful risks in order to reduce them to an acceptable minimum limit, which is constantly and closely linked to the patient. Despite the development of research on this issue, SP is influenced by errors and attitudes neglected by the team, resulting in negative implications for the professional, patient and hospital administration (Silva *et al.*, 2016). It is necessary to promote and support the implementation of patient safety initiatives in different areas of care, as well as to organize service management through the implementation of risk management and patient safety centers in health services. There is also a need to involve patients and families in the development of a safety culture through information that validates the importance of communication, the need for scientific knowledge and the appreciation of everyone's involvement in this process (Brasil, 2013a).

Risk management consists of the systemic and continuous application of initiatives, procedures, conducts and resources in the assessment and control of risks and adverse events that affect safety, human health, professional integrity, the environment and the institutional image (BRASIL, 2013a).

In order for there to be an improvement in the quality of the services provided and through this a solid assistance to the patient, it is essential to use protocols, such as the Patient Safety Protocol that determines the systematic and structured development of risk management methods, the association with all organizational and care methods of health services. (Brasil, 2013b). The need is expressed for health professionals to dedicate themselves to changes that will have a favorable impact on a policy of satisfactory assistance for all, as shown in Ordinance No. 2,095 of 24 September 2013, which emphasizes the importance of transparency, inclusion,

accountability, awareness and capacity to react to such changes (Brasil, 2013c). There are innumerable challenges, which are not impossible, to achieve a culture of patient safety, in which it is essential to use current strategies that articulate the participation of health professionals with patients, their families / caregivers as well as the managers of each health Service (Matos, 2016).

The safety culture is based on five characteristics operationalized by the organization's safety management: a) a culture in which all workers, including professionals involved in care and managers, take responsibility for their own safety, for the safety of their colleagues, patients and family members; b) culture that prioritizes safety over financial and operational goals; c) a culture that encourages and rewards the identification, notification and resolution of security-related problems; d) culture that, from the occurrence of incidents, promotes organizational learning; and, e) culture that provides resources, structure and accountability for the effective maintenance of security (BRASIL, 2013a).

It is worth mentioning that for this culture, the collaboration and commitment of the institution as well as its managers is essential, in order to find the precision of the safety culture as reasons for its organization, and to participate in daily events with the aim of identifying misfits and situations to be faced. be overcome in which the health professional deals daily and thereby obtain an effective relationship with the ordered distribution of powers and thus develop trust between those involved. (MATOS JC, 2016).

Scientific evidence on SARS-Cov-2 and COVID-19: The outbreak of the "new coronavirus" (nCoV) occurred when, on December 31, 2019, WHO was notified of pneumonic events of unknown etiology in Wuhan, capital and largest city in Hubei province, China, adding 44 cases since the notifications until January 3, 2020. On January 12 of the same year, Chinese sanitarians performed genetic decoding of the virus and shared it in order to create specific diagnostic kits (WHO, 2020b). After a week, cases were found in Thailand (1) and Japan (1), both diagnosed by the Wuhan laboratory. These were considered to be imported from China. On January 21, 2020, a total of 314 occurrences were confirmed, of these, 309 occurred in Chinese territory, the exported ones were 1 in Japan, 2 in Thailand and 1 in South Korea (WHO, 2020c). When the cases were still restricted to China, the researchers chose 2019n-CoV as a provisional name. However, the appearance of cases in other countries that name has come to an end by scientists. In January 2020, WHO made the definitive name for the new viral strain for SARS-Cov-2 meaning "Severe Acute Respiratory Syndrome Coronavirus 2", the free translation of which corresponds to "Severe Acute Respiratory Syndrome of Coronavirus 2", with the objective of improving the identification of studies and avoiding confusion with other viruses of the same strain (WHO, 2020b). For WHO, COVID-19 consists of the disease caused by the SARS-Cov-2 virus, that is, the infected patient who has symptoms such as dry cough, fever and dyspnoea. The name COVID-19 corresponds to the acronym Corona Virus Disease. The numeral 19 is related to the year of the manifestation of the first case in the world (WHO, 2020b). On January 30, 2020, the International Health Regulations declared the outbreak as a

public health emergency of international interest. Since then, the number of cases by COVID-19 has grown exponentially across the Asian continent, progressively reaching other continents and thus becoming a pandemic, being declared by the WHO on March 11, 2020, which refers to the severity of the disease, as well as its geographical distribution (PAHO, 2020). The number of COVID-19 infected people notified until March 29, 2020, worldwide, already exceeds 638,146, whose mortality reached 30,105, which becomes a very high risk level pathology, in accordance with the risk assessment made by WHO. Despite the beginning in China with 81,426 infected and 3,264 deaths, Europe is the continent most affected, totaling 361,031 confirmed cases and 21,493 deaths. The United States of America currently has, on March 29, 103,321 cases of contamination, the first country in confirmed case numbers. Italy is the country with the highest number of deaths from the virus, totaling 10,023 deaths (WHO, 2020d).

In Brazil, the first confirmed case of COVID-19 took place on February 25th. According to the WHO, the number of confirmed cases reaches 3417 infected, 92 being the number of deaths, resulting from the new coronavirus. (WHO, 2020d). The growth in the number of COVID-19 cases in Brazil is best explained in Figure 1. The Ministry of Health (2020), shows that COVID-19 is a new virus and that its contagion occurs with some ease, whose transmission occurs from person to person through droplets or contact. This contact spread occurs between people who are less than 1 meter away. Emphasizing that this transmission from person to person occurs constantly. The contagion of COVID-19, happens through the air or through contaminated secretions, such as: droplets of saliva, sneeze, cough, phlegm, kiss, handshake and contact with contaminated surfaces. At the moment there is no concrete information about when the infected individual starts transmitting the virus. The New Coronavirus Treatment Protocol (2020), states that transmissions can be imported, local or community. Imported transmission is when the cases come from outside the country, the local is when the person who traveled and became ill, transmits the disease to a relative or friend, while the community is when the transmitter of the virus cannot be identified.

The general preventive measures for COVID-19 are based on reducing exposure to the virus, since there is still no vaccine or medication to acquire immunity and treatment respectively. Such measures as frequent and efficient washing of hands with soap or use of 70% alcohol preparation, avoid touching mucous membranes with dirty hands, in these cases give preference to disposable tissues, cover mouth and nose when coughing or sneezing, avoid contact with people sick, stay home when sick, clean and disinfect frequently touched objects (Brasil, 2020d). The WHO (2020), reinforces that surgical masks are a form of prevention that should be used only by people who show symptoms, whether they are suspicious, confirmed or in follow-up of infected with COVID-19, as well as they must be used by professionals contact with these patients. The National Health Surveillance Agency (ANVISA) emphasizes that health professionals should use to prevent personal protective equipment (PPE's), and they should use masks with a minimum filtration of 95% as in the case of N95, only in procedures that generate aerosols (BRASIL, 2020e). Since 2010, PAHO emphasizes that among the preventive measures, one that stands out in the pandemic

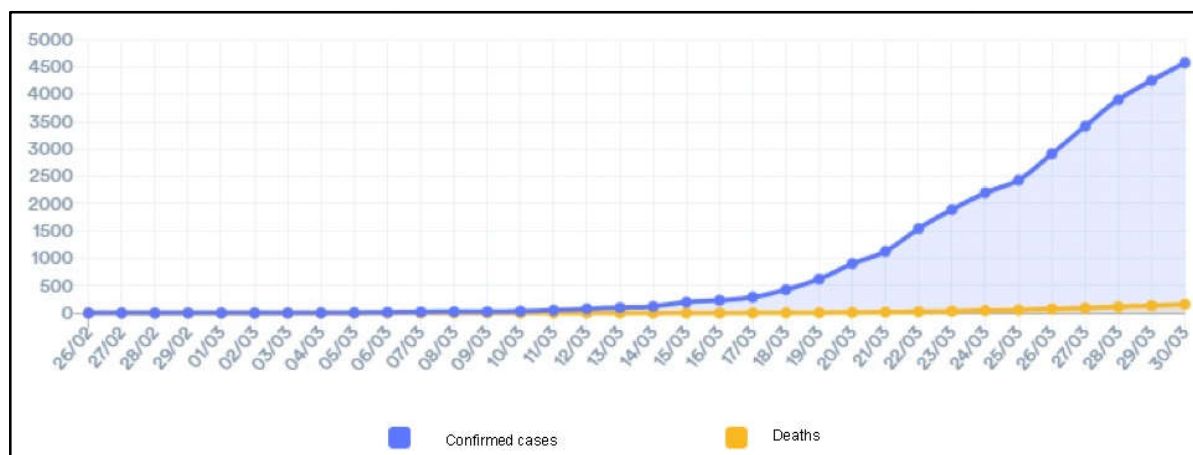


Figure 1. Graphical representation of the temporal relationship and confirmed cases and deaths Brasilia-DF, 2020

scenario is social isolation (PAHO, 2010). Isolation, social detachment and voluntary quarantine are considered to be the most effective measures associated with general hygiene measures, causing the number of cases to significantly reduce in countries that have adopted such measures, such as South Korea and China. China, which has been considered the epicenter of the pandemic for more than 2 months, has had the number of cases reduced considerably in recent months. While on February 12th it registered more than 12 thousand cases, on March 28th it had a record of 263 infected. These results were achieved due to the correct follow-up of the general preventive measures associated with social isolation. In addition, several countries did not respond according to the alert made by China and later, the WHO, which caused the number of confirmed cases and deaths increase exponentially with each new day (WHO, 2020d).

Global coping measures applied to COVID-19: In the face of a generation that searches for various subjects in digital media, which spread quickly and can offer, in the great majority, fake news in the health area, it is extremely important that there is a health education through the formation of bonds between health professionals and school teachers (Silva Mad and Walmsley, 2019). In collective environments, such as in schools, it is possible to learn about responsibility for their health and the collective, is able to disseminate this practice within their social environment, acting as good health agents. Topics such as hygiene, disease transmission and risk factors can be addressed together with health professionals, aiming not only at transmitting information, but showing students the range of resources available in their social environment for this purpose (Brasil, 2008). According to a study carried out with 40 individuals from a quilombola community, it showed that the main factor of vulnerability to combat health problems was the lack of health information, and as a strategy to remedy this vulnerability, educational actions were created. The authors also stressed that it is necessary for society to mobilize together with the State, to then develop strategies that change this fragile scenario (Santos *et al.*, 2019). Accordingly, Gomes *et al.* (2019), state that health education carried out by professionals is an indispensable tool in the health-disease process, making the individual the main responsible for maintaining their health. Since education is still the best weapon to fight diseases, in the current scenario of the pandemic of COVID-19, the Ministry of Health (2020a) has been investing in these strategies, creating advertising campaigns for the prevention of coronavirus with the

dissemination of internet channels, radio and open TV. These measures encourage basic hygiene habits such as washing hands with soap and water or using 70% alcohol, in addition to reinforcing care such as not sharing personal objects. However, Brazil still suffers from many obstacles in the implementation of these strategies. According to Silva JAM *et al.* (2007) Primary Health Care workers report that their training to work in health education is unsatisfactory and that they feel the need for motivational actions, participatory management and that apply active methodologies and training more focused on the demands in the development of work, so that they can offer a more qualified service within the attention. In order to reduce these weaknesses and strengthen control strategies for the new coronavirus, training on the diagnosis and clinical management of Covid-19 is being carried out for health professionals, and this measure aimed to prepare at least 800 professionals such as doctors and nurses from Units of Emergency Care (UPAs) and hospitals (Brasil, 2020f). The Department of Health has also been engaged in the past few days in the improvement of professionals, managing training courses for all managers, supervisors and heads of nursing who work in Intensive Care Units (Brasil, 2020g). Zermiani TC, *et al.* (2018), highlight the relevance of the participation of health professionals in the processes of agreement, evaluation and development of strategies, in addition to financial incentives and the use of instruments that strengthen the bond between managers and professionals, reduction of absences at work, improvement in the quality of services and penalties for those who do not meet the goals proposed by the teams and managers.

CONCLUSION

From the present study, it is possible to reflect on the importance of organizational behavior in the development of a safety culture in the care of patients suspected of being contaminated by COVID-19. It can be concluded that all the subjects involved in the care process, namely, professionals, patients, family members and managers, must know their role in the chain of actions necessary for the medication of a patient so that they develop their role safely, consciously and responsibility. Health professionals involved in each of the processes must be made aware that, as part of a system, their actions can interfere with the behavior of the whole. Consequently, any action by one of the members may affect the actions of the other professionals and, consequently, patient care.

REFERENCES

- Agência Nacional De Vigilância Sanitária. Orientações Para Serviços De Saúde: Medidas De Prevenção E Controle Que Devem Ser Adotadas Durante A Assistência Aos Casos Suspeitos Ou Confirmados De Infecção Pelo Novo Coronavírus (Sars-cov-2). Brasília, 2020.
- Andrade LEL, et al. Cultura de segurança do paciente em três hospitais brasileiros com diferentes tipos de gestão. *Ciência e Saúde Coletiva*, 2018; 23(1):161-172.
- Brasil. Ministério da Educação. Parâmetros Curriculares Nacionais – Saúde. Brasília, 2008.
- Brasil. Ministério da Saúde. Coronavírus Covid 19. Acesso à informação. Brasília: Ministério da Saúde, 2020e.
- Brasil. Ministério da Saúde. Protocolo de Tratamento do Novo Coronavírus (2019-nCoV). Brasília: Ministério da Saúde, 2020d.
- Brasil. Portaria nº 529, 1º de abril de 2013. Institui o Programa Nacional de Segurança do Paciente (PNSP). Brasília, 2013a.
- Brasil. Portaria nº 1.377, de 9 de julho de 2013. Aprova os Protocolos de Segurança do Paciente. Brasília, 2013b.
- Brasil. Portaria nº 2.095, 24 de setembro de 2013. Aprova os Protocolos Básicos de Segurança do Paciente. Brasília, 2013c.
- Brasil. Ministério da Saúde. Saúde lança campanha de prevenção ao coronavírus. Ministério da Saúde, 2020a.
- Brasil. Ministério da Saúde. Capacitação sobre a doença reúne profissionais de saúde da Região Norte. Ministério da Saúde, 2020b.
- Brasil. Ministério da Saúde. Secretaria de Saúde capacita servidores sobre coronavírus. Ministério da Saúde, 2020c.
- Caravantes GR, et al. Comunicação e comportamento organizacional. Porto Alegre: ICDEP, 2012.
- Elliott M, Liu Y. The nine rights of medication administration: an overview. *Br J Nurs*, 2010; 19(5): 300-305.
- Gomes NMC, et al. As práticas de educação em saúde na estratégia saúde da família. *Gepnews*, 2019; 2(2): 99-106.
- Matos JC, et al. Cultura de segurança do paciente no cuidado em saúde: análise reflexiva. *Revista de Enfermagem UFPE online*, 2016; 10(6): 2223-2229.
- Maximiano ACA. Introdução a administração. 7. ed. São Paulo: Atlas, 2012. Opas. 2020. In:Folhainformativa COVID-19. Brasil: OPAS, 2020.
- Kurt K. Evolução da Epidemia de Coronavírus. Plataforma Educacional de Saúde da Família. Rio Grande do Sul, 2020.
- OPAS. Organização Pan-Americana de Saúde. Módulo de Princípios de Epidemiologia Para o Controle de Enfermidades (MOPECE). Brasil: Organização Pan-Americana de Saúde, 2010.
- Santos D, et al. Educação em saúde: combate ao *Aedes aegypti* em comunidade Quilombola. *Revista Enfermagem Atual In Derme*, 2019; 89(27): 1-5.
- Silva AT, et al. Assistência de enfermagem e o enfoque da segurança do paciente no cenário brasileiro. *Revista Saúde Debate*, 2016; 40(111): 292-301.
- Silva JAM, et al. Capacitação dos trabalhadores de saúde na atenção básica: impactos e perspectivas. *Revista Eletrônica de Enfermagem*, 2007; 9(2):389-401.
- Silva LD. Segurança do paciente no contexto hospitalar. *Rev. enferm. UERJ*, 2012; 20(3):291-292.
- Silva JC. Comportamento Organizacional: A Formação da Estrutura Organizacional e seu Comportamento Diante de uma Visão Sistêmica. Valinhos: Anhanguera Educacional, 2014.
- Silva MAD, Walmsley AD. Fake News and Dental Education. *British Dental Journal*, 2019; 226: 397-399.
- Who. World Health Organization. Orientações sobre o uso de máscaras na comunidade, durante o atendimento domiciliar e em estabelecimentos de saúde no contexto do novo surto de coronavírus (2019-nCoV). Brasil: Organização Pan-Americana de Saúde, 2020.
- Whoa. 2020. Eastern Mediterranean for the Regional Office. About COVID-19. Genebra: WHO.
- Whob. 2020b. In: Novel Coronavirus (2019-nCoV). Situation Report 1. Genebra: WHO.
- Who. d. World Health Organization. Novel Coronavirus (2019-nCoV). Situation Report 69. Genebra: WHO, 2020.
- Whod. 2020d. In: Novel Coronavirus (2019-nCoV). Situation Report 60. Genebra: WHO, 2020.
- Whoe. In: Novel Coronavirus (COVID-19) Situation Dashboard. Genebra: WHO, 2020.
- Zermiani TC, et al. Pagamento por Desempenho na Atenção Primária à Saúde em Curitiba-PR: Incentivo ao Desenvolvimento da Qualidade. *Revista Sociedade e Cultura*, 2018; 21(2): 98-116.
