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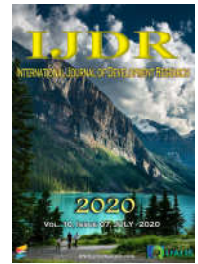
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RESEARCH ARTICLE

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## GOOD PRACTICES FOR PROMOTING PATIENT SAFETY IN THE OPERATING ROOM: INTEGRATIVE REVIEW

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### ABSTRACT

It is an integrative review of literature carried out in the databases BVS, LILACS, BDNF and SciELO, through the descriptors: patient safety; surgical nursing; surgery Center; perioperative nursing and nursing care. The objective of this study is to analyze the current scientific evidence regarding the practice of nurses in promoting the safety of the surgical patient that enables safe care with less occurrence of potentially preventable damages. For the definition of the sample for analysis, the following were used as eligibility criteria: full text, free access, main subject of patient safety, surgical nursing, surgical center, published in English or Portuguese between 2009 and 2019. The sample was composed of 20 studies. Data analysis demonstrated the importance of the role played by the nurse of the surgical center in patient safety, mainly in reducing errors and consequently avoidable damages to patients. For this, it was considered that the Safe Surgery Protocol is essential for the prevention of surgical errors and should be present in the daily routine of all teams, however, this has been underutilized, being a daily challenge of nursing its application.

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### INTRODUCTION

The Surgical Center (SC) is inserted in the hospital context as a unit where anesthetic-surgical, diagnostic and therapeutic procedures are performed, making it indispensable in elective or emergency health care. The environment is considered high risk due to invasive interventions and high precision material resources, generating complex and multi-professional practices to work processes (SOBRAL *et al.*, 2019). Regarding the performance of nurses in face of the characteristics of the SC, the high volume of managerial and bureaucratic activities stands out, in order to ensure the implementation and operation of strategies that guarantee the quality and safety of care, as well as the proper functioning of the service. In addition, the sector demands strong individual and team performance in closed conditions, conducted under pressure and stress (MARTINS; DALL'AGNOL, 2016). The practice of nursing in line with good practices in the SC involves actions in an oscillating environment that can lead to care errors, promoting

short, medium or long term losses for patients. In this way, nurses take strategic positions seeking to reduce the incidence of adverse events through ensuring and promoting patient safety, communication between the multi-professional team and continuing education (ARAÚJO *et al.*, 2017). The quality of health care seeks to offer the safety of clients and professionals, as well as guarantee the excellence of the surgical procedure, contemplating the planning and appropriate intervention, reinforcing the demand for a dynamic work that demands constant vigilance (HENRIQUE; COSTA ; JANICE, 2016). The interest in the subject arose on the experience of the researcher in that field of activity and observing the policies and guidelines related to patient safety. Thus, the objective of the research is to analyze the current scientific evidence about nursing contribution in promoting security of the surgical patient, is guiding-the question: "what the current scientific evidence about the nurse's exercise in promoting security of surgical patient that enable safe care with lower occurrence of potentially avoidable harm? ". In

view of this, studies published in journals on best practices for promoting safety of the patient in the operating room were analyzed.

## METHODOLOGY

It is a research of integrative literature review, of the descriptive, exploratory and retrospective type, with quantitative and qualitative basis. According to Souza, Silva and Carvalho (2010), this methodological approach allows the inclusion of experimental and non-experimental studies, in order to ensure a complete understanding of the phenomenon analyzed, in addition to defining concepts, analyzing methodological problems and revising theories and evidence. To compose the review of the study, six steps followed 1- formulation of the guiding question; 2- literature search or sampling; 3- data collection; 4- critical analysis of the included studies; 5- discussion of results and 6- presentation of the integrative review. To search for scientific papers, national and international databases were used, such as the Virtual Health Library (VHL), Latin American and Caribbean Literature in Health Sciences (LILACS), Nursing Database (BDENF) and the Scientific Electronic Library Online (SciELO) library. The survey of studies occurred after the use of Health Sciences Descriptors (DeCS): “patient safety”, “surgical nursing”,

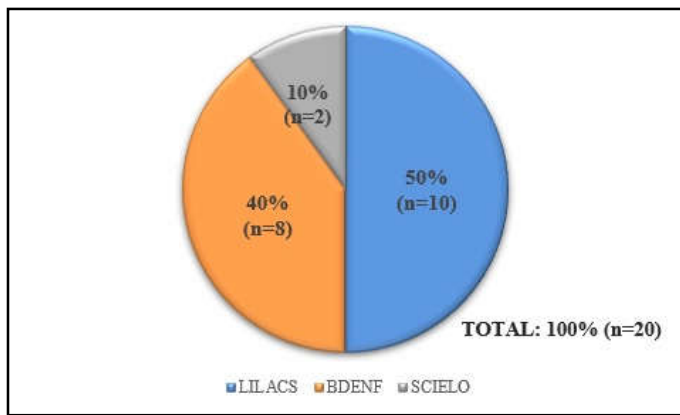
“surgical center”, “perioperative nursing” and “nursing care”, listed by the boolean operator “AND”. The following criteria were adopted for the selection of articles: full article available and free access; address the theme and answer the guiding question of the study; published in English and Portuguese, from 2009 to 2019; the sample was excluded: duplicate texts; paid accesses; that did not address the theme; theses, dissertations and monographs. The first stage of the research found 420 studies. After applying the inclusion and exclusion criteria, 146 studies were totaled. Then, the titles and abstracts were read, and finally, in a thorough way, the chosen works were read, concluding the filtering with 20 articles. For the analysis and presentation of the articles, a checklist was constructed determining the collection of variables in the articles: article identification number, article title, journal, authors, year of publication, database, objectives, type of study, study subjects, results, limitations and conclusions. The content found was investigated and developed in a systematic and critical manner through in-depth reading of the studies.

## RESULTS

The studies were searched in different databases and electronic libraries, however, the relevance of the published articles stands out, as shown in Graph 1.

**Table 1. Description of authors, titles and objectives. João Pessoa-PB, 2019, (n = 20)**

N	AUTHOR	TITLE	OBJECTIVE
1	Tanaka; Peniche	Assistência ao paciente obeso mórbido submetido à cirurgia bariátrica: dificuldades do enfermeiro	Identificar as dificuldades de enfermeiros de centro cirúrgico ao Assistir pacientes obesos mórbidos submetidos à cirurgia bariátrica no período transoperatório
2	Silva; Alvim	Ambiente do centro cirúrgico e os elementos que o integram: implicações para os cuidados de enfermagem	Caracterizar os elementos que integram o ambiente do Centro Cirúrgico e analisar suas implicações para a dinâmica de cuidar e de cuidados de enfermagem
3	Callegaro et al	Cuidado perioperatório sob o olhar do cliente cirúrgico	Compreender como o cliente cirúrgico percebe o cuidado perioperatório realizado por profissionais de enfermagem
4	Pancieri et al	Checklist de cirurgia segura: análise da segurança e comunicação das equipes de um hospital escola	Aplicar o checklist de cirurgia segura nas especialidades cirúrgicas de um hospital escola e verificar a opinião das equipes
5	Santos; Rennó	Indicadores de qualidade da assistência de enfermagem em centro cirúrgico: revisão integrativa da literatura	Identificar quais são os indicadores de qualidade da assistência de enfermagem em centro cirúrgico
6	Bathke et al	Infraestrutura e adesão à higienização das mãos: desafios à segurança do paciente	Investigar a infraestrutura material e a adesão à higienização das mãos em UTI
7	Sena; Nascimento; Maia	Prática do enfermeiro no cuidado ao paciente no pré-operatório imediato de cirurgia eletiva	Analisar os cuidados dos enfermeiros com os pacientes, no pré-operatório imediato de cirurgia eletiva
8	Guido et al	Cuidado de enfermagem perioperatório: revisão integrativa de literatura	Conhecer quais são os cuidados de enfermagem realizados no período perioperatório
9	Carbonaro; Alvarez; Aquino	Medidas de prevenção de infecções em cirurgia	Descrever as medidas de prevenção de infecções em cirurgia
10	Xavier; Silva; Frias	A visita pós-operatória como estratégia de avaliação da qualidade da assistência de enfermagem no transoperatório	Avaliar a qualidade da assistência de enfermagem prestada ao paciente no período transoperatório
11	Silva et al	Análise de eventos adversos em um centro cirúrgico ambulatorial	Analisar os eventos adversos notificados no Centro Cirúrgico para a segurança do paciente
12	Boeckmann; Rodrigues	Segurança cirúrgica na cesárea: revisão integrativa	Reunir e analisar publicações científicas sobre segurança cirúrgica na cesárea
13	Miranda et al	Posicionamento cirúrgico: cuidados de enfermagem no transoperatório	Identificar os cuidados de enfermagem no posicionamento, relatando as complicações
14	Henrique; Costa; Lacerda	Assistência de enfermagem na segurança do paciente cirúrgico: revisão integrativa	Analisar os achados científicos acerca da atuação do enfermeiro na promoção da segurança do paciente cirúrgico, identificar riscos e apontar soluções para a melhoria da assistência
15	Gomes; Martins; Fernandes	Instrumentos para avaliar a qualidade e segurança no bloco operatório - revisão integrativa	Identificar os instrumentos existentes para avaliar a qualidade no bloco operatório
16	Silva et al	Checklist para passagem de plantão de pacientes em pós-operatório imediato na admissão em terapia intensiva	Conhecer a percepção dos profissionais de enfermagem sobre a passagem de plantão e construir um checklist para passagem de plantão de pacientes em pós-operatório imediato admitidos na Terapia Intensiva
17	Thomé et al	Construção e validação de instrumento para assistência em cirurgia cardíaca segura	Construir e validar um instrumento, no formato checklist, para a utilização em cirurgia cardíaca
18	Bezerra et al	Satisfação dos usuários com a segurança na assistência de enfermagem	Analisar a satisfação dos usuários na perspectiva da qualidade da assistência de enfermagem e da segurança do paciente
19	Stuart; Melo; Silva	Avaliação sobre a segurança do paciente durante o procedimento anestésico-cirúrgico	Avaliar a segurança do paciente durante o procedimento anestésico-cirúrgico
20	Lemos; Poveda; Peniche	Construção e validação de um protocolo assistencial de enfermagem em anestesia	Construir e validar um protocolo assistencial de enfermagem em anestesia



Source: research data, 2019.

**Graph 1. Distribution of articles found by databases. João Pessoa-PB, (n = 20)**

With regard to scientific journals, it was possible to observe a varied number, but also, there were repetitions of these, which shows interest in publishing the theme. Thus, the journals with the highest index of publication were RevistaGaúcha de Enfermagem, CogitareEnfermagem and RevistaEnfermagem UFPE Online, with 3 (15%) publications each. SOBECC and Pesquisa Care is Fundamental Online magazines had 2 (10%) publications each, followed by ActaPaulista de Enfermagem, RENE, RAS, Columna de Enfermeria, EnfermagememFoco, Revista Latino-Am. Enfermagem and RevistaBrasileira de Enfermagem with 1 (5%) publication each. Regarding the publication period, the years 2013, 2016 and 2017 had the highest number, with 4 publications each year. In 2014, there were 3 publications, followed by 2010 with 2 publications and 2009 and 2015 with 1 publication. Thus, it could be evidenced that the investigation about the theme and the concern with the safety of the surgical patient is recent, emphasizing the importance of the study in-depth on the protocol of safe surgery in the last five years.

## DISCUSSION

From the analysis, three categories were raised that comprised the description of the results, namely:

### *The use of the checklist in the operating room*

Studies reveal that the difficulty in implementing the checklist in the CC reflects the resistance of professionals; in addition, the absence of this tool weakens the care process about safe surgery (MIRANDA; MENDES; SILVA, 2017). In a study carried out by Pancieriet al (2014), it was evident that the professionals did not notice improvements in the interpersonal communication process with the use of the checklist. The tool has a low cost for the institution and achieves positive results in terms of surgical practice; however, the difficulty that professionals express in using it is notorious, highlighting its various characteristics, such as the knowledge of those who lead it, the team application, in addition to the structural and organizational conditions, becoming a technology of moderate difficulty. Its use is intended to verify and assist the multidisciplinary team to systematically follow critical safety steps about surgery, conferring the quality of the practice when considering the improvement of care, the safety of the patient and the team involved in the process. The literature shows that the use in the first stage provides the records of adverse events and generates reflection on the limitations and gaps that can be

modified (PORTO, 2014). Regarding the Patient Safety Policy, only one study reflected the importance of registration and its analysis, corroborating that such action has relevance regarding the correct and complete use of the tool, emphasizing that its scarcity or inadequacy compromises patient care (SILVA *et al.*, 2015). Using the checklist is the development of safety culture, the practice of records and discussion of the circumstances in which the incident occurred, fostering in appropriate changes to organizations and professionals. Patient safety is the object that confers excellence in nursing care, reflecting patient satisfaction (GOMES; MARTINS; FERNANDES, 2016).

### *Effective communication and patient safety in preventing avoidable errors*

Communication between the multiprofessional team that works at the CC is essential for the smooth functioning of the sector. In view of this, studies have shown that efficient communication contributes to patient safety and, when failures, favor the occurrence of adverse events, mostly occurring during duty shifts (SILVA *et al.*, 2016). Pancieri *et al* (2013) identified that the investigated professionals did not recognize improvement in communication when the safe surgery checklist was applied however, it was observed that the use of the tool positively interfered in the communication process in the moment preceding the surgical act, one since it makes the anesthesiologist and the surgeon talk about the patient's clinical conditions. In addition, the technical and scientific performance of the health team is required, as well as efficient communication. Finally, the importance of records is emphasized in order to promote appropriate nursing actions in patient care and to ensure continuity of care through communication between teams (GUIDO *et al.*, 2014).

**The nurse as a patient safety agent:** The nurse is the professional responsible for the application of the safe surgery protocol, so it is considered as the main agent in patient safety. The use of the checklist involves several changes in the work environment, such as the behavior of the multidisciplinary team. In this case, Pancieriet al (2013) evidenced that the behavioral change to use the protocol stems from the professional's interest, making it possible to observe conduct consistent with teamwork, as well as the lack of interest in some professionals. Therefore, the nurse's work as a process manager is essential for the stimulation, guidance and training of the team, ensuring care with quality, safety and the satisfactory promotion of users (BRASIL, 2013). In addition, the performance of the nurse with the patient and the approximation with his spirituality are highlighted, understanding the importance of this device as a better coping of the patient with the surgical procedure and, on the other hand, narrows the interface between the professional and the patient, ensuring security for both (HENRIQUE; COSTA; JENICE, 2016).

### Final Considerations

The study was able to prove the importance of the role played by the SC nurse when developing safe and qualified care. For this, it was essential to apply and use the Safe Surgery Protocol in the daily lives of surgical teams. The protocol has three recording moments, the first before anesthetic induction, the second before the surgical incision and finally, after the surgery. These actions make it possible to adjust the entry and

exit of patients from the operating room, aiming at the safety of the anesthetic-surgical act, as well as promoting tranquility for the team by guaranteeing the fulfillment of duty with quality, commitment and responsibility. It was found that while some teams use the protocol, others do not even start. This portrays the resistance that professionals have when dealing with repeated information contained in the form of safe surgery, reinforcing that there is a long way to go to achieve the full safety of the surgical patient. Communication is a key factor for the success of patient safety, so it is essential to sensitize the professionals of the SC to ensure the exchange of correct and effective information. This action can be reinforced during shift changes, the use of records in medical records and application of the checklist. It is concluded that patient safety in the SC needs better structuring, in order to strengthen the application of safe surgery protocols and processes, as well as the effectiveness in communication, making it essential to deepen the realization of new research that investigates ideal forms for its use, as well as new discussions about the theme and the search for best practices.

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