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Knowledge of nursing professionals on the activities developed by risk management in a hospital in the interior of São Paulo

Conocimiento de profesionales de enfermería sobre las actividades desarrolladas por la gestión de riesgos en un hospital del interior de São Paulo

Conhecimento dos profissionais de enfermagem sobre as atividades desenvolvidas pelo gerenciamento de risco em hospital do interior paulista

ABSTRACT
Objective: to evaluate the knowledge of nursing professionals about the activities developed by Risk Management (GR) at the São Paulo State Hospital. Method: exploratory study conducted in 2013 with quantitative descriptive analysis of the data. A questionnaire was applied to nursing professionals who worked in the hospital units. Results: most nursing professionals knew the GR unit (90.60% of nurses and 82.30% of nursing technicians and assistants); 71.90% of nurses and 35.45% of nursing technicians and assistants reported having notified the institution. The professionals interviewed reported having adverse events that were not notified by the GR (Nurses = 37.50% and Nursing Technicians and Assistants = 29.10%). Most nursing professionals indicate a need for training (Nurses = 78.10% and Nursing Technicians and Assistants = 88.60%). Conclusion: It is necessary to adopt strategies to improve professionals' knowledge and the process of notification of health products in the institution.
DESCRIPTORS: Risk Management; Sentinel Surveillance; Nursing, Team.

RESUMEN
Objetivo: evaluar el conocimiento de los profesionales de enfermería sobre las actividades desarrolladas por Risk Management (GR) en el Hospital del Estado de São Paulo. Método: estudio exploratorio realizado en 2013 con análisis descriptivo cuantitativo de los datos. Se aplicó un cuestionario a los profesionales de enfermería que trabajaban en las unidades hospitalarias. Resultados: la mayoría de los profesionales de enfermería conocían la unidad GR (90,60% de las enfermeras y 82,30% de los técnicos y asistentes de enfermería); El 71.90% de las enfermeras y el 35.45% de los técnicos y asistentes de enfermería informaron haber notificado a la institución. Los profesionales entrevistados informaron haber tenido eventos adversos que no fueron notificados por el GR (enfermeras = 37.50% y técnicos y asistentes de enfermería = 29.10%). La mayoría de los profesionales de enfermería indican una necesidad de capacitación (enfermeras = 78.10% y técnicos y asistentes de enfermería = 88.60%). Conclusión: es necesario adoptar estrategias para mejorar el conocimiento de los profesionales y el proceso de notificación de productos de salud en la institución.
DESCRIPTORES: Gestión de Riesgos; Vigilancia de Guardia; Grupo de Enfermería.

RESUMO
Objetivo: avaliar o conhecimento dos profissionais de enfermagem sobre as atividades desenvolvidas pelo Gerenciamento de Risco (GR) em hospital escola do interior paulista. Método: estudo exploratório realizado em 2013 com análise descritiva quantitativa dos dados. Foi aplicado um questionário aos profissionais de enfermagem, que trabalhavam nas unidades do hospital. Resultados: a maioria dos profissionais de enfermagem conhecia a unidade de GR (90,60% dos enfermeiros e 82,30% dos Técnicos e Auxiliares de Enfermagem);71,90% dos Enfermeiros e 35,45% dos Técnicos e Auxiliares de Enfermagem referiram ter realizado notificação na instituição. Os profissionais entrevistados relataram ter presenciado ocorrência de eventos adversos que não foram notificados ao GR (Enfermeiros=37,50% e Técnicos e Auxiliares de Enfermagem=29,10%). A maioria dos profissionais de enfermagem indicou a necessidade de treinamento (Enfermeiros=78,10% e Técnicos e Auxiliares de Enfermagem=88,60%). Conclusão: necessário adotar estratégias para melhorar o conhecimento dos profissionais e o processo de notificação de produtos de saúde na instituição.
DESCRITORES: Gestão de Riscos; Vigilância de Evento Sentinela; Equipe de Enfermagem.

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INTRODUCTION

The lack of quality of hospital products and patient care, as well as errors or failures, can generate health problems and even possible sequelae and/or death[1].

In this context, there is a constant search for the quality of these hospital products and the assistance provided to the patient to ensure safety for patients and health professionals.

In 1999, the Ministry of Health created the National Health Surveillance Agency (ANVISA), which "has the responsibility and mission to promote and protect health, ensuring health security for health services and products"[2].

In 2001, ANVISA created the Sentinel Hospitals Project (PHS), which aimed to build a network of hospitals prepared to notify adverse events and technical complaints of health products, such as: inputs, materials, medicines, sanitizers and medical equipment hospitals in use in Brazil[2,3].

From this project, the Health Risk Management Unit was implemented in the selected health institutions, thus being able to respond to ANVISA's need to obtain qualified post-marketing surveillance information involving health products[2,3].

PHS started monitoring the occurrence of adverse events and technical complaints in four major areas: Pharmacovigilance, Technovigilance, Hemovigilance and Sanitizing.

Pharmacovigilance aims to meet goals and actions for the expansion of guidelines that guarantee early detection and risk control, in order to prevent adverse events and the occurrence of quality deviation and therapeutic ineffectiveness, among other undesirable occurrences related to medications[4].

Tecnovigilance develops surveillance actions involving disposable materials and articles, through notifications of suspected technical complaints and adverse events[5].

Hemovigilance aims to investigate, analyze, prevent and process information on possible immediate or late reactions and side effects caused by blood components called transfusion reactions[6].

The Sanitizing area aims to detect, evaluate and prevent adverse effects or any problems related to sanitizing products for hospital use[2].

Based on the above, there is a need to identify the knowledge of nursing professionals about Risk Management in health institutions and the post-marketing surveillance activities developed, justifying the performance of this study. The aim was to evaluate the knowledge of nursing professionals about the activities developed in Risk Management in a hospital in the interior of São Paulo.

METHODOLOGY

This is an exploratory, descriptive study with quantitative analysis of the data carried out in 2013.

This study was carried out in the units of a teaching hospital in the interior of the State of São Paulo, including health professionals (nurses, technicians and nursing assistants).

The inclusion criteria for the study were: being a nurse and nursing technician or assistant at the studied hospital and agreeing to participate in the research.

The sample consisted of 111 nursing professionals, 32 nurses and 79 nursing assistants and technicians. Data collection was performed by filling out a form with the participants, without identifying them. The form consisted of questions related to the position, time at the institution, workplace (divided into a long-term unit for the place of hospitalization and a short-term unit for a place where patients do not remain hospitalized), the need for greater knowledge on the subject and from the Risk Management unit, carrying out notification, there was an occurrence that was not reported and subjects for training in the area.

The collected data were tabulated in a Microsoft Excel spreadsheet. Descriptive analysis of the data was carried out, using absolute and relative frequency distribution tables. The adjusted logistic model was used to explain the chance of having made a notification, of knowing the Risk Management Unit and of having witnessed an occurrence that was not notified.

The ethical aspects provided for in Resolution No. 466/12 of the National Health Council (CNS) were preserved. The research was approved by the Research Ethics Committee of the

institution studied under opinion No. 4114-2012.

RESULTS

During the study period, 111 nursing professionals were interviewed, 32 of them nurses and 79 nursing technicians and assistants, and their characteristics were identified and presented in Table 1.

In the distribution of the interviewed professionals, according to the time of work at the institution, it was found that half of the Nurses had between 1 and 5 years of work at the institution and 43.04% of the Nursing Technicians and Assistants were between 21 and 30 years old of work.

The interviewed professionals worked in long-term care units, with 56.25% of nurses and 50.60% of nursing technicians and assistants; and in short-term units, 43.75% of nurses and 49.40% of technicians and nursing assistants.

Regarding the knowledge of the Risk Management Unit activities in the studied institution, most reported knowing the GR (90.60% of nurses and 82.30% of Nursing Technicians and Assistants). However, most nursing professionals, in both categories, referred to the need to obtain more information about the activities of the GR.

According to the notification of technical complaints and adverse events, 71.90% of nurses and 35.45% of technicians and nursing assistants reported having made notification at the institution.

The interviewed professionals reported having witnessed the occurrence of adverse events that were not notified to the GR (Nurses = 37.50% and Nursing Technicians and Assistants = 29.10%).

For Nurses, the occurrence of unreported adverse events was related to ignorance of the notification process (33.30%), attribution of the notification process to the head (22.20%), lack of time (16.70%), occurrence with another professional (16.70%) and insecurity or fear (11.70%). As for Nursing Technicians and Assistants, underreporting was related to the lack of knowledge about the notification process (46.43%), attribution of the notification process to the manager (21.43%), occurrence with another professional (10.70%) , absence and form (10.70%), lack of time (7.14%) and having previously notified, without solving the problem (3.60%).

Table 1. Sample profile of the interviewed professionals. Botucatu, SP, Brazil, 2013 (n=111)

	ENFERMEIRO N=32		AUXILIAR/TÉCNICO N=79	
VARIÁVEL	N	%	N	%
Tempo na instituição				
1 a 5 anos	16	50,00	16	20,25
6 a 10 anos	03	9,40	10	12,66
11 a 15 anos	04	12,50	07	8,87
16 a 20 anos	05	15,60	12	15,18
21 a 30 anos	04	12,50	34	43,04
Local de trabalho				
Unidade de Longa Permanência	18	56,25	40	50,60
Unidade de Curta Permanência	14	43,75	39	49,40
Conhece o HS				
Não	03	9,40	14	17,70
Sim	29	90,60	65	82,30
Necessidade de mais conhecimento sobre as atividades do HS				
Não	07	21,90	17	21,50
Sim	25	78,10	62	78,50
Já realizou notificação				
Não	09	28,10	51	64,55
Sim	23	71,90	28	35,45
Já presenciou ocorrência não notificada				
Não	20	62,50	56	70,90
Sim	12	37,50	23	29,10
Motivo da ocorrência não notificada				
Desconhecimento do processo de notificação	06	33,30	13	46,43
Insegurança/Medo	02	11,10	00	0,00
Falta de Tempo	03	16,70	02	7,14
Apenas chefia pode notificar	04	22,20	06	21,43
Ausência de formulário	00	0,00	03	10,70
Ter ocorrido com outro profissional	03	16,70	03	10,70
Ter notificado e não ter resolvido o problema	00	0,00	01	3,60
Total:	**18**	**100**	**28**	**100**

DISCUSSION

The research made it possible to evaluate the knowledge of nursing professionals about the activities developed at the Risk Management Unit in a hospital in the interior of São Paulo, as well as the notification process for health products, contributing to the identification of topics for training guidance to be carried out in the future.

It was observed that half of the nurses interviewed had worked at the institution for 1 to 5 years; almost half of the technical level professionals had worked at the institution for over 20 years. The working time between the categories could represent a difference in knowledge of the hospital as a whole and experience between the categories. However, most Nurses and Nursing Technicians/Assistants reported having knowledge of the existence of the GR in the institution, although they needed more information about the activities developed. Similar data were observed by other authors[7,8].

According to an adjusted logistic model, the chance of the nurse professional to know the RG was 2.58 times greater than the nursing technician or assistant. This shows that the position of manager or leadership role of the professional Nurse makes him/her have more knowledge about the importance and the notification process within the institution.

Studies show that nurses are the professionals who most frequently report occurrences with health products[9,10]. According to Capucho[11], in addition to the fact that nurses are more numerous in the institution, they remain with the patient for a longer time and are trained to carry out the records. On the other hand, a study carried out with nursing professionals identified that 76.8% never made a notification[8].

Studies show that nurses are the professionals who most frequently report occurrences with health products[9,10]. According to Capucho[11], in addition to the fact that nurses are more numerous in the institution, they remain with the patient for a longer time and are trained to carry out the records.

In our study, among the nursing staff, most Nurses reported making reports of occurrences to the GR when compared to the group of Nursing Technicians/Assistants. According to the adjusted logistical model, the chance of the Nurse having made a notification was 9.26 times greater than the Technician or Nursing Assistant. This can be explained by the fact that the nurse professional takes on the role of team leader, which makes him more aware of the occurrences and allows greater participation in the notification process within the institution and centralization of the role of notifier.

In this study, problems or difficulties were also identified with the notification of occurrences of adverse events, that is, a part of the professionals witnessed unreported events, which demonstrates the occurrence of underreporting among the health professionals of the studied institution. In a study carried out by Lima and collaborators[12], in the same hospital, underreporting of drug events was also observed.

The occurrence of underreporting was attributed by nursing professionals to several factors, such as: ignorance of the notification process, attribution of the notification process to the manager, lack of time and occurrence with another professional. Nurses also reported the occurrence of non-notification due to insecurity or fear; and technical level professionals, due to absence and previous form and notification, without solving the problem.

For Silva and collaborators[13], this underreporting may occur due to the fact that hospital professionals only identify Serious Adverse Events, not notifying those of lesser severity, either due to the lack of identification mechanisms and records or fear of punishment/exposure by the professional[13,14] or for lack of knowledge[15].

On the other hand, adverse events are not easy to identify, whether due to factors related to the pa-

tient or the drug or health product itself[12]. Other factors that interfere with the notification process are cultural and organizational aspects, the practical structure of assistance, security systems, regulations and work processes[16].

Roque and collaborators[17] mention that health professionals tend to value adverse events that compromise the patient's life, making the less serious events not recorded in the patient's medical record.

In this sense, the adoption of strategies to reduce underreporting becomes important within health services, contributing to improving the quality of products and care and ensuring greater safety for patients.

Few similar studies were found in the literature, which did not allow greater comparisons with the findings of this research.

CONCLUSION

Most nurses and nursing technicians/assistants reported having knowledge of the existence of GR in the institution. However, both categories need more information about the activities developed.

Among the nursing team, the Nurse is the professional who most reports occurrences to the Sentinela Hospital.

The occurrence of underreporting by nursing professionals was reported, being attributed to several factors, such as: ignorance of the notification process, attribution of the notification process to the manager, lack of time, occurrence with another professional, insecurity or fear, due to the absence of a form and previous notification, without solving the problem.

The study made it possible to identify the need to adopt strategies to improve the notification process for health products by the GR unit and, thus, ensure quality and safety for health professionals and patients. ■

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