COMMUNICATION, DESTRUCTIVE BEHAVIORS AND PATIENT SAFETY

Comunicação, comportamentos destrutivos e segurança do paciente

Comunicación, comportamientos destructivos y seguridad del paciente

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ABSTRACT: Objective: To reflect on the communication and interaction processes of the perioperative health team in the context of patient safety. **Method:** Reflective theoretical study, based on a column published in the Association of perioperative Registered Nurses Journal (AORN Journal), in March 2014. **Results:** The communication process, in multiprofessional work in health, interferes in the patient's safety, becoming an essential tool to avoid the occurrence of adverse events during health care. **Final considerations:** Many barriers and challenges need to be addressed regarding the effective communication process and interrelation between the multiprofessional health team, with the objective of promoting safe care for the patient in the surgical process.
Keywords: Communication. Communication barriers. Behavior. Patient safety. Perioperative nursing.

RESUMO: Objetivo: Refletir sobre o processo de comunicação e interação da equipe de saúde perioperatória no contexto da segurança do paciente. **Método:** Estudo teórico reflexivo, baseado em coluna publicada na revista da *Association of periOperative Registered Nurses* (AORN *Journal*), em março de 2014. **Resultados:** O processo de comunicação, no trabalho multiprofissional em saúde, interfere na segurança do paciente, tornando-se ferramenta essencial para evitar a ocorrência de eventos adversos durante a assistência à saúde. **Considerações finais:** Muitas barreiras e desafios precisam ser enfrentados no que diz respeito ao processo de comunicação eficaz e à inter-relação entre a equipe multiprofissional de saúde, com o objetivo de promover um cuidado seguro ao paciente em processo cirúrgico.
Palavras-chave: Comunicação. Barreiras de comunicação. Comportamento. Segurança do paciente. Enfermagem perioperatória.

RESUMEN: Objetivo: Reflexionar sobre el proceso de comunicación e interacción del equipo de salud perioperatoria en el contexto de la seguridad del paciente. **Método:** Estudio teórico reflexivo, basado en una columna publicada en la revista de la *Association of periOperative Registered Nurses* (AORN Journal), en marzo de 2014. **Resultados:** El proceso de comunicación, em el trabajo multiprofesional en salud, interfiere en la seguridad del paciente, convirtiéndose en una herramienta esencial para evitar la ocurrencia de eventos adversos durante la asistencia a la salud. **Consideraciones finales:** Muchas barreras y desafíos necesitan ser enfrentados en lo que se refiere al proceso de comunicación eficaz y a la interrelación entre el equipo multiprofesional de salud, con el objetivo de promover un cuidado seguro al paciente en proceso quirúrgico.
Palabras clave: Comunicación. Barreras de comunicación. Comportamiento. Seguridad del paciente. Enfermería perioperatoria.

INTRODUCTION

"I heard a phrase a patient said that has frightened and saddened me a lot. When he was hospitalized, he told his doctor: 'Don't leave me. I'm afraid they'll kill me here'"[1].

The occurrence of adverse events (AEs) due to health care has been discussed in studies focusing on patient safety; and the recognition of the problem's magnitude has mobilized researchers and practitioners in relation to unsafe health care practices. A study states that the World Health Organization (WHO) estimates that AEs affect about 3 to 16% of all hospitalized patients[2]. Thus, with a minimum 3% AE perioperative rate and a worldwide mortality rate of 0.5%, almost 7 million surgical patients may suffer some damage during perioperative care and, from these, one million would die during or immediately after surgery[2].

Given these data, it is undeniable that this is a public health problem, with significant repercussions on the world's population, involving social and economic costs, with damages to patients and their families. It is considered that between 50 and 60% of the AEs resulting from health care can be prevented[3].

In 2004, the Joint Commission issued a sentinel event alert regarding 47 cases of perinatal death or disability in the United States, where 40 cases resulted in infant death and 7 in permanent disability. In all of those cases, communication and teamwork problems were at the top of the list of identified causes (72%)[4].

The scenery is scary! The lack of effective communication among health professionals can lead to unpleasant and often irreparable outcomes for patients.

OBJECTIVE

To reflect on the communication and interaction processes of the perioperative health team in the context of patient safety.

METHOD

This is a reflexive study motivated by the column Back to Basics: Speak Up[5], published in the Association of Perioperative Registered Nurses Journal (AORN Journal) in March 2014, by nurse Lisa Spruce; and the authors' experience in what corresponds to the communication process and the health team's relationships in the hospital context.

RESULTS

Nuance of everyday life in a surgical center

Imagine the scene: on the one hand, a highly reputed surgeon, strict with the team and impatient with someone new in an operating room (OR) and on the other, a student nurse in training, advised by her preceptor to avoid the aforementioned surgeon at all costs. This surgeon suddenly reaches out to adjust the surgical lamp's central focus and contaminates his glove.

Pause ... What to do now? Be paralyzed with fear and not notify the surgeon about the occurrence or warn him, thus preserving the patient?

Figure 1 illustrates that students often feel the impact of (A) disrespectful and intimidating behavior that may (B) make professionals afraid to speak or (C) lead other professionals to seek work elsewhere.

This scenario among members of health team is not uncommon, and, in Brazil, we are also experiencing similar situations. Lisa Spruce, in her column, mentions that bullying and destructive behaviors in health facilities, which prevent nurses and other professionals from manifesting themselves, can lead to errors and AEs for patients, as well as increase the cost of care. In addition, the problems resulting from these relationships act as an important obstacle to excellence in health services' production[6].

The American Medical Association (AMA) defines as destructive behavior any abusive conduct (including sexual harassment and/or other forms of harassment), or other verbal or nonverbal conduct, which harms or intimidates others, as the quality of care or patient safety may be compromised[7]. Thus, outbursts of anger, retaliation against a coworker, humiliation, retention of information to harm one another, and comments that weaken the self-confidence of a health professional are examples of destructive behaviors in the health work environment[8].

Figure 1 clearly depicts the intimidation process generated by the surgeon in the OR, inhibiting any other health professional from manifesting, thus leaving the patient exposed to more risks during care.

DISCUSSION

Addressing these behaviors can be difficult, and health professionals often avoid taking attitude. The Back to Basics: Speak Up[5] column presents worrying situations on the topic. A research carried out in 2005 in the United States, by the American Association of Critical-Care Nurses (AACN), namely Silence Kills[9] has identified that a small percentage of health professionals talk when they see errors, incompetence, disrespect, or poor teamwork. The research conducted in 2005 in the United States by the American Association of Critical-Care Nurses (AACN). The advantage of manifesting your thoughts while being respectful is obvious: protecting the patient from harm. It is known that the health work process involves intense social interaction, which incorporates a complex structure of needs that includes health professionals, managers and patients. Currently, there is a fragility in the values, attitudes, competencies and behaviors that determine the safety culture in health organizations[8].

An article published in Brazil cites a study on interaction and conflict between professional categories in public hospital organizations and points out that intra-group conflict and power are closely related when considering work relations among health professionals in hospital environment[10]. In addition, there are indications that these two factors have negative consequences for interpersonal relationships and for performance at work.
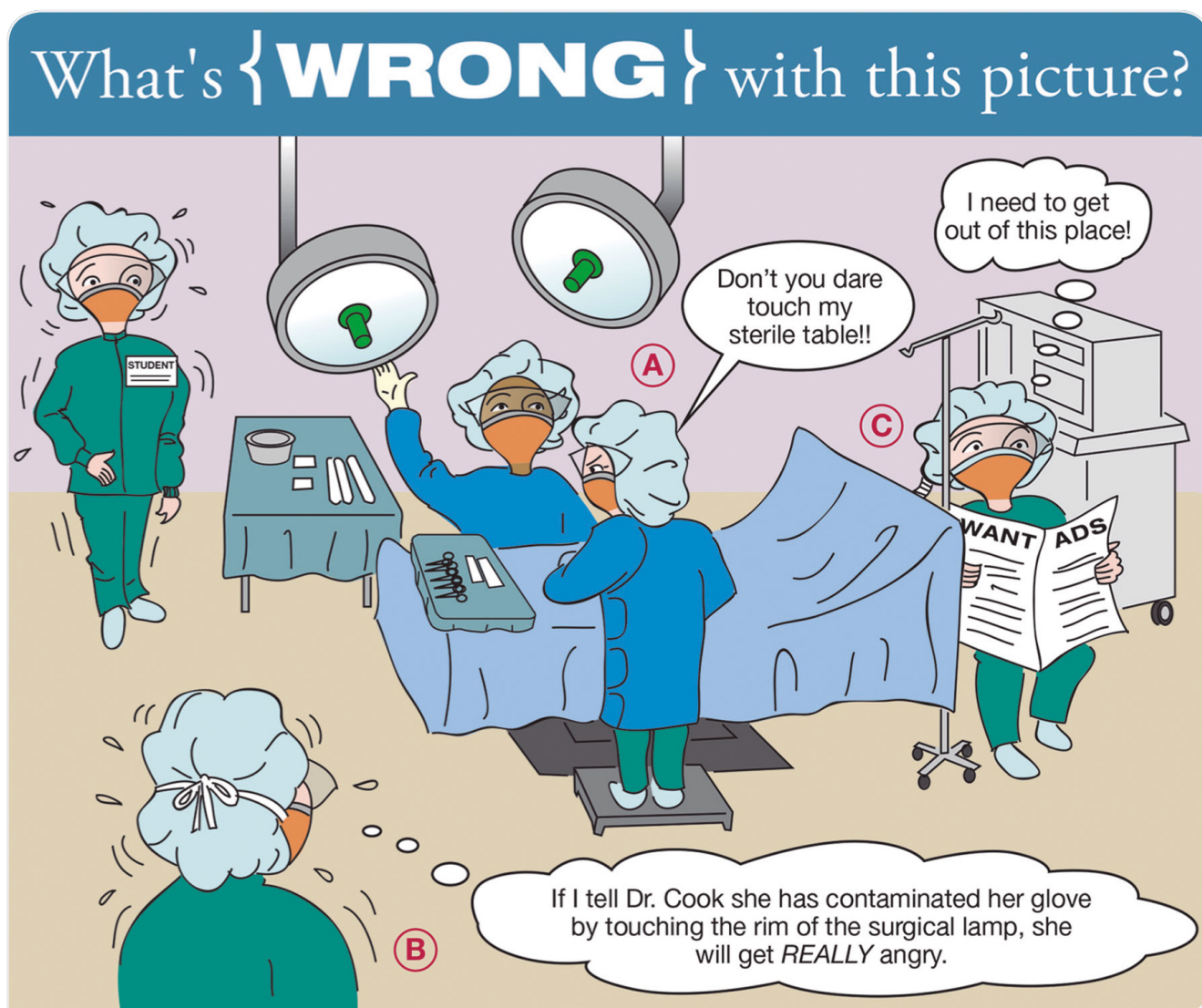
Figure 1. Illustration of destrutive behavior. Reproduction in Brazilian Portuguese authorized by Elsevier. License No. 3780310727171, dated 01/01/2016.

Often, in health care, we are unable to put together a supportive group. And without teamwork, patient safety can hardly be guaranteed. The lack of a cohesive team makes the difficulties greater, and the tools to improve communication become less effective. Teamwork was less important in the past, but given the increasing complexity of health care, there is evidence of its importance[11].

Thus, we argue that the health staff should work as a team to provide patient care safely and to create a pleasant environment. Without mutual respect and trust among all members, the foundations for the development of safe care may suffer negative interference. It is known that the work of teams in critical units often generates mismatches between each professional's peculiarities, difficulty in working in an interdisciplinary way and complexity of care in these environments[12]. Scholars on the matter claim that destructive events are easier to occur in stressful areas or specialties of care, such as surgical centers, emergency units and intensive care units[8].

It is imperative to improve relationship among health professionals, since one of the important aspects of safety culture is the human factor involved in the occurrence of AEs. Encouraging the active role of workers in the workplace, allowing them to identify problems, propose changes and become aware of the harm resulting from a destructive relationship are key principles for improving the quality of patients' health and safety. Noise in communication and lack of its effectiveness are significant contributors to harm and error regarding patients. One must be aware of all team's role in promoting a safety culture, developing healthy behaviors, and communicating effectively in the perioperative environment. The patient admitted to a health institution cannot be a victim of these inappropriate and reprehensible behaviors among the professionals who are there to provide care[13].

Lisa Spruce[5] also mentions some tactics for the treatment of silence among health professionals, such as: sharing examples of near miss and how speech has helped to avoid harm to the patient; the development of practical skills, through training on how to speak and deal with emotions, among others. It was also verified that such situations can be worked out in laboratories, in the form of realistic simulations, where all team will reflect on the possible damages that can occur to the patient, due to omission of a given member.

Hospitals need to develop policies where all workers can talk without fear of retaliation or punishment, favoring horizontal communication, establishing links and enhancing a healthy work environment[8].

FINAL CONSDIERATIONS

To ensure quality and promote a culture of safety, organizations must address the issues of attitudes and behaviors that threaten the performance of the health care staff. It is not about demonstrating power between teams. It's about care! It's about preserving the patient!

Thus, it is necessary, in Brazil, to constantly discuss issues involving communication and destructive behaviors in the workplace.

It is necessary to break paradigms; to work the incoherence of professional training in health, based on the fragmentation of work and the individualism of the professional relations between the actors involved in the caring process. It is necessary to recognize the problem, discuss it and, in this way, promote the awareness of professionals regarding the negative effects on health organizations and, especially, the patient and their family.

Finally, the AORN Journal product is an invitation to reflect on the communication process in hospitals and patients' safety. We cannot tolerate destructive behaviors in this environment. Emphasis is placed on the need to encourage a safety culture between the health team and the performance of the work itself in the multiprofessional configuration, including, in this way, improvements in communication, sharing of knowledge, and favoring safe healthcare practices .

Thus, there is a need of change on the part of leaders, workers and users of health services, in order to raise the awareness of professionals about destructive behaviors, thus guaranteeing an open, noise-free and effective communication between the various teams and establishing a teamwork environment with the collaboration and co-responsibility of all.

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