

## PERIOPERATIVE NURSING ASSISTANCE IN PATIENT SAFETY: INTEGRATIVE REVIEW

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Completion of course work, presented to the Nursing Course of the Centro Universitário de Santa Fé do Sul – SP, to obtain the title of Bachelor in Nursing.

**Abstract: Goal:** The aim of the study was to describe perioperative nursing care in relation to patient safety, through an integrative review. **Method.** To carry out the research, the databases of the Virtual Health Library were used, in the period of scientific production from 2017 to 2022. The review was carried out from January to June 2022. To survey the guiding question, used the PICO strategy. It was adopted as inclusion and exclusion criteria for articles whether or not they responded to the guiding question. **Results.** In view of the results researched in the articles, the importance of professionals in improving knowledge in the face of new protocols is noted. **Conclusion.** The results of this study show the importance of using the checklist in the Surgical Center, in order to provide greater safety to the patient in the anesthetic-surgical procedure, at all times that involve the pre, trans and postoperative periods.

**Keywords:** Perioperative nursing; Patient safety; Surgery Center.

## INTRODUCTION

According to Carvalho R, et al (2016), the Surgical Center (SC) is one of the most complex units in the hospital, consisting of highly complex human resources, materials, equipment and technologies, intended to assist the surgical patient in the perioperative period. (preoperative, intraoperative and postoperative).

According to the World Health Organization (2009), in 2004, the World Alliance for Patient Safety was launched by the World Health Organization (WHO), seeking to improve patient safety. was to raise the quality standards of health services for safe surgery.

The Ministry of Health (2013) reports that Brazil was part of the World Alliance for Patient Safety of the World Health Organization

WHO and, in 2013, the Ministry of Health (MOH) instituted the National Patient Safety Program, for through Ordinance No. 529, contributing to the qualification of health care.

Thus, The Ministry of Health (2013) announces that the National Health Surveillance Agency (ANVISA) published the Resolution of the Collegiate Board of Directors (RDC) n° 36/2013 instituting actions to promote patient safety and aiming to improve quality in institutions.

Barros Henriques AH, et al (2016) considers that in order to provide quality and safe care to the surgical patient, numerous factors, actions and especially the involvement and participation of the entire multidisciplinary team are necessary. Martins FZ, Dall'Agnol CM (2016), reports that the team must have effective communication as it is essential to build partnerships in favor of a more qualified and safe perioperative care, which helps to reduce the occurrence of errors during care processes.

Thus, the relevance of this study is justified in the sense of deepening knowledge about nursing care in the perioperative period in patient safety and analyzing the role of nurses, with regard to their attributions for better care; it is understood that knowing risks is essential to speed up perioperative nurses' decision-making during the execution of their care plan and improves the patient's safety condition.

This way, the following guiding question of the research was defined: "How must nursing care be provided in the perioperative period in relation to patient safety?"

Therefore, the objective of the study was to describe perioperative nursing care in relation to patient safety, through an integrative review.

## METHOD

This study was conducted by an integrative

review research, carried out in five stages: formulation of the guiding question and objective of the study, definition of inclusion and exclusion criteria of scientific productions; search for scientific studies in databases and virtual libraries; analysis and categorization of the productions found; results and discussion of findings. (SOUSA MT, SILVA MD, CARVALHO R, 2010). To survey the guiding question, the PICO strategy was used. (SANTOS CM DA C, PIMENTA CA DE M, NOBRE MRC. 2007). (P: Patients undergoing perioperative procedures; I: Perioperative nursing care in patient safety; C: -; O: Safe, welcoming interventions, implementation of the SAEP and checklist). Thus, the following guiding question for the research was defined: “How must nursing care be provided in the perioperative period in relation to patient safety?”

Table 01 – Description of the search strategy, 2022.

To carry out the research, the databases of the Virtual Health Library were used, integrating the Latin American and Caribbean Literature on Health Sciences (LILACS), Nursing Database (BDENF), Medical Literature Analyzes and Retrieval System Online (MEDLINE) and Digital Library Scientific Electronic Library Online (SciELO), in the period of scientific production from 2017 to 2022. The operationalization and search strategy were based on the combination with the Boolean operators AND and OR, performing the search jointly and individually so that possible differences could be corrected. The following Health Science Descriptors (DECs) were used: “Perioperative Nursing” AND “Patient Safety” AND “Surgical Center”, none of which were registered on the Health Sciences Descriptors portal (DeCS), and the literary review was performed. carried out from January to June 2022.

Full articles were adopted as inclusion

criteria, with abstracts available in full, in Portuguese and English, indexed in the databases referred to in the period 2017 to 2022.

Articles that did not respond to the guiding question and articles that were repeated between the bases were excluded only once.

After reading the articles that made up the final sample, they were structured based on the following information: article/authors/year, journal, main results and conclusion.

Table 01– Path for study selection, 2022.

## RESULTS

This study consisted of 10 articles: five in Lilacs, two in Scielo, two in BEDENF, and one in Medline. Table 02 shows the individual synthesis of the articles that made up the final sample.

Table 02- Main results and conclusions of the articles that made up the final sample, 2022.

## DISCUSSION

According to the World Health Organization (2009), the surgical center is one of the sectors with the highest incidence of adverse events, annually at least 7 million patients are harmed by surgical complications, of which approximately 1 million die.

According to the Brazilian Association of Surgical Center Nurses, Anesthetic Recovery and Material and Sterilization Center (SOBECC) (2017), nurses working in this area can use the Systematization of Perioperative Nursing Care (SAEP), with the purpose of promote quality care to surgical patients in a continuous, participatory, individualized and documented manner.

It is possible to affirm that the nurse plays a fundamental role in directing the nursing team towards the fulfillment of safe care with quality in the perioperative period. (SOUZA ATG, et al. 2020)

Magalhães FHL, et al (2019), reports that the

<b>P Patient</b>	<b>I Intervention</b>	<b>C Comparison</b>	<b>O Outcomes” desfecho</b>
Patients undergoing perioperative procedures	Perioperative nursing care in patient safety	-	Safe, welcoming interventions, SAEP implementation and checklist

Table 01 – Description of the search strategy, 2022.

Source: Authors, 2022.

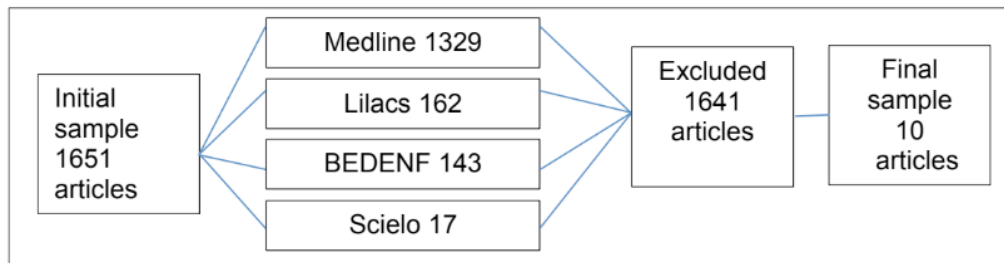


Table 01– Path for study selection, 2022.

Source: Authors, 2022.

Articles/ authors/year	Magazine	Main results	Conclusions
<b>Article 01</b> (Abreu et al., 2019)	Revista Gaúcha de Enfermagem	The assessment of patient safety by professionals was “Regular” (48.9%). The dimension of safety culture with the most positive results was “Organizational learning-continuous improvement” (58.7%) and with less positive results were “Openness for communication” (32.3%) and “Feedback and communication about errors” (32.6%).	There are problematic areas in the safety culture of the sector, showing that this culture needs to be better developed, with special attention to the dimensions of the culture that presented a less positive evaluation.
<b>Article 02</b> (Jost et al., 2018)	Revista SOBECC	The checklist must be performed in the three moments of the anesthetic-surgical procedure, the implementation of the instrument generates some difficulties, for not having a good acceptance.	The use of the checklist in the CC provides greater patient safety in the anesthetic-surgical procedure, improves interaction and communication between the patient and the team.
<b>Article 03</b> (Sillero-Sillero et al., 2019)	Revista Latino-Americana de Enfermagem	Job satisfaction, professional commitment, and participation in hospital issues were negative predictors for patient-related adverse events, while postoperative nurse care was a positive predictor.	An increase in adverse events is observed when nurses have job dissatisfaction, less professional commitment and low availability to participate in the affairs of their unit. On the other hand, adverse events decrease when nurses perform postoperative care.
<b>Article 04</b> (Cruz et al., 2021)	Revista Nursing	Among the dimensions of the Patient Safety Culture, they highlighted: continued organizational learning 93.8% and management expectations/actions 85.6%, non-punitive response to errors dimensions (26.6%) and openness to communications and shift changes/transitions (65.8%).	Leadership can be of fundamental importance for the construction of the Patient Safety Culture, based on the improvement of the communication between the team and consequently removal of the culture of individual blame for error.

Articles/ authors/year	Magazine	Main results	Conclusions
<b>Article 05</b> (Fernandes et al., 2021)	Revista Eletrônica de Enfermagem	Knowing the areas of fragility and strength for a safety culture allows the development of improvement strategies and ratification of actions in search of a more qualified and safer surgical care.	The dimension most scored as a strength for a safety culture was teamwork, management support and communication.
<b>Article 06</b> (Gutierrez et al., 2020)	Online brazil. jnurs.	Three semantic classes were obtained: (1) Organizational support (35.6%); (2) Interpersonal conflicts at work (38.3%) and (3) Involvement of the health team in the safe surgery checklist (25.8%).	Nurses' difficulties in managing patient safety in the operating room are mainly related to interpersonal relationships in the work environment and organizational support.
<b>Article 07</b> (Bohomol et al., 2017)	Revista SOBEC C	Four scenarios describe situations that present adverse events that have reached the patient, two near misses, and one contextualizes a risk situation. Three scenarios contextualized situations with elderly patients and one with a pediatric patient.	The scenarios can present assistance situations and provide reflections to minimize opportunities for errors, improve communication assertiveness, provide clarification on quality concepts and promoting the use of patient safety protocols.
<b>Article 08</b> (Batista et al., 2019)	Revista Gaúcha de Enfermagem	Reducing the elements that hinder the opening for effective communication between members of the surgical team and promoting the notification of surgical incidents and adverse events are means of improvement and management tools with a view to promoting safe care.	The results pointed to weaknesses in the organizational safety culture related to communication. Actions to promote openness in communication, systematize the return of information through error reporting, in addition to encouraging the reporting of adverse events are necessary to strengthen communication and patient safety.
<b>Article 09</b> (Magalhães et al., 2019)	Revista Gaúcha de Enfermagem	Professionals had a negative perception of the patient safety climate (69.5). Domain Job Satisfaction had the highest score (81.98), while Management's perception had the worst (62.15).	Identification of predictor variables is an important tool for implementing a safety culture, favoring quality of care and reducing adverse events.
<b>Article 10</b> (Garcia et al., 2019)	Jornal Plos-ONE	Among the burnout dimensions that were more moderate to high, depersonalization and low professional fulfillment stand out. All patient safety dimensions correlated with burnout.	The study showed the influence of all domains of patient safety for the development of burnout syndrome. It was identified that the organizational climate is the main determinant of burnout, especially with regard to work.

Table 02- Main results and conclusions of the articles that made up the final sample, 2022.

Source: Authors, 2022.

management of an institution is responsible for planning and implementing strategies aimed at a good Patient Safety Culture. However, it is necessary that each team member has co-responsibility to promote safety.

The nurse is the professional responsible for managing the entire perioperative period, promoting an adequate environment and safe care, for this it is essential to use checklists, the SAEP as a tool to better manage patient and family care; the importance of visiting the patient from the preoperative period in the hospitalization sector is highlighted, even before he is referred to the SC, knowing the professional who will receive him in the SC, knowing that the professionals are waiting for him there, would provide reception, tranquility, security, guidance, clarification of your doubts and consequently security.

Jost MT, et al (2018), argues that the Resolution of the Federal Nursing Council (COFEn) No. 358/20094, report that every health institution that provides professional nursing care must use the SAE, allowing the implementation of its own care practices. technical-scientific and humanization knowledge, organizing professional work in terms of method, personnel and instruments, making it possible to operationalize the nursing process (NP).

Garcia CL, et al (2019), comments that an institution with a positive safety culture signals the provision of higher quality care to its users. However, a major challenge is still the frequency and multifactorial nature of adverse events.

Fernandes ARRA (2021), explains that the assessment of safety culture is widely discussed in different hospital settings. However, there is still a weakness regarding the perioperative environment. In view of this, investing in research on the patient safety climate in the operating room is relevant, as it allows identifying the deficiencies inherent to this

theme, knowing the trends and thus assisting in the planning of improvements that derive from a positive safety culture.

During the entire perioperative period, the patient is exposed to several risks, such as: negligence in the use of the safe surgery checklist and a deficit in communication between professionals. (BOHOMOL E, et al. 2017).

Gutierrez LS, et al (2020), justifies that the problem lies in the “organizational support”, in this sense highlighting the undersizing of the nursing team, lack of material resources, and lack of support from managers. Sillero-Sillero A, et al (2019), emphasizes that in health organizations, work intensity is mainly revealed by the undersizing of workers, resulting in precarious work and compromised patient safety. If the nurse has job dissatisfaction, less professional commitment and low participation in the affairs of his unit, this may increase the adverse events of the patients assisted by him, therefore, perioperative nurses play an important role in the safety results.

According to Abreu IM, et al (2019), the nursing team is the category with the highest number of professionals present in the sector, so it needs to be engaged in safe educational and care actions. Batista J, et al (2019), clarifies that it is necessary to use tools that improve and promote safe care, such as reducing barriers that hinder communication between members of the surgical team and removing a culture of guilt to encourage reporting of incidents and adverse events.

Cruz LL, et al (20121), comments that this way, the team’s priority and search will be to work on preventing adverse events before they occur and strengthening the safety culture in health services.

Note that much of the patient’s insecurity is directly linked to circumstances related to the lack of communication by the nursing

team regarding the information necessary for its reliability throughout the perioperative period. It is necessary to acquire the patient's trust, because this way the risks to the patient can be reduced since the nursing team seeks as a primary characteristic the contact with the patient to guide, calm, comfort and inform., thus contributing to a quality SAEP and ensuring a crucial tool for patient safety.

Therefore, the application of the educational action is implemented as a key tool in patient safety, since it is directly linked to communication and information that will be passed on to the patient, since it is from there that all accident prevention actions begin. When the patient is admitted for a surgical procedure, it is necessary that, as a fundamental part of the assistance, the nurse informs all the conduct that will be adopted during the perioperative period, thus avoiding future accidents with the lack of information on the part of the patient regarding performing maneuvers that may interfere with your treatment.

Souza ATG, et al (2020), expresses the importance of the nurse's role in keeping up-to-date and recorded information on the preventive maintenance of patient transport and accommodation equipment, in order to reduce the occurrence of falls, as constant surveillance is essential. of patients in the SC, as well as the routine maintenance of high guardrails as an alternative to reduce the risk of falls, another suggested practice is to maintain surveillance and stay with the patient until he is in a safe condition and other adverse events

## **CONCLUSION**

This article sought to describe the approach of scientific articles, considering the importance of perioperative nursing care in patient safety. The selected articles showed great relevance for the discussions, and the approach is directed to patient safety,

highlighting the primordial need to use the checklist and the implementation of the SAEP.

The results showed that the implementation of the checklist, of the SAEP allows the nurse's interaction in the perioperative process, it is emphasized the importance of knowing, of carrying out anamnesis in the preoperative period with the client, in order to convey security, and reduce fear, the anguish; and thus design assistance focused on their real needs, which goes beyond just following protocols and standards.

Perioperative nursing care to ensure patient safety must meet all the institution's normative requirements, and offer something that goes beyond scientific practice, having empathy, charisma, humanization, attention, looking into the patient's eyes when we report to him; having this care when providing assistance is essential.

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