

PERCEPTION OF A NURSING TEAM ABOUT THE USE OF SURGICAL CHECKLIST*

Percepção de uma equipe de enfermagem sobre a utilização do checklist cirúrgico

Percepción del equipo de enfermería sobre la utilización de lista de verificación quirúrgica

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ABSTRACT: **Objective:** To understand how nursing professionals who work in a surgical center, perceive the use of a surgical checklist. **Method:** Exploratory, qualitative study. The data were collected from March to April 2015, through recorded interviews with a semi-structured script containing ten questions. The data were analyzed by using thematic analyses. **Results:** The study included 13 nursing professionals. The results were organized into three categories: risk management in a surgical center: difficulties in concept and in work practice; checklist for safe surgery and its contribution to the working practice; strengths and weaknesses on using the checklist for safe surgery. **Conclusion:** Nursing professionals realize the need to ensure patient safety and think that protocols contribute to the quality of care and services. The checklist is the main tool used by the health team in order to reduce adverse events and damage.

Keywords: Risk management. Safety. Checklist. Nursing. Patient safety.

RESUMO: **Objetivo:** Conhecer a percepção de profissionais de enfermagem que atuam em centro cirúrgico em relação à utilização do *checklist* cirúrgico. **Método:** Estudo exploratório, qualitativo. Os dados foram coletados de março a abril de 2015, por meio de entrevista gravada, com roteiro semiestruturado contendo dez perguntas, analisada sob a ótica da análise temática. **Resultados:** Participaram do estudo 13 profissionais de enfermagem. Os resultados foram organizados em três categorias: gerenciamento de risco em centro cirúrgico: dificuldades conceituais e na prática de trabalho; *checklist* de cirurgia segura e sua contribuição na prática de trabalho; e potencialidades e fragilidades na utilização do *checklist* de cirurgia segura. **Conclusão:** Profissionais de enfermagem percebem a necessidade de garantir a segurança do paciente, apontam que protocolos contribuem para a qualidade da assistência e dos serviços. O *checklist* é a principal ferramenta utilizada pela equipe visando à redução de danos e eventos adversos.

Palavras-chave: Gestão de riscos. Segurança. Lista de checagem. Enfermagem. Segurança do paciente.

RESUMEN: **Objetivo:** Conocer la percepción de los profesionales de enfermería que trabajan en la sala de operaciones para el uso de la lista de verificación quirúrgica. **Método:** Estudio exploratorio, cualitativo. Se recogieron datos de marzo a abril de 2015 a través de entrevista grabada, semiestructurada que contiene diez preguntas. Los datos fueron analizados según el análisis temático. **Resultados:** Participaron del estudio 13 profesionales de enfermería. Los resultados fueron organizados en tres categorías: gestión de riesgos en el centro quirúrgico: dificultades conceptuales y prácticas del trabajo; lista de verificación para una cirugía segura y su contribución a la práctica del trabajo; potencialidades y debilidades de la lista de verificación de cirugía segura. **Conclusión:** Profesionales de enfermería reconocen la necesidad de garantizar la seguridad del paciente y señalan que los protocolos contribuyen a la calidad de la atención. La lista de verificación es la principal herramienta utilizada con el fin de reducir los eventos adversos y daños.

Palabras clave: Gestión de riesgos. Seguridad. Lista de verificación. Enfermería. Seguridad del paciente.

*Article resulting from the Final Paper of the Nursing Graduation Course at Centro Universitário Metodista IPA, concluded in 2015.

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Received: 14 Dec. 2015 – Approved: 22 Jul. 2016

DOI: 10.5327/Z11414-4425201600030004

INTRODUCTION

Surgical assistance has been an essential aspect of health care in Brazil and around the world. With the increasing incidence of traumatic injuries, cancers, and heart disease, there is a consequent impact of surgical intervention on public health systems. For every 25 people in the world, one undergoes surgery, and that number shows the importance of considering the safety of a procedure, since half of the surgeries present complications and death as the main outcomes; 50% of them could have been prevented¹.

With the advent of risk management in health institutions, it is possible to observe improvements in health care, because the risk management actions which work to prevent and control them, focus on the safety of the patients, besides identifying the circumstances and opportunities that put patients at risk². Quality programs in health services encourage actions to observe patterns of conformity, with the perspective of improving the performance of the organization and the safety of the patients who are hospitalized³.

In this context, risk management is believed to allow nursing professionals to assess the care provided to the patient, observing and proposing the best practices that can minimize problems, or even anticipate them.

In October 2004, the World Health Organization (WHO) launched the World Alliance for Patient Safety, which aimed at raising professional awareness and political commitment to provide more safety in health care and develop public policies that can lead to good care practices. Among the global challenges that encourage the world commitment to the culture of patient safety, is the concern for safe clinical and surgical procedures, which are the basics for health care, thereby increasing the quality pattern and preventing adverse events and damage to the patient¹.

The adverse event occurs when there is a flaw in the process of the organizing services, as well as lack of leadership or of conducts that can change a reality, causing permanent damage and even death⁴. Therefore, when there is an adverse event, the entire organizational structure suffers the consequences of it, be it social, economic or material⁵.

In Brazil, the Ministry of Health, together with the Pan-American Organization and the WHO, was in charge of presenting the manual *Safe Surgery Saves Lives*, which aims at a collaboration of the practice of preventing risks allied to the quality of patient care⁶.

This manual presents a surgical safety checklist developed by experts and is divided in three steps, described as: identification (before anesthesia induction), confirmation (before surgical incision), and record (before the patient leaves the operation room). In patient care, this tool has not always contributed to better communication; however, it makes the procedure safer^{6,7}. Besides, professionals have been more sensitive to the matters of patient safety, and have manifested a favorable opinion as to the application of the surgical checklist, as well as its implementation in health services⁸.

WHO suggests that the checklist should be applied by the nurse; however, it can be done by another health professional who is properly skilled for this end, involved with the proposed surgical procedure⁹.

A multicenter study conducted with eight institutions, in which the surgical checklist was experimentally used, showed that the use of this instrument almost doubled the chances of patients receiving proper treatment, that is, free of damage. Besides, the application of the checklist reduced postoperative mortality in 47%, and surgical complications in 11%¹⁰.

The understanding of the reasons why incidents occur makes it easier to elaborate strategies and actions to reduce risk, increasing patient safety. The organizational response to the incident provides learning, generating changes in the system of improving quality in health. The quality of health services is a determining element, which ensures and controls the risks to which patients are submitted¹¹. Health institutions notice their fragilities in order to identify the source of eventual mistakes and correct them¹².

Taking into consideration the use of the safe surgery checklist, this study aimed at answering the following research question: what is the perception of nursing professionals who work in a surgical center with regard to the safe surgery checklist?

This study aimed at getting to know the perception of nursing professionals who work in surgical centers, as to the risk management in work practice, besides knowing the strengths and weaknesses in the use of the safe surgery checklist, and identifying the benefits for the nursing team if they use the safe surgery checklist.

METHOD

This is an exploratory, qualitative study. The data were collected in the surgical center of a private medium-sized hospital,

which performs about 150 surgeries per month, in the city of Porto Alegre, Rio Grande do Sul.

The inclusion criteria were nursing professionals who work exclusively at the surgical center, in the morning and afternoon shifts, and who agreed to participate in the study after reading and signing the Informed Consent Form. Nursing professionals who had less than three months of experience, and those who were dismissed from work due to health issues, vacation, or days off at the time of data collection were excluded. Professionals working in the night shift are not exclusive of the sector, working in shifts; therefore, they did not fit the inclusion criteria.

To ensure the anonymity of the research subjects, participants were identified by letters, followed by Arabic numbers, like, E1 and T1 – E referring to nurses and T to nurse technicians – followed by the numbers corresponding to the order of interviews. The data collection took place in March and April 2015, by a semi-structured script containing nine questions. Three of them were about the profile of the interviewees (professional category, work shift and time of work), and seven open questions about risk management and the checklist regarding benefits, difficulties, facilities for the usage of the checklist and communication between professionals. These questions are believed to be sufficient to meet the research goals. The data were collected by MP3 recordings, which were transcribed afterwards.

The data treatment took place from the thematic analysis¹³. First, the answers were grouped by themes, and then the following categories of analysis were identified: risk management in a surgical center: difficulties in concept and in work practice; safe surgery checklist and its contribution to work practice; and strengths and weaknesses of the safe surgery checklist.

The research project was submitted to and approved by the ethics and research committees of the institutions involved, both proponent and co-participant, with report numbers 924.294 and 947.103, respectively, according to Resolution n. 466/12, from the National Health Council¹⁴.

RESULTS AND DISCUSSION

The study comprised 13 nursing professionals, namely 4 nurses and 9 nursing technicians.

Regarding the time of experience in a surgical center, two nurses have one to five years of experience, one nurse has five to ten years of experience, and one has more than ten years of experience. Among the nursing technicians, two professionals have one to five years of experience, five of them have five to ten years of experience, and two technicians have more than 10 years of experience.

The results are presented according to the categories of analysis.

Risk management in a surgical center: difficulties in concept and in work practice

Generally, nursing professionals in a surgical center have difficulties to define risk management; however, they see its importance as something directly related to the safety both of the patient and the worker, connected to the institutional rules and protocols. By conceptualizing risk management, professionals describe it as a set of actions that anticipate future problems, therefore reducing and preventing damage, as observed in the following lines:

[...] Risk management involves all protocols and attitudes to care for the patient, to prevent risk, the work we do inside the block to prevent the patient from being at risk [...] (E3)

This line is an adequate illustration of the concept that risk management promotes patient care in a systematic way, identifying possible events that can harm him or her, strengthening the safety and the quality of processes¹⁵.

It is possible to notice, in the answers of the interviewees, some of the recommendations from the WHO, related to patient safety, such as the correct identification, risk of falls, administration of medicines, and correct location and laterality among others. Matters related to safety are believed to go through several stages of care, from hospitalization to patient discharge, regardless of the place where the patient is inserted. The following line illustrates this reflection:

[...] It is the care we must provide for the patients, not letting them fall, not offering wrong medication; having the direct contact

with the client, welcoming them and providing comfort for them and their family members [...] (T3)

Even though it is difficult to conceptualize risk management, professionals understand the processes involving patient safety and believe that risk management includes previous actions, and prevent the occurrence of mistakes related to health.

[...] Risk management is a way the institution has of predicting events, something that can lead to future problems, be it for the patient, the family member or the team. I understand it is the prevention against something more serious [...] (T9).

This perception about the systemic aspect of risk management is supported by the literature, which points out that patient safety is directly related with the reduction and/or mitigation of acts in the health system considered to be unsafe, aiming at using best practices with the purpose of obtaining the expected results¹².

Safe Surgery Checklist: contribution to the work practice

The surgical checklist is a useful tool to reduce adverse events in hospitals; however, its effective implementation is challenging¹⁶. This is an instrument addressed to patient safety, and it can be used in different situations, anticipating possible damage and promoting quality in care, as shown in the next line:

[...] The *checklist* is the certainty that we are doing the right thing, with the right patient, at the right time. It is the confirmation that everything is right [...] the checklist ensures us the surgery is safe, the patient knows he is in the right place, being operated by the right doctor and the right team [...] (T5)

The literature supports the idea that this tool aims at considerably reducing the more common and preventable risks during the perioperative period, and is correlated with the period related to the normal surgery flow from a sequence of established actions¹⁷.

After the reflexive analysis of the lines, it is possible to observe that the checklist not only ensures the surgical safety of the patient, but also qualifies the work of the team involved in the operative process, thus promoting a dialogue between its actors and an interface between nursing professionals and the multi-professional team, as observed in the following line:

[...] we talk more about the patients' difficulties, about our observations for them; if there are allergies, we didn't use to mention it, if the doctor wants antibiotics [...] before the checklist these questions did not exist, this interchange in the team [...] (T3)

The use of the surgical checklist as part of the work process ratifies the centrality in patient care. This tool has the potential to qualify nursing care⁷. It is believed that the implementation of protocols in the service, such as the checklist, promotes the effective communication between professionals of the multi-professional team.

However, whereas this tool is a safety element, its use can also lead to embarrassing moments in the team, as mentioned in lines of T1 and T6:

[...] older doctors do not take the checklist serious [...] so we are a little embarrassed that we won't do our jobs right [...] (T1)

[...] it doesn't work very well sometimes, it is hard to make everything work, it is not always accepted [...] (T6)

Despite being a challenge faced by the nursing team, this aspect should be considered, because, by using the checklist, all members of the team participate in the communication actively during the confirmation of items, communicating their actions and concerns to everyone in the operation room⁷.

Strengths and weaknesses in the use of the safe surgery checklist

From the perception of the nursing professionals analyzed, the main advantage related to the checklist, is its use, to make decisions and take action aiming at patient and team safety,

preventing mistakes, providing effective actions, as observed in the following lines:

[...] It contributed with the proper procedure, location, team, if there was no mistake in the treatment [...] (E1)

[...] It is easy because it prevents mistakes, of calling the wrong patient, of making a wrong surgery. This was useful to prevent these mistakes [...] (T8)

If conducted in a complete and trustworthy way by the teams, the checklist provides the observation of the critical stages of surgical procedures, reducing the complications and mortality, preventing infections in the surgical location, errors related to the surgery, thus improving the efficiency of the teams and the anesthesiology¹⁸.

As one of the strengths of the checklist, it is worth mentioning the role of the nurse as a manager of the care process, enabling better teamwork, as we can observe in the next line:

[...] the nurses have embraced the cause, and that was positive because it shows how the function as managers with the entire multi-professional team. In all situations, the nurse facilitates it, and here the role of the nurse was very positive [...] (E4)

Management is essential in the work of the nurse, since this professional works closely with different multi-professional teams. The nurses should not overestimate control, hierarchy and impersonality, but instead, they should participate in a work process based on dialogue, on the participation and on the debate with the team, leading to better decisions¹⁹.

Among the difficulties pointed out by technicians and nurses about the checklist, the resistance to it and its banalization from the point of view of the medical team stand out, as analyzed in the next lines:

[...] The difficulties are related to the doctors, since they are more resistant to answering the checklist [...] (T2)

[...] the doctor who doesn't take it very well laughs [...] sometimes the doctor is anxious to get the surgery over with and has no patience for the checklist [...] (T4)

The biggest difficulty found for the good performance of the surgery team lies within the team itself. Surgeons, anesthetists, nurses, and other professionals involved with the surgical procedure should have a good relationship and an effective communication. The teams that work closely, with the purpose of applying their knowledge and skills for the benefit of the patient, end up preventing the life-threatening complications related to the surgery considerably²⁰.

The results of this study on the weaknesses and strengths of the safe surgery checklist, ratify the findings in other similar analyses. Concerning the weaknesses, there is a long way to go around the management of work processes in the surgical center, as well as the role of the nurse with the multi-professional team.

FINAL CONSIDERATIONS

Nursing professionals in a surgical center realize the need to ensure patient safety. The perception of nursing professionals about risk management in the work practice of a surgical center is directly related with the best assistance practices, institution of protocols that lead to the prevention of adverse events and the qualification of care, by reducing errors and, consequently, the damage to the patient. The relationship of the team, the reduction in the chances of error, and the active participation of nurses appear as the main strengths in the checklist. On the other hand, the resistance of the medical staff is one of its main weaknesses. The checklist contributes not only for the safety of the patient, but also for the safety of the team, once this tool allows identifying the patient, the procedure, the laterality, among so many other aspects. Educational processes are required to sensitize the team as to the importance of this checklist, as well as to promote the integration of the multi-professional team, reinforcing the group work to provide safe and qualified care to the surgical patient.

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