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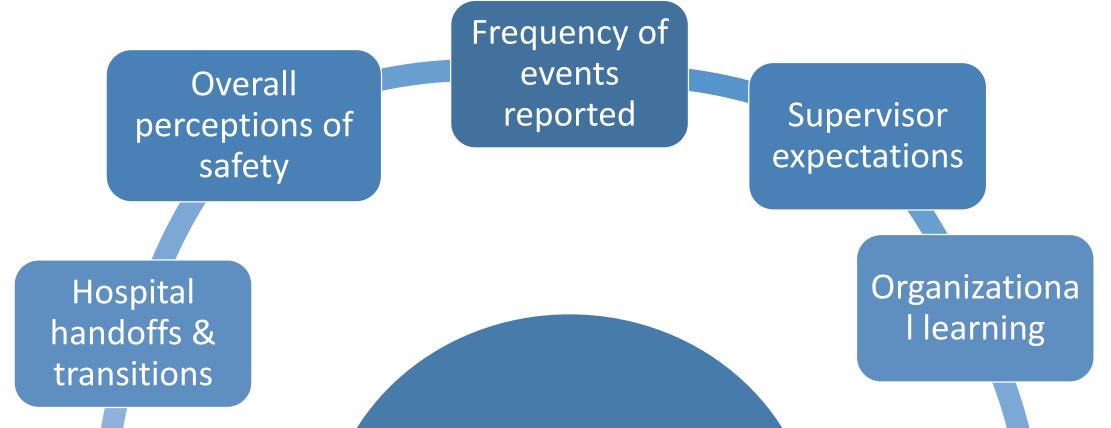
## **CONTEXT and AIMS**

Every year, many millions of people undergo surgical treatment and 25% of this patients will

present complications after operations. In Spain, adverse events due to surgery are around

10.5% CI95% (8.1% -12.5%), of which 36.5% would be preventable.

The main aim of the study is to evaluate the culture of patient safety by surgical area professionals.





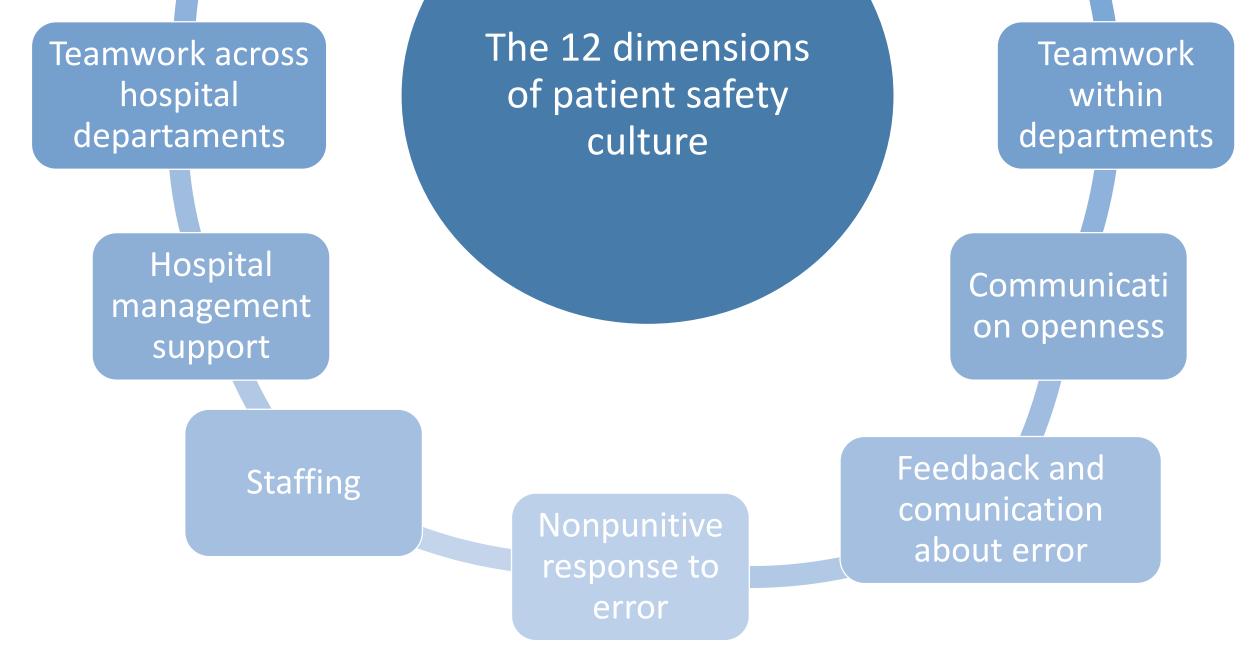
44th World Hospital Congress 8-11 NOVEMBER 2021 | PALAU DE CONGRESSOS DE CATALUNYA

The work is a cross-sectional observational study about the perception of the patient safety culture by professionals in the surgical area.

The sample is all nursing staff and nursing assistants who meet the inclusion criteria.

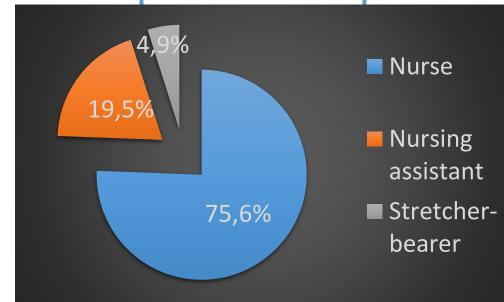
The study variables are the 12 dimensions of patient safety culture, the security climate and sociodemographic data

The instrument which we use to collect the dates is survey "Hospital Survey on Patient Safety".

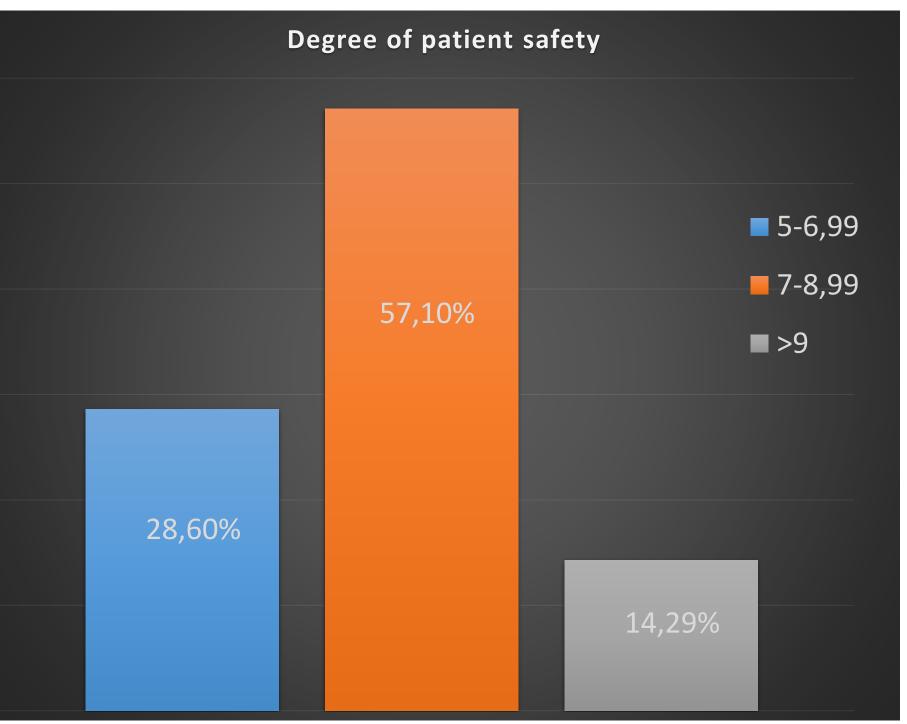


### FINDINGS

#### Participants description



#### The overall rating of patient safety: 7.18 (SD 1.21)



# The dimensions with the highest percentage of positive response

n=41(51.89%)

Female 85.45%

Average age: 38 years (SD = 11.62)

77.2% of notifications were made by nurses

"Supervisor/manager" expectations and actions promoting safety"

"Organizational learningcontinuous improvement"

<section-header></section-header>	Work pace is a factor that can lead to mistakes		The dimensions with the lowest percentage of positive responses				
	ors regarding patient safety should be considered a team blem and not an individual one			"No		"Overall	
	Staffing and organization of staff is a key point in patient safety	"Cor	nmunic	punitive		perceptio	
	Take advantage of the proactive attitude of the service to encourage reporting, learning from mistakes and designing improvement strategies		ntion nness"	response to error"	"Staffing"	ns of safety"	

## **INNOVATIVE CONTRIBUTION TO POLICY, PRACTICE AND/OR RESEARCH**

The results show that we have to work to improve the patient safety culture. Promoting the culture of patient safety

in our staff, we will achieve greater involvement of nurses in patient care. We can observe that there is a positive

attitude for change that we should take advantage of and design improvements strategies where nurses lead the

change and contribute with their knowledge about safe practice. On the other hand, the institutions have to improve

the organization of staff.



The authors declare no conflicts of interest