

## HEALTH CARE FOR PATIENT AND WORKER SAFETY: A LITERATURE REVIEW ON PROMOTION AND PREVENTION

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**Abstract:** Millions of patients are affected by adverse events, arising from unsafe care practices, failures in care protocols, inadequate number of professionals, among other variables that increase the morbidity and mortality rate that see an impact on the health management models of international and national organizations, facts responsible for improving the health status of the population. Taking into consideration, that the nursing team is the largest number of professionals working in healthcare, the occurrence of adverse events can lead to several problems to which they and the population are exposed. Strategic actions can predict nurse satisfaction and guarantee the prevention and promotion of assistance with quality services provided to patients. The workload of nurses and the events resulting from care are impactful factors in the continuous process of quality, patient safety, professional safety, and humanized care, which leads to concern about the mental health of these actors.

**Goals:** To carry out a systematic review of the literature in order to seek information based on scientific evidence that strengthens issues related to safety and quality in mental health for patients and professionals.

**Methods:** The study design is observational, descriptive and exploratory in nature with a systematic review through governmental and non-governmental websites with description, political/economic/social and mental health.

**Results:** The bibliographical research led us to 56 documents with evidence strength for the study context criteria. Of these, 39 studies were excluded because they did not meet the standard expectations of the theme development process.

**Conclusion:** This study is expected to contribute to the improvement in practice, greater reflection by health professionals, especially nurses, who deal directly with care and are responsible for seeking updates. That

preventive measures be applied, especially in mental health, mitigating impacts and risks. That managers can take advantage of the public policies and strategies developed to serve with quality, offering working conditions to the multidisciplinary team of the health system, whether of public or private origin.

**Key words:** mental health; patient safety; health promotion and prevention; health strategies and policies.

## INTRODUCTION

The assessment of this theme occurred through observation in a mental health hospital, where chronic patients with different psychiatric diagnoses reside and with the nursing routine (protocols and workload) given the risk of side and adverse effects that can cause impacts on patient safety. patient.

A study carried out in Finland and published in the scientific journal BMJ Open concluded that the chances of safety incidents and adverse events occurring increase between 8% and 34%, that the workload of nursing professionals is above the level considered adequate and which can increase a patient's risk of dying by 40% [1]. Currently, there are many works published based on local experience and after experiences in dealing with COVID-19.

The first occasion to promote and target patient safety was in 2004, with representative patient groups, heads of Agencies/Organizations/Institutions and the World Health Organization (WHO), organized by the Pan American Health Organization (PAHO) [2]. Discussions on patient safety are a global trend and issues involving this topic have frequently been addressed.

In 2010, the WHO describes in a document the steps to improve patient safety, and the first steps include ensuring the promotion and sustainability of these professionals [3]. That same year, a package was disseminated

to encourage improvements in patient safety, which included the protection of healthcare professionals [4]. Patient safety is defined by the WHO as the reduction, to an acceptable minimum, of the risk of unnecessary harm associated with healthcare. WHO's work has been intensive in designing, collecting, compiling and disseminating about mental health, with an action plan through atlases, intervention, evaluation and emergency instruments. In 2021, the World Health Organization prepared a "Global action plan for patient safety 2021-2030", showing actions for mental health in all clinical processes as one of the strategic objectives and describes that "there is a large gap in research on the nature of harm to patients in primary care, in mental health services and which is one of the actions for the WHO secretariat [5]. On World Patient Safety Day, the WHO reminds us to "guarantee the safety of healthcare professionals to preserve that of patients".

The European Network for Patient Safety and Quality of Care (PaSQ) develops and promotes issues related to the quality of patient care in Member States. Millions of patients are affected by adverse events, arising from unsafe care practices, failures in care protocols, inadequate number of professionals, physical and mental quality of life of professionals, among other variables that are leading to a global approach to prevention throughout the world. EU Compass is a tool that collects, shares and analyzes policy strategies from EU countries with the collaboration of mental health experts. There are works such as guides, reports and forums focused on this domain and health well-being [6]. The State of Health in EU, prepared by the World Health Organization in Europe and the European Observatory of Health Systems and Policies, aims to make health systems and specialized knowledge accessible as a contribution to political decisions [7]. The latest EU

Observatory report on the health profile of countries focuses on the impact of COVID-19 and cites the high levels of psychological suffering in the population.

In 2009, Portugal regulated safety and health at work, highlighting 5 main aspects, including the management of professional risk, the time and frequency to which the worker is exposed. The General Directorate of Health (DGS), in 2013, created the National Occupational Health Program, with three "key concepts": worker health, healthy work environment and quality of occupational health services [8]. In 2016, it created the report and prepared the National Program for Mental Health, with programmatic guidelines and monitoring until 2020 [9]. In 2020, it created, within the Health Quality Department, planning, improvement and evaluation divisions for patient safety.

## METHODS

In order to answer the research question and with the motivation to contribute to society on the topic, which meets the quality tools of a study, we developed an extensive online data collection that contains international cooperation criteria (WHO, EU) and national (SNS, DGS, DRE) of strength for action in health with 6 information, variables: attention to prevention, patient safety, professional safety, mental health, relevance of the research source and quality. (N=56) documents were evaluated, 39 of which did not meet the above criteria and (n=17) were selected and analyzed individually.

## HEALTH POLICIES AND STRATEGIES

### INTERNATIONAL

In the latest World Health Report, the director general of the WHO, Dr. Margaret Chan states that there is no effective policy, any strategy must be local management, as the systems are complex and adaptive [10]. With objectives to promote health in a globalized world, the Global Action Plan was created with five purposes:

- 1) Develop and implement policy instruments and standards for workers' health;
- 2) Protect and promote health in the work environment;
- 3) Promote performance and access to occupational health services;
- 4) Provide and disseminate evidence, aiming for action and practice;
- 5) Incorporate workers' health into other policies [3].

There are many plans, projects, strategies and policies to mitigate health problems. The challenge with health data, quantity and quality, makes universal definitions difficult. In Figure 1, the extensive work from 2005 to 2013 by the WHO is represented, an information technology model such as the Minimum Patient Information Model (MIM) [11] and in Figure 2, the objectives of the Global Action Plan for Patient Safety 2021-2030 which requires the efforts of Governments, Health Establishments and services, Investors and the WHO secretariat [5].

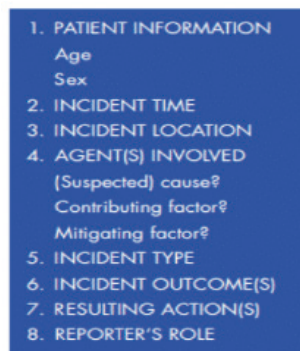


Figure1 - The MIM PS (Patient Safety)

Source:<http://apps.who.int/iris/bitstream/handle/10665/255642/WHO-HIS-SDS-2016.22-eng.pdf?sequence=1>

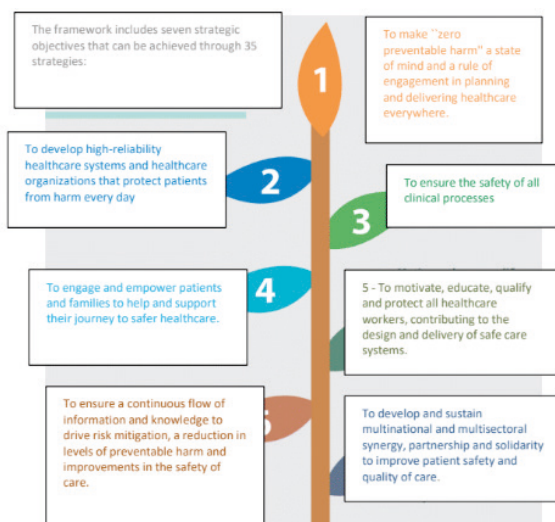


Figure 2 – Action structure

Source:<https://www.gov.br/anvisa/pt-br/centraisdeconteudo/publicacoes/servicosdesaude/publicacoes/plano-de-acao-global-para-a-seguranca-do-paciente-2021-2030-traduzido-para-portugues/view>

The International Labor Organization (ILO) also has guidelines on occupational safety and health management systems with 5 stages of risk assessment, with adaptability in operationalization using the Deming cycle:

1. Identify hazards;
2. Determine who may be affected and how;
3. Assess the risks and decide on the precautions to be taken;

4. Record the results and implement them;
5. Review the assessment and update it if necessary. [12]

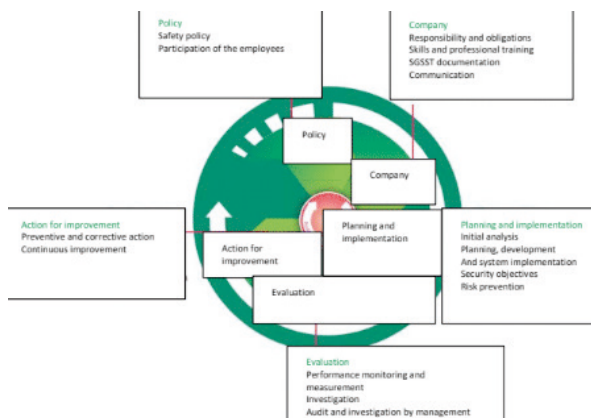


Figure 3 - ILO guidelines.

Source: [https://www.ilo.org/wcmsp5/groups/public/---ed\\_protect/---protrav/---safework/documents/publication/wcms\\_154878.pdf](https://www.ilo.org/wcmsp5/groups/public/---ed_protect/---protrav/---safework/documents/publication/wcms_154878.pdf)

A manual was prepared for the quality of Health. Figure 4 represents the efforts to formulate elements to document in a structured way for authorities and interested parties and the like [13]. According to the WHO (GPW13 and WHA74-14), Mental Health remains concerned with promoting and preventing well-being for all, as per the four original objectives: more effective leadership and governance; the provision of comprehensive and integrated services in a community context; implementation of multisectoral strategies combined with universal interventions and information systems with strengthened evidence and research.

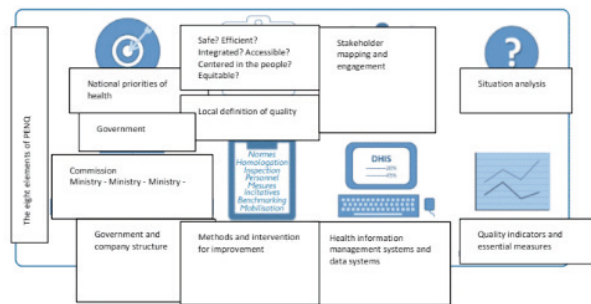


Figure 4 – Manual Overview.

Source: <https://apps.who.int/iris/bitstream/handle/10665/272357/9789240005709-por.pdf>

## EUROPEAN

In 1998, the WHO signed the European Observatory on Health Systems and Policies project. Twenty years later, it became an international agent with policy ideas, evidence-based healthcare. Its principles are: relevance, impartiality, quality, flexibility and public benefit. The policy framework is evidence-based and peer-reviewed. Non-governmental actions support society to: “significantly improve the health and well-being of populations, reduce health inequalities, strengthen public health and ensure people-centered, universal, equitable, sustainable and high-quality health systems” [14]. In the EU, progress is being made in patient safety, but the commission states that efforts need to continue. Regarding Occupational Safety and Health (OSH), EU-OSHA, created in 1994, has strategic priorities until 2027. The Objectives are represented in Figure 4 [15]. In mental health the panorama is of tools to collect, exchange, analyze and disseminate information from interested parties to bring together programs and practices from Member States. EU-Compass approved a booklet seeking to support care related to mental health and well-being, represented in Figure 5 [6].

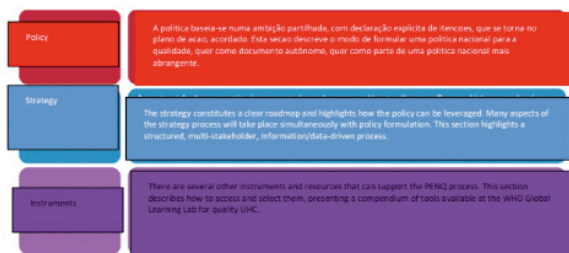






Figure 4 - Objectives to achieve for OSH.

Source: <https://eur-lex.europa.eu/legal-content/EN/TXT/?uri=CELEX%3A52021D-C0323&qid=1626089672913#PP1Contents>



Figure 5 - Good practice booklet.

Source: [https://ec.europa.eu/health/sites/health/files/mental\\_health/docs/2017\\_mh\\_work\\_schools\\_en.pdf](https://ec.europa.eu/health/sites/health/files/mental_health/docs/2017_mh_work_schools_en.pdf)

## PORTUGAL

The health policy and strategy plan in Portugal is based on the pillars of the National Health Service (SNS) program with objectives to defend social security services, education and health, combating poverty and inequalities. It cites as inclusive “There is no good health without Mental Health” and “Satisfaction of health professionals” [16]. In 2018, the General Directorate of Health (DGS) updated the National Program for Mental Health and the National Program for Occupational Health (PNSOC). Figure 06 represents the instrument aligned with the National Health Plan to intervene in work contexts, aiming to promote the value of health and quality of life at work through healthy environments and quality of health services and occupational safety with protection principles, prevention

and promotion [17].

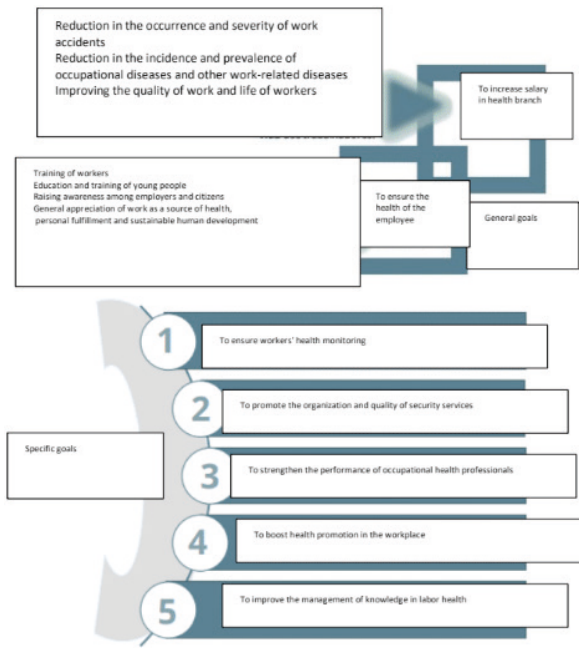


Figure 6 - General and specific objectives of the PNSOC.

Source: <https://www.dgs.pt/saude-ocupacional/documentos-so/pnsoc-extensao-pdf.aspx>

The same attention to DGS represented, Figure 7, the goals of the National Program for Mental Health, with objectives and indicators for compliance by 2020 [18].

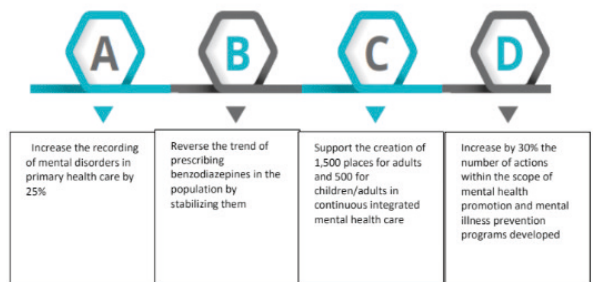


Figure 7 - Health Goals for 2020.

Source: <https://www.dgs.pt/em-destaque/relatorio-do-programa-nacional-para-a-saude-mental-2017.aspx>

## HEALTH IMPACTS

Observation is a fundamental tool for making a situational diagnosis that leads us to characterize the internal and external means that cause health threats, which result in the quality of life of human beings.

The relationships felt by patients and professionals to the detriment of extrapersonal, interpersonal and intrapersonal factors have a decisive influence on health risk events.

Within health institutions, it is important to highlight the participation of top management to guarantee and understand the needs for improvement in the care process.

The impacts of mental health are economic (employment, commerce, education, housing, security/pension services), direct and indirect, on society, on the quality of life of the individual and family, on physical health, leading to an enormous public impact.

The focus on mental health prompted us to check the possibilities of risk probability and severity based on the National Patient Safety Agency (NHS) matrix. To do this, it would be necessary to identify the types of risks, classify them, determine the associated dangers and develop corrective and preventive measures, which would lead us to a new study on this action and effect. The identification and generalization of impacts by security risk areas is represented in Figure 8 [4].

The effects of services performed in a qualitative way can be measurable for the analysis of data relevant to patient safety and for the management of care risks, with the monitoring of indicators through the implementation of preventive assessment protocols.

Models have been implemented to evaluate factors associated with adverse events.

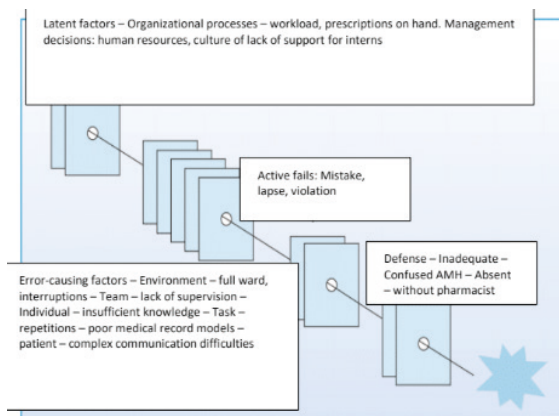


Figure 8 - Swiss cheese model

Source: <http://apps.who.int/iris/bitstream/handle/10665/44641/9788555268502-por.pdf;jsessionid=D3604634D21D6A0E8DF8858B-D7890035?sequence=32>

Adverse reactions can produce unexpected or unwanted results and can cause death, illness or serious injury with temporary or permanent losses, whether physical, mental or social for both subjects of the process. In Figure 9, the main errors arising from these factors are classified and defined [4].

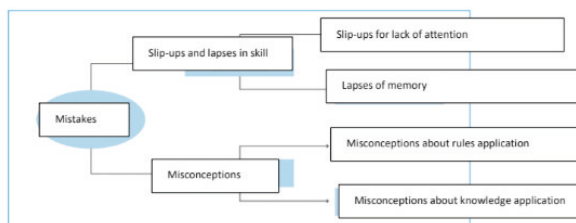


Figure 9 - Main mistakes

Source: <http://apps.who.int/iris/bitstream/handle/10665/44641/9788555268502-por.pdf;jsessionid=D3604634D21D6A0E8DF8858B-D7890035?sequence=32>

In organizational processes, one of the main symptoms to pay attention to is fatigue, stress and the professional's feelings, leading to concern in developing tools for self-assessment before starting work activities. Figure 10 shows the design of events for deficiencies in healthcare systems [19].

IN SAFE and HALT are tools that help

monitor the current condition and well-being, thus avoiding one of the main latent factors in nursing, burnout syndrome. Meaning: I (illness) M (medicated) S (stress) A (alcohol) F (fatigue) E (emotion) e H (hungry) A (irritable) L (late) T (tired).

Other protocols have been developed to practice knowledge of human factors such as: avoiding relying on memory, making things visible, reviewing and simplifying processes and using checklists as a routine.



Figure 10 - Systemic Approach: Yorkshire Model.

Source: <https://www.ensp.unl.pt/wp-content/uploads/2019/09/seguranca-do-paciente--livro-2.pdf>

The DGS developed a National Incident Notification System (NOTIFICA), in accordance with the recommendations of the WHO and EU (European Union), with notifications being made voluntarily, anonymously, confidentially and non-punitively.

According to the latest report of notifications registered in the SNNIEA, the data is far from reflecting the national reality.

A 2016 study carried out on risk management in mental health assessed that security risks in this area are unacceptable (4%), very high (44%) and high (52%) and prevalent in poor clinical practices, vulnerability and suicide [20].

Quality management system methods are another effort to minimize errors and assess risks. For this control, tools such as the cycle P (Plan) D (do) C (control) A (act), FMEA (analyzes and evaluates risk by occurrence,

severity and detection mode), process flowchart, cause and effect diagram, Pareto diagram, histograms are used to highlight continuous improvement in any context.

## DISCUSSION

One of the most discussed topics today when it comes to healthcare is patient safety. Risk assessment protocols involving safety in professional and patient performance are extremely important to guide safe and quality care.

Many programs, guides, modules, projects, plans and projects have been developed to address security issues, mainly in the mental area, however, the rules and definitions related to security criteria are still concentrated in specialized institutions.

It is worth highlighting, for the safety of health professionals, the publications of scientific articles that have highlighted the real circumstances in which they find themselves. The same has happened with the security of those who are linked to the management and way of thinking of the Institutions.

It is understood that it is necessary to adapt to each reality, and to each service, so that it meets the specific requirements of the context in which the patient is inserted and guarantees safety. Documentary and bureaucratic issues directly interfere with the requirements addressed, and studies show that accidents and incidents are increasingly increasing, thus bringing a negative impact inherent to safe healthcare practices. A primary intervention in detecting trends towards mental pathologies could be implemented using guidelines and gold standards to minimize impacts on mental health.

New studies and actions are essential to enforce what has already been prepared and defined so that improvements can occur to change the current scenario.

The various precautions for patient and



professional safety are basic procedures that must be strictly adopted, both by the top management of institutions and the teams directly involved in care, as well as the family to ensure increasingly safer healthcare.

Results found through the studies, show that in the view of nursing professionals, adequate time and specialized professionals available, brings security, reliability and certainty of good care with the standardization of techniques and support in the scientificity of care, as well as, a of excellence for patients. It is important to highlight the concern regarding the professional's distance from care practice, the antagonism of the search for

quality towards those involved in the quality of care provided to the patient.

The World Health Organization wants to reduce the risk of harm associated with healthcare to an acceptable minimum. The EU has supported international implementations and improvements. Portugal has structured it, but still does not have effective actions.

The bureaucratization of processes leads to the fragmentation of the care offered, in addition to promoting a distance between the nurse and the patient receiving care, it often shows an apparently “dehumanized” care that has been triggering mental problems for both.

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