

Chapter 21

Social Representations of Nurses on Medical Safety Culture in Clinical Care for Elderly People

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ABSTRACT

Evaluating the culture of drug safety, of certain services, and specific subjects, especially for the elderly population, makes it possible to identify gaps in clinical nursing care. The study aimed to analyze the social representations of nurses regarding the culture of drug safety in clinical care for the elderly people. This is a descriptive and exploratory research of qualitative nature, having the theoretical support of social representations. The chapter samples 38 nurses via interview and a non-participant observation. Analysis is done using Alceste software. This resulted in seven stable classes, and Class 3 had the largest representation, 23% of the corpus. Class 3 maintained hierarchical and semantic proximity to Class 2, which deals with technologies to ensure the safety of elderly patients in the use of medicines. For nurses, technologies help in the safety of elderly patients, but do not guarantee the extinction of adverse events. The chapter considered the need for patient safety to become an organizational culture favoring the quality of clinical nursing care in the handling of medicines.

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INTRODUCTION

The adoption of a safety culture by both health services and the individuals involved in this process requires the sharing of values, commitment to care practice and the development of skills and abilities, highlighting elements such as communication, culture and the know-how process.

Safety culture is important because it is a structural indicator that favors the implementation of good clinical practice, and includes the use of effective strategies. This proposal stimulates people to potential risks or real failures without fear of reprimanding the manager, as it is an internal policy of the institution (Wachter, 2013; Who, 2004).

In this patient safety scenario, implementing actions that sensitize professionals to the culture of correct practice or that minimize errors in medication handling requires cognitive and psychomotor mastery. Therefore, it is a care modality that involves inherent aspects of the patient, such as age and chronic illnesses, as well as subjective factors of the attending professional, even basic care actions with drug preparation and administration.

Studies related to the frequency of errors indicate that 39% of errors occurred in the medication prescription process, 12% in the transcription process, 11% in the dispensing process and 38% in the medication preparation and administration process (Leape, et al, 1995).

Miaso et al (2006) conducted a research involving the observation of nursing actions in drug management, and identified that in the preparation of drugs the errors observed were related to the manipulation technique, time and place. And in the administration of medications the failures in the administration technique, in the records and in the relationship with the patient were considered.

For nursing, the entire process that involves drug practice, as well as the culture to promote patient safety in this regard, must have its specific care for the various age groups, especially the elderly patients, from drug preparation to administration, in order to ensure an effective result and safe assistance.

The aging process leads to a reduction of 10 to 15% in body water and lean mass. In contrast, there is an increase in adipose tissue reaching 48% in women, which causes an increase in the volume of distribution for lipophilic drugs (Bernardi, 2010).

When it comes to metabolism and excretion of the elderly people, there is a reduction in enzyme secretion, directly interfering with drug metabolism, along with detoxification and drug conjugation, allowing the drug to remain in the bloodstream longer. This occurs due to lower efficiency of organs such as the kidneys that have a reduction in glomerular filtration rate and tubular reabsorption. The liver, the main organ of metabolization through its microsomal enzymatic system, has the activities of this group of reduced enzymes (Eliopoulos, 2011, Bernardi, 2010).

Changes such as these ones directly affect the drug effect and are a predisposing factor for drug interactions and adverse events. It is recommended, however, to learn from the nursing staff about the medications used in the elderly care, allowing knowing the impact of these drugs in this population follow-up and avoiding problems arising from the misuse of medications.

So evaluating the drug safety culture, certain services and specific subjects, especially the elderly people, helps to identify gaps in clinical nursing care; verifying the effectiveness of interventions and setting goals to promote the quality of care, starting from a cohesive professional environment and commitment to the multidisciplinary team. Thus, this study aimed to analyze the social representations of nurses regarding the culture of drug safety in clinical care for the elderly patients.

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