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Professionals' beliefs in patient involvement for hospital safety

Crenças dos profissionais no envolvimento do paciente para a segurança hospitalar

Creencias de los profesionales en el involucramiento del paciente para la seguridad hospitalaria

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ABSTRACT

Objectives: to analyze the beliefs of health care professionals about the benefits of patient involvement in care during hospitalization. **Methods:** a descriptive, exploratory, qualitative study was conducted with 87 health professionals from a teaching hospital. Semi-structured interviews were conducted between December 2019 and January 2020 - data was submitted to content analysis and interpreted in light of Rosenstock's Model of Beliefs in Health. **Results:** participants included nursing technicians, nurses, doctors, and other professionals. The categories "Professionals' beliefs about patient involvement in care", "Practices of patient involvement in care" and "Factors favoring patient involvement in hospital care" emerged. The perception of professionals revealed the influence of patient involvement in care outcomes and benefits for the safety of care. **Final Considerations:** involving the patient in care is associated with the healthcare professional's belief in the benefits of this practice for reducing incidents.
Descriptors: Beliefs; Behavior; Patient Safety; Patient Participation; Patient-Centered Care.

RESUMO

Objetivos: analisar as crenças dos profissionais de saúde acerca dos benefícios do envolvimento do paciente na assistência durante a hospitalização. **Métodos:** estudo descritivo, exploratório, de abordagem qualitativa, realizado com 87 profissionais de saúde de um hospital de ensino. Realizou-se entrevista semiestruturada, entre dezembro de 2019 e janeiro de 2020 — dados submetidos à análise de conteúdo e interpretados à luz do Modelo de Crenças em Saúde de Rosenstock. **Resultados:** participaram técnicos de enfermagem, enfermeiros, médicos, dentre outros profissionais. Emergiram as categorias "Crenças dos profissionais sobre o envolvimento do paciente no cuidado", "Práticas de envolvimento do paciente no cuidado" e "Fatores favoráveis ao envolvimento do paciente no cuidado hospitalar". A percepção dos profissionais desvelou influência do envolvimento do paciente nos desfechos assistenciais e benefícios para a segurança assistencial. **Considerações Finais:** envolver o paciente no cuidado está associado à crença do profissional de saúde nos benefícios dessa prática para a redução de incidentes.
Descritores: Crenças; Comportamento; Segurança do Paciente; Participação do Paciente; Assistência Centrada no Paciente.

RESUMEN

Objetivos: analizar creencias de profesionales sanitarios sobre beneficios del involucramiento del paciente en la atención durante la hospitalización. **Métodos:** estudio descriptivo, exploratorio, de abordaje cualitativo, realizado con 87 profesionales sanitarios de un hospital de enseñanza. Realizada entrevista semiestructurada, entre diciembre de 2019 y enero de 2020 — datos sometidos al análisis de contenido e interpretados basados en el Modelo de Creencias en Salud de Rosenstock. **Resultados:** participaron técnicos de enfermería, enfermeros, médicos, entre otros profesionales. Emergieron las categorías "Creencias de profesionales sobre el involucramiento del paciente en la atención", "Prácticas de involucramiento del paciente en la atención" y "Factores favorables al involucramiento del paciente en la atención hospitalaria". Percepción de profesionales desveló influencia del involucramiento del paciente en desfechos asistenciales y beneficios para seguridad asistencial. **Consideraciones Finales:** involucrar al paciente en la atención está relacionado a creencia del profesional sanitario en los beneficios de esa práctica para la reducción de incidentes.
Descriptores: Creencias; Conducta; Seguridad del Paciente; Participación del Paciente; Atención Dirigida al Paciente.

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INTRODUCTION

Patient involvement is a strategy for preventing healthcare-related safety incidents[1]. It is considered an essential component of the National Patient Safety Program (NPSP), which encourages partnership among patients, families and health professionals in an effort to improve care safety by placing patients at the center of care and as full partners in care[2].

The practice of involving the patient in care is internationally recognized as a dimension of quality[3]. Moreover, it converges to a legal duty of the health system to truly respect the patient's rights to privacy, access to information, secrecy or professional secrecy, autonomy, non-discrimination and empathy in the doctor-patient relationship, consolidating the principle of human dignity[4].

Patient participation in assessing fall risk and developing a safety plan during hospitalization reduced total fall rates by 25% and injury fall rates by 67%[1]. In pediatric inpatient units of seven US hospitals, after the implementation of a structured communication intervention for family-centered rounds co-produced by families, nurses and doctors, incidents of harm were reduced[5].

In Sweden, most patients were found to be knowledgeable about their health conditions and proved to be active participants in their care and safety activities, having a voice, being part of the decision-making process, and sharing information[6]. The benefits of patient engagement are improved safety of care, greater efficiency of care, increased patient satisfaction and motivation, adherence to treatment, transparency in communication, shorter recovery time, and reduced hospitalization costs[3]. Involving the patient in care, therefore, is a necessary path because it has an important influence on care outcomes[7].

Understanding how this movement is happening in health services makes it possible to raise elements that will subsidize organizational management in the development of actions that make this practice more incisive and cultural, with reflections on the behavior of health professionals. The adoption of a certain behavior and attitude by people is influenced by a belief system, which shapes individual and collective actions, based on a stable and meaningful interpretation for those involved, according to the physical, social, and cultural context[8].

In this perspective, the Health Beliefs Model proposed by Rosenstock[9] shows itself as an extremely relevant tool for understanding the universe of health professionals' beliefs about patient involvement in the safety of care. It is a model that has been used to explain and predict the behavior of health professionals when facing certain care practices[10-11].

Among the aspects related to health beliefs, the perceived benefits are listed, which refer to the belief in the effectiveness of an action and the perception of positive results, even in the face of possible barriers[9]. A Canadian study, based on this model, showed the influence of the benefits perceived by health professionals as a contributing factor to patient involvement in safe care practices[10]. In Brazil, the benefits perceived by the nursing staff in relation to vital sign parameters also influenced the recording of this information for monitoring hospitalized patients[11].

Therefore, understanding the beliefs of health professionals about the benefits of patient involvement in care can reveal aspects of professional practice and guide organizational leadership decision making to promote changes in the practice environment in order to favor patient participation in care processes during hospitalization.

This is a proposal that analyzes the patient's involvement in care in the hospital setting, whose available literature is still considered incipient. In addition, there are no national or international studies that have explored the perception of professionals about the patient's involvement in care, under the Rosenstock's Model of Beliefs in Health.

OBJECTIVES

To analyze the beliefs of health care professionals about the benefits of patient involvement in care during hospitalization.

METHODS

Ethical aspects

The study was approved by the Research Ethics Committee of the Federal University of Goiás. All participants signed the Free and Informed Consent Term. To ensure anonymity regarding the exposure of identity and to avoid embarrassment, the reports referring to each participant were identified by the initial letter of the professional category followed by a number corresponding to the order of the interview.

Study design and site

This is a descriptive and exploratory study, of qualitative approach, based on the Consolidated Criteria for Reporting Qualitative Research (COREQ)[12].

The study was conducted in a teaching hospital in the Midwest Region of Brazil. It is a federal public institution that provides outpatient and inpatient care in medium and high complexity to users of the Unified Health System (UHS). It is a research, teaching, and extension field for health courses, with total capacity for 600 inpatient beds. The following inpatient units were included: medical clinic, orthopedic clinic, surgical clinic and tropical medicine clinic.

Population

The population consisted of health professionals working in the units selected for this study. Inclusion criteria were the professional's performance in the unit for a minimum period of six months, both day and night shifts. Those who were away from their duties during data collection were excluded from the study.

The study included 87 health professionals, including doctors, nurses, nursing technicians, physical therapists, nutritionists, psychologists, and others, who were selected by convenience. Theoretical data saturation sampling technique was used, which consists of the interruption of data collection when it was determined that there were no more new elements in the field of observation to support the desired theorization[13]. The number of participants corresponded to all the subjects approached for the research, since there was no refusal to participate in the study.

Collection and organization of data

Data collection was guided by a semi-structured instrument designed for the purposes of this research, structured in two parts. The first investigated the participant's professional profile, and the second part contemplated the guiding questions: For you, what is the meaning of patient involvement in their own safety during care? Do you think that patient participation in the issues that involve their care is important? Why do you think so?

The instrument was pilot-tested with seven healthcare professionals to verify its objectivity, clarity, and scope of the objectives. The professionals who participated in the pilot test worked in inpatient units and were not included as target population of the study. After the test, questions about the professional profile were included, and there was no need to change the guiding questions.

The interviews were conducted by the main researcher, who has proximity to the research topic and understanding of the guiding principles of the interview technique for obtaining data. The interviewer did not have any kind of work bond with the hospital, nor with the interviewees. The reasons and interest in the research topic arise from the subjectivity and complexity of the beliefs of health professionals.

Before the beginning of data collection, visits were made to the hospital's clinical units to invite health professionals, inform them about the purpose of the research and emphasize the importance of the opinion of each member in order to improve knowledge about patient safety. Those who consented to participate filled out a list with preferred dates, times, and phone numbers. When there were intercurrences, the interview was rescheduled.

The interviews were conducted face-to-face and individually between December 2019 and January 2020. They were recorded and relied only on the presence of the interviewer and the health professional, in a reserved place, in the interviewee's work fields.

After the participant's consent, the recording was made on a smartphone, off line mode, with a digital recorder application. Then, the material was transcribed in full in a Microsoft Office Word 2016® document, forming the corpus of analysis. The interviews lasted an average of 15 to 20 minutes. There was no need to repeat them or to return the transcripts to the participants for comments and/or corrections.

Data analysis

The data was submitted to content analysis, according to Bardin's referential[14], organized in three chronological poles: pre-analysis, moment of organization and recognition of the data through reading; exploration of the material, in which the codification of the data was made by cutting the text and then identifying the nuclei of meaning in accordance with the objectives; and the treatment and interpretation of the results obtained, moment in which the data was treated through inferences and interpretations in order to become significant and valid, categorizing the information analyzed[14].

The process of pre-analysis and exploration of the material was performed with the help of the webQDA software, which enabled the organization of the large volume of material. With the analysis, 14 units of meaning were raised, grouped by themes, arising three units of context, which defined the thematic categories: "Beliefs of professionals about patient involvement in care", "Practices of patient involvement in care", and "Factors favorable to patient involvement in hospital care".

Subsequently, the context units were interpreted in light of the "Perceived Benefits" dimension of the Health Beliefs Model proposed by Rosenstock[9]. Based on this referential[9], in the context of patient safety management and patient involvement in care, "perceived benefits" were considered as the belief in the importance of patient involvement in care, perceiving the positive results for the safety of care, even in the face of barriers/obstacles.

The data related to professional characterization was analyzed using descriptive statistics, presenting mean for continuous variables and absolute and relative frequency for categorical variables.

RESULTS

A total of 87 health professionals were interviewed, being 66 (75.9%) of them female. Age ranged from 25 to 63 years, with a mean of 40 years. Nursing technicians (33; 37.9%), followed by nurses (22; 25.3%), doctors (7; 8%), physical therapists (5; 5.7%), nutritionists (4; 4.6%), psychologists (3; 3.4%), pharmacists (3; 3.4%), and other professionals of a higher level (10; 11.5%), which included speech therapists, occupational therapists, and social workers. The time since graduation ranged from 1 to 33 years. More than half had a specialization (45; 51.7%). Most of them worked in assistance (78; 89.7%), in public service (62; 71.3%) and had an employment relationship (52; 59.8%). Regarding training in the area of patient safety, 53 (60.9%) had not taken any course.

The synthesis of the category "Professionals' beliefs about patient involvement in care" is presented in Chart 1.

Because they perceive the benefits of patient involvement in care, professionals adopt this practice during their care work. The thematic category 'Practices of patient involvement in care', whose synthesis is presented in Chart 2, reveals the strategies used by professionals to involve the patient in care safety.

Chart 3 presents the synthesis of the thematic category "Factors favorable to patient involvement in hospital care". Such factors include: organizational support, with emphasis on in-service education, provision of physical structure, and direction of the work process; the experience of the health professional as a learning opportunity to involve the patient; and the orientation/activation of the patient regarding his involvement in care.

DISCUSSION

The health professionals' knowledge about patient involvement in the safety of care reveals important aspects about the influence of this practice on care outcomes. By perceiving and believing in these benefits, the adherence of health professionals to patient involvement in care is favored.

Chart 1 – Synthesis of health professionals' reports in the thematic category "Professionals' beliefs about patient involvement in care", Goiânia, Goiás, Brazil, 2020

Signification Units	Representative Statements
Patient protagonist of care	*"To have enough empowerment to know what his demand is and the other professionals who are involved in his care, that he is safe in that hospitalization, that he can be cared for, treated in his needs, in a way that is beneficial to him and his overall health status."* (P38)
	"Avoiding mistakes. From the moment you include the patient in their own treatment, you have an ally and quality care." (NT47)
Autonomy for decision making	*"There have been cases here, for example, where I tried to show the patient that this conduct was better for him, and the patient did not want to receive the conduct. To bandage the patient and say 'look, this is the most correct way, to guarantee the safety of your treatment, so that you don't get an infection'. And she wanted me to put contaminated ointment on her finger and take a gauze and tie it instead of using a plaster, to occlude it properly"* (N15)
Patient awareness of care risks	*"Involving the patient in the assistance would be like a protective barrier in the assistance. Because the patient... we are looking at several patients, he knows his own things, so there have been cases where he was a barrier, of him saying 'no, I don't use this medication' or 'no, I don't know about the exam', so he himself is a barrier to prevent errors from happening."* (N02)
Professional-Patient Interaction and Communication	*"Talking about him, showing him where he is going to stay, which bathroom he is going to use; the bed, that he can get up, get down, that he always needs to be careful when he gets up, call someone if he doesn't have a companion. This is a means of safety so he doesn't fall; if the floor is wet, he doesn't walk."* (NT31)
	"There is a lot of interaction, interaction of the patient with the whole process that is happening around him. We leave it very open for any questioning, any doubt." (PT48)
Trust and empathy relationship	*"It is important for him to be involved. It makes it easier for the professional to interact with the patient, to adhere to treatment. The patient needs to know what is being performed on him."* (NU35)
	"It means looking the patient in the eye, understanding what the patient is expecting from me at that moment and what I can do best for them at that moment." (NT22)
	"I treat it the way I would like people to treat me. For me, it's important to know everything that's happening to me when I'm hospitalized; for them, it is too." (N03)

Chart 2 – Synthesis of health professionals' reports in the thematic category "Patient involvement practices in care", Goiânia, Goiás, Brazil, 2020

Signification Units	Representative Statements
Creation of patient-professional bond	*"The first way I use to engage the patient is to create the bond with that patient, to establish a bond."* (OT27)
	"Creating a bond, making him realize that you are there as a multiprofessional team to provide quality care, that we are concerned with his recovery, with the prevention of new hospitalizations." (SW43)
Partnership Attitude	*"So, if it is a social factor, I seek to share with the social service, with the social worker. If it's a clinical factor, I seek to discuss it with the doctor, or with nursing. And if it's an emotional factor, I seek to be working on those resources so that he can be more involved in his care."* (P32)
Co-responsibility for care	*"Focus on multi work: each professional acting according to his or her specificity, with that patient as the center of attention."* (SW43)
	"[...] you have to involve the patient, inform him as much as possible, so that he knows everything that is going on around him, that he understands what a hospital environment is, what has been done in it, what risks this can cause, so that he also has certain care that sometimes, in our absence, he will have to take care of himself." (NT13)
Transition of care	*"I think it is very important that we provide emergency care, so that the patient can leave with an idea of when to go back to the hospital, how much improvement is expected, and how long it will take".* (D62)
Respect for the patient's right	*"There are professionals who have that level of commitment, of awareness, a more humanized view of care and perceive the patient as a citizen with rights."* (SW43)
	"First of all, clarify, inform, orient. First of all, what institution is this, what kind of care is being offered to him here, the social service point of view, we do a whole approach to health rights." (SW42)
Patient as a barrier to error	*"It helps to protect oneself, it helps the safety culture, because what the professional sometimes overlooks, he can say 'look, you didn't do this, you didn't take my medication on time, or you didn't wash your hands before touching me'. Since the demand is great, it helps the professional to pay attention to these things."* (N23)
	"Because all health professionals are involved, mainly, the patient [...], for example, if it's a medicine for him to take, and he doesn't recognize it, by the color, by the characteristic, he can say: 'No, I don't use, I don't use this medicine, I can't use this medicine'. So, it's fundamental for his safety." (ST55)

Chart 3 – Synthesis of the reports of health professionals in the thematic category "Factors favoring patient involvement in hospital care", Goiânia, Goiás, Brazil, 2020

Signification Units	Representative Statements
Organizational support (in-service education and physical structure)	*"The hospital offers training through continuing education, mini-courses, and lectures. This assures the professional in his self-learning, so that he provides quality care, the institution involves the patient with more quality, and this the institution has favored."* (N01)
	"For example, we didn't have a shower chair [...] *our management went after it and provided it. So when we have some obstacle like that, in terms of infrastructure, the management is very ready to support us."* (N57)
Experience as a learning opportunity	*"There was a change. In the rooms, there was only the name of the patient. Today there is a little place where you put the name of the patient, the date of admission, and there are some little red and green balls that have some indications, and now they put 'patient with risk of falling' or not. This didn't exist before."* (NT22)
	"I feel able to engage, because it's already 18 years old. What I didn't learn in a classroom, I learned in everyday life, in day to day life." (NT22)
Orientation/ activation of the patient regarding his/her involvement in care	*"I have been living this for 13 years. I consider myself every day better prepared to deal with the need of people, to involve them in the care, to call the person, the responsibility with their own body, with the changes that the disease is putting."* (N57)
	"The more the patient is aware of his need to be participating in his health, the length of hospitalization is shorter, he has a better ability to recover. The main point is this, he has the ability to discern that he is important for his safety, that no one but himself has to guarantee that." (NT12)
	"This issue of identification of the bracelet, of the bed, he already has some notion of it. The food, in the food plans, everything is identified with his name. It's happened sometimes that the label has the wrong name and the patient doesn't accept it, but it depends a lot on the patient's conscience." (NU28)
	"Patient aware of what is happening, when he participates in the care during hospitalization, he becomes more aware of everything that is happening and even helps to speed up the whole process, helps us consummate the discharge faster, when he collaborates with everything that the team is guiding." (D71)

The positive belief about the benefits of patient involvement in care is associated with the perception of the favorable effect that this practice brings to the care process. This belief, therefore, triggers attitudes and behaviors that generate greater adherence to care practices, a guiding component for improvements in health care. This concept provides an opportunity for the engagement of health professionals who contribute to the development of quality care and understanding of the environment and context in which care is developed[15-17].

This study surveyed health professionals' beliefs about the benefits related to patient involvement in safe care. The professionals associated the importance of the patient as the protagonist for safe care, defined as a cyclical process of accumulation of knowledge, self-determination, and confidence to manage their own care. It is presented as an important step that contributes to the care process, results in greater empowerment and greater patient adherence to the proposed treatment, and produces positive effects on clinical outcomes[3,10].

The patient, as the protagonist of their own care, takes the position of active participant in decision making; avoids that, as a victim, they adopt a position of conflict; and collaborates in the creation of spaces to discuss with the health team regarding the vulnerability associated with different types of risks and incidents, helping to reduce these occurrences in the hospitalization environment[4].

Patients who are engaged, questioning, and participating in their own care are likely to practice healthy behaviors, mitigating risks and unsafe acts[18]. They are able to make decisions about their treatment options and to assume the management of their own care. In this context, the more informed and collaborative the patient is with the health team, the better the care outcomes will be, which range from actions that reinforce their safety during hospitalization to the adoption of healthy behaviors after discharge[19].

Patients who actively participate in their own care are considered to be the last chance to prevent incidents from occurring, a strategy developed for the promotion of safety culture[20]. The importance of the patient as a barrier against the occurrence of incidents was revealed in the results of this research. Besides effectively contributing to the improvement of health indicators related to safety, the patient's participation in this process, thought in a strategic and systematized way, promotes positive experiences, increased confidence and satisfaction with health care[3].

A study conducted in five teaching hospitals in Finland showed that 78% of patients rated the level of patient safety as very good or excellent. Among the actions to encourage the participation of the patients themselves in care, they found the importance of informing them about surveys and encouraging them to participate; providing necessary information in a comprehensive way; and increasing their ability to identify the occurrence of incidents[21].

In this sense, informing patients about the risks they are exposed to during hospitalization is necessary to contribute to their awareness process. The purpose of this action is to minimize and prevent harm, in a collaborative perspective and the patient's right, which brings improvement to the quality and safety standards of care[22]. Awareness about your safety must therefore begin before hospitalization occurs[6].

Patient empowerment for risk management plays a key role in ensuring safe care by enabling patients themselves to identify and prevent incidents, share information, and ask questions about their chosen treatment[22].

It is important to emphasize that this entire dynamic having the patient as the center of care strengthens his/her autonomy to make decisions. Identified as a belief for the involvement of the patient by health professionals, the patient's autonomy to make decisions during clinical practice converges with the principle of human dignity, a fundamental assumption of ethics. It is enhanced by recognizing the patient as the main subject and central focus of care, in order to expand his/her capacity and independence regarding care[23].

However, during hospitalization, their autonomy may be restricted due to norms, routines, care protocols and technology. The condition of vulnerability resulting from frailty and disability, the highly technological environment and the insecurity in front of the disease process constitute limiting factors of autonomy in the patient's hospitalization. These factors demonstrate low protection of the patient in the hospital environment, because he lives at the margin of the care process[24]. Moreover, the restriction of their autonomy may limit the recognition of possible harmful behaviors to the continuity of treatment and maintenance of their health in an out-of-hospital environment.

Thus, it is important that the relationship of health professionals with their patients creates symmetrical, egalitarian, partnership connections, extinguishing power relations. An integral approach must be established, directed to patient-centered care, aiming to stimulate autonomy for self-care[23].

In the study in question, the belief "professional-patient interaction and communication" refers to important assistance behaviors of patient-centered care[25], with emphasis on co-responsibility for one's own care, health care safety, collaborative partnership and symmetrical relationship between health professional and patient[26]. This belief may also present improvements for care related to the medical decision-making process; educating patients on how to stay safe, interested in their own care; and managing health conditions[18].

Patient involvement is closely linked to relationships of trust and empathy, to understand and meet their expectations, recognized as positive factors in the hospital environment that influence the quality of safe care[25], enabling health professionals to access information needed for treatment.

Health professionals recognize the benefits perceived by the relationships of trust and empathy, establishment of a bond, adherence to treatment, and therapeutic success, which depend on a good relationship and communication between the health professional and the patient. From this bond, credibility and trust are created so that the patient can adhere to treatment[27].

In Sweden, a study highlighted the importance of the trusting relationship between health care professionals and the patient, so that the patient can raise his or her questions and concerns. It also included specific personal behaviors, such as being empathetic, understanding and meeting patient expectations, facilitating an open environment, and allowing enough time for a trusting relationship[28].

The relationship of trust and the establishment of a bond between health professionals and patients are positive factors for the safety of care in the hospital environment. However, safety is considered fragile when patients have a passive posture towards care, considering that there will be no failures as a result of such relationships[29].

It is important that health professionals contribute by putting the patient at the center of care, support him/her to develop knowledge and skills that help him/her to make decisions about his/her health, to establish and strengthen bonds and relationships of trust; in addition, professionals need to be committed and skilled in orientations[26].

In Germany, the implementation of strategies related to patient-centered care based on the Patients' Rights Policy is the focus of effective treatment, with comprehensive and understandable information about the clinical picture and shared decisions between patients and professionals[30]. In Brazil, there are initiatives that encourage this movement, especially when it comes to patients considered more vulnerable[31]; however, the literature on this practice within the health services is still incipient.

The study found strategies of patient involvement in care related to patient orientation on how to assist the healthcare team in reducing medical errors, information to patients and families about the occurrence of incidents, effective communication between accompanying professionals and patients, and the development of patient autonomy to raise questions about information received by the healthcare professional[20].

One approach to stimulate patient involvement in safe care is to train health professionals in patient-centered skills and attitudes[32]. This approach is used to identify subjective, emotional and cognitive aspects[27] and improve how to involve patients in the management and treatment of their disease[32]. It is worth noting that, although the healthcare professional plays a fundamental role in involving the patient in care, this practice must be an institutional commitment.

Creating a training program, in which patients and health professionals learn together to improve patient-centered care, is a challenge for health services[32]. A study conducted in Korean hospitals found that increasing nurses' competence in patient-centered care, teamwork, and creating a positive safety environment were factors significantly associated with the individual's participation in improving healthcare safety[7].

Among the factors that facilitate this practice, the results pointed out the organizational support with emphasis on in-service education and the physical structure, the professional experience that expands the understanding of how important this patient involvement is for good care results, and the ability that the patient has to engage in this process. The organizational support refers to organizational practices and mechanisms that reflect the appreciation, treatment and concern of the organizations in relation to the worker[17].

In this context, the importance of knowing the characteristics of training and experience of professionals is emphasized because it allows the recognition of learning needs, since adherence to safe practices, such as patient involvement in care, consists of attitudes that can be learned. With the intention of increasingly strengthening the adherence of professionals to patient involvement as a cultural practice, it is necessary to establish a movement of organizational learning, defined as a dynamic process of appropriation of new knowledge that can be learned in the work context[17]. It was identified that the profile of health professionals in this study varied in terms of age, time of training, titles, and courses taken. Recognizing gaps associated with this

profile can help institutional planning in the face of the need to incorporate new safety practices into the service, such as patient involvement in care.

Although the professionals felt qualified to apply strategies to involve the patient in care actions in order to increase safety, the results did not signal actions related to international patient safety goals. The literature also points out that the participation of the person being treated in their own safety is still deficient in clinical practice, even considering the national patient safety protocols, being more noticeable in the protocols of safe surgery and prevention of injuries resulting from falls[29].

From the organizational point of view, aligning the beliefs of health professionals to the benefits that patient involvement brings to care indicators is something that favors this practice, being an interesting perspective to strengthen the culture of patient participation as a full partner in care. The knowledge of these beliefs by the organizational management can be an opportunity to motivate health professionals to adhere to the action of involving the patient in care as a safe practice, as well as to structure care safety protocols with more incisive involvement actions.

The joint commitment of patients, professionals and top management of healthcare institutions provides a central force to advance the perspective of the patient as a full partner in healthcare systems[33]. The belief in the benefits of this practice for the safety of care influences professional behavior. Overall, understanding the effectiveness of patient involvement should be a priority for the organizational culture of health systems, in order to expand this practice into the service routine[16,18].

Study limitations

The study is limited by the fact that it was conducted in a single public hospital, and may represent a local diagnosis, with reflections of the organizational culture and model of care.

Contributions to the Health Area

The research brings contributions to the care and organizational context by enabling practical reflections on patient participation in care based on the perception of health professionals about the benefits of this strategy to increase the safety of care.

Having the patient as a barrier in the prevention of safety incidents requires an assistance model based on patient-centered care, which guides the need for organizational changes in the culture of institutions still permeated by the biomedical-technocratic model.

In the context of scientific knowledge, the study contributes with a new perspective of analysis of professional practice, based on Rosenstock's Belief Model, and reveals that the adoption of safe practices, such as the one that is the object of this study (patient participation in care), is mediated by the belief in the benefits of this action for patient safety.

FINAL CONSIDERATIONS

The results showed that involving the patient in care is associated with the health professional's belief in the various benefits of this practice for health care safety. In an environment that considers the patient an active subject during the hospitalization period, the benefits perceived by health professionals regarding their involvement in care were related to the patient as the protagonist of care; autonomy for decision making; a relationship of trust and empathy; professional-patient interaction; and patient awareness of the risks. In addition, the characteristics and strategies of the practice of involving the patient stand out.

This belief shapes the behavior of health professionals as they incorporate into their clinical practice the patient's involvement in care through the establishment of a bond, the need for commitment and ability of the professional, patient orientation, and the provision of information about the organization protocols, the functioning of the environment, and care practices. Moreover, the work consists in making the patients understand the complexity of the assistance, become familiar and collaborate with the institutional environment, considering the bio-psychosocial and cultural dimensions in the whole process.

Moreover, it was revealed that the adherence of the professional to the practice of involving the patient in care is dependent on the professional's experience with this action, the willingness, availability, and ability of the patient to participate in issues related to care during hospitalization, and the organizational support, leadership support, and availability of resources for the patient's involvement to happen in a more cultural manner. Also, the patient's protagonism is emphasized as an important positive factor for their involvement in care.

Given the evidence generated by the study, it is proposed to strengthen the process of continuing education of the multiprofessional team aiming to add value to the practice of patient involvement for safe care. Future research focused on this practice should include other study methodologies in order to broaden the understanding of cultural and organizational issues, improving, in turn, the involvement strategies used in health services.

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