Organizational culture of safety during the COVID-19 pandemic

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The provision of safe, high-quality care is an essential aim of any healthcare institution, although healthcare flows can be compromised even during crises such as natural disasters or pandemics (Denning et al., 2020). The COVID-19 pandemic has marked the history of humanity from the end of December 2019 throughout the year of 2020, changing people's lives through confinement in their homes in an attempt to reduce the risk of transmission and contain the spread of SARS-CoV-2, its effects and impacts. On the other hand, essential workers, especially health professionals, were at the forefront of the battle against the COVID-19 pandemic, fulfilling their social and professional mandate of delivering safe and highquality care.

Despite the fears, uncertainties, and the risk of crosscontamination inherent to their work, these professionals did not back down on their commitment and duties to fight against the SARS-CoV-2, caring for their patients and doing their best, regardless of the risks, challenges, and lack of material resources and personal protective equipment (Ribeiro et al., 2020).

Moreover, the COVID-19 pandemic had an impact on patients and health professionals. It posed a major challenge to health organizations, namely due to the drastic change in how care is delivered, the high costs with equipment, material resources, and protective equipment, the lack of protocols, and the emergency creation of specific flows for suspected and confirmed cases of SARS-CoV-2 infection, the exponentially increasing workload, the redeployment and recruitment of new professionals, the cancellation of routine clinical and surgical services, and the discontinuation of treatments and health follow-up. These challenging conditions in health organizations can interfere with health care delivery and the maintenance of quality standards and, consequently, with the organizational culture of safety. One way of obtaining data on the impact of this *new normal* on the safety culture in healthcare environments is through studies that can generate focused institutional reports.

Recently, an unprecedented study conducted during the COVID-19 pandemic in the United Kingdom reinforced the idea that a positive safety culture is associated with improved patient safety and, in turn, with patient outcomes. By comparing data from 2017 and 2020, this study revealed that training and support for redeployment were associated with higher safety culture scores, contrary to those found regarding incident reporting. Incident reporting is a domain of particular importance for organizational culture because it identifies the organization's vulnerability, promotes organizational learning, and raises the daily concerns of health professionals.

A difference was found between 2017 and 2020 in the professional groups' assessment of safety culture, being more positive for doctors than for nurses in 2020 (Denning et al., 2020). Considering that nurses deliver care 24/7 and are the largest group of healthcare worker these results may demonstrate that nurses have a greater understanding of the safety risk and the paradigmatic changes in the nature of work. Therefore, nurses need to demand the creation of decent working conditions where they can deliver safe care. The year of the COVID-19 pandemic was also the year of the 200th anniversary of the birth of Florence Nightingale. Several activities, such as the Nursing Now global campaign that was suddenly interrupted by the COVID-19 pandemic, were scheduled to raise

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awareness about the importance and valorization of nursing worldwide. This movement was supported by the International Council of Nurses (ICN) and the World Health Organization (WHO; Ribeiro et al., 2020).

Little is known so far about the impact of the COVID-19 pandemic on safety culture. The safety culture of an organization is the product of individual and group values, attitudes, perceptions, and patterns of behavior that determine the commitment to, and the style and proficiency of, an organization's health and safety management (Advisory Committee on the Safety of Nuclear Installations, 1993).

With the increase in the number of studies, some attributes have been incorporated into the definition of safety culture through the implementation of robust safety management systems, in which all professionals accept the responsibility for their own safety and the safety of their peers, patients, and families; the priority of safety over financial and operational objectives; the promotion and rewarding of the identification, reporting, and resolution of safety issues; the promotion of training and organizational learning; and the provision of more effective safety resources, structures, and systems (Direção- Geral da Saúde, 2011).

Safety in care delivery is one of the attributes of quality in health, in which risks and harm to health services' users are minimized. The major challenge of patient safety is that it must be understood from a systemic perspective that includes organizational factors beyond the human and technological factors, considering that true change directed toward the implementation of an organizational culture of patient safety in health services. This area is perhaps the one that requires more investment to advance patient safety (Direção-Geral da Saúde, 2011).

Meanwhile, health organizations are minisocieties because they have their own patterns and belief models shared and supported by various operational norms and rituals that can significantly influence the organization's capability of achieving the proposed objectives (Schein, 2009).

In a global pandemic, there is a need to achieve numerous advancements and invest in health and in health professionals. In this context, these professionals face several challenges and risks such as physical, psychological, and emotional burnout, healthcare-associated infections,violence, stigma, illness, and even death. It is known that health professionals working in stressful environments have an increased risk for failures and errors that can harm the patient. Thus, recognizing the magnitude of the problem, the World Health Organization (WHO) celebrated the World Patient Safety Day on 17 September 2020 under the theme Health Worker Safety: A Priority for Patient Safety (WHO, 2020).

Thus, there is no patient safety without health worker safety, and everyone must admit that commitment should be transformed into an organizational culture of participatory or constructive safety, where all professionals are involved, regardless of hierarchy. The promotion of safety culture and organizational learning is at the heart of a health organization, and, during a crisis such as the COVID-19 pandemic, it is even more important to foster a culture of learning, without highlighting individual failures, be oriented to solve latent issues and incidents that arise, and learning from successful situations. Leadership needs to be motivating to follow the model of resilience and promote the adaptability and flexibility of professionals who are at the forefront of health care delivery.

We know that the crisis caused by the COVID-19 pandemic will have profound and long-term implications, so the situation must be addressed with maximum transparency, resilience, and learning, and by looking at the future, as it will certainly be an experience for all humankind. The main organizational problems of the COVID-19 pandemic are related to human factors and the safety culture (Albolino et al., 2020). The safety of both patients and health workers should be a priority in health organizations, particularly during times of crisis where they have an opportunity to assess and discuss the strengths and weaknesses of their organizational culture.

We were not organized to deal with this unexpected crisis, so it is important to design strategies for improvement. This pandemic crisis has shown us how much we still need to learn and prepare for moments like the one we are experiencing, particularly considering the areas of risk management and contingency planning.

In view of the above, there are several priorities: the change to a safer system, the professionals' lifelong training, the implementation of the best evidence-based practices, the incorporation of technologies in health, and the improvement of the working conditions. These measures are essential to achieve better outcomes for patients, health professionals, and health organizations.

Finally, I recommend a pause for reflection to all health organizations and professionals: what is our contribution to the maturity of the safety culture in healthcare systems? What will be my safety culture maturity model? Pathological, reactive, calculative, proactive, or generative? How have I contributed to the health organization to achieve a fair, transparent, open culture that promotes organizational learning without fear of punishment or reprisal? As a health professional, did I perform my tasks safely?

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