

Impact of Safety Risk Defense Mechanism in Operating Room Nursing on Quality and Risk Incidents

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Objective: To explore the application effect of a nursing model based on safety risk defense mechanism management in operating room nursing and its impact on nursing quality and the occurrence of risk incidents.

Methods: From November 2022 to December 2023, 200 patients who underwent surgical treatment and received nursing care in the operating room of our hospital were selected as research subjects. During this period, the nursing model in our hospital's operating room was changed. Based on the time differences, the patients were divided into a control group and an observation group, with 100 cases in each group. The control group adopted the previous conventional nursing model, while the observation group adopted the nursing model based on safety risk defense mechanism management. The nursing quality scores and the occurrence of risk incidents were compared between the two groups.

Results: The nursing quality scores of the observation group were significantly higher than those of the control group, $P < 0.05$. The management effect of the observation group was significantly better than that of the control group, with higher satisfaction and lower complaint rates, $P < 0.05$. The occurrence rate of risk incidents in the observation group was significantly lower than that in the control group, $P < 0.05$. The scores in various aspects of risk control in the observation group were significantly higher than those in the control group, $P < 0.05$.

Conclusion: The nursing model based on safety risk defense mechanism management can significantly improve the quality of operating room nursing, reduce the occurrence of nursing risk incidents, and enhance patient satisfaction. It is worthy of clinical promotion and application.

Keywords: safety risk defense mechanism management, nursing, model, operating room nursing, application, nursing quality, risk incidents

Introduction

Operating room nursing is a crucial component of hospital nursing work, with the primary responsibility of providing comprehensive nursing support to patients during surgery to ensure the smooth operation of the procedure and patient safety. Its core tasks include preoperative preparation, intraoperative care, and postoperative care, which are directly related to the patient's postoperative recovery and safety. Operating room nursing not only requires nurses to have solid professional knowledge and skills but also demands a high degree of responsibility and teamwork to ensure patient safety and comfort during surgery.^{1,2} Previous scholars have suggested that there are many factors affecting the quality of hospital services and medical standards, among which the quality of operating room nursing is one of the key factors. This is mainly because the operating room environment is complex, involving multiple professional techniques, and nursing work faces high risks. In the context of continuously improving modern medical technology, surgical instruments and technical levels are becoming increasingly advanced, which not only places higher demands on the professional skills of surgeons but also gradually raises the requirements for the quality of operating room nursing services.^{3,4} Therefore, how to effectively improve the quality of operating room nursing and reduce the occurrence of nursing risk incidents is an important issue faced by nursing managers.

Operating room nursing work must strengthen risk management and adopt scientific risk management measures to cope with complex surgical procedures, reduce the incidence of risk events, and ensure the smooth implementation of the entire surgical process. Although the traditional operating room nursing model has met the basic nursing needs during surgery to a certain extent, it has certain deficiencies in risk defense mechanisms, often failing to timely and effectively prevent and deal with various emergencies.^{5,6} In recent years, with the advancement of medical technology and the renewal of nursing concepts, the nursing model based on safety risk defense mechanism management has gradually gained attention and importance.

This study analyzes the nursing effects of 200 patients in our hospital's operating room to explore the application effect of the nursing model based on safety risk defense mechanism management in operating room nursing, aiming to provide scientific basis and reference for clinical nursing work and further improve the quality and safety of operating room nursing.

Materials and Methods

Study Subjects

This study recruited patients who met the inclusion criteria, initially selecting those who underwent surgical treatment and received care in the operating room of our hospital between January 2022 and December 2023. After applying comprehensive inclusion standards and ensuring the sample's representativeness, a total of 200 patients were included. During this period, the operating room nursing model in our hospital was modified. Based on the time difference, which corresponds to different nursing methods, the patients were divided into a control group and an observation group, each with 100 patients. The control group adopted the previous conventional nursing model, while the observation group used a nursing model based on safety risk defense mechanism management. This study has been approved by the Guangfu Hospital Ethics Review Committee and meets the requirements of the Helsinki Declaration and China's "Ethical Review Measures for Biomedical Research Involving Human Subjects". Due to the nature of the research being a Quality of Service Improvement Project (QIP) and not involving additional intervention measures, the Ethics Committee waived the requirement for patient informed consent in accordance with Article 3.2 of the CIOMS guidelines. All data has been anonymized and the research process strictly adheres to data protection standards.

Inclusion and Exclusion Criteria

Inclusion criteria: Patients who underwent routine surgical treatment in our hospital's internal medicine, surgery, gynecology, etc., without severe chronic diseases. Patients and their families were informed and signed informed consent. There were no gender restrictions, and clinical data were complete.

Exclusion criteria: Patients with contraindications related to treatment. Patients with other chronic diseases. Patients with surgical contraindications. Patients who could not tolerate surgery.

Methods

The control group adopted the previous conventional nursing model, which included checking the type of surgery and the equipment needed during the procedure, managing the operating room environment, and preparing the necessary medications, emergency measures, and safety protection facilities in advance. Before entering the operating room, the patient's case information was carefully checked to ensure accuracy. Based on a thorough examination of the patient's physical condition, anesthesia was administered in cooperation with the anesthesiologist. Intraoperatively, the nursing staff provided positional care, using restraints to secure the patient's body to prevent turning over or falling off the bed while unconscious. Postoperatively, the surgical instruments and supplies were strictly counted and verified.⁷

The observation group adopted a nursing model based on safety risk defense mechanism management in addition to the control group's conventional methods. This model includes two main aspects: improving the operating room nursing management system and procedures, and implementing nurses' own risk defense mechanisms.^{8,9} The details are as follows: Improving the Operating Room Nursing Management System and Procedures: Establish a Comprehensive System: The operating room nursing management system and procedures are the foundation for ensuring the smooth

execution of surgeries and patient safety. The operating room should establish a comprehensive system, including general protocols, safety management protocols, counting and verification protocols, and disinfection and sterilization protocols.

Strict Implementation of Disinfection and Isolation Protocols: Standardize handwashing rules for nursing staff, and require dual-person verification and signatures for blood transfusions.

Standard Operating Procedures: Develop and strictly enforce operating room nursing procedures to ensure the standardization of each step.

Rigorous Pre- and Postoperative Protocols: Implement stringent protocols before and after surgeries, such as the four-point verification, the twelve-checks in the operating room, blood transfusion verification, and intraoperative doctor's order verification. Adhere strictly to the intraoperative surgical items counting protocol.

Comprehensive Preoperative Risk Assessment: Conduct thorough preoperative risk assessments for patients and develop personalized nursing plans.

Strengthen Multidisciplinary Collaboration: Enhance collaboration between the operating room, anesthesiology, and surgical departments. Ensure timely communication and resolution of emergencies.

Establish a Risk Warning System: Implement a risk warning system to monitor risk factors in real time during surgery, providing timely warnings and taking appropriate measures.

Regular Quality Inspections and Risk Event Analysis: Conduct regular nursing quality inspections and analyze risk events to continuously improve nursing measures.

Nurses' Own Risk Defense Mechanisms: Operating room nursing work is unique and often requires teamwork, so nursing managers should provide full support to the entire nursing team. Nurses play crucial roles not only in their work but also in their social lives, so it is necessary to care for their well-being and help solve their problems. Operating room nursing work carries significant responsibility and comes with immense mental pressure, making emotional fluctuations inevitable. Nursing managers should understand the family situations of nurses, monitor their emotional changes, and show concern for their lives, arranging flexible schedules based on each nurse's actual situation. Additionally, nurses' self-psychological adjustment is very important, and nursing managers should strengthen training in this area to help nurses maintain a positive working state.^{10,11} Nursing managers should also actively coordinate the relationships between various departments and nurses to create a harmonious working environment. Beyond this, operating room nurses must possess proficient operational skills, so nursing managers should enhance related training and assessments. The head of the nursing department should provide training on medical ethics, hospital regulations, safety precautions, and legal requirements to new operating room nursing staff, fostering a rigorous work ethic and service attitude, and improving their ability to independently analyze and resolve emergencies.¹² The training program for nursing staff is as follows: training content includes the use of safety risk assessment tools (such as SPICES scale), emergency plan simulation exercises, interdisciplinary collaboration and communication skills, etc. Training period: 4 weeks (16 hours), including theoretical lectures (8 hours) and clinical practice (8 hours). Assessment criteria: Through simulated case assessment (≥ 85 points qualified) and supervision and evaluation during a 3-month trial operation period. Quality control: Adopt a "training assessment feedback" cycle mode, and those who do not meet the requirements need to receive additional training.

Observation Indicators

Nursing Quality: Invite relevant personnel from the nursing quality control department and head nurses to investigate the nursing quality of the two groups of patients through covert visits (on-site evaluations). The evaluation content includes five major aspects: basic nursing, positioning, preparation of items, equipment management, and medical-nursing cooperation. Each dimension is scored on a scale from 1 to 10, with higher scores indicating higher nursing quality.

Management Effectiveness: The assessment of management effectiveness includes patient satisfaction and complaint rates. Nursing satisfaction is evaluated using a self-made nursing satisfaction survey questionnaire from our hospital, with a total score of 100 points. Higher scores indicate higher satisfaction. The complaint rate is determined by recording the occurrence of nursing complaint incidents among the two groups of patients and calculating the complaint rate.

Risk Events: The number of risk events occurring in the nursing process of the two groups of patients is recorded, including inadequate preoperative preparation, errors in surgical records, improper intraoperative operations, missing surgical instruments during surgery, and postoperative catheter contamination, among others. The total incidence rate is calculated.

Risk Control: The evaluation of risk control specifically assesses risk prevention awareness, including four aspects: risk management behavior intention, risk awareness, risk management cognition, and risk management attitude. Each item is scored on a scale from 0 to 25, with higher scores indicating stronger risk prevention awareness and capability.

Statistical Analysis

GraphPad Prism 8 software was used for image processing, and SPSS 26.0 was used for data organization and analysis. Measurement data are expressed as (\pm s), and inter-group comparisons were conducted using the *t*-test. Count data are expressed as [n (%)], and inter-group comparisons were conducted using the χ^2 test. A P-value of <0.05 was considered statistically significant.

Results

Baseline Data

The observation group had a total of 100 participants, including 55 males and 45 females; the age range was 25–60 years, with an average of 43.88 ± 5.94 years. The distribution of patients was as follows: 36 in general surgery, 18 in gynecology, 19 in orthopedics, 15 in neurosurgery, and 12 in other departments. The control group also had a total of 100 participants, including 53 males and 47 females; the age range was 25–60 years, with an average of 44.29 ± 5.37 years. The distribution of patients was as follows: 32 in general surgery, 19 in gynecology, 20 in orthopedics, 16 in neurosurgery, and 13 in other departments. The baseline data between the two groups showed no significant differences, indicating comparability ($P>0.05$). See [Table 1](#).

Nursing Quality

The observation group scored significantly higher than the control group in various aspects of nursing quality: basic nursing (9.23 ± 0.55), positioning (9.14 ± 0.47), preparation of items (9.22 ± 0.28), instrument management (9.01 ± 0.41), and nurse-physician collaboration (8.85 ± 0.72), all with $P<0.05$. See [Figure 1](#).

Management Effectiveness

The management effectiveness in the observation group was significantly better than that in the control group, with satisfaction scores (97.13 ± 1.22) higher and complaint rates (1.00%) lower than those in the control group, $P<0.05$. See [Figure 2](#).

Risk Events

The incidence of risk events in the observation group (9.00%) was significantly lower than that in the control group, $P<0.05$. See [Table 2](#).

Table 1 Comparison of Baseline Data Between the Two Groups

		Observation Group	Control Group	t	P
Number of Cases	–	100	100	–	–
Gender	Male	55	53	–	–
–	Female	45	47	–	–
Age	–	25–60	25–60	–	–
–	Mean	43.88 ± 5.94	44.29 ± 5.37	0.512	0.609
Patient ward	General surgery	36	32	–	–
–	Gynecology	18	19	–	–
–	Orthopedics	19	20	–	–
–	Neurosurgery	15	16	–	–
–	Others	12	13	–	–

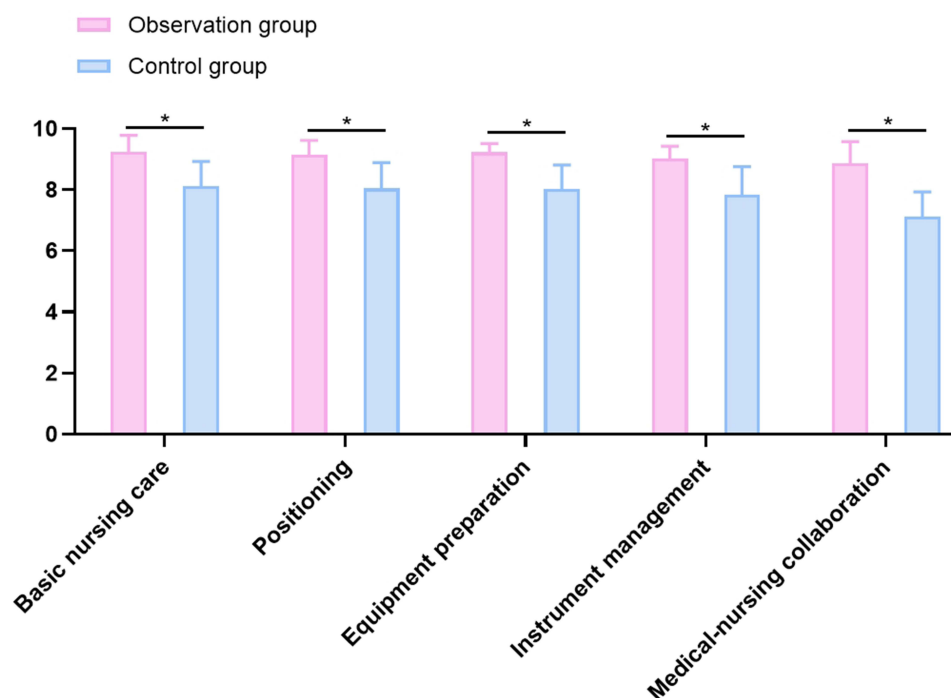


Figure 1 Comparison of Scores for Various Nursing Quality Indicators Between the Two Groups.
Note: * indicates statistically significant differences, $P < 0.05$.

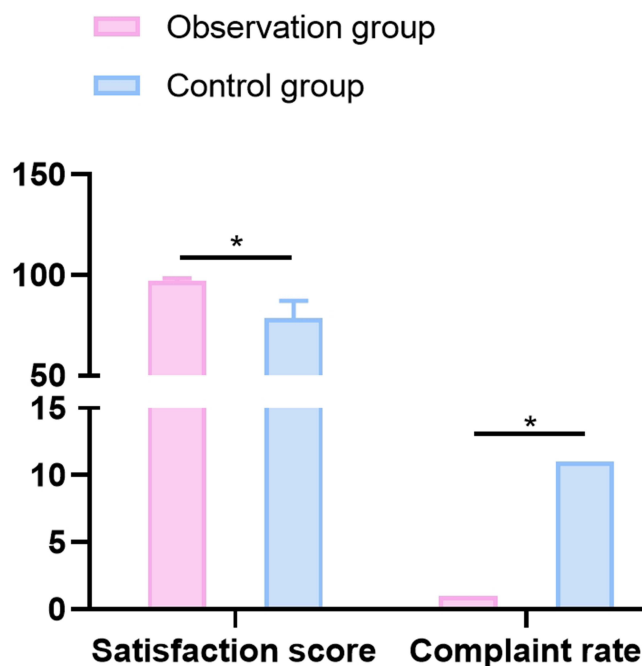


Figure 2 Comparison of Nursing Satisfaction and Complaint Rates Between the Two Groups.
Note: * indicates statistically significant differences, $P < 0.05$.

Risk Control

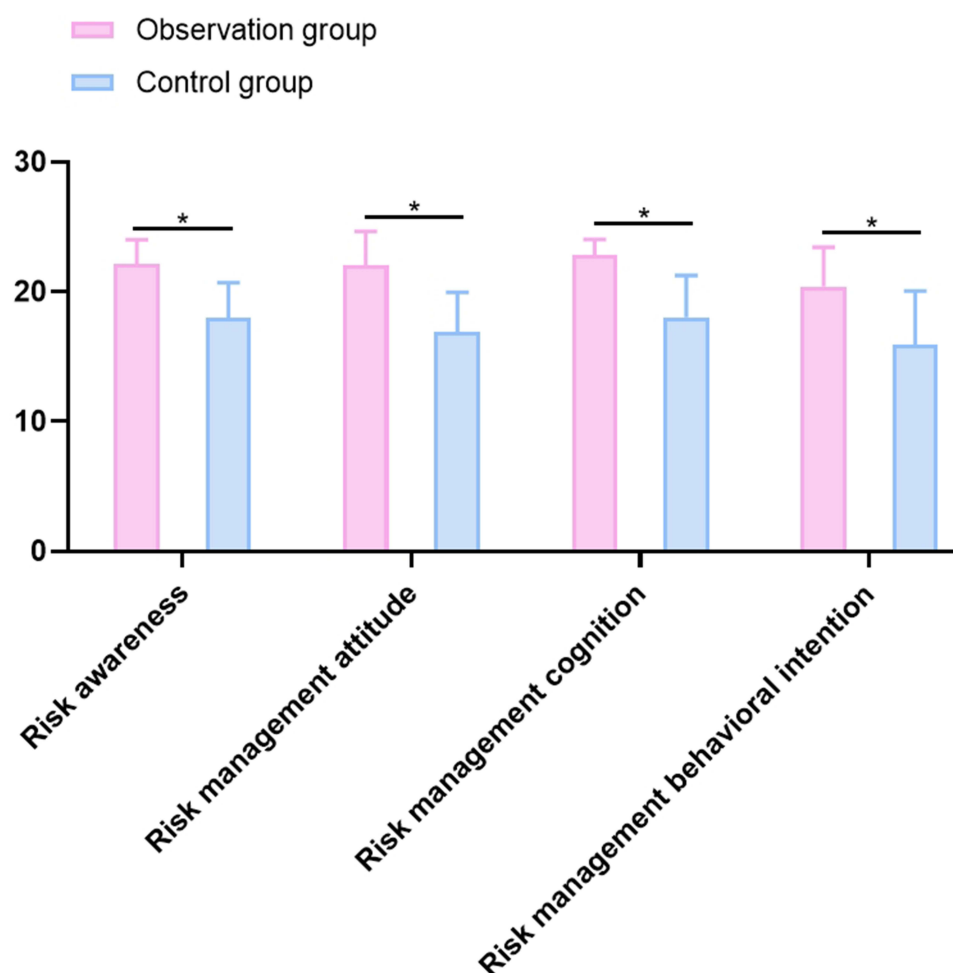
The observation group scored significantly higher than the control group in various aspects of risk control: risk awareness (22.11 ± 1.89), risk management attitude (22.01 ± 2.65), risk management cognition (22.86 ± 1.18), and risk management behavioral intention (20.41 ± 3.02), all with $P < 0.05$. See Figure 3.

Table 2 Comparison of Risk Events Between the Two Groups

	Observation Group	Control Group	χ^2	P
Number of Cases	100	100	—	—
Inadequate preoperative preparation	0	6	—	—
Surgical record errors	2	7	—	—
Improper intraoperative procedures	3	10	—	—
Missing surgical instruments during surgery	0	3	—	—
Postoperative catheter contamination	4	7	—	—
Total incidence rate	9.00	33.00	17.359	<0.001

Discussion

With the continuous advancement of medical technology, surgery has become a crucial method for treating diseases, offering significant therapeutic effects. However, it also carries inherent risks and safety hazards. Operating room nursing plays a pivotal role in supporting surgeons and ensuring favorable conditions for successful surgeries. Operating room nurses bear significant safety responsibilities, yet due to the demanding and fast-paced nature of their work, lapses in attention can occur. Furthermore, inadequate safety awareness and sense of responsibility among some nursing staff contribute to varying degrees of safety risks in operating room nursing.^{13–15}

**Figure 3** Comparison of Scores for Various Aspects of Risk Control Between the Two Groups.

Note: * indicates statistically significant differences, $P < 0.05$.

The nursing safety risk management defense mechanism is a systematic approach established in recent years to safeguard nursing safety and enhance nursing quality. Operating room nursing is highly specialized and complex, serving as a critical safeguard for hospital nursing quality and patient safety. This study compares the application effects of a nursing model based on safety risk management defense mechanisms with traditional nursing models in operating room nursing. The results indicate significant advantages of the former in various aspects. The observed higher nursing quality scores in the intervention group compared to the control group demonstrate that the nursing model based on safety risk management defense mechanisms significantly enhances nursing quality in fundamental care, patient positioning, equipment preparation, instrument management, and nurse-physician coordination. This is consistent with previous research, suggesting that risk defense mechanisms can systematically improve nursing quality. Safety risk management defense mechanisms are systematic and standardized management approaches that comprehensively enhance nursing quality through comprehensive risk assessment, standardized operational procedures, multidisciplinary collaboration, real-time risk alerts, and continuous improvement measures. Operating room safety is critical in nursing management, and proactive analysis of potential safety hazards and the establishment of targeted operating room management systems can effectively prevent nursing risks. Emphasizing quality management in high-risk processes and enhancing nurses' legal awareness and sense of responsibility are key to ensuring operating room safety.^{8,16}

Simultaneously, nursing safety risk management defense mechanisms require strict adherence to regulatory protocols during nursing processes and effective preventive measures from a management perspective to minimize risks during nursing procedures. This ensures a safe operating environment, reduces or prevents nursing accidents or errors, consistent with the findings of this study. Specifically, the lower incidence of risk events and higher scores in risk control aspects in the observation group compared to the control group indicate that systematic risk defense mechanism management effectively reduces the occurrence of risks such as inadequate preoperative preparation, improper intraoperative procedures, missing surgical instruments, and postoperative catheter contamination. Rigorous risk management measures, such as thorough preoperative case information checks, intraoperative positioning care, and strict postoperative instrument verification, significantly enhance surgical safety.^{17,18} Implementing nursing models based on safety risk management defense mechanisms also enhances nursing staff's awareness of risk prevention, indicating that systematic training and management effectively improves nursing staff's ability to prevent risks, thereby better ensuring patient safety.

In addition, the study also found that the management outcomes in the observation group were significantly better than those in the control group, specifically reflected in higher patient satisfaction and lower complaint rates. This indicates that through scientific risk management and personalized care measures, not only are the professionalism and efficiency of nursing staff improved, but also the overall patient experience and satisfaction are enhanced. Nurses' motivation and sense of responsibility are strengthened in their work, thereby better serving patients. Based on these results, it is evident that operating room nursing risk management must synchronize with hospital-wide risk management. Only by establishing comprehensive hospital risk management can operating room nursing risk management achieve better outcomes. Safety is at the core of nursing quality management, and safe nursing is the premise of safe medical care. With the development of nursing disciplines, the responsibilities of operating room nurses have expanded from simple surgical assistance to perioperative care for surgical patients. The safety of operating room nursing is central to nursing management. It is essential to establish robust operating room regulations targeting safety hazards, eliminate nursing risks, enhance legal awareness, and prioritize quality management in high-risk areas to ensure the safety of operating room nursing.^{19,20} To prevent nursing errors or accidents in the operating room and mitigate potential nursing safety hazards, it is imperative to establish a sound nursing safety risk management defense mechanism. This not only requires strict adherence by operating room medical and nursing staff to regulatory protocols, fostering a rigorous work ethic and a high sense of responsibility, prioritizing patient safety above all, but also necessitates effective preventive measures from a management perspective. Only then can a safe surgical environment be provided, ensuring the safety of surgical patients and preventing medical nursing errors or accidents.

This study confirms that safety risk prevention mechanisms can improve nursing quality, and suggests the following strategies to achieve clinical translation: ① At the system integration level, connect the operating room risk database with the hospital HIS system to achieve full process tracking of high-risk patients; ② Management optimization level:

Establish a dedicated risk coordinator responsible for organizing monthly tripartite risk meetings between medical and technical personnel, and synchronously updating emergency plans (refer to JCI Standard 7th Edition).

However, this study still has the following limitations. For example, the sample size is relatively small, limited to operating room nursing staff and patients from a single hospital, which may not fully reflect the actual situations in different regions and hospitals. Moreover, subjective assessments primarily determine nursing quality and patient satisfaction in this study, potentially introducing biases.^{21,22} Future research could incorporate more objective evaluation metrics, such as postoperative recovery of patients and incidence rates of complications, to enhance the credibility of research outcomes. It is also recommended to extend the observation period, conduct long-term follow-ups, and assess the effectiveness and sustainability of the nursing model based on safety risk management. Furthermore, building on existing research, further exploration and development of new nursing management models, such as integrating information technology and intelligent management tools, can further enhance operating room nursing quality and patient safety. Attention should also be given to the training and professional development of nursing staff, enhancing their awareness and capabilities in risk prevention through systematic training and education, thereby better ensuring operating room nursing quality and patient safety.

In summary, the nursing model based on safety risk management has significant practical value in operating room nursing. Despite the limitations of this study, its findings provide valuable insights for operating room nursing management. Future research can be deepened in the following directions: ① Objective evaluation level: Introduction of AI risk warning system; ② Long term tracking level: Establish a retrospective cohort of risk events one year after surgery; ③ Patient participation level: Develop an interactive system for preoperative risk notification. The above will help improve the quality of nursing in the operating room and ensure patient safety.

Conclusion

This study demonstrates that the nursing model based on safety risk management has significant practical value in operating room nursing. Operating room nursing involves complexity and multiple risk factors, demanding high standards of nursing quality and safety management. The nursing model based on safety risk management enhances nursing quality effectively through comprehensive risk assessment, standardized operational procedures, multidisciplinary collaboration, risk alert systems, and continuous improvement measures. It reduces the incidence of risk events and adverse reactions, improves patient satisfaction, and is worthy of clinical application and promotion.

It is recommended to implement this model widely in operating room nursing practice to further elevate overall nursing standards and enhance patient safety. Future efforts should focus on exploring and optimizing this nursing model continuously to enhance the safety and effectiveness of operating room nursing.

Disclosure

The authors report no conflicts of interest in this work.

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