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Original Article

# PATIENT SAFETY FROM THE PERSPECTIVE OF PRIMARY HEALTH CARE NURSES: OPPORTUNITY FOR IMPROVEMENT

# SEGURANÇA DO PACIENTE NA VISÃO DE ENFERMEIROS DA ATENÇÃO PRIMÁRIA À SAÚDE: OPORTUNIDADE PARA MELHORIAS

# SEGURIDAD DEL PACIENTE DESDE LA VISIÓN DE ENFERMEROS DE LA ATENCIÓN PRIMARIA DE SALUD: OPORTUNIDAD DE MEJORAS

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Objective: to understand the perspective of Primary Health Care nurses regarding patient safety. Method: a descriptive qualitative study following the theoretical-methodological framework of Dialectical Hermeneutics. Data collection was conducted through virtual interviews, guided by an instrument developed by the authors, and thematic analysis was used for data interpretation. Results: participants reported the absence of protocols or other documents supporting patient safety in Primary Health Care services and attempt to prevent incidents through individual, empirical, or minimally systematized actions. The themes that emerged were Patient safety in Primary Health Care, an incipient topic when contrasted with hospital settings, and the subtheme Patient safety in Primary Health Care, "we do it mostly on our own." Final considerations: it was observed that although nurses recognize the importance of patient safety, the topic is still seen as underdeveloped in this specific setting and is often associated more with hospital care.

Descriptors: Patient Safety. Safety Management. Primary Health Care. Nurses. Patient Harm.

*Objetivo: apreender a visão de enfermeiros da Atenção Primaria à Saúde em relação à segurança do paciente. Método: estudo qualitativo descritivo, seguindo o referencial teórico-metodológico da Hermenêutica Dialética. A coleta de dados consistiu em entrevista virtual, norteada por um instrumento elaborado pelas autoras e para a análise dos dados, utilizou-se a análise temática. Resultados: os participantes relataram ausência de protocolos ou outros documentos que respaldem a segurança do paciente nos serviços da Atenção Primária e buscam prevenir os incidentes por meio de ações individuais, empíricas ou pouco sistematizadas. Surgiram o tema Segurança do*

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*paciente na Atenção Primaria à Saúde: tema incipiente em comparação ao hospital e o subtema Segurança do paciente: na Atenção Primária à Saúde, a gente faz "meio por conta". Considerações finais: apreendeu-se que, embora percebam a relevância da segurança do paciente, o tema ainda é visto como incipiente neste cenário específico e frequentemente associado à área hospitalar.*

*Descritores: Segurança do Paciente. Gestão da Segurança. Atenção Primária à Saúde. Enfermeiras e Enfermeiros. Dano ao Paciente.*

*Objetivo: conocer la visión de los enfermeros de Atención Primaria de Salud en relación con la seguridad del paciente. Método: estudio cualitativo descriptivo, desde el marco teórico-metodológico de la Hermenéutica Dialéctica. La recolección de datos consistió en una entrevista virtual, guiada por un instrumento desarrollado por los autores. Los datos se analizaron mediante análisis temático. Resultados: los participantes informaron la ausencia de protocolos u otros documentos que respalden la seguridad del paciente en los servicios de Atención Primaria y busquen prevenir incidentes a través de acciones individuales, empíricas o poco sistematizadas. Surgió el tema Seguridad del Paciente en la Atención Primaria de Salud: un tema incipiente en comparación con el hospital y el subtema Seguridad del Paciente: en la Atención Primaria de Salud lo hacemos "por nuestros propios medios". Consideraciones finales: se advirtió que, aunque los enfermeros perciben la relevancia de la seguridad del paciente, el tema aún es visto como incipiente en este escenario específico y muchas veces asociado al área hospitalaria.*

*Descriptores: Seguridad del Paciente. Gestión de Seguridad. Atención Primaria de Salud. Daño al paciente.*

## Introduction

Patient safety aims to reduce the risks associated with health care, a topic that gained prominence in the late 1990s following the publication of *To Err is Human* in the United States, which reported that 98,000 people died annually due to adverse events in hospitals across the country. In response to the impact of this publication, initiatives to promote patient safety and improve health care quality were launched globally[1-2].

Currently, unsafe health care practices are recognized as a public health issue, causing more than 3 million deaths worldwide each year. Estimates suggest that one in ten patients is affected by adverse events in health care services, 12% of which result in permanent harm or death[3].

Faced with this issue, 41% of countries have implemented patient safety improvement programs, taking into account their specific contexts[3]. In Brazil, the National Patient Safety Program (PNSP) was established in 2013, with the goal of improving the quality of care across various health care facilities in the country[1].

Although the PNSP emphasizes that quality and safety concerns are relevant to all health care services, the culture of safety is more established in hospitals than in other settings, such as Primary Health Care (PHC)[4]. It is well known that incidents and adverse events also occur in PHC services. Global data indicate that only 17% of countries systematically include primary care safety in their programs[3].

A study conducted in Spain with PHC patient care records estimated that 5% of patients experienced adverse events, and in Manaus, Brazil, notifications revealed a rate of three safety incidents per 1,000 care episodes[5-6]. Potential causes of adverse events in PHC include medication errors, failures in clinical assessment, ineffective communication, inaccurate or incomplete records, and improper storage of information and documents[5-7].

Given this, patient safety is considered a challenge for all professionals working in PHC. However, it is important to recognize the historical and social role of nurses as coordinators within health care teams, as well as their leadership in patient safety improvement programs, making them key players in reducing incidents in PHC[8-9]. Their contribution can also be seen in the leadership role they take in implementing policies, protocols, and Patient Safety Centers (NSP), provided they are aware of the importance of safe care[9].

Studies on patient safety are essential for advancing safe care, as they offer evidence that

can foster actions and guide decision-making in health care services[3]. Therefore, this study aimed to understand the perspective of Primary Health Care nurses regarding patient safety.

## Method

This is a qualitative, exploratory, and descriptive study, following the theoretical-methodological framework of Dialectical Hermeneutics, which seeks to understand the meanings and contradictions in everyday communication between human beings through language[10]. This framework was chosen for its capacity to identify both areas of consensus and divergence in nurses' perspectives on patient safety, while also interacting with the relevant literature and legal framework on the topic.

The study was conducted in a virtual environment, and the participants consisted of 24 nurses working in PHC, selected randomly through the snowball sampling technique. This method was based on the formation of reference chains from initial contacts by the researchers[11].

Potential participants were contacted via phone or the messaging app WhatsApp, and upon expressing interest, they received, via email, the Informed Consent Form (ICF). Once signed, the form was returned to the lead researcher, who then scheduled an online interview, recorded in audio and video, through the Skype platform.

The eligibility criteria for participation in the study included being 18 years of age or older and having worked as a nurse in PHC in Brazil for at least three months. It should be noted that one nurse was excluded because they were not working in PHC at the time of data collection.

The interviews were conducted by the lead researcher, a master's student in Nursing, and were guided by a script developed by the study's authors, which included a questionnaire to collect sociodemographic and professional data, followed by the open-ended question: *Talk about patient safety in Primary Health Care*. The interviews took place between September 2022 and January 2023. The decision to conclude data collection and the final number of participants were based on the quality of the data obtained in relation to the study's objectives, adhering to the principles of thematic analysis, which was the chosen methodological framework for this research.

To ensure anonymity, interviews were numbered sequentially, with the nurses' names replaced by the letter "E" followed by the interview number.

After data collection, the interviews were fully transcribed using the Instant Transcription® and Google Docs® applications. The transcriptions were subsequently verified by comparing the audio recordings with the texts, making minor grammatical corrections as needed. Participants were provided access to their transcribed interviews for validation.

For data organization and analysis, thematic analysis was used—a method that seeks to identify and describe patterns within the dataset through six phases: 1) Familiarization with the data: transcription and repeated readings, along with noting initial ideas for coding; 2) Generating initial codes: systematic coding of the entire dataset based on relevant aspects of the study's objective; 3) Searching for themes: organizing the codes into potential themes and subthemes; 4) Reviewing themes: evaluating the data extracts assigned to each theme, comparing them to the dataset as a whole; 5) Defining and naming themes: final refinement, considering the essence of the themes and their relationship with other themes and/or subthemes; 6) Producing the report: demonstrating the validity of the analysis by explaining the themes in the data[12].

The study's execution and the final report were guided by the *Consolidated Criteria for Reporting Qualitative Research* (COREQ)[13]. The research was approved by the Ethics Committee of the Federal University of Alfenas, under Opinion No. 5.582.486, and the Certificate of Presentation for Ethical Consideration (CAAE): 59831922.1.0000.5142.

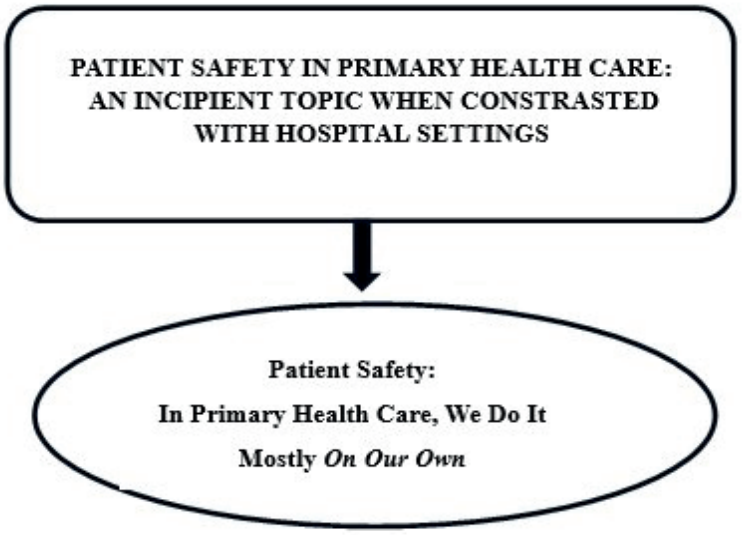
## Results

The participants were 24 nurses, mostly female (83%), aged between 26 and 59 years old, working in PHC, primarily in the Family Health Strategy (FHS) (83%), across 14 municipalities in four Brazilian states, with the majority (67%) located

in Minas Gerais. The length of time working as nurses ranged from 4 months to 30 years, and as nurses in PHC, from 4 months to 13 years.

Through thematic analysis, one theme and one subtheme were identified, as shown in Figure 1.

**Figure 1 –** Thematic Map




Source: the authors.

The theme "*Patient Safety in Primary Health Care: An Incipient Topic When Contrasted With Hospital Settings*" highlights that patient safety is a relevant issue in PHC, as illustrated by the following excerpts:

> [...] *in the hospital we are very concerned about infections, multidrug-resistant bacteria, but there* [in primary care] *I think the primary concern would be something like the risk of an elderly person falling*[...] *wheelchair, having proper adaptations* [...] *situations like home visits* [...] *medications, vaccines* [...]. (E2).

> *In primary care, there is a lot to be done* [...] *identifying the correct patient, nursing documentation* [...] *following the principles and fundamentals of nursing during procedures is very important* [...]. (E13).

> *It involves the structure, the service, the reception, from the moment the patient steps into the unit, we need to already have this focus on their safety*. (E3).

> [...]*there will not be a risk of performing a wrong surgery like in a hospital, where the consequences could be more severe, but in the Family Health Unit there are also risks for the patient*. (E6).

> *Since Primary Care is the gateway to all health services* [...] *the patient should be treated as safely as possible*. (E24).

However, despite its recognized importance, the participants' statements pointed out that the topic is still rarely discussed in the PHC setting, especially when compared to the hospital environment:

> *When we talk about patient safety, we always think of the hospital setting, I think I have never really stopped to think about patient safety in primary care*. (E9).

> *In primary care, the discussion about patient safety is still very fragile, even though we try to work on it, I find it very weak*. (E8)

> [...] *patient safety is well-promoted in hospitals* [...] *in primary care, people think the patient is not at risk* [...] *quite the opposite, we see incidents happening* [...] *it is extremely important to be discussing, bringing it to light, making it public and raising awareness about this issue that has not received the attention it deserves* [...] *it is not widely discussed or addressed, from professional training to public policies, it is something relatively new* [...]. (E5).

> [...] *little is discussed about patient safety in primary care. We hear about patient safety in hospital settings, fall prevention, preventative measure for phlebitis*[...] *in primary care, I think this is the first time I hear something about it* [...]. (E21).

> *The topic of patient safety in primary care I think is still somewhat incipient* [...] *it is more common for us to talk about it in the hospital setting* [...] *I know it was introduced in the 2017 PNAB* [National Primary Care Policy] *, so it is a requirement, but it is still not well explored, not well studied* [...]. (E24).

> *We rarely think or talk about this* [...] *we discuss it indirectly, there have been discussions about errors, but not about patient safety*. (E15).

> *Today, I think we do not have a focused approach to patient safety within the units, we started to be more careful when Covid came.* (E20).

In the statements of some nurses, patient safety was associated with active case finding, home visits, health promotion, as well as with triage, patient flow within the unit, and meeting the patient's needs. This may indicate gaps in the understanding of patient safety concepts, as such activities are part of the routine work process in primary care units but do not necessarily reflect safe care practices.

> [...] *we conduct active searches to identify diseases, to prevent comorbidities from worsening, and to detect them early, while promoting health. We also conduct home visits to address any complications or comorbidities* (E1).

> [...] *We take certain precautions* [...] *are is provided on a walk-in basis, but there is a flow, so when the patient arrives, they undergo an assessment that we classify as triage, where vital signs are checked* [...]*the patient undergoes a medical evaluation, receives medications, some of which are administered here, and some patients are referred to the hospital.* (E12).

> *In their own environment, at home, they must have a certain level of safety. Whether it is emotional, physical* [...] *patient safety must be directed towards that specific need.* (E14).

There was also a perception that the lower complexity of care, characteristic of PHC units, may contribute to the trivialization or underestimation of patient safety.

> *Sometimes we trivialize procedures in primary care* [...] *thinking that it is low complexity* [...] *at home, even more so, because "it is fine, it is at the patient's house.* (E13).

> *We forget that the same meticulous care required in the hospital setting must also be provided in primary care, although some aspects may differ* [...]. (E7).

> [...] *since it is primary care, they usually arrive walking. The patient is practically stable, and if they are stable* [...] *o the risks are lower.* (E11).

Given the perception of its nascency, the nurses reported that patient safety actions in primary health care occur empirically, indirectly, or in a minimally structured way, unlike hospitals, which generally have protocols already in place, as highlighted in the subtheme *Patient safety: in PHC, we "*do it mostly on our own*"*.

> *There is no wristband protocol, nothing established. It is precarious* [...] *we kind of do it on our own. We know what needs to be done, but there is no pre-established SOP* [standard operating procedure] *for anything* [...] *nor patient safety protocol*[...]. (E10).

> [...] *for the implementation of a protocol[in the unit], only through a municipal protocol. There is none in primary health care, regarding patient safety.* (E15).

> [...] *in hospitals, it happens more intensely with protocols, with checklists of procedures to be followed, whereas in primary health care, it is still lacking, but we do what we can to make it happen* [...]. (E7).

> [...] *patient safety in hospitals has all those wristband protocols* [...] *professionals are constantly reminded of this information, to keep it in mind all the time, but not in PHC. It happens empirically* [...]. (E17).

> [...] *we have medication administration safety, we ensure safety when identifying the family, the patient, and their medical record,* [...] *always checking the data, but not in a standardized way like in hospitals, we do not have that in primary care in our municipality* [...]. (E19).

> [...] *there are no documents, nothing that backs us up.* (E22).

> [...] *we do not really think much about patient safety, we end up doing actions indirectly, not specifically for patient safety.* (E13).

> *In primary care, we deal with this issue a lot, but only in isolated cases. It is not like we consciously work with patient safety in mind.* (E16).

Additionally, there was mention of the lack of a support center that could contribute to informing professionals, as well as a lack of in-service education aimed at this topic.

> [...] *there is no support center for patient safety* [...] *I feel the lack of support, even when it comes to information and knowledge on how to prevent incidents or identify adverse events.* (E16).

> *Since I started in my current job, there has been no training [on patient safety].* (E22).

In contrast, one nurse mentioned that, as part of an initiative by the managers, they were sent for specific training aimed at institutionalizing patient safety, where hospital expertise was seen as an opportunity to think about strategies applicable to PHC:

> [...] *the managers sent representatives, and we did training where they discussed a lot about what can be done in primary care regarding patient safety because it is a very recent protocol, something nobody works on much* [...] *they kept adapting hospital reality and thinking about how I can bring this to primary care, making that connection.* (E17).

## Discussion

Regarding personal and professional characterization, the data from this study align with the Nursing Practice Research in the Context of PHC, which indicated a predominance of female professionals, aged between 31 and 45 years old, and relatively young in the profession. This may reflect the expansion of nursing courses in Brazil and the increase in the number of FHS teams[14].

It was evident from the nurses' reports that, although they acknowledge the importance of patient safety, it remains a relatively new topic, seldom discussed, and approached in a rudimentary manner within PHC, with frequent references being made to the hospital setting. However, it is considered that safety is a fundamental requirement for care and that reflections on the topic have gained prominence since the publication of the *To Err Is Human* report. Particularly in Brazil, the PNSP completed a decade in 2023, although the participants did not mention it[1-2].

In 2017, the PNAB presented, as an attribution of all professionals working at this level of care, the implementation of actions aimed at patient safety and the reduction of risks and adverse events[15]. In this sense, one testimony associated patient safety with the PNAB, although it was reported as being a topic not well covered by public policies, despite the existence of a specific program in the country.

The literature supports that patient safety is still not well established in PHC and that research on the topic mainly focuses on hospital care, possibly due to the higher technological density and complexity of care, thus underestimating the frequency and severity of adverse events in other services[4,7-8]. This perception was identified in the reports of some nurses, who mentioned that patient safety might be overlooked or trivialized due to the lower complexity of care or because the patient is stable and therefore less at risk.

Additionally, despite the increase in research related to the topic in recent years, it still seems to be little disseminated among the participants of this study. Some statements suggest a lack of knowledge on the subject and the association of patient safety with routine activities of the work process in PHC[16]. Similarly, the findings of a study that analyzed the knowledge of nursing professionals about patient safety practices in PHC identified the association of patient safety with the humanization of care or with the measures used to perform procedures, showing weakness in specific arguments on the topic[17].

In this sense, one participant emphasized the importance of addressing this topic in professional education, which aligns with what is proposed by the PNSP and international initiatives[1,3]. However, there are noted weaknesses in the teaching of patient safety in undergraduate nursing education, such as the fragmented and sporadic approach, which may impede the effective application of this knowledge in transforming the realities of future nursing practice settings[18].

Given the perception of incipience mentioned by the participants, the testimonies indicated that patient safety in PHC is addressed in an empirical, indirect, or less systematic manner, contrasting with hospital practices, which utilize protocols, SOPs, checklists, and other tools designed to ensure quality and safety in care[19]. Despite the existence of official documents related to the PNSP, participants mentioned the lack of materials to support nurses in providing safe care in PHC. Furthermore, the basic patient safety protocols recommended by the program were not referenced, despite the significant risk of errors that their absence can lead to[1].

Protocols are important tools for reducing variability and supporting the actions of professionals with the best scientific evidence. Specifically, the Ministry of Health (MS) provides basic patient safety protocols, such as patient identification, hand hygiene, safe administration of medications, prevention of falls, and pressure injury, which can be adapted to the institutional reality to implement standardized strategies that promote safer care[1,19]. Moreover, the nurse, as the one responsible for nursing services, can implement other administrative tools for organizing care,

which also contribute to safety, such as norms, routines, care protocols, and SOPs[19].

Similar results were found in a study conducted with health professionals from PHC teams in a municipality in Bahia, which revealed that actions aimed at preventing incidents were carried out individually by professionals based on their knowledge, as structured practices for this purpose had not yet been implemented in the municipality under study[20].

The use of SOPs by the nursing team in a municipality in São Paulo was recognized as contributing to both patient and professional safety during interventions. Additionally, the implementation of nursing protocols in a state in Southern Brazil contributed to improving the resolution of nursing consultations, expanding patient access to PHC, reducing waiting lists, and consequently enhancing the quality of service.[21-22].

None of the participants mentioned Patient Safety Centers (NSP) in the services where they worked, which supports the notion of incipience, given that these centers are responsible for promoting and supporting safe care in health care institutions through the development of patient safety plans[1]. In the literature, the role of NSPs in PHC also appears to be minimally addressed, as presented in a scoping review[8].

Even in hospital institutions, which have a more established track record regarding patient safety, NSPs face challenges in implementing the protocols and guidelines of the PNSP, which are related, among other factors, to the lack of support and involvement of professionals and upper management, a shortage of experienced staff, and gaps in understanding patient safety[23].

These challenges are likely to become even more pronounced in PHC, given the lack of formalized patient safety strategies at this level of care. PHC serves as the entry point, care coordinator, and organizer of the services offered in the health care network, thus taking responsibility for managing diverse situations comprehensively and effectively[3,15].

This study also mentioned management's involvement in facilitating patient safety initiatives, though to a limited extent. This involvement included encouraging the implementation of strategies within the units, institutionalizing specific municipal protocols, and providing or promoting training opportunities It is important to emphasize that nurses, as key coordinators within health care teams, can work with managers to negotiate conditions for implementing safe practices at an institutional level and contribute to offering educational initiatives that can engage professionals in their units regarding safe care in PHC[8,24].

Finally, it is worth reflecting that the expertise acquired by hospitals in the field of patient safety could serve as a learning opportunity and a source for proposing improvement actions in PHC, with the specificities of each setting taken into account, as suggested by one participant. After all, many initiatives aimed at promoting patient safety in health care organizations draw inspiration from the aviation industry. Therefore, why not use the well-established practices in hospitals to inform initiatives that can be applied to PHC?[25]

One limitation of this study is that it focused on the perspectives of nurses within the network of contacts established through the snowball sampling technique, with most participants concentrated in Minas Gerais, due to the geographic location of the researchers. However, this study contributes to raising awareness of the need to formalize patient safety strategies in PHC, with a view to the effective implementation of the PNSP in these services.

## Final Considerations

The participants' testimonies revealed that while patient safety is undeniably important, it appears to remain insufficiently discussed and addressed in the daily practices of nurses working in PHC. For the nurses who participated, patient safety is primarily associated with the hospital setting, even though the PNSP clearly identifies it as a concern for all health care establishments and the National Primary Health Care Policy (PNAB) includes patient safety within PHC.

Thus, there is a clear need for efforts to formalize and strengthen this topic at the primary

care level, which seems to be underestimated despite being the gateway to the health care network and handling a significant volume of patient care.

The absence of systematic actions for patient safety, such as institutional documents, protocols, and SOPs, risks reducing patient safety to individual efforts. While these actions are highly valuable, they are not sufficient to prevent adverse events. Patient safety must be a collective responsibility and embedded within the institutional culture.

The findings point to the need for further studies and initiatives to help spread a culture of safety and ensure the implementation of patient safety protocols within PHC.

## Collaborations:

1 – conception and planning of the project: Karine Cristina Siqueira Cunha e Roberta Seron Sanches;

2 – analysis and interpretation of data: Roberta Seron Sanches e Karine Cristina Siqueira Cunha;

3 – writing and/or critical review: Karine Cristina Siqueira Cunha, Mirelle Inacio Soares, Zélia Marilda Rodrigues Resck and Roberta Seron Sanches;

4 – approval of the final version: Karine Cristina Siqueira Cunha, Mirelle Inacio Soares, Zélia Marilda Rodrigues Resck and Roberta Seron Sanches.

## Conflicts of interests

There are no conflicts of interest.

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