



## HOSPITAL SERVICES OF RISK MANAGEMENT AND IMPLICATIONS FOR MANAGEMENT OF NURSING CARE

### SERVIÇO HOSPITALAR DE GERENCIAMENTO DE RISCOS E IMPLICAÇÕES PARA A GERÊNCIA DO CUIDADO DE ENFERMAGEM

### SERVICIO HOSPITALARIO DE GERENCIAMIENTO DE RIESGOS E IMPLICACIONES PARA LA GERENCIA DEL CUIDADO DE ENFERMERÍA

Mariana Correia Cadete Nogueira<sup>1</sup>, Lucilane Maria Sales da Silva<sup>2</sup>, Roberta Meneses Oliveira<sup>3</sup>, Aurora Pinheiro do Vale<sup>4</sup>, Raimundo Augusto Martins Torres<sup>5</sup>, Maria Rocineide Ferreira da Silva<sup>6</sup>

#### ABSTRACT

**Objective:** to analyze the implications of a hospital service risk management for the management of nursing care. **Method:** a descriptive study of qualitative approach, developed in a public hospital of Ceará / EC of 30 clinical nu. Applied to semistructured interviews between January and March 2014, in the hospital. The recordings were transcribed in full and, after this step, passed through an analytical process supported by the Technical Thematic Analysis. **Results:** the actions of risk management service were unknown by most of the interviewees, that attributed to the sector's activities, especially the technical surveillance. However, they stood out positive implications, including support service to nursing care by encouraging professional training and patient safety. **Conclusion:** the risk management service studied have not allowed real improvements in the management of nursing care, being necessary to adopt a participative management to integrate the category of professionals in this activity. **Descriptors:** Nursing; Risk Management; Patient Safety; Quality of Health Care; Health Management.

#### RESUMO

**Objetivo:** analisar as implicações de um serviço hospitalar de gerenciamento de riscos para a gerência do cuidado de enfermagem. **Método:** estudo descritivo, de abordagem qualitativa, desenvolvido em hospital público do Ceará/CE com 30 enfermeiras assistenciais. Aplicou-se a entrevista semiestruturada, entre os meses de janeiro e março de 2014, no próprio hospital. Os registros foram transcritos na íntegra e, após esta etapa, passaram por um processo analítico apoiado na Técnica da Análise Temática. **Resultados:** as ações do serviço de gerenciamento de riscos eram desconhecidas pela maioria das entrevistadas, que as atribuíram às atividades do setor, principalmente à tecnovigilância. Porém, destacaram-se implicações positivas, incluindo o apoio do serviço ao cuidado de enfermagem através do estímulo à qualificação profissional e à segurança do paciente. **Conclusão:** o serviço de gerenciamento de riscos estudado não tem permitido melhorias efetivas na gerência do cuidado de enfermagem, sendo necessário instituir uma gestão participativa para integrar os profissionais da categoria nesta atividade. **Descritores:** Enfermagem; Gestão de Riscos; Segurança do Paciente; Qualidade da Assistência à Saúde; Gestão em Saúde.

#### RESUMEN

**Objetivo:** analizar las implicaciones de un servicio hospitalario de gerenciamento de riesgos para la gerencia del cuidado de enfermería. **Método:** estudio descriptivo, de enfoque cualitativo, desarrollado en hospital público de Ceará/CE con 30 enfermeras asistenciales. Se aplicó la entrevista semi-estructurada, entre los meses de enero y marzo de 2014, en el propio hospital. Los registros fueron transcritos en su íntegra y, después de esta etapa, pasaron por un proceso analítico apoyado en la Técnica del Análisis Temático. **Resultados:** las acciones del servicio de gerenciamento de riesgos eran desconocidas por la mayoría de las entrevistadas, que las atribuían a las actividades del sector, principalmente a la tecno-vigilancia. Sin embargo, se destacaron implicaciones positivas, incluyendo el apoyo del servicio al cuidado de enfermería a través del estímulo a la calificación profesional y la seguridad del paciente. **Conclusión:** el servicio de gerenciamento de riesgos estudiado no tiene permitido mejoras efectivas en la gerencia del cuidado de enfermería, siendo necesario instituir una gestión participativa para integrar los profesionales de la categoría en esta actividad. **Descriptors:** Enfermería; Gestión de Riesgos; Seguridad del Paciente; Calidad de la Asistencia a la Salud; Gestión en Salud.

<sup>1</sup>Nurse, Graduate, University of Ceará/UECE, Fortaleza, CE, Brazil. E-mail: [mariana.cadete@gmail.com](mailto:mariana.cadete@gmail.com); <sup>2</sup>Nurse, Post-Ph.D. Professor, Graduate Clinical Care Program in Nursing and Health - PPCCLIS, Universidade Estadual do Ceará/UECE, Fortaleza (CE), Brazil. E-mail: [lucilanemaria@yahoo.com.br](mailto:lucilanemaria@yahoo.com.br); <sup>3</sup>Nurse, Ph.D., Postdoctoral Fellow, Graduate Clinical Care Program in Nursing and Health - PPCCLIS, State University of Ceará/UECE, Fortaleza (CE), Brazil. E-mail: [roberta.meneses@uece.br](mailto:roberta.meneses@uece.br); <sup>4</sup>Nurse, Teacher Master Degree in Nursing, Colleges Nordeste - FANOR, Fortaleza (CE), Brazil. E-mail: [avale@fanor.edu.br](mailto:avale@fanor.edu.br); <sup>5</sup>Nurse, Professor, Graduate Clinical Care Program in Nursing and Health - PPCCLIS, State University of Ceará/UECE, Fortaleza (CE), Brazil. E-mail: [augustomtorres70@gmail.com](mailto:augustomtorres70@gmail.com); <sup>6</sup>Nurse, Professor, Graduate Program in Public Health, State University of Ceará/UECE, Fortaleza (CE), Brazil. E-mail: [rocineideferreira@gmail.com](mailto:rocineideferreira@gmail.com)

## INTRODUCTION

Ensuring the quality of care and safety for patients is a priority goal of health policy worldwide. This is a challenge faced by health services, considering the numerous difficulties related to structural, procedural, political and cultural factors related to the assistance. In this constant search for improvements in service quality, tools for the achievement of this attribute were established, highlighting the Risk Management (RM), a process that involves analysis, planning and direction of incidents that result in harm to the patient, and potential risk factors under conditions of uncertainty.<sup>1-3</sup>

In Brazil, there are protocols, work processes, regulatory instructions and guidelines to prevent damage and prevent failures that may occur due to ineffective communication or lack of assistance to be carried out, besides adjusting care not systematized by the teams and implement good health practices.<sup>1</sup> In this context, the Risk Management Service is configured as a responsible sector for identifying nonconformities within the security processes in healthcare organizations, to propose preventive actions to improve the quality of care and ensure greater security for the patient. Also, it strengthens security practices in the nursing care.<sup>4</sup>

Despite the constant dissemination of the importance of this service to the hospital environment, with regard to the incorporation of best practices in patient safety, a serious obstacle found in the institutions has been the lack of information and records on adverse events and their causal factors, preventing knowledge, evaluation and discussion of the consequences of these events for professionals, patients and caregivers. This gap undermines the actions of managers in the planning and development of organizational strategies for the adoption of safe practices, minimizing the events and improve care, jeopardizing patient safety.<sup>5</sup>

Given the above, since the risk management service is important for the promotion of quality and that nursing is the prime category, in that case, the question is: what are the implications and influences of the actions of risk management service for management Nursing care?

Management of nursing care is understood as a process which aims to organize the care through diagnosis, planning, implementation, coordination, supervision and evaluation of nursing procedures and the individual and collective needs of users of health services.<sup>6</sup>

Therefore, this study aimed to analyze the implications of a hospital service risk management for the management of nursing care.

Analyzing the performance of services like this, based on professional perspective directly involved in patient care, it is a strategy that may favor the rethinking of existing processes and the implementation of best practice as a continuous process of growth and organizational commitment.

## METHOD

Descriptive study with a qualitative approach, developed in large public hospital institution, a member of the tertiary health system of the state of Ceará. This is a reference hospital in various specialties, responsible for serving large population demand and has the Risk Management Service installed since 2001 with an organizational culture already established and has shown interest in improving processes that involve the object of this study.

The sample was for convenience and 30 nurses working at the hospital participated in the study, who were recruited according to the following inclusion criteria: assistant care and working for at least one year at the institution. Nurses who were on vacation or leave of any kind (remoteness, sick leave, maternity leave, etc.) in the period of data collection were excluded from the study.

The amount of the subjects was established by theoretical saturation of data, a tool in which data recently collected no longer contribute to the desired theoretical elaboration. In the practice the research, it is common that the repetition data indicator is used to infer this redundancy. This concept refers to a particularity of qualitative methods, in which the variables are linked to subjectivity.<sup>7</sup>

Data collection was performed by applying a semi-structured interview schedule between January and March 2014, after the approval of the Research Ethics Committee, CAAE: 17073513.3.0000.5534.

The production data was performed at the hospital after the call or in their intervals being invited nurses to participate and to direct to a reserved place. The interviews were recorded with the consent of professionals to ensure greater fluency, accuracy and agility to the process.

The recordings were transcribed in full and, after this step, there was an analytical process based on the technique of Thematic Analysis, which aims to discover the core

Nogueira MCC, Silva LMS da, Oliveira RM et al.

Hospital services of risk management and...

meanings that compose communication, worrying about their frequency, as targetable and comparable data. The units can be analyzed word, sentence or even one paragraph, what matters is to be a set of propositions that express a particular topic.<sup>8</sup>

Fragments of the statements of the respondents were identified by the initial "N" for nurses, then the number of the performing order of the interviews, for example N1, N2, N3 ...

In this analysis process, two thematic categories emerged: 1. Knowledge of nurses about the work of the Risk Management Service; and 2. The Risk Management Service as support for care.

## RESULTS

Of the 30 nurses who participated in the study, all were female, aged from 21 to 30 years old, showing a predominance of young adults. The training time was variable, with a predominance of one to five years of training (18). Moreover, it was observed that most had post-graduate (23), which gives the possibility to nurses to have more support to review further the service in which they operate.

As for the time of activity in the institution, most were between 1 to 10 years of service (26). Another important factor is the type of employment established. Only six nurses were from a public tender, and the others were hired as service.

The following are the results of research regarding the categorical analysis theme.

### ♦ Category 1. Knowledge of nurses about the work of the Risk Management Service

For analysis of the implications of the Risk Management Service in Nursing care management, knowledge of nurses was investigated on the service as a whole: its structure, performed actions, actors, and processes.

Although the service has been installed in the hospital from 2001, it should support planning and nursing interventions on the risks inherent to care; it was established that the participants, mostly unaware of this service, concerning place of operation and their actions. The reports, then confirm this statement:

*I only know it [the Risk Management Service] to see it. (N02)*

*I do not know the Risk Management Service! (N04)*

*The sector itself I do not know where it is. (N07)*

*I never heard [in the Risk Management Service]! (N09)*

*I do not know how it works because I've never been there and never had contact. (N10)*

*I honestly never had to monitor of risk management staff here in our unit. (N18)*

Other nurses demonstrated some knowledge about the service, saying they had already gone to the sector but that this had no close relationship with the nurses of care. This statement can be seen in the following statements:

*I do not have much access to this service because it is more in the coordination of Nursing. (N5)*

*I've heard, but I do not know how it works! (N12)*

*They always do a survey here, but details I do not know, no. (N26)*

In other statements, the nurses mentioned knew the service but did not understand their actions. However, they said there is a specific activity of active search of reports of problems that can result in harm to the patient:

*This service has the task of seeking occurrences in both drug material, conducting an active search daily. For example, concerning infectious diseases, but that active search is done about medicines. Usually, they talk to the nurse, ask if you have a patient with an infectious disease that is compulsory diseases, it is in this sense but is held in all the places I worked here in the hospital. (N6)*

*We always receive the visit of nurses from there when there is a problem, for example, a blood transfusion, they come to see the patient; when an employee has an accident, you are notified as well. They come here every day. (N8)*

Other nurses understand that the activity of the Risk Management Service is not restricted only to the notification of technical failures of equipment and hospital items, but involving also control the use of drugs, blood and blood products, as the testimonials:

*They [risk managers] notify, do an active search for all non-conformities related to material, equipment, drugs, and also when we try for some risk, they also cater. (N21)*

*We have the person who notifies the hospital risk, both material, and patient. In the case material, we deliver the damaged and patient material we notify the responsible agency if transfusion is the blood bank, each sector has its specialty. (N24)*

Although many nurses unaware of the service, they mentioned the implications of



Nogueira MCC, Silva LMS da, Oliveira RM et al.

Hospital services of risk management and...

risk management activity for the management of nursing care, as evidenced in Category 2.

### ♦ Category 2. Risk Management Service as support for care

*When questioned about the actions of the Risk Management service, the nurses reported that they are supported for the management of nursing care, to promote understanding that is offered tools for assistance and work safely:*

*... It influences the way to get support for acts that may occur regarding the incidents. (N8)*

*They [risk managers] come here and do their part, to notify the medication that the patient has to take. (N10)*

*I know the important of the risk management service because professional can improve and enhance the work. If you have something that is not in compliance, the risk manager is aware of this, then if found non-conformities, nursing as a whole has to improve (...). I talk to improve referring to the professional qualification. (N5)*

*The service is a link with the Nursing and can totally change the dynamics of the sector! (E22)*

According to the nurses, the Risk Management Service also influences the dynamics of health care units and can modify it through systems and processes that minimize the likelihood of risks. However, the main intervention reported by the nurses regarding the control of the use and operation of the equipment, that is technical surveillance, as can be noticed in the following lines:

*I think that influences the simple fact that you are dealing with various equipment. The fact that they have notified that this equipment was not accepted will certainly influence [in care management] because it will generate in the hospital the need to buy new material. (E7)*

Although favoring technical surveillance, some nurses said that the service actions are aimed primarily to identify materials that present a technical problem. For these, the activities of this sector are associated, so only the notification of irregularities of products.

*They seek to know about the equipment if you have any syringe some material that the quality is not as expected. Then you have a problem we talk, they write down the lot and go back. (E2)*

*When I find something in trouble, I keep that sample and make the notification. There are nurses [the risk management service] passing wondering if there's anything with the problem and make the notification, but it is often difficult to*

*match the day I find that material problem and the day they pass, so I usually get and send to them. (N16)*

*They go with the visits, daily, doing the active search for complications and notifications, and as we also have some equipment or material you think you need this notification, we make contact, fills the notification and make contact, saying he found inappropriate in the material, what was missing, which he left to be desired. (E27)*

It was also found a complaint among nurses that there is a concern to notify but do not receive answers directly from the industry. The information, when transmitted, are passed on to the head, but not always posted to the hospital nurses:

*It has no feedback; I'm not there to ask why we do not have time! Is not exposed to the unit, I do not know if the data come back here. (N1)*

*They [risk managers] only spend even reaping the information. (N14)*

*The right was to have feedback to communicate what might happen if going any wrongdoing involving some material, the manager come to communicate and direct if you have anything. (E16)*

Another point that draws attention is that there are nurses who do not consider that the risk management actions influence in direct patient care, as seen in the following lines:

*I believe the risk management service is not influencing because there is no more persistent thing, more dynamic. (N6)*

*This service does not interfere with anything, because first, here, no one is talking about risk management! And if we're careful or not, will be as much as is done so much, it will not make much difference! (N9)*

*Here's a little [interfere]! The technical surveillance might be more than blood vigilance, we do little transfusion problem here and so material that comes defective we do not have too much, it is very difficult, so here the influence of [the service] is low. (N19)*

## DISCUSSION

This research showed that some nurses did not know the hospital's Risk Management Service in which they operate, which shows a gap in their work process, given that the members of that service need to articulate actions in partnership with other hospital units. Therefore, they must exert continuing education activities, identifying, analyzing and monitoring risks, and provide feedback to professionals about the monitored events.

From the moment that the nurses do not know the service and responsibilities, risk management in clinical practice is fragile, and professionals can adopt behaviors and procedures in violation of standards and institutional protocols of patient safety and also in disagreement with the principles governing good nursing practices.

On the other hand, it has increased awareness of nurses about the need to create patient safety committees, patient identification, protocols, unit dose medication, double check, encouraging the reporting of errors and adverse events. Such activities have been encouraged by programs for patient safety, demonstrating the awareness of its importance.<sup>9</sup>

Research has already addressed this issue stating that the risk management requires the incorporation of strategies to avoid fragmentation of cases, as this may result in not understanding the whole and hence not solving the problems.<sup>4</sup>

In another study on the design of the nursing staff on the strategies employed to control the risks, there was no consensus among respondents (nurses and nursing technicians) the existence of a risk management protocol at the institution. The professionals said there are management actions in this area cited as routine classification and risk reporting, but was not reported the participation of risk management service in the process.<sup>10</sup>

It was clear from the cited study respondents for error notification to the higher-ranking professionals, which was cited as a preventive measure, directly linked to risk management, for identifying and investigating the error makes it possible to carry out further training for these failures not repeat. However, there was no mention of the practice of lifelong learning among team members.<sup>10</sup>

Concerning best practices in risk management, another study showed similar results in this study, in which the reporting and recording of adverse events were perceived by participants as a practice that contributes to process improvement; however, the observations in the area, it was noticed the existence of underreporting.<sup>4</sup>

In practice, the dissemination tool often used by risk management service as a way to be present in the units is the installation of acrylic panels with notification bulletins. However, this action does not replace the direct relationship that must be between the sectors of management and assistance, or

means to identify and report the incident will be satisfactorily achieved.

The change of practices or the adoption of safety measures is possible by creating and maintaining a culture of safety. One of the contributing factors for this to occur is the collaboration of professionals in the identification, analysis, and control of risks. However, this awareness is only possible when they feel responsible for the care provided.

Important practices to encourage safety culture include, among others, the involvement of clinical nurses in the effective communication of adverse events, regular meetings, and continuing education.<sup>11</sup> Furthermore, the authors claim to understand the relationship between risk, characteristics of care for the health and contribution to the hospital network can provide the nursing important elements for improving care. Thus, consider essential to know how risks are perceived and evaluated by professionals involved in direct patient care. This knowledge is relevant to establish articulations between hospital services, triggering health education activities, contributing to the reduction of mortality associated with serious adverse events and improve the quality of life of patients and professionals.<sup>12</sup>

Therefore, risk management must play a key role in health institutions by providing support and information to decision makers, enabling a safe environment for patients and professionals involved in the care.<sup>13</sup>

Another important result of this study is that the link established between the hospital nurses with the risk management service is limited mainly to the identification of problems with materials and equipment. This is justified, in part, because the contact of clinical nurses with the risk management service is little established, having been reported a lack of access to it. Some reveal even unaware of the operation of this service or do not understand how is its performance in the unit. Thus, the speeches of some nurses showed that the Risk Management service support is hampered due to the lack of partnership and feedback of its components with the workers of care hospital units, especially concerning communication on the recorded data.

Besides the lack of feedback, there is a time when the results are displayed, in which critics and strengths in the operationalization of care are discussed. There is lack of firm initiatives and partnership between the Risk Management Service and nursing management, such as meetings and meetings

to better integrate the team for achieving real and positive steps to patient safety. Despite this insufficient articulation, it was found, the statements of category 2, the service in question functions as a support for nursing care by providing guidelines for the safe handling. However, the focus of the service is still facing reporting problems, identify risks and flaws in materials and equipment.

It is noteworthy that there are several risks unmonitored in care, which includes care, labor, environmental, institutional risks, among others. A recent study found as one of the important findings of the observation that the sizing of the nursing staff, qualifications, and staff training are aspects with great influence in the implementation of safe care practices, increasing the likelihood of risks to patient safety and professional, if not planned and executed efficiently.<sup>14</sup> Thus, it should be incorporated into the activities of the Risk Management Service and risks of institutional origin, requiring its regular monitoring, as well as the other risks often controlled, such as those related to techno, blood, and pharmacovigilance.

Therefore, communication is the professional competence and the ideal size to ensure the effective transfer of information between shifts, departments, and units. Professionals working in care front line need to be heard and recognized by management. Promoting feedback and creating bond of trust among team members is an important property of culture security.<sup>1</sup>

This action allows the notifier to recognize the importance of their information and enhance their contribution to improving the quality of care. It is a motivator because it also promotes the integration between the teams, allowing greater security in the care provided.<sup>15</sup> Thus, it is evident the need to set goals for the dissemination of the service, as well as continuing education professional, so that it raises awareness of how is the process of work and the importance of the role of risk management. Also, for effective planning of nursing care, it is essential to know the risks and the reality faced by the institution. Therefore, management risk may involve favorably from the release of the data and proposals for the improvement of nursing care management actions.

In the institution, it is observed that the service to be centralized in some people, cannot produce positive changes in the work process and care in nursing with a view to patient safety and professional. Thus, the instances that work with assessment and

management of risks in the institution should be fully articulated with knowledgeable people policies and processes involved in risk management.

## FINAL CONSIDERATIONS

This study allowed analyzing the implications of the Risk Management Service for the management of nursing care. It is understood initially that this service establishes a strict relationship with clinical nurses and lack wider dissemination of the sector on the activities, as well as feedback from the notifications made.

This finding was evidenced due to the lack of comprehensiveness of the actions of the service by the nurses, who mentioned being limited to occasional activity notification, especially regarding technical failures of materials and equipment, that is the techno-vigilance.

In this thinking, risk management activity is centered on professional service, which affects the non-participation of clinical nurses in identifying actions and notification of incidents and adverse events. The result is underreporting and lack of spontaneous reporting.

However, nurses who reported knowing the service or risk management actions understand that its existence serves as a support for the management of nursing care because it stimulates the search for professional qualification and safe patient care. They also understand that risk management influences the dynamics of the sector, since managing the material resources and its inherent risks and can modify them.

It is necessary the adoption of a participatory management model and committed to the welfare safety believes that it is necessary to break with the traditional models centered on control and punishment, incorporating risk management practices to produce changes in nursing care management. These require effective communication and feedback on decisions around patient safety through strategies established by the leaders and workers directly involved in assistance.

The certainty of the importance of the data revealed in this study, it is considered that further studies should be developed to expand and consolidate information about how they are being operationalized the Risk Management Services and how their operation implies assistance. Thus, we will have more support for the competent bodies to implement policies that will enhance the area so that services achieve their goals to ensure

the safety of patients and professionals working in hospitals.

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Hospital services of risk management and...

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### **Corresponding Address**

Roberta Meneses Oliveira  
Programa de Pós-Graduação Cuidados Clínicos  
em Enfermagem e Saúde - PPCCLIS.  
Universidade Estadual do Ceará/UECE  
Avenida Dr. Silas Muguba, 1700 - Campus do  
Itaperi  
CEP 60740-000 – Fortaleza (CE), Brazil

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