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ORIGINAL ARTICLE

PSYCHIATRIC PATIENT SAFETY: NURSING TEAM PERCEPTION* SEGURANÇA DO PACIENTE PSIQUIÁTRICO: PERCEPÇÃO DA EQUIPE DE ENFERMAGEM SEGURIDAD DEL PACIENTE PSIQUIÁTRICO: PERCEPCIÓN DEL EQUIPO DE ENFERMERÍA

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ABSTRACT

Objective: to know the perception of error in the view of the Nursing team working in a psychiatric inpatient unit of a general university hospital. *Method*: this is a qualitative, descriptive study with a phenomenological approach, with 13 members of the nursing team. Interviews were conducted with professionals, then transcribed and analyzed according to the technique of Content Analysis in the category Analysis mode. *Results*: the phenomenon was unveiled in the category: Perception of error in the nursing team's view of a psychiatric inpatient unit. *Conclusion*: the perception of error is related to the interrogation of the work process, in addition to pointing out specific errors, as well as lack of professional preparation, relationship with the multidisciplinary team, medical hegemony in decision-making processes and organizational issues. Other aspects were reported as the occurrence of risks in cases of acute psychopathological condition, unpredictability of patients' actions, care during containment, fall prevention, revision of belongings and lack of nursing notes. *Descriptors*: Mental Health; Patient Safety; Nursing; Psychiatric Nursing; Qualitative Research; Nursing Team.

RESUMO

Objetivo: conhecer a percepção do erro na visão da equipe de Enfermagem que trabalha em uma unidade de internação psiquiátrica de um hospital geral universitário. *Método*: trata-se de um estudo qualitativo, descritivo, de abordagem fenomenológica, com 13 membros da equipe de enfermagem. Realizaram-se entrevistas com os profissionais, em seguida, transcritas e analisadas de acordo com a técnica de Análise de Conteúdo na modalidade Análise de categorias. *Resultados*: desvelou-se o fenômeno na categoria: Percepção do erro na visão da equipe de Enfermagem de uma unidade de internação psiquiátrica. *Conclusão*: relaciona-se a percepção do erro à interrogação do processo de trabalho, para além do apontamento de erros específicos, também com a falta de preparo profissional, relação com a equipe multiprofissional, hegemonia médica nos processos decisórios e questões organizacionais. Relataram-se outros aspectos como a ocorrência de riscos nos casos de agudização do quadro psicopatológico, imprevisibilidade dos atos dos pacientes, cuidados durante a contenção, prevenção de quedas, revisão de pertences e falta de anotação de Enfermagem. *Descritores*: Saúde Mental; Segurança do Paciente; Enfermagem; Enfermagem Psiquiátrica; Pesquisa Qualitativa; Equipe de Enfermagem.

RESUMEN

Objetivo: conocer la percepción de error desde el punto de vista del equipo de Enfermería que trabaja en una unidad de hospitalización psiquiátrica de un hospital universitario general. *Método*: este es un estudio cualitativo, descriptivo, con enfoque fenomenológico, con 13 miembros del equipo de enfermería. Las entrevistas se realizaron con profesionales, luego se transcribieron y analizaron de acuerdo con la técnica de Análisis de Contenido en la modalidad Análisis de categorías. *Resultados*: el fenómeno se dio a conocer en la categoría: Percepción de error en la visión del equipo de Enfermería de una unidad de hospitalización psiquiátrica. *Conclusión*: la percepción de error está relacionada con la interrogación del proceso de trabajo, además de señalar errores específicos, así como la falta de preparación profesional, la relación con el equipo multidisciplinario, la hegemonía médica en los procesos de toma de decisiones y los problemas organizacionales. Otros aspectos se informaron como la aparición de riesgos en casos de afección psicopatológica aguda, imprevisibilidad de las acciones de los pacientes, atención durante la contención, prevención de caídas, revisión de pertenencias y falta de notas de Enfermería. *Descriptores*: Salud Mental; Seguridad del Paciente; Enfermería; Enfermería Psiquiátrica; Investigación Cualitativa; Grupo de Enfermería.

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INTRODUCTION

Care within the hospital organization is discussed as a complex and multidisciplinary process in which professionals have as their common goal to provide quality care to the client.
It is revealed that the established attributes that define the quality of care are efficiency, optimization, acceptability, legitimacy and equity.

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It is added that, at the beginning of this century, the United States Institute of Medicine (IOM) began to consider patient safety as one of the attributes of quality together with effectiveness, patient centrality and the opportunity for care. In this sense, patient safety is considered as a dimension of the care process.¹

In Brazil, the National Patient Safety Program (NPSP) regulates the safe care offered by health institutions, favoring the implementation of measures for the analysis and control of errors through risk management, which includes, since notification to resolution of demands that affect human health, professional integrity, the environment and the institutional image. 1-2 It is also emphasized that, in this program, the error is conceived in a procedural way and may favor the change in the work process in institutions where the patient safety culture is fostered. 1

Patient safety can be defined as the reduction, to an acceptable minimum, of unnecessary risks and harm associated with healthcare.³

Due to the increase of research in the area, it has become increasingly necessary to differentiate the terms used on the subject and, in this sense, studies have been concerned with such definitions in order to standardize the terms and produce better understanding and use by those who research or want to carry out health interventions.²⁻⁴

Pode-se, assim, definir o risco como a probabilidade de um incidente ocorrer. Caracteriza-se o incidente como evento ou circunstância que poderia ter resultado ou resultou em um dano desnecessário ao paciente.³ Delimita-se o erro, por sua vez, pela falha ao realizar uma ação como pretendido ou a aplicação de um plano incorretamente.²⁻³

Noteworthy in other terms, not least important, are, after all, directly related to patient safety, such as the contributing factor, which is the circumstance, action or influence that may increase the risk of an incident and that can be external, organizational, personal, or patient related.³⁻⁴ One contributing factor may or may not be enough to cause an incident, but it should always be taken into account.³

Similarly, patient characteristics should be considered, which are attributes such as sociodemographic conditions or reasons for hospitalization and which may be related to increased errors or incidents.³

It is known that in Mental Health and Psychiatric Nursing, the lack of conceptions about patient safety and the factors that encompass it make the scenario uncertain.⁵ In this context, we highlight the complexity of the clinic of the patient in question, characterized by the nurserelationship associated patient psychopathology and risk behaviors, such as: suicidal ideation; risk for self and heteroaggressiveness; impaired judgment of reality, among other changes in psychic functions that may contribute to the occurrence of adverse events.⁵⁻⁶ Also considered as important are the specific conditions of the institution and the professional profile.6

The errors described in the literature involving the psychiatric patient since verbal abuse in interpersonal relationships between employees, patients and family members, unheard complaints, falls and medication errors vary. ⁵⁻⁶ Due to the occurrence of these, failures in the development of the care process, which can generate greater chances of complications, increasing mortality rates, as well as dissatisfaction and exhaustion of the Nursing team. ^{1,6-7}

Among the possible causes of errors, the absence of effective communication between the team, lack of professional preparation, momentary failure of the employee, precariousness of nursing notes and administrative problems of the institution are observed.^{1,5-7}

It is noteworthy, since the patient safety protocols in the national psychiatric context are incipient, composed of manuals and public policies and without national scientific studies that support them, that this theme should be highlighted. Emphasis is given to the increase in psychiatric beds in general hospitals, which became a strategy for attention to the crisis in accordance with public mental health policy, as established by the Psychosocial Care Network (PSCN). Thus, it is necessary to unveil the phenomena about the safety of the psychiatric patient from the view of the Nursing team.

This study is justified by the complexity of the process of caring for the psychiatric patient, who is hospitalized due to the worsening of his clinical condition, associated with the complexity of nursing care in the psychiatric setting, which may lead to greater chances of errors.⁵⁻⁷

OBJECTIVE

• To know the perception of error in the view of the nursing team working in a psychiatric inpatient unit of a general university hospital.

METHOD

This is a qualitative, descriptive study, guided by the phenomenological aspect, which allows unveiling the phenomenon experienced by the subject, considering its uniqueness, which enables the researcher to know the thoughts and reactions of individuals who experience an experience.⁹

Thus, it will occur when knowing the perception of the error through the view of the Nursing team that works in a UIPHG, by the recognition of its life world, which is characterized by the lived experiences that are articulated by the memories, perceptions and anticipations to every moment, ⁹ for the experiential world needs to be constantly restored in the course of the experience.⁹

This dynamic characteristic of the perception of the object of this research fits in with the literature on patient safety, since the error should not be viewed as punitive, but should constitute an opportunity for learning, a view that is supported by the perspective of patient safety culture.¹

The study was conducted in a public university UIPHG, in the city of Campinas / SP, which has a multidisciplinary team composed of doctors, nursing staff, social worker, occupational therapist and psychologists, with capacity for 16 beds. Specialized care is provided by the unit in question, and the hospital in which it operates has guidance and protocols from the Patient Safety Center (PSC) established in 2013.

Data collection included the period from March to June 2016, when 13 subjects (three nurses and ten nursing technicians) from different shifts were interviewed. Inclusion criteria were: being a nursing professional and being present at the time of data collection.

The sample was selected from the network sampling in which one participant indicates the other. The first was selected because it was known to the researcher, but its statement was not considered in the data analysis, which ended when the concerns were answered, and the study objective was reached.¹⁰

The semi-structured interview was used as an instrument for understanding the phenomenon based on the following guiding question:¹¹ "In your practice as a member of the nursing staff of this psychiatric inpatient unit, were there any situations where you realized that patient safety was at risk for an error? If so, tell me how it went".

Interviews at the workplace were performed, with an average duration of 40 minutes, recorded in digital audio after consent by the interviewee through the Free and Informed Consent Term (FICT), and later transcribed.

The information was analyzed following the steps: 1 - reading and rereading of each statement; 2 - identification and subsequent grouping of significant aspects of the statements in units of meaning; 3 - composition of the analysis categories. 9 This study was followed by Resolution 466/2012 of the National Health Council and was approved by the Research Ethics Committee of the School of Medical Sciences of the State University of Campinas (UNICAMP), under the opinion number

1.302.219, in 2015. Participants were identified, to ensure anonymity, with the initial of the word nurse "E", followed by Arabic number.

RESULTS

The nursing team's world of life was considered in this study, from the memories, perceptions and anticipations that characterized the perception of error in a unique way and are described in the following category.

♦ The perception of the concept of error in the nursing team's view of a Psychiatric Inpatient Unit

The error was observed in the situation in which patient evasion occurs.

Try to do everything to provide safety for the patient, but there are those who run away. (E3)

There is also in this team, the acknowledgment of the error, which favors the questioning about the work process.

Let's risk, we grope, for more correct decision making, but we make mistakes [...] I don't know if it would be the team's fault or our process failure. (E7)

It was evidenced that the team participating in this study also presents a different perception from that presented in the literature, equating the concept of error to the contributing factors to the increased risk, described by the physical plan, staff sizing, lack of professional preparation and institutional characteristics.

The physical plant is not good [...]. Not in accordance with psychiatric reform. (E10)

This number of people is not even stipulated by Coren, this dimension of employees, employee-patient, is all unfavorable. (E13)

Employee who is inadequate has no ability to deal with the patient. (E11)

It's a lot of people, even the students, and it's a school hospital, it's an in and out and the routine is intense, it doesn't just depend on Nursing. (E5)

During the work process, the relationship with the multidisciplinary team is considered a risk factor for patient safety, with the predominance of medical hegemony in decision-making processes.

We try to change, by the Nursing team, some things [...]. But not much is not done. I think it's kind of dropped. (E9)

The medical team is evaluating [...]. But if we do not agree with the decision, we are not taken into account and it causes risks [...]. (E1)

It is identified, although not correlated to the risk, by the team, also, that the patient's characteristic, such as the worsening of his psychopathological condition, may imply unpredictable situations.

They are acute patients with very severe mental illness that are there and are unpredictable situations. (E2)

Work processes involving actions that reduce the risk in specific situations located in the context of nursing care to the patient are characterized by: containment care, falls, review of belongings, the importance of recording and the need to know the history of the patient.

The restraint is carefully done for his safety. (E2)

When the patient is at risk, we put a bed with railing to [...] prevent falls. (E6)

Check the bag to see if there are things that will hurt the patient and the employee. (E8)

If Nursing does something that is not in agreement, it is us who suffers, if we did not have the note; That's why I say: write it all down. (E12)

The patient comes with the story in half or sometimes no history at all. We don't know where to start [...] after we know how the patient works, it's much easier. (E7)

DISCUSSION

In this study, we consider the understanding of what is wrong, contributing factors influenced by actions and circumstances external, institutional and personal to the care process.³⁻⁴ Considering experiences as subjective, knowledge of the world of life is uniquely realized for each person.⁹

According to the reports, the team does not delimit the errors made in a specific way, relating them to the process of taking care of the psychiatric patient; however, the subjective acknowledgment of the error may favor the questioning of the work process. In addition, when the error happens as a result of such a process, it is not just a fault of the team members, but of the whole context in which they are involved¹⁻² and, in this sense, an interviewee confirms by saying that the team risks, but errs, however, cannot say if it is the fault of the team or failure of the work process.

Error is conceptualized as a mistake, slip or lapse that can be caused by institutional and human factors, causing failure of action or incorrect application of a plan. When identified, it is appropriate to discuss and implement changes in the work process aimed at patient safety. Prevention of error in the care process itself is currently being developed, following, for example, the Swiss cheese model that establishes preventive barriers to error. 1-2

Thus, the expansion of safe culture is important as an important aspect for care. Its inclusion in health institutions is recommended, underpinning it in the NPSP whose objective is to qualify care and to create ways to prevent errors. It is understood that one of the ways to establish it is through the notification system, which provides actions to detect, document and analyze adverse events (AEs) in order to solve them systemically. When quantified and analyzed, AEs are directed towards learning and changes in the work process and have the purpose of preventing. 1-2,12-3

It is generally observed that when an error occurs in the field of mental health, its notification is difficult, since the notification

system organized by the NPSP proposes that the report of AE or near miss incident be declared in intrinsic categories of care, which are: falls, medication errors, nursing techniques and problems with materials; 1,12 However, these categories do not include errors that broaden the understanding of care, characterized by relational actions that directly affect the rehabilitation process of the psychiatric patient. 6-7

The purpose of the notification is to identify the error for further chain analysis of all previous processes involved and to base the improvement of barriers to avoid new occurrences.¹

It is inferred, in this context that, in mental health, the notification must adapt to the characteristics of the psychiatric patient that are evidenced by their specific psychopathology and can be exemplified by the behaviors of self and hetero-aggressiveness and changes in reality judgment. It is also emphasized the institutional context, which has as its organizational guideline for care the perspective of psychosocial rehabilitation, which values the care inserted in the community context, not considering exclusively the hospital context.^{6,8}

The team participating in this study presented a different perception from that presented in the literature about the concept of error, equivalent to that of contributing factors characterized by circumstances, actions or influences that may increase the risk of an incident.³

The first contributing factor was the physical structure as the team points out that it does not fit the principles of psychiatric reform. Psychiatric reform is considered a symbolic milestone of the process of achievements that resulted in the reformulation illness, of care for mental transforming therapeutic environments psychosocial rehabilitation, and it is in this context that deinstitutionalization allowed the increase of psychiatric vacancies in general hospitals.8

It is pointed out, however, that restructuring the environments and organizing trained human resources also depends on the institution's management, funding and, above all, governmental and intersectoral actions that help change mental health paradigms. ⁷⁻⁸

The staff sizing was cited, considering it a contributing factor to the occurrence of work process failures, which can cause errors or adverse events. ¹⁴ It is noteworthy that, in the daily nursing care, the number of professionals influences the implementation of actions that foster the safety culture. ¹⁴ Thus, the dimensioning of staff becomes a fundamental element for the installation of the work process, which aims at the quality of nursing care, associated with organizational conditions that compute the impact caused on the physical and mental health of the worker. ¹⁴

Another aspect mentioned, which can be considered as a contributing factor, is the individual, related to the perception that the professional has no ability to treat the psychiatric patient.

In the psychosocial rehabilitation process, the professional must have the competence to establish the therapeutic relationship with the patient, as well as skills that favor the creation of a therapeutic environment. The expected competencies for the health professional in the context of rehabilitation include complex problem solving, communicative - relational actions, teamwork, technical actions, active learning and "rescue of the other" characterized by the development of autonomy, identity and dignity. 15-6

It is cautioned that if the professional does not develop such skills, added to the concerns inherent to the work process and structure, care may become fragmented.¹⁵⁻⁶ Such skills can be developed through the continuing education strategy, characterized as a method of updating and improving care, in order to avoid mistakes.¹ It is therefore important that the professional profile be discussed as it contributes to safe and quality care.¹⁵

Other contributing factors to the occurrence of errors are evidenced by the characteristic of the UIPHG studied because it is located in a university hospital and has a high flow of students that, added to the multi-professional team, make it difficult to control the risks developed by the Nursing team.

It can be considered that the training of professionals in service is a guideline for their insertion in mental health care equipment, promoting the development of care in the context of psychosocial rehabilitation based on public health care policies.⁸

It is also emphasized that the inexperience to identify risks by the student may increase the possibility of errors.¹⁷ However, although the hospital environment provides chances of error, it is an important scenario for learning about what is error, how to avoid it and thus contributes to foster, in new professionals, the culture of patient safety.^{1,17}

It is emphasized by the team that the relationship with the multidisciplinary team can be considered a risk factor for patient safety when it identifies that teamwork can increase the likelihood of an incident occurring,³ because nursing workers identify that they are not heard and there is medical hegemony in the decision processes.

It is clear that the challenge of teamwork and effective communication development are issues described in the patient safety literature, and it may be recommended that these aspects be institutionally improved..¹

It becomes the valorization of the relevant communication in the mental health field, as it is a primordial instrument for the development of the therapeutic relationship, a priority aspect of the integral care to the psychiatric patient developed by the nurse. 18 One can focus on care based on the relationship to be an alternative for the nurse to occupy a place and have a voice within the multidisciplinary team and thus be able to play a leading role in the contribution of therapeutic decisions. 18 It is emphasized that the implication of the nurse as a therapeutic agent can facilitate the recognition of the error and, consequently, become an agent of change in the work process in order to increase the safety culture.

In addition, although the professionals studied do not correlate with risk, the team also identifies that, patient characteristics, such as the worsening of their psychopathological condition, may lead to unpredictable situations.

Alteration of mental state can be considered a risk factor, however, the team does not recognize associating unpredictability with acute conditions, which may corroborate the feeling of helplessness and fear regarding the patient's behaviors and reactions, 19 such identified may favor the overload that these professionals have during the care process, which increase the risk for errors. unpredictability of the behavior of the psychiatric patient discussed in the literature to cases of violence to the nursing team is complex, and the solutions to this problem are: ensuring safety throughout the workplace, rethinking this environment, and continued education, in order to develop communication skills of the nursing team with the psychiatric patient for the elaboration of safe actions. 1,7,19

It is pointed out in the literature that problem situations observed in the relationship between caregiver and patient can increase the risk of suicide or escape, when changes in mental state examination determined by psychopathology.⁷

However, it is argued that the creation of inpatient units in a general hospital requires a different infrastructure from other units, agreeing with the study team due to the risk associated with psychopathology and the way the patient will use objects to develop activities of daily living and also its circulation in the physical structure itself. 5-6,17

In the initial approach, skills and team improvement are recommended for the development of therapeutic techniques characterized by listening and caring for family members to minimize any risk to the patient and the environment, once the team is unaware of it. It is possible, from the initial recognition, to be able to direct care and reevaluate the patient during hospitalization.^{7,17-8}

The examination of mental state by the association with psychopathology is emphasized and its purpose is to follow the evolution of the condition and to provide care based on the clinical diagnosis. ^{7,16} It also implies the clinical construction in the risk assessment, as the instability of behaviors can cause damage to the life of the psychiatric patient during the hospitalization process. ¹⁶

In this study, the team also reports work processes that involve actions that reduce the risk in specific situations, located in the context of nursing care to the patient, such as restraint care, falls, suitcase revision, the importance of registration and the need to know the patient's history.

Restraints are described as manual, physical or mechanical methods, which use equipment to individually guarantee movement restrictions and are indicated for cases of mental confusion, fall prevention, agitation or psychic problems that cause risk to the patient or the environment.^{7,19}

In the implementation of the technique of containment, training and scientific basis, the nursing team is required to acquire skills to perform it.¹⁹ Important training is provided to prevent complications due to its use, such as bruising, fractures, torsions, changes consciousness, associations with infections, pain and pressure injuries.¹⁹ It is important to evaluate the type of containment to observe the need to continue using the technique. 19

The prevention of falls was also identified by respondents as an action that minimizes the risks related to the psychiatric patient. Falls are considered as an indicator of nursing care quality, as it is a harmful event that can prolong hospitalization or be fatal to the patient.²⁰ Discussion of safe measures to prevent falls begins with team training to identify risks and also by using supportive techniques that involve: safe environment; use of shoes; risk signaling strategies with the team; use of bells and guidance of the patient as to their risk.²⁰ The psychiatric patient deserves to be highlighted in this context, as he may present mental state changes and use psychotropic substances, which implies increased risk for falls. 16,20

It is emphasized that another aspect identified in the team's statements for risk reduction was the review of the patient's belongings to ensure the deprivation of objects or substances that can be taken to the hospital during hospitalization and cause risks to their integrity. Thus, the importance of mental state assessment associated with the use of objects that may be available and risk to the patient is reinforced, recognizing that it is relevant to ensure their privacy and guarantee autonomy, however, with the need for constant observation. ^{5-7,16,18}

Care documentation also becomes а communication aspect for teamwork and reported as a risk-reducing factor. 15 It was stated by the study team that the Nursing notation is used as part of the work process to justify their conduct and protect themselves if there are disagreements. Nursing notes are intended to document, ensure communication professionals involved in care, evaluate the care provided, provide a therapeutic project and monitor the evolution of care on a daily and continuous basis. 13 It is evident from the literature that psychiatric nursing records in practice are incipient, as it is difficult to describe the subjective aspects inherent to the mental health care process.^{1,7} It is inferred that such difficulty further accentuates the need and importance of documentation for error prevention and risk assessment, as the lack of records becomes an obstacle to nursing care itself.

The safety of psychiatric patients is presented as a very incipient topic in Brazil, so it can foster discussion that allows rethinking the work process in the various contexts in which mental health care is inserted, since there are no official guidelines that address the theme studied here. It is considered important that nursing errors are composed of cause-and-effect nodulations, which often do not allow early detection, in time to prevent them; Thus, the need to highlight not only the permanent education of the team, as well as the improvement of working conditions, is highlighted. 14,17

CONCLUSION

It becomes the perception of the error, in the view of the Nursing team of a psychiatric inpatient unit, more related to the acknowledgment of the error, which favors the questioning of the work process rather than the pointing out of specific errors.

The participants of this study identified the lack of professional preparation, the relationship with the multidisciplinary team, the medical hegemony in decision-making processes and organizational issues, such as the physical plan, staffing and institutional characteristics, as factors that contribute to increased risks involving the psychiatric patient. It is revealed that another aspect reported by the study team, although not related to the occurrence of risks, was the sharpening of the patient's psychopathological imply unpredictable condition, which may situations. Work processes located in the context of nursing care were also mentioned as actions that may imply risk reduction, which are: care during containment; fall prevention; review of belongings and the importance of nursing notes.

Thus, as a contribution of this study to the advancement of safe practice in the psychiatric context, the need for continuing education actions

is emphasized, and it is necessary to highlight the need to recognize the evaluation and reorganization of the work process in order to respond to the specific clinical needs of the psychiatric context.

This study also points to the need to expand the subject of patient safety, considering the context of mental health, and it may be suggested that further research is needed to quantitatively list errors, improve innovations of the patient safety care, develop protocols and foster adequacy of risk management in UIPHG.

This study is limited to encompass the view of the concept of error delimited by a Nursing team, being necessary the expansion to other equipment where mental health care occurs in the Brazilian context.

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