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RESEARCH ARTICLE (ORIGINAL)

Patient safety in primary health care: the perceptions of professionals working in family health teams

Segurança do doente na atenção primária: perceção de profissionais de equipas de saúde da família

Seguridad del paciente en atención primaria: percepción de los profesionales de los equipos de salud familiar

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Abstract

Background: Given that a considerable amount of care is provided in primary health care settings, a better understanding of patient safety at this level of care is essential.

Objective: To explore the perceptions of patient safety among healthcare professionals working in family health teams.

Methodology: An exploratory study, using a qualitative approach, was carried out with 23 health professionals (nurses, nurse technicians, physicians, and community health agents) from 6 family health strategy teams in Brazil. Data were collected through semi-structured interviews and analyzed using Bardin's thematic content analysis method.

Results: Two thematic categories emerged from the data analysis: (Lack of) Knowledge about patient safety principles and Professionals' actions and strategies for promoting patient safety.

Conclusion: Patient safety in primary health care is an issue still poorly understood among the study participants. The nurses were the only professionals who highlighted its current impact.

Keywords: patient safety; family health strategy; patient care team; primary health care

Resumo

Enquadramento: Considerando que muitos cuidados acontecem na atenção primária à saúde, é necessária uma melhor compreensão da segurança do doente neste nível de atenção.

Objetivo: Analisar a perceção de profissionais de saúde que atuam em equipas de saúde da família acerca da segurança do doente.

Metodologia: Estudo exploratório com abordagem qualitativa. Participaram 23 profissionais (enfermeiros, técnicos de enfermagem, médicos e agentes comunitários) de 6 equipas de estratégia de saúde da família no Brasil. Os dados foram recolhidos através de entrevistas com guião semiestruturado. Utilizou-se a técnica de análise de conteúdo temática de Bardin.

Resultados: Da análise dos dados emergiram duas categorias temáticas: (Des) Conhecimento sobre os princípios da segurança do doente e Atuação dos profissionais e estratégias para a promoção da segurança do doente

Conclusão: A segurança do doente na atenção primária à saúde ainda é um tema que apresenta fragilidade de conhecimento por parte dos profissionais do estudo. Os enfermeiros foram os únicos profissionais que destacaram a repercussão atual da temática.

Palavras-chave: segurança do paciente; estratégia saúde da família; equipe de assistência ao paciente; atenção primária à saúde

Resumen

Marco contextual: Considerando que gran parte de los cuidados se realiza en la atención primaria, se necesita una mejor comprensión de la seguridad del paciente en este nivel de atención.

Objetivo: Analizar la percepción de los profesionales sanitarios que trabajan en los equipos de salud familiar sobre la seguridad del paciente.

Metodología: Estudio exploratorio con enfoque cualitativo. Participaron 23 profesionales (enfermeros, técnicos de enfermería, médicos y trabajadores comunitarios) de 6 equipos de estrategia de salud familiar de Brasil. Los datos se recogieron mediante entrevistas con un guion semiestructurado. Se utilizó la técnica de análisis de contenido temático de Bardin.

Resultados: Del análisis de los datos surgieron dos categorías temáticas: (Des)conocimiento de los principios de la seguridad del paciente y Actuación de los profesionales y estrategias para la promoción de la seguridad del paciente.

Conclusión: La seguridad del paciente en la atención primaria sigue siendo un tema que presenta cierta fragilidad de conocimiento por parte de los profesionales del estudio. Los enfermeros fueron los únicos profesionales que destacaron la repercusión actual del tema.

Palabras clave: seguridad del paciente; estrategia de salud familiar; grupo de atención al paciente; atención primaria de salud

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Introduction

Patient safety has become a priority for discussion at all health care levels. It is essential to deliver risk-free, effective, efficient, and problem-solving patient care. Studies on this issue are mainly carried out in hospital settings (Marchon et al., 2015). However, primary health care (PHC) corresponds to a large part of the care delivered to the population: from individual and collective interventions to promote and protect health and prevent patient deterioration to diagnosis, treatment, and rehabilitation (Paranaguá et al., 2016). Therefore, studies on patient safety in PHC are needed. In Brazil, the Family Health Strategy (FHS) is the healthcare model adopted by the Ministry of Health to restructure PHC (Marchon & Junior, 2014; Portaria nº 2.436, Ministério da Saúde, 2017). Family health teams should be familiar with the principles and concepts of patient safety to make safe health care decisions in pursuit of effective and quality care practices (Marchon & Junior, 2014).
Thus, this study explores the perceptions of patient safety among health professionals working in family health teams.

Background

Patient safety is one of the dimensions of quality care. It is described as a set of measures and policies aimed at reducing the risk of unnecessary harm to the patient to an acceptable minimum (Institute of Medicine [IOM], 2000; World Health Organization [WHO], 2009). This issue gained momentum after the publication of the IOM report *To err is human: building a safer health system*. The report includes studies showing that human beings make mistakes that can be prevented through effective organization, planning, and management (IOM, 2000). In 2013, the National Program for Patient Safety was established in Brazil to contribute to the qualification of health care in all national health services, including PHC units (Resolução - RDC nº 36, Ministério da Saúde). A Brazilian study conducted in FHS units of Rio de Janeiro found an incidence of adverse events of 1.11%, with the following contributing factors: treatment errors (34.00%), administrative errors (16.13%), and communication errors (65.53%; Marchon et al., 2015). Another study in Brazil explored patient safety from the different perspectives of those daily involved in PHC (the local manager, the health professionals, and the patients). It identified barriers to the promotion of patient safety, such as the discontinuity of care, interruptions during consultations, and failures in communication and teamwork. This study also revealed communication problems at different levels involving patients, professionals, and managers, while highlighting the importance of shared knowledge to promote patient safety in primary care (Vasconcelos et al., 2019).
In France, a study found that incidents in PHC were three times more frequently related to the organization of healthcare than to the knowledge and skills of health professionals, and especially to the workflow and the communication between professionals and patients. Of the 317 incidents reported, 270 were considered preventable (Michel et al., 2017).
The literature review confirms the existence of incidents in PHC, which requires a better understanding of patient safety at this important level of care. A study conducted in California pointed out that the creation of teams with shared responsibilities in clinical care and administrative tasks is a key component of PHC practices. Therefore, environments with appropriate physical structures and common work areas are necessary for effective interaction and communication between professionals. However, there are obstacles to implementing safe PHC, such as financial constraints, high staff turnover, and cultural resistance to change (Lyson et al., 2018).

Research question

What are the perceptions of family health professionals on patient safety?

Methodology

An exploratory study was carried out using a qualitative approach in six FHS units of a medium-sized municipality in the central-western region of the state of Minas Gerais, Brazil. The participants included 23 professionals working in the units for at least six months: nurses, nurse technicians, physicians, and community health agents. Professionals on vacation or leave of any kind were excluded. The participants were identified by the first letters of their profession, namely: N for nurses, NT for nurse technicians, P for physicians, and CHA for community health agents, followed by the sequential number of the interviews (N1... N6; NT1... NT6; P1... P6; CHA1... CHA6).
Data were collected through semi-structured interviews in rooms reserved for that purpose in the units from September 2017 to February 2018. The interviews included the following nine open-ended questions: 1) In your opinion, what is patient safety in the FHS? What is the importance of this topic at this level of care? 2) In your opinion, what is a patient safety incident? 3) What types of patient safety incidents occur in your daily work? 4) Why do patient safety incidents occur in your daily work? 5) What actions are taken to correct patient care-related incidents in your daily work? 6) How are patient care-related incidents prevented and minimized in your daily work? 7) In your opinion, how should patients contribute to patient safety? What strategies should managers and professionals implement? 8) Please talk to me about the waiting room being a place to promote patient safety. 9) Are you aware of any incident that occurred in the FHS unit? Have you ever experienced one?
In the end, participants had the opportunity to further discuss the topic under analysis. It should be noted that three teachers working in the field and with publications on patient safety in PHC reviewed the contents of the

semi-structured script.
The interviews lasted on average 24 minutes and were recorded and transcribed in full for data analysis and categorization. Data were analyzed using Bardin's three-step methodology (2012): 1) pre-analysis: preparation, organization, and floating reading of the material; 2) exploration of material: listing parts of the text and creating categories for each type of subject; 3) treatment and interpretation of the results: drawing inferences on the information obtained to be interpreted and used for theoretical or pragmatic purposes.
The Ethics and Research Committee of the Federal University of São João Del-Rei approved this study, under opinion number 2,256,529, according to resolution 466/2012 (Resolução nº 466 do Ministério da Saúde) of the National Health Council. All study participants signed the free and informed consent form.

Results

The majority of the 23 professionals interviewed are women (78.3%), between 27 and 55 years old. Of all participants, 26.1% are community health agents (50.0% with secondary education and 50.0% with higher education), 21.7% are nurse technicians, 26.1% are nurses, and 26.1% are physicians. Among the professionals who completed higher education, 43.5% were specialized in family health. The length of time working in the six FHS units ranged from 1 to 17 years, with 65.2% of the participants being employed through public tender and 34.8% through temporary contracts. Two categories emerged from the data analysis: (Lack of) Knowledge about patient safety principles and Professionals' actions and strategies for promoting patient safety.
Considering the category of (Lack of) Knowledge about patient safety principles, the overall analysis of the study data showed that most professionals considered that patient safety in PHC is essential for health promotion and the prevention, treatment, and control of diseases and health status deterioration. Patients were referred to as the main stakeholders in the care process, and safety at this level of care should be a key component of work processes because of its impact on the other services. "[PHC] is the point of entry; it is where they first seek care. So, if there is no proper safety here, then what good is safety at the hospital, which is a tertiary care setting" (P4). "I think it's very important because the patient is the protagonist of our work. Therefore, their safety should be the priority, the focus of all work, it should be the primary goal" (N6).
However, the detailed data analysis showed that professionals' perceptions are diverse. Some professionals mentioned important aspects concerning the principles of patient safety, but in a fragmented way and displaying a poor understanding of the issue: "When we think of patient safety, we immediately think of the patient's orientation. To deliver the adequate care, the right health procedures for that patient" (N1); "In my opinion, patient safety are the actions carried out by the team that do not harm the patient" (N4).
Other professionals, when referring to patient safety, mentioned concepts related to associated areas, such as occupational safety: "Patient safety is about the correct care, it's like this, the safe professional" (N3); "I think it is the physical structure and the PPE [Personal Protective Equipment]" (NT1).
Although nurses were aware of the expression *patient safety*, due to this issue's current impact, they reported the lack of patient safety actions in the work routines of FHS teams, which in turn prioritize other areas: "This issue is widely discussed nowadays, but we focus on other things" (N2); "Look, it's an issue that I've seen a lot in the media, and it's caught my attention, but I'm not aware of any service that provides it" (N5).
Even with all the impact of patient safety, some study participants struggled to determine its scope. Others had never reflected about it and found it odd when patient safety in PHC was mentioned: "Safety is everything that provides support . . . it is the patient's support in Primary Care" (P2); "I've never thought about it, but I think the patient should be safe when receiving care" (P1); "It's not usually discussed, that's why I'm finding the question somehow strange, patient safety in here?" (P5).
The perceptions of the professionals of the multiprofessional teams working in FHS units reveal a challenging scenario, particularly regarding the physicians' understanding of patient safety. These perceptions reflect the lack of patient safety actions in the daily practices of PHC professionals and of discussions about it, which focus on hospital settings: "I'm still not aware of patient safety in primary care" (N5); "There is a lot of talk about patient safety in hospitals" (NT1). Interestingly, professionals notice the absence of studies and reflections on patient safety in PHC, which is reflected in the clinical practices and routines of FHS units, even raising doubts about the importance of patient safety at this level of care: "It's rare to hear about patient safety and primary care. Do you think it's important to address this issue here [primary health care]?" (NT1).
Furthermore, according to the professionals, current daily practice is not planned in advance, which promotes both the prevention and reduction of errors and patient safety. However, participants reported the existence of occasional actions triggered by the occurrence of errors: "It doesn't work because we don't focus on it. We respond to emerging demands, but we never think about patient safety" (CHA3); "an error occurred with the user, we sit down, discuss and present the error to the whole team, but these actions are isolated. There is no action focused exclusively on it" (N5).
On the other hand, most participants said they did not know about the National Program for Patient Safety, established in 2013 by the Ministry of Health in Brazil. The program was a boost for change in patient safety in Brazil, which was widely disseminated and discussed in the various health care settings of the country. However, some professionals reported not knowing it. Others claimed to have heard about it but were not familiar with its objectives and proposals: "I've never heard of it. I've got a postgraduate degree and studied some family

health issues over the last 20 years, but I don't remember the program from family medicine studies" (P1); "No! I've never heard of it" (CHA2); "I've never read about it, but I've heard about it. However, I don't know about it in depth!" (N2). Despite this lack of knowledge and actions in daily practice, it should be noted that patient safety principles are intrinsic to the reasoning behind professional practice, even though these professionals do not fully understand the specific concepts of this issue. Most participants, for example, were uncertain about the interpretation of the word "incidents," which can negatively impact the implementation of patient safety actions in PHC services: "The patient comes here to treat a medical condition, they can't develop another . . . an injury, they can't develop anything more, not here" (CHA5); "Patient care incidents? Something that happened . . . is it . . . something that didn't go well? Is that it?" (N2).

In the category Professionals' actions and strategies for promoting patient safety, participants demonstrated a positive perception of their individual and collective contribution to patient safety. However, the accounts of these contributions are generic, have no theoretical-scientific basis, and do not reflect the National Program for Patient Safety strategies: "My work? (Silence). Well, I think I contribute in several ways, but I think that what contributes to patient safety is carrying out the procedures properly and making sure the patient leaves here oriented" (N1); "I try to do as much as I can, you know, within my capabilities, and whatever I can do for the patient, I try to do it in the best way" (NT3); "In prevention, in acute and chronic treatment. (Silence). In the operative groups in which we can work, I think that's it" (P2).

Concerning strategies for promoting patient safety, the professionals recognized and pointed out the need for training in this area. However, most professionals mentioned not having received training in patient safety, holding the management responsible for this problem, and did not take responsibility for their knowledge: "There should be training, shouldn't it, training for everyone, as a team... But, training in patient safety, the precautions that should be taken, I haven't seen it yet" (NT1); "No, I don't know what the Patient Safety Centers are. I've never had training in it, I don't know" (NT2); "I think managers need to provide more training in this area" (CHA5).

One of the aspects for improvement in the units was the communication among the FHS professionals as it occurs in a non-systematic (informal) way and does not reach the whole team. The existence of noise in the communication also creates uncertainty regarding actions and harms patients. According to the participants, ineffective communication can also lead to errors: "sometimes I think it's too informal, it shouldn't be, right? So sometimes I think there are a lot of errors due to the lack of proper communication. Surely this harms the patient" (CHA1); "I think there should be more communication, sometimes people act on their own, leading to misunderstandings because there was a lack of communication" (NT5).

Communication between professionals and patients was also reported as a strategy to promote patient safety because it is necessary to ensure that patients understood what was said by the professional and to discuss the issue in patient education groups: "it's very important to check if they understood . . . to make sure I was able to pass on to them what was important, watching them do what was explained to them" (N3); "I think that, sometimes, I should explore it [patient safety] with them in the educational groups (NT1).

Within this context, most professionals considered the waiting room as a strategic space to improve patient safety where knowledge about health issues can be transmitted and contribute to reducing anxiety while waiting. However, the implementation of educational processes does not occur permanently, does not involve all team members, and does not address patient safety:

> I've seen the nurse resident do some things with posters. Now, I hope they use it [the waiting room] better, with the library she arranged there . . . and it is also a way of reducing some of the anxiety of waiting to be cared for. (CHA2)

"We try to use the waiting room for guidance, and we even have the nurse resident who sometimes is scheduled to talk about some topic every day" (N6).

Discussion

With regard to the first category of this study, "(Lack of) Knowledge about patient safety principles," although professionals consider patient safety important, the majority is not familiar with this issue and feels that mentioning patient safety in PHC is odd. A first analysis may give the false impression that it is unnecessary to consider patient safety in PHC because incidents are less likely to occur in these services due to their lower degree of complexity and technological density when compared to other health care services. However, incidents in PHC do happen (Marchon et al., 2015), and all health care services should be organized under the *Primun non nocere* (First do no harm) principle, given that health professionals are susceptible to errors.

Nevertheless, studies and discussions about patient safety still focus on hospital settings. There is a significant quantitative difference between the number of studies on patient safety in hospital settings and those in PHC, even in countries with an organized and active primary care system (Marchon & Junior, 2014).

However, most health care is provided in PHC settings, including FHS units, where the number of daily patients is high (Paranaguá et al., 2016). Therefore, professionals in FHS units should be familiar with patient safety principles to inform their decision-making, improve their professional practice, and increase the effectiveness of the service (Marchon & Junior, 2014).

The study participants reported the lack of actions directed to patient safety in the daily practice at their units. Their priorities include activities that do not consider the principles of safety. As procedures performed in PHC are apparently simple, risky situations in PHC do not receive proper attention from professionals. This perception should be reconsidered by the multiprofessional team

(Ribeiro et al., 2017). The World Health Report 2008 - Primary Health Care (Now More Than Ever) revealed that PHC provides unsafe care to patients, has underestimated incident rates, and needs to adopt practices that allow for continuous, humanized, quality, and safe care delivery. The report also highlighted that patient safety incidents occur in hospitals and in PHC (WHO, 2008). Among the study participants, only nurses highlighted the current impact of the issue. Furthermore, a lack of understanding of the issue was observed among physicians, reflecting that most health curricula do not address this topic (Menezes et al., 2020). Undergraduate nursing and medicine curricula in developed countries have already been adapted. However, in Brazil, healthcare-associated errors and failures are not addressed in nursing and medicine curricula. This limitation is due to the several challenges in changing curricula in low- and middle-income countries, such as poor educational infrastructures, low financial and human resources, difficulties in integrating patient safety knowledge into local health settings, lack of knowledge among managers, and lack of involvement and cooperation of teachers. Despite this, it is necessary to reinforce patient safety in teaching, research, and community extension activities, encouraging further reflection on the skills that need to be developed during academic training to promote safer health care (Menezes et al., 2020).

The professionals also showed a poor understanding of the National Program for Patient Safety. The program was established in Brazil almost eight years ago and boosted the promotion of safe health care in the country. Since then, strategic interventions for promoting patient safety are mandatory, such as establishing Patient Safety Centers in health care facilities. Patient Safety Centers aim to promote and support the implementation of patient safety actions, essential to achieve quality in the activities developed in PHC (Resolução - RDC nº 36 do Ministério da Saúde).

The professionals also expressed doubts about important concepts, such as incidents. An "incident" is an event or circumstance that could have resulted, or resulted, in unnecessary harm to a patient, arising from intentional (violations) or unintentional acts (errors) by professionals. An error is a failure to carry out a planned action as intended or the incorrect execution of a plan. An adverse event is an incident that results in healthcare-related harm to a patient. Harm includes disease, injury, suffering, disability, and death, and may be physical, social, or psychological (WHO, 2009). The WHO International Classification for Patient Safety addresses all these concepts, covering the area's main terminology. Health professionals should be familiar with the terms and definitions to identify, investigate, minimize or prevent incidents.

The second category "Professionals' actions and strategies for promoting patient safety" shows the professionals' perception of the importance of individual and collective (multiprofessional team) participation in care and some of the improvements needed to promote patient safety in the daily practice of FHS units.

Professionals have difficulties reporting how their work contributes to the promotion of safe care, thus confirming their poor understanding of the issue. Professionals should, in their daily practice, provide safe care to patients, but to do so, they need to be familiar with the topic and understand their role in this process. Furthermore, health services managers should implement actions based on patient safety principles, such as effective communication, promotion of professional development through training, promotion of safe practices, and feedback to the professional (Reis et al., 2017).

Participants reported not receiving training in patient safety. Permanent education for professionals of the Brazilian healthcare system has been considered a tool to transform professional practices and work organization. Training or capacity building on patient safety is vital and should occur during working hours, covering patient safety legislation and principles; patient safety protocols, indicators, and culture; risk management; incident investigation and response, root cause analysis, and safety improvement strategies.

However, the fact that professionals hold managers exclusively responsible and do not take responsibility for learning these important contents should be noted. The team's mission and challenge are to promote and suggest strategies for delivering quality care and preventing the delivery of inappropriate care and the occurrence of avoidable complications (Ribeiro et al., 2017).

Communication between professionals is also regarded as a collaborative mechanism for promoting patient safety in FHS units. However, the communication between professionals is very deficient, which can lead to care failures. Some studies show that ineffective communication between health professionals is one of the main contributing factors to incidents affecting care quality (Lee, 2015; Lawson et al., 2018). Thus, because communication between health professionals occurs in different places and situations, it is necessary to standardize and systematize it at all organizational and hierarchical levels of the institutions (Lee, 2015).

The waiting room was pointed out as a strategic environment to transmit knowledge about health issues, including patient safety. Health education in the waiting room is an important tool for welcoming, communicating and problematizing reality. Through health education, it is possible to exchange knowledge and experiences by bringing together professional knowledge and good sense to the benefit of common sense, empowering individuals to become more critical and aware (Wild et al., 2014).

Given this context, it can be assumed that the studied FHS units have not yet provided primary care based on patient safety principles due to lack of information. Therefore, it is important to implement the strategies mentioned by the participants to prevent and mitigate the risks arising from unsafe care.

A limitation of this study is that it was carried out in only six FHS units, hindering the generalization of results. Hence, future studies should include other PHC contexts and explore the impact of patient safety promotion strategies on PHC.

Conclusion

Patient safety in PHC is still poorly recognized and valued among the professionals participating in this study. They found the issue odd and demonstrated insufficient knowledge about it. This scenario can negatively impact patient care, creating a higher risk of incidents.

It should be noted that only nurses pointed out the current repercussions of this issue and that physicians demonstrate no understanding of patient safety principles. Therefore, it is necessary to train PHC professionals on patient safety and encourage them to assimilate its principles individually. Moreover, it is essential to integrate patient safety into the curricula of undergraduate healthcare programs.

The movement for the ongoing improvement of quality of care and patient safety should involve all PHC professionals to develop a patient safety promotion culture.

Author contributions

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