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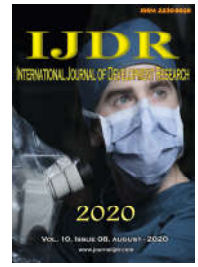
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RESEARCH ARTICLE

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PERCEPTION OF THE MULTIPROFESSIONAL TEAM ON PATIENT SAFETY IN MENTAL HEALTH CARE SERVICE

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ABSTRACT

Patient safety is a complex issue that involves all members of the health team to improve the quality of healthcare, including decreasing error rates and hospital stay. This article aims to understand the multidisciplinary team's perception of patient safety in mental health. This is a descriptive study, with a qualitative approach, using a focus group as a strategy for collecting information. Bardin's theoretical framework was used for content analysis, which allowed the construction of three categories, namely: knowledge of professionals about patient safety, the importance of patient safety in mental health and the importance of the professional looking at himself. There is a significant lack of knowledge by professionals about the presence and proposal of patient safety, which presents a daily challenge in mental health care. The evidenced information can and should be worked from the perspective of management, assistance and teaching, and can contribute to the improvement of the scenario of (un) safety of patients with mental disorders.

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INTRODUCTION

Patient Safety is defined as the reduction, to the minimum admissible, of the risk of preventable damage associated with health care (AVISA, 2014). The damage can be of several specificities, including illness, injury, suffering, disability and death (ANVISA, 2015). In mental health care there are increased rates of damage, mainly due to mechanical, chemical and escapes. The team has a fundamental role in promoting patient safety during the entire hospitalization process (COSTA, 2014); (BORGARIN et al., 2014). Patient safety is complex and involves all team members with the aim of improving the quality of care, decreasing error rates and length of hospital stay. For this, teamwork and the collaboration of all professionals, becomes a vital aspect to achieve these results (JEFFS et al., 2013). In 2007, the American Institute of Medicine (USAIM) published a report entitled: Erring is Human: Building a safer health system, which called for a

reevaluation of the education of health professions and the incorporation of patient safety in the academic curricula of all health professions (KIERSMA, PLAKE, DARBISHIRE, 2011). The need for scientific qualification, ethical commitment, systemic actions for assessment and prevention, enabling the reduction of adverse events and analyzing the impact on patients' quality of life, must be elements present in health professionals (BORGARIN et al., 2014). Given the above, the objective of this study was to know the multidisciplinary team's perception of patient safety in the mental health service.

METHODS

This is a descriptive study, with a qualitative approach. The present study was carried out in a clinic specialized in psychiatry in the city of Curitiba, which will be called "Clinic" for the purposes of this study. To obtain the information, a

technique called “Focus Group” was used, derived from the collective interview, which contributes with information through group dialogues (TRAD, 2009). Bardin (2011) indicates that the use of content analysis provides for three fundamental phases: pre-analysis, material exploration and treatment of results. Thus, after the information was transcribed and analyzed, the statements were explored in depth and three categories emerged based on the units of answers that were most repeated, the first category being called “professional ignorance”, the second category addressing the “the importance of patient safety” for the mental health team, and the third category “looking at yourself”.

RESULTS

The sample consisted of 13 professionals from the multiprofessional team of the referred clinic, with participants aged 28 to 51 years old, four males and nine females. Among them are, a nursing coordinator, three nursing assistants, a nursing technician, an occupational therapist, a social worker, four psychiatrists. With training time from four to 28 years, with performance from five months to 32 years. After categorization, considering that there was the possibility of establishing units of answers, which came together on several occasions, it was decided to subdivide into topics, developing on the whole subject related to each category, for didactic purposes.

Professional Unawareness

Starting the focus group, the moderator asked the first guiding question: “What is the perception of the Multiprofessional team about the client's safety in mental health in a full-time unit?” and from the discussions, the category called “Professional Unawareness” was obtained, with several Response Units, namely: Theoretical Structure, Health Education / Communication Structure, Physical structure and Patient Safety Commission Structure. It is known that all health professionals who have experienced errors or failures in their daily activity that may have caused persistent damage or injury to the patient, are aware of the feeling of malaise and lack of acceptance of the current health system. Competences are asked, but at the same time, the possibility of being punished is feared, given the lack of knowledge about patient safety that permeates the main mental health establishments. One of the striking aspects of the group's narrative was the lack of theoretical knowledge about patient safety. Right at the beginning of the focus group, the participants asked that the moderator owes more explanations on the topic, as they had difficulties in understanding the first guiding question, as can be seen below:

What do you mean when you say Patient safety? (P1, 2019).

Another participant adds:

Shall we talk about patients' rights in mental health or about their safety in the service? (P2, 2019).

The participants' limited knowledge about patient safety highlights the need for strategies aimed at health education of the team, in order to promote improvements in quality and safety in care.

On this subject, Jeffs et al, (2013) consider that, despite the difficulty in qualifying in psychiatry, professionals actively contribute to patient safety who are fully admitted to the hospital. More questions arose on the topic, reaffirming how much mental health needs qualification and more scientific work related to patient safety and articulated debates as can be seen in the participant's speech:

Team training at the moment of crisis helps to know how to deal ... Perception of how to act before the crisis ... To make this assessment we need to be very close to the patient, to experience his life inside the hospital, it is not just to stay inside the nursing station ... (E2, 2019).

Thus, Jeffs et al, (2013) state that the importance of teamwork and collaboration are vital for the qualification, quality and safety of mental health care. Patient safety is a complex issue that involves all team members to improve the quality of care results, including decreasing adverse event rates and length of hospital stay. Although professionals recognize the importance of other categories, they avoid extrapolating what their typical assignment is. Note in the speech of the participant:

Discuss as a team the comorbidities and clinical history of the patient and form strategies for his safety (E2, 2019).

Educating professionals about adverse events in the assistance provided by mental health professionals encourages a somewhat realistic attitude and a more positive and productive approach, having frank professional experience in discussions of adverse events makes this action discussed on new occasions and it becomes a permanent learning practice. It is observed in the professional's speech the lack of knowledge and preventive practices of adverse events:

It can also happen in situations beyond our control, such as patients who attack others, it is an adverse event and has to be notified (E2, 2019).

When addressing the issue of patient safety, participants believe that the theme is not widespread in the psychiatric work environment, often hampered by the lack of communication and qualification of these professionals. An example is the participant's definition of what patient safety is:

I think safety starts with the environment being healthy, clean, administering medication in an environment without much noise where the team can concentrate, check the correct medication, the non-slip floor (P9, 2019).

Mental health institutions need to study more deeply and scientifically, forming preventive strategies to face adverse events, mainly with injuries and their consequences. It can be noted the difficulty of direct communication between the team and the lack of incentive by the management in the following speech:

I do training, and we end up making cuts because at that moment it is not being good for the company, sometimes it is not just training (G11, 2019).

The theoretical basis and specific regulations were cited during the focus group as a way to improve communication between supervisory institutions, public and private institutions in

mental health care. Investment in permanent education would be a communication strategy maintaining a direct relationship with the improvement of the ability to perform and work relationships that can directly assist in the prevention of adverse events. The records made by the team are considered fundamental actions in obtaining information about failures and allows communication and implementation of measures aimed at reducing the number of adverse events. Note in the speech of the participants:

That is why an effective risk classification is important and it does not happen (E2, 2019).

The structural issue is very difficult because the inspection bodies do not talk to decide what they can or cannot leave in an inpatient unit, for example: firefighters, health surveillance and council (G11, 2019).

About the lack of communication Fay-Hillier, Regan, Gallagher (2012) respond, specifically, that communication, qualification, collaborative team work and a patient-centered approach are fundamental for patient safety. The way professionals are charged also influences the quality of the work provided. Themes about the physical structure of the environment related to patient safety in psychiatry emerged as discussion questions reaffirming the little knowledge of mental health professionals, as evidenced in the participant's response:

Installation of bars, supports and environments that they can support (P2, 2019).

Security in relation to physical structure has stood out among health professionals, mainly in psychiatry, analyzing not only physical structure, but the same linked to critical situations, promoting safe institutions, built for mental health services with equal security when applied to the assistance purpose of welcoming and treating human needs. The following participant reports on the structural differentiation of an institution in mental health towards a structure of an assistance service:

Our main triumph would be 24h surveillance, we had some situations of patients at risk of suicide who took threads from the curtains or thread from the key itself, unfortunately we cannot zero out the risks (G11,2019).

After the affirmation of the participants, one can extract from the group discussion one of the several structural / assistance differentiations that mental health services offer to their patients: 24-hour surveillance through video / filming, space restriction, grids, periodic rounds, therapeutic group leaders and others. Such strategies corroborate with the reduction of adverse events and provide effective communication and risk management. From the perspective of clinical professionals, there are ethical, legal and structural dilemmas that differentiate them from other health services, especially clinical / healthcare. Considering that these issues are rarely discussed by the teams, it puts the safety of any mental health patient in danger, an example reported by the participant's speech below:

A very important thing is also possible, but it has already happened about escapes, they are patients who run away and return with drugs into the clinic, we have already had this, this is extremely serious and has to be discussed (TE5, 2019).

Throughout the period, several measures are acquired to ensure comprehensive patient care and protect the team. However, when health professionals identify, for example, a risk of escape, some actions are intensified to maintain the safety and the patient's stay in the hospital for the time recommended by the doctor. Situations reported throughout the focus group are routine adverse events among mental health services, which can bring risks to safety not only for the patient, but also for the institution and staff.

Importance of Patient Safety in Mental Health

The second stage of the focus group began, with the second guiding question: "what is the importance of Patient Safety?"

Striking aspects in the narrative of this group was the little theoretical and scientific knowledge about patient safety that directly impacts the importance of the theme for mental health care. The clipping of the speeches made by the participants led to the delimitation of the second category: Importance of Patient Safety in mental health, with three Response Units, Theoretical-Scientific Basis, Communication Process and Patient Safety Commission.

This second category enabled the participants to develop discussions that reinforced the importance of care practices related to patient safety, professionals and mental health care environments. During the discussion in the focus group, several issues arose and one of them was about the importance of communication and theoretical-scientific basis of the team for the development of patient safety as shown in the following statement:

Unfortunately, this global issue cannot be left out, but we can reduce it, so I think it is extremely important to discuss patient safety (E2, 2019).

Training in the ability to work as a team is important, increasing the capacity for action, promoting communication, cooperation and leadership. In a team, the development of relational skills is extremely important, which makes it possible to reduce risks, increasing patient safety, as seen in the participant's speech:

It is essential to have this link in the team and communicate at all times (E2, 2019).

Setting up strategies to avoid adverse events, survey the risks, and upon them ask a preventive question or work to reduce the risks (E2, 2019).

Silva et al., (2016) offer an expanded view on the subject in question, when they researched the team's knowledge about patient safety. The authors point out that it is knowledge, that is, theoretical support that will promote changes in the safety culture and lead professionals to provide adequate, harm-free, quality assistance. In this expectation lies the fact that the importance of the topic of patient safety is categorized, showing little knowledge, especially when working with mental health. There was no visible demonstration of in-depth knowledge, mainly of the relevant guidelines and legislation. It can be observed that the theoretical-scientific basis, institutional protocols and physical structure will provide support for the accomplishment of the arrangements made with the patients, always valuing their safety. It is important to note that the breakdown of combinations or risk processes in mental

health, causes adverse events or even the death of patients. It is observed in the participant's speech:

So more than any health service, clear and updated protocols, regular training is essential, if you are researching how to protect the patient, the investments are to improve the team as a person, the rest comes together (M6, 2019)

According to Brock et al, (2013) the relationship between team communication and patient safety has increased the emphasis placed on training future health professionals to work as a team. As the participant reports:

It is essential to have this link in the team and communicate at all times (E2, 2019).

Ordinance No. 529 of April 1, 2013, which institutes the National Patient Safety Program, puts the spotlight on effective communication, giving it the necessary visibility to promote improved interaction between health professionals. When the team does not communicate effectively, errors easily arise in the provision of care (AVISA, 2015). According to Fay-Hillier, Regan, Gallagher, (2012) the communication of the transfer includes shift reports, nursing instructions, nurse to doctor reports, incident reports, case reviews and emergency services reports for facilitating safe and effective care. It can be correlated with highly reliable organizations, such as the airline industry and the automotive industry, which use briefings, situational awareness and identification of red flags or notices to promote communication and teamwork for safety. In the health care setting, this report format is used to promote collaborative interdisciplinary communication, teamwork and patient safety to reduce adverse events. Fay-Hillier, Regan, Gallagher, (2012) show instruments that facilitate communication between teams from different shifts to improve communication and narrow valuable information for mental health care, as the participant reports:

They identified that there are several reports of escapes through the forms, we go to the administration to discuss a better strategy to avoid this fact (E2, 2019).

These instruments will provide statistical support to discuss among the team, strengthening the link with the institution, being able to refer to the definition of a better strategy for patient safety. Blaming professionals does not prevent adverse events, while disclosing, analyzing and learning about them prevents the repetition of these events. Patient safety is a shared responsibility of all team members, from decision makers to frontline professionals (ie, the sharp edges of the system) (INFANTE, 2006). Adverse events not shared are seen as an admission of incompetence in the approach per person, while the possibility of human error and the acceptance of the adverse event are compensated with teamwork under the approach of the protocols (INFANTE, 2006). The Hospital has a duty of vigilance in relation to inpatients who have mental confusion. When the patient dies after escaping from the psychiatric hospital, he is responsible for losses resulting from this fact. The death of a family member characterizing moral damage in re ipsa, since the suffering and pain caused by the loss, in addition to being insurmountable, are presumable. The amount of the indemnity is measured by the extent of the loss, pursuant to art. 944 of the civil code (TJMG, 2019).

The Group also highlighted the role and structural importance of the patient safety committee, as described in the report:

It exists, if any of you do not know, a Patient Safety Commission here at the Hospital, it is very important to work on the issues of how we can prevent these situations, but for that we have to suffer them so that we can correct them so we have implemented a notification form where we can having subsidy for us to set up strategies (E2, 2019).

It is noted, then, the lack of knowledge even of the existence of a safety commission in this mental health service, even more of the functions it performs within the institution. The lack of regular meetings and communication of discussions about adverse events or even basic information through training and qualification facilitate adverse events.

Looking at yourself: The third category is presented, "looking at yourself", arising from the guiding question "How can we improve client safety in mental health in an inpatient unit?". It made the focus group discuss the importance of the professional's emotional structure in mental health care, to keep the patient safe, thus promoting the construction of the response unit called "Professional Emotional Structure". For this group, the ability of the multiprofessional reference team to accommodate suffering depends on the availability of the professional, their profile and their training, directly interfering in patient safety. The expression of anguish when coming into contact with suffering was remarkable in this narrative, and also a certain fear in relation to the need to deal with patients considered to be mentally ill.

It is assessed that the academic training of the multiprofessional team does not contribute to them being able to intervene in the field of mental health. It can be identified in the participant's speech:

In order to continue this conversation, it called my attention that no one touched on the subject, which I think is more relevant, the greatest safety for the patient is our emotional state, isn't it? (M6, 2019).

From the perspective of psychiatric professionals, the anguish mentioned is due to the fact that the field of action is mental health and not the workplace, and that the emotional state of it, being shaken, consequently interferes in patient care and safety, causing, in turn, adverse events.

The participants' speech expresses an important demand in the field of mental health care, especially when it comes to the professional's emotional structure related to patient safety. As the professionals report:

It is the attention that we must give to the patient, sometimes we are so manned and busy that we do not give due attention to the patients, which is precisely what was put in place (E4, 2019).

The mental health care environment, whose scenario is composed of bars, full wards, uncomfortable noise and odor that refers to unhealthy conditions, contributes a lot to the professionals' dissatisfaction. This scenario added to the characters - users, family and professionals - in the relationship already exposed, creates favorable conditions for the spread of

suffering among all. To provide quality care, it is necessary to recognize the limit between dedication to the patient and dedication to yourself. It is necessary for the professional to be informed, oriented and feel supported. Otherwise, stress takes over and ends up impairing patient safety:

It is important to focus on the emotional state of the team in the treatment of the patient, as this can harm their treatment, it must always be welcomed (G11, 2019).

From the perspective of the psychiatric hospital professionals, an emotional preparation of the professional is necessary, which will, consequently, expose itself and put itself as a work tool:

It is essential to have this link in the team and communicate with everyone else, especially if we are not well (M2, 2019).

These discussions are extremely important for my protection and everyone who works here, and for all patients (TO13, 2019).

If I am emotionally well, I can have that look for the patient, identifying and preventing any adverse event (M6, 2019).

According to McKie and Naysmith, (2013) three broad conceptual areas can be identified that, cumulatively, have the potential to give new direction to the mental health team. The first area is based on broader developments in the field of psychiatry. This anguish can be noted in the participant's speech:

The importance is to be satisfied with yourself and each one, to be developing the maximum of their activities and patient care, when we neglect something about patient safety it will come as a charge at some point in our life (E2, 2019).

Care with the caregiver appears at various times during the focus group, as can be seen in this excerpt from the participant's speech:

It enters precisely the issue that the caregiver needs care (P1, 2019).

McKie and Naysmith, (2013) come to highlight the main causes that affect the professional's well-being, namely: coping with adverse and unexpected situations; experience of daily life in an integral hospitalization unit; interpersonal relationships with family members; interpersonal relationship with other members of the professional team; socioeconomic conditions and general conflicts. From that, one can work on causality to try to reduce the incidence of adverse events linked to the emotional structure of mental health professionals:

If I'm fine, I can have that look for the patient, identifying and preventing any adverse event (M6, 2019).

McKie and Naysmith, (2013) also say that by recognizing a plurality of conceptual bases, the merit of this person-centered movement lies in its attempt to avoid reductionism, thus recognizing that efforts to conceptualize mental health practice are complex.

Nortvedt, Hem, Skirbekk, (2011) complement by saying that an ethics of care focuses on relational networks. Moral agents have responsibilities towards specific human beings with whom they are connected and affected by the actions of moral agents. What is ethically relevant in the ethics of care is how we find ourselves and take care of our own interests and needs. It is perceived in the participant's speech:

If the patient is not safe, the professional is not, the institution itself is not, and any adverse event affects the visibility of the institution itself, the family itself, the return of this patient, or the question of the experience of this professional, if the team is integrated, so it's very broad, patient safety is also team safety (M9, 2019).

Again, McKie and Naysmith (2013) can be cited, which ontologically point to the creation of meaning, especially when adjacent to life and the care of oneself and the other. Nortvedt, Hem, Skirbekk, (2011) exactly reinforces the plurality and professional humanity. This broader conception of mental health, in which moral values and an ethical attitude favor the preservation of dignity, respect and solidarity among the team, thus preserving patient safety, increasing communication and reducing adverse events. The participants recognize that it is necessary to create a favorable work environment that is affectionate, warm, caring, loving and that provides growth, relief, security, protection, well-being, that is, an environment in which the person experiences human care, thus providing emotional stability and quality of care, it can be seen in the participant's speech:

This issue is fundamental, when we provide assistance with love, care and dedication in what we do, the feedback comes, so that we can focus on the care and safety of the patient to be close to him and discuss with the team about the clinical condition, we can generate strategies (P7, 2019).

According to Scanlon, (2011) it is complemented that the ontological dimension is about in situ practice, requiring strong doses of socialization, where professionals, as traditionally perceived, must exhibit altruism, confidence, autonomy and knowledge of your patient base. This dimension requires professionals to develop a sense of who they are in terms of professional practice, how they inhabit the professional world and in what terms and how they interact with others in that world. It is perceived by the participants in the focus group that in mental health services, the emotional structure of the professional is one of the focuses of patient safety and that must have a special look. Participants spoke about the emotional structure that is inserted in patient safety:

That is why what he said is really important, because if we are well with us, we can deal with and observe these risks (P10, 2019).

If I'm fine, I can have that look for any patient, identifying and preventing any adverse event (S12, 2019).

However, the formation of the real concept of the team under a mental health care approach is driven more by the biomedical model of the patient than by the sociological and epistemological model. In fact, this characteristic can be considered a powerful indicator of the prevalence of the biomedical perspective in the treatment of the patient. The subject is noted in the participant's speech below:

It is not enough just to train, because there are people who really do not have tact, they need a type of feedback on what is happening, our most important weapon in our favor is the affective bond, creating a bond of trust, thus reducing all adverse events (M8, 2019).

Finally, as Nortvedt, Hem, Skirbekk, (2011) recently documented the perspective and the role of the professional in the team collaboration process to improve care and especially patient safety. During the focus group, the institution's lack of knowledge about the importance of the emotional structure of mental health professionals was noted, as shown by the participant's profile:

Speaking of employee safety, we have the CIPA which is particularly extremely important, as it makes changes in the physical structure, as in the stair protection nets, which is not only a protection for the patient but also for the employee (G11, 2019).

Incorporating a culture of learning about human failures requires institutions not only to ensure patient safety as an organizational objective, but above all as individual action, personal and professional responsibility. In view of this, the team's lack of knowledge about patient safety, makes it necessary to implement permanent education actions for quality care, thus prioritizing the safety of the professional and not just the patient. As can be seen in the participant's speech:

As we are also talking about mental health, I think it is important to take care of the mental health of those who work, because it affects patient safety, so human, interpersonal investment, care for the professional, previous perception of himself, approaches, all of this generates understanding and a better team (M9, 2019)

It is considered necessary that the team be encouraged and oriented to perceive itself as an important part for the balanced functioning of the mental health system, and that, for this, the care and attention given to the other must be equivalent to the care that professionals must have with themselves. Only in this way will it be possible to appreciate, strengthen and improve patient safety.

Endowed with this knowledge, professionals who provide mental health care will be able to value and promote health and quality of life and, in addition, offer quality care that fully meets the needs of those seeking excellence in care.

Conclusion

Revisiting the objectives proposed in this study, several aspects of the multidisciplinary team's perception of patient safety in mental health were apprehended, identifying concepts arising from a practice out of context with public policies regarding patient safety in mental health. It is also perceived the role of the professional in the process of seeking to improve communication, qualification and assistance, especially with regard to patient safety. Certainly, it can be considered that, if the professional does not have an emotional structure and safe work tools, they end up not developing safety-related skills, and the team consequently will not have a safe role. Preparing permanent mental health education programs would be the strategy to change the scenario learned here. Active teaching and learning methodologies could certainly favor the construction of knowledge that was not

perceived in the speeches of the focus group, methodologies such as Comment Group and Verbalization Group (GOxGV), Team Based Learning (TBL), flipped classroom, room inverted class among other learning modalities of interest to the team. Human contact in this mental health scenario is an imperative and a predominant component of care, therefore, it is necessary to define work strategies that allow to overcome "looking at yourself" and moving towards "taking care of yourself" as a priority and condition for the real process of "taking care of the other". Again, management would enter the scene, providing an adequate, safe work environment and promoting a higher quality of life for professionals, which, although having a difficult concept, reflects the concern with the improvement of life components. The information shown here can be worked on from the perspective of management, care and teaching, and may contribute to improving the scenario of (un) safety of patients with mental disorders.

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