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Patient safety: social representations from the perspective of primary health care professionals

Segurança do paciente: representações sociais na visão dos profissionais da atenção primária à saúde

Seguridad del paciente: representaciones sociales de la percepción de los profesionales de la atención primaria de salud

Samira Valentim Gama Lira de Alencar
University of Fortaleza (*Universidade de Fortaleza*) - Fortaleza (CE) - Brazil

Emanuel Alves do Nascimento
Univida Cooperative - Maranguape (CE) - Brazil

Charlyanne Diógenes Brito
Adolfo Bezerra de Menezes Maternity Hospital (*Hospital e Maternidade Adolfo Bezerra de Menezes*) - Jaguaretama (CE) - Brazil

Daiany Dântara de Sousa Barbosa
Davita São Gerardo Nephrology Services (*Davita Serviços de Nefrologia São Gerardo*) - Fortaleza (CE) - Brazil

Lívia de Andrade Marques
University of Fortaleza (*Universidade de Fortaleza*) - Fortaleza (CE) - Brazil

Geisy Lanne Muniz Luna
Ceará School of Public Health (*Escola de Saúde Pública do Ceará*) - Fortaleza (CE) - Brazil

Débora Rodrigues Guerra Probo
University of Fortaleza (*Universidade de Fortaleza*) - Fortaleza (CE) - Brazil

Ricardo Augusto da Silva Probo
Learning, Development & Sintony - LDS Training (*LDS Treinamentos*) - Fortaleza (CE) - Brazil

ABSTRACT

Objective: To apprehend the social representations of patient safety from the perspective of health professionals inserted in the context of Primary Health Care. **Methods:** This is a qualitative study that used the theoretical and methodological framework of the theory of social representations carried out in the city of Fortaleza, Ceará, Brazil. A total of 18 social participants of the Family Health Strategy were part of the study. Data were collected from September to October 2019 through semi-structured interviews and were analyzed using the thematic content analysis method, from which the following categories emerged: “Social representations of patient safety in the Family Health Strategy”; “Social representations of risk and preventive strategy for patient safety in the Family Health Strategy”; “Weaknesses in patient safety in the Family Health Strategy”. **Results:** The social representations apprehended from the Family Health Strategy professionals’ accounts characterize patient safety as a social space for professionals and patients to interact. Professionals, in their practice, use resources to improve care, but emphasize the existence of risks, and it is important to develop preventive strategies such as appropriate techniques, disinfection and sterilization. In addition, they highlight the presence of weaknesses in the work routine that interfere with patient safety, such as physical structure and lack of materials. **Conclusion:** Health professionals demonstrate, through anchoring and objectification, that they must apply the concepts of patient safety in social settings, but they need managers to provide input and structure that favor the provision of care.

Descriptors: Primary Health Care; Patient Safety; Family Health Strategy.

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RESUMO

Objetivo: *Apreender as representações sociais da segurança do paciente sob a ótica dos profissionais de saúde inseridos no contexto da Atenção Primaria à Saúde.* ***Métodos:*** *Trata-se de um estudo com abordagem qualitativa, usando o referencial teórico-metodológico da teoria das representações sociais, realizado no município de Fortaleza, Ceará, Brasil. Fizeram parte do estudo 18 participantes sociais da Estratégia Saúde da Família. A coleta dos dados ocorreu de setembro a outubro de 2019, por meio da aplicação de uma entrevista semiestruturada, sendo analisados por meio do método de análise de conteúdo temático, do qual emergiram as seguintes categorias: "Representações sociais da segurança do paciente na Estratégia Saúde da Família"; "Representações sociais do risco e estratégia preventiva na segurança do paciente na Estratégia Saúde da Família"; "Fragilidades da segurança do paciente na Estratégia Saúde da Família".* ***Resultados:*** *As representações sociais apreendidas por meio das falas caracterizam a segurança do paciente como espaço social de interação entre profissionais e pacientes. Os profissionais, ao exercerem sua prática, utilizam recursos para melhorar o atendimento, mas ressaltam a existência de riscos, sendo importante desenvolver estratégias preventivas como técnicas adequadas, desinfecção e esterilização. Além disso, destacam a presença de fragilidades na rotina de trabalho que interferem na garantia da segurança do paciente, como estrutura física e falta de materiais.* ***Conclusão:*** *Os profissionais de saúde demonstram, por meio da ancoragem e da objetivação, devem aplicar os conceitos da segurança do paciente nos cenários sociais, mas necessitam que os gestores disponibilizem insumos e estrutura que favoreçam essa assistência.*

Descritores: *Atenção Primária à Saúde; Segurança do Paciente; Estratégia Saúde da Família.*

RESUMEN

Objetivo: *Aprehender las representaciones sociales de la seguridad del paciente bajo la visión de los profesionales sanitarios inseridos en el contexto de la Atención Primaria de Salud.* ***Métodos:*** *Se trata de un estudio de abordaje cualitativo con el referencial teórico-metodológico de la teoría de las representaciones sociales realizado en el municipio de Fortaleza, Ceará, Brasil. Participaron del estudio 18 participantes sociales de la Estrategia de Salud de la Familia. La recogida de datos se dio entre septiembre y octubre de 2019 a través de una entrevista semiestructurada analizada por el método de análisis de contenido temático del cual emergieron las siguientes categorías: "Representaciones sociales de la seguridad del paciente de la Estrategia Salud de la Familia", "Representaciones sociales del riesgo y la estrategia de prevención para la seguridad del paciente de la Estrategia Salud de la Familia"; "Fragilidades de la seguridad del paciente de la Estrategia Salud de la Familia".* ***Resultados:*** *Las representaciones sociales aprehendidas de las hablas de los participantes caracterizan la seguridad del paciente como el espacio social de interacción entre los profesionales y pacientes. En sus prácticas los profesionales utilizan recursos para mejorar la atención pero también destacan la existencia de riesgos y, por ello, es importante el desarrollo de estrategias de prevención como las técnicas adecuadas, la desinfección y la esterilización. Además de eso, los profesionales destacan la presencia de fragilidades en su rutina de trabajo como la estructura física y la falta de materiales que interfieren para la garantía de la seguridad del paciente.* ***Conclusión:*** *Los profesionales sanitarios han demostrado a través del ancoraje y de la objetivación, que deben aplicar los conceptos de la seguridad del paciente en los escenarios sociales pero necesitan la disponibilidad de insumos y estructura de parte de los gestores que favorezcan esa asistencia.*

Descriptores: *Atención Primaria de Salud; Seguridad del Paciente; Estrategia de Salud Familiar.*

INTRODUCTION

Since the publication of the National Patient Safety Policy in Brazil, in 2013, the various services had to adapt to comply with current health legislation which resulted from a World Patient Safety Alliance in compliance with recommendations from the World Health Organization (WHO)[1,2].

Primary Health Care (PHC) has enabled the expansion of population coverage by family health teams in Brazil, thereby providing access to comprehensive care. PHC is the entry point to and the organizer of Brazil's Unified Health System (Sistema Único de Saúde – SUS)[3].

According to the National Health Promotion Policy, health professionals must promote and improve health conditions and ways of living while providing care so as to increase the potential of individual and collective health, thus ensuring patient safety translated into reduced vulnerabilities and health risks arising from social, economic, cultural, psychological and behavioral determinants[4].

Providing safe primary care is a priority, as millions of people use PHC services worldwide every day. Therefore, ensuring patient safety in this service is essential to achieve universal health coverage and sustainability of health care. Safe primary care improves the health and well-being of individuals, communities, and societies[5].

WHO[6] points out that failures in primary care contribute to the burden of unsafe care globally and estimates that 80% of the problems in primary health care centers can be avoided. It also emphasizes that unsafe and low-quality care is one of the reasons why individuals usually ignore primary care and opt for secondary care[6].

The World Alliance for Patient Safety, created by WHO in 2004[7], aims to adopt measures to improve patient care and increase the quality of health services. One of the countries politically committed to WHO goals is Brazil. Within the scope of the National Health Surveillance Agency, the Collegiate Board of Directors Resolution (Resolução da Diretoria Colegiada – RDC) No. 36, institutes actions for patient safety in health services and other measures that contribute to patient safety by establishing risk management strategies and actions according to the activities developed by the health service[1].

Patient safety is more often addressed and discussed in the hospital environment, most likely due to the greater risks posed by more complex care, which features greater technological input and high costs[8]. However, problems with patient safety do not occur only in the hospital environment; they can occur in other settings, such as specialized services, primary care services, in the home environment, and during pre-hospital care. Thus, actions to ensure patient safety must be maintained regardless of the setting where care is provided[9-11].

The assessment of safety culture in PHC is multifactorial and goes beyond the elements related to the structure, process, and results of health work. The need to strengthen patient safety discussions in PHC is emphasized in order to promote professionals' awareness of their ethical commitment and effective communication with the aim of strengthening care[12].

PHC health professionals may have high personal standards of care without being aware of the risks to which patients are exposed in the health system as a whole, and the concept of patient safety may not have good repercussions among PHC professionals. Thus, strategies aimed at improving patient safety at this level of care must emphasize patient involvement, team coordination and cooperation, and a mindset of forecasting, monitoring and caring for the patient beyond their hospitalization or consultation[13]. However, it is used as a strategy for safe development in primary care, such as professional ethics and user embracement and factors that contribute to patient safety, aiming at the concern with technical procedures, such as hand sanitization, non-contamination, and the use of personal protective equipment[14].

Thus, it is possible to notice that PHC has been playing an increasingly complex role in the system, leading to a higher risk of incidents[7]. Therefore, it is essential that health professionals offer safe care, free from any harms, and be able to identify possible failures and seek solutions that aim at effective and safe care.

Thus, this study chose to be based on the theory of social representations, which reflects a form of organized knowledge that promotes the constitution of a reality common to a given social group. It is, therefore, a way to understand nuances and knowledge processes shared by health professionals in relation to patient safety in their daily work[15].

Academic research on patient safety is less frequent in PHC, being explored mainly in tertiary care, in the hospital environment[8]. In certain countries, such as the United States, Australia and Portugal, patient safety has been assessed and explored. In Brazil, the theme gained prominence in 2013 after the implementation of the National Patient Safety Program, and it must be considered that there is still little dedication to Brazilian studies in this scenario[16]. This is the relevance and importance of the present study: it is necessary to raise awareness of patient safety in primary care among professionals, managers, and the population. In that regard, the following research question was outlined: How do the actions to ensure patient safety appear to the Family Health Strategy professionals inserted in the social context of PHC?

Thus, this study aimed to apprehend the social representations of patient safety from the perspective of health professionals inserted in the context of Primary Health Care.

METHODS

This is qualitative study[17] that used the theoretical and methodological framework of the theory of social representations[18,19], which is based on two principles that seek to make unknown elements familiar: anchoring, which relates the new to prior knowledge, and objectification, which gives meaning to an idea, redefining the subject-object relationship through a conceptual and intellectual framework to approach the material. Through social representations, it is possible to understand the phenomena that allow us to identify the relationship between people and the world they live in[20]. In the present study, this social construction occurs through professional training and daily work in services of the Family Health Strategy (Estratégia Saúde da Família – ESF).

The study was conducted in the city of Fortaleza, Ceará, Brazil, from September to October 2019. At the time the study was conducted, the city had 113 Primary Health Care Centers, and a draw was carried out to select the service[21]. The participants in this study were PHC professionals, including only professionals who were part of the FHS team. The stydy excluded health professionals with administrative positions, professionals from the Family Health Support Center (*Núcleo de Apoio à Saúde da Família – NASF*) and ESF professionals in the category of community health workers (CHW) and those who were away, on vacation, or on leave. After applying the inclusion and exclusion criteria, we identified 35 health professionals. Of these, 12 did not accept to participate in the study for not having time available during work and because they did not intend to contribute to the study; three were on sick leave and two were on vacation. Thus, in the end, the study comprised 18 professionals who were identified as "Professional" followed by a number in successive order to guarantee anonymity.

Data were collected through semi-structured interviews[17] using questions on sociodemographic characteristics (profession, sex, age, place of birth, income and religion) and the following guiding question: how do the actions to ensure patient safety appear to the Family Health Strategy professionals inserted in the social context of PHC?

The study took place at the PHC centers, where, initially, the researchers contacted the coordination to explain the study and organize a schedule for data collection based on the work shifts of health professionals in the service. Thus, health professionals were informed about the development of the study and were aware of their collaboration. After that, the researchers spent several weeks, according to the pre-established schedule, contacting the participants, who then accepted or refused to participate in the study. The interview was scheduled outside office hours, being held individually with a researcher and interviewee in a friendly atmosphere in the office to preserve the individuality and uniqueness of the participant. The interview lasted, on average, 15 minutes. The interviewees' accounts were recorded and transcribed after their authorization and signature of the Informed Consent Form.

The data underwent thematic content analysis, which covers the following steps: pre-analysis, which consists of the data organization phase with the aim of systematizing the ideas; exploration of the material, in which the process of coding, classification and categorization of information begins; and treatment of results, in which results are inferred and interpreted in an attempt to make them valid and meaningful[22].

The empirical categories constructed at the end of the analysis operation consisted of three thematic categories: "Social representations of patient safety in the Family Health Strategy"; "Social representations of risk and preventive strategy for patient safety in the Family Health Strategy"; "Weaknesses in patient safety in the Family Health Strategy".

The study is based on the legal and ethical principles adopted in research involving human beings, as recommended by Resolution No. 466/2012 of the National Health Council[23]. The study was approved by the Ethics Committee of the University of Fortaleza under Approval No. 3.645.205. Each participant was duly informed about the research objectives before reading and signing the informed consent form.

RESULTS

Interviewees' sociodemographic data

There was a predominance of women (17 participants), with only one male participant. Higher and secondary education professionals participated, including nurses, dentists, physicians, nursing technicians, oral health assistants. The income of professionals ranged from 1 to 15 minimum wages, with income between 1 and 2 minimum wages being the most reported. Catholic, Christian and Protestant religions were mentioned, with Catholic religion being the most cited. With regard to time working in the PHC center, it ranged from 5 to 20 years, and time since graduation ranged from 8 to 29 years.

Social representations of patient safety in the Family Health Strategy

This category discusses aspects of patient safety knowledge and highlights actions taken by professionals in their daily lives that prove the adoption of this practice.

Thus, the professionals reported previous knowledge about patient safety and referred to existing documents[1-3] that aim to reduce or prevent the patient from suffering any harms, with their answers highlighted in the following statements:

> *"Carrying out all the activities that are particular to you, the norms, routines and protocols established, and professionals must also obey and follow the routines while providing care." (Professional 4)*
>
> *"[...] a set of measures that aim to reduce or completely avoid the patient's exposure to risks; risks to physical integrity, risks of accidents, risks of exposure to infections." (Professional 10)*

"To provide the patient with conditions so that during care he is not exposed to any type of injury nor any complications during care." (Professional 14)

In addition, they commented on the routine in their work context, emphasizing patient safety and perceiving it in small actions experienced daily, using all resources for better care:

"From the moment we welcome the patient [...]" (Professional 3)

"On a daily basis, [...] with all the employees who try to use all the equipment to maintain the patient's safety. [...] We try to use all the resources to maintain the patient's safety, yes." (Professional 9)

"[...] safety in relation to the patient is something that is well worked out, both during care, and afterwards, in terms of sterilization. [...] We have all the protocol to be followed here." (Professional 14)

Social representations of risk and preventive strategy for patient safety in the Family Health Strategy

In this category, professionals highlighted the risks that exist in the Family Health Strategy in addition to measures to reduce risks, which can be individually or collectively employed. Thus, we found that the risks for patients are relevant in their practice, which may lead them to multiple exposures or other risks, which are evident in the following statements:

"[...] when administering medication [...] the patient may have an allergic reaction, a bad administration can cause bruising, can cause harms." (Professional 6)

"[...] risk of embarrassment, there may be risk of exposure, public exposure of some type of problem that the patient may have [...]" (Professional 9)

"[...] often there is no paper to cover the gurney, we wear a gown and keep it until the last patient." (Professional 17)

[...] we care for all kinds of infectious diseases, from viruses to tuberculosis, measles, meningitis, chickenpox, everything, and everyone waits together... [...]" (Professional 18)

In view of the considerations outlined above, we highlight preventive strategies in the proper use of techniques, disinfection and sterilization, as well as guidance on the topic with colleagues for better management of patient safety, as described in the following statements:

"[...] we wrap the chair with plastic film [...]" (Professional 1)

"[...] disinfection always, every patient that leaves, we do it [...]" (Professional 3)

"We try to do it the best way possible using the technique. We guide our coworkers by discussing how to do it, what we can improve." (Professional 6)

"[...] the sterilization of the material and the use of disposable material also [...]" (Professional 9)

Weaknesses in patient safety in the Family Health Strategy

In this category, aspects of the weaknesses that can influence the practice of professional care and the difficulties in implementing action towards patient safety are discussed.

Thus, it was demonstrated that the lack of materials for the progress of the care and the physical structure influence and are small factors that hinder the continuation of proper care:

"[...] sometimes there is a lack of inputs; sometimes, there is a lack of blood pressure machines because of the high demand." (Professional 7)

"I find the lack of infra-structure at the center very bad; unfortunately, we work without paper towels, when there is a paper towel, we use the same one [...]" (Professional 18)

Therefore, we found that there are difficulties, mainly, in terms of accessibility to personal protective equipment (PPE) and their use, thus causing changes in the consultation routines:

"[...] ... in terms of PPE, these things have a lot to improve; we can only do so by asking the coordinators, asking the pharmacy personnel, asking them to request it. It is not easy to get it in any of the offices, we end up exposing ourselves [...]" (Professional 13)

"[...] for a preventive exam collection, there is not enough gown for everyone [...]" (Professional 17)

DISCUSSION

One of the categories found in the present study, “Social representations of patient safety in the Family Health Strategy”, points to objective and subjective social representations of knowledge, such as protocols aimed at patient safety, the work routine in primary health care and the user embracement, which deals with values and meanings of the professional and user and a sharing of knowledge anchored in the training and legislation on the subject. The professionals’ accounts demonstrated that they have an essential understanding of the theme, of the importance of care, and of the strategies experienced, and that they understand the meaning of patient safety in primary health care.

The main strategy to promote patient safety and its implications is that the professional has knowledge of its meaning and objectives for a daily improvement in its development. The constant approach through training and qualifications in the safety culture must be implemented in Primary Health Care as a way of preparing professionals for care, as some of them are uncertain of what it is, the adverse effects and their impact on the client[24].

Thus, health professionals must follow the standards recommended by the World Health Organization (WHO) and the Ministry of Health (MoH) in order to ensure patient safety. All protocols and safety measures must be carefully followed according to what is required by the patient safety unit[25].

In addition to the guidelines, the care provided before, during and after is relevant to achieving and maintaining patient safety. These actions should be part of the health professionals’ work routine regardless of the health service they belong to and the professional category, as they need to ensure their health safety and patient safety. Knowledge of rules and routines is a key factor for actions aimed at patient safety to take place. Other researchers[26] identified a divergence in the perception of the safety culture by primary care health professionals and highlighted the importance of joint planning of health care strategies.

In line with the present study, another study identified that patient safety is directly linked to the environment, actions, infection and protocol, thereby revealing the importance of knowledge for professional practice and daily work at the health service[27].

In the category “Social representations of risk and preventive strategy for patient safety in the Family Health Strategy”, social representations signaled the risks to which the patient is subjected, such as medication administration, constraints and disruption of biosafety measures (distancing, sterilization and disinfection), and the importance of developing strategies to minimize these risks. This finding corroborates the findings of a study[28] on the social representations of the nursing team regarding biosafety in Primary Care in showing that the knowledge constructed and shared by the participants is rooted in the course of their professional practice and anchored in the course of daily life, in which these professionals links the concept of biosafety to exposure and accidents in the performance of their activities due to the difficulties encountered in daily work.

The professionals analyzed in the present study realize the importance of implementing patient safety in the health service, ensuring continuous and quality care. Users also identify this importance, as evidenced by a study[29] carried out in Sweden, which highlighted patients’ perceptions of the risk of harm in primary health care and whose relevant factors were: the continuity of care, because when care becomes fragmented they understand that they increase the risk to the patient’s health; the monitoring routines, due to the patients feeling responsible for the monitoring to happen; patient involvement, because when it is low, it makes access to the service and early diagnosis difficult; the presence of errors, as in the dosage of medications; the unqualified service, that is, the professional showed doubts and did not carry out anamnesis and detailed physical examination.

Research conducted in the United Kingdom highlighting patient safety monitoring in primary care has identified the following factors as essential to ensuring patient safety: expanding staff and resources; performing audits and sharing results; sharing electronic records; self-assessment and peer review; adverse event reporting system; and avoiding harms and adverse events[30]. These measures are essential and important to minimize risks during care. Therefore, it is necessary for professionals to know how to implement them in their practice regardless of the degree of complexity of the service, thus ensuring patient safety and adequate and quality care.

The development of safe care related to professional ethics favors the reduction of harms/risks to the patient since its commitment to (adequate) care and the continuity of care avoid the patient’s exposure. The worker’s empathy and disposition, as well as his ethics regarding the situation, are ways to establish bonds in order to promote continuity of care. The stance taken and the way of listening and facing the unexpected constitute an affirmation of relationships between employee and user, especially when people seek care in the absence of appointments or without consultations[31].

In the thematic category “Patient safety weaknesses in the Family Health Strategy”, the interviewees in the present study express the social representations centered on the lack of material and on the environment (physical structure), directly impacting on the provision of individual and continuous care to the patient.

Participants reported the lack of inputs and environment structure as interfering with the practice and hence contributing to an increased risk to the patient. Other researchers[32] are in agreement with this perspective, because there are very few or no advantages at all in having the patient cared for by an interdisciplinary team that aims to promote their health and well-being if the structure does not collaborate with the functioning suitable for the provision of quality and safe care.

In the present study, according to the participants’ statements, initiatives aimed at patient safety in PHC are still incipient and limited, and professionals perceive, in most domains, culture as negative. Despite the existence of international and national documents that discuss the theme, its implementation in practice is still far from being achieved. Therefore, it should be addressed since the training of the professional, highlighting its relevance for the patient, for the health professional and for the service[33]. It is vital to understand the magnitude and nature of primary care, as a significant proportion of health care is offered in this setting, but there is little clarity about the most effective ways to address safety issues at this level. Therefore, improving safety in primary care is essential when seeking to achieve universal health coverage and the sustainability of health care. The government must ensure that the care provided in this environment is safe, effective, and focused on the patient’s needs, since safe primary care improves the health and well-being of individuals, communities and societies[4].

The limitations of the study relate to the small sample of professionals (due to the refusal to participate in the study), but they stimulate reflections and open perspe ctives for further research.

FINAL CONSIDERATIONS

The study enabled the apprehension of the social representations of patient safety from the perspective of health professionals who said that they anchor their understandings of patient safety in the organization and dynamics of their work process through subsidies and strategies.

Social representations show that actions taken in favor of patient safety in daily work are guided by scientific evidence; on the other hand, subjective dimensions emerge, as professionals seem to have incorporated a culture of positive safety, adopting a commitment to quality care to the detriment of acting spontaneously.

CONFLICTS OF INTEREST

The authors declare that there are no conflicts of interest, both in the execution of the research project actions and in the writing of the manuscript.

CONTRIBUTIONS

Emanuel Alves do Nascimento contributed to the study conception and design; acquisition, analysis and interpretation of data; and writing and/or revision of the manuscript. **Charlyanne Diógenes Brito** and **Daiany Dântara de Sousa Barbosa** contributed to the acquisition of data. **Samira Valentim Gama Lira de Alencar** contributed to the analysis and interpretation of data; and writing and/or revision of the manuscript. **Lívia de Andrade Marques**, **Geisy Lanne Muniz Luna**, **Débora Rodrigues Guerra Probo** and **Ricardo Augusto da Silva Probo** contributed to the writing and/or revision of the manuscript.

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Mailing address:
Samira Valentim Gama Lira de Alencar
Universidade de Fortaleza – Centro de Ciências da Saúde
Av. Washington Soares, 1321
Bairro: Edson Queiroz
CEP: 60811-905 - Fortaleza - CE - Brasil
E-mail: vagali@uol.com.br

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