Teaching on Patient Safety: Interdisciplinarity from the perspective of nursing teachers

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Abstract

Objective: To understand the view of nursing teachers on the interdisciplinary approach to patient safety in the course. Methods: Descriptive and exploratory study, with a qualitative approach, conducted with teachers from a higher education institution in the Midwest of Brazil. Data collection took place between November 2020 and February 2021, based on an interview recorded through the Google Meet platform, which lasted between 15 and 30 minutes. The interviews were transcribed and submitted to thematic content analysis. Results: From the analyses, two categories emerged. The first “Patient safety between the lines of nursing teaching” dealt with the discussion of the theme implicitly between disciplines; and the second category “Strategies for expanding the approach to patient safety in nursing teaching” introduced strategies for expansion of the content approach. Conclusion: It is recognized that patient safety is relevant, which requires an approach in different lines of nursing teaching, and that teachers should use innovative resources to disseminate the practice of safe care. Descriptors: Patient safety; Teaching; Nursing; Faculty.

What is already known on this?
In order to ensure patient safety in the services, PNSP included among its objectives the theme in technical, undergraduate and graduate levels of education in the health area.

What this study adds?
The theme needs to be approached in different lines of nursing teaching, and teachers should use innovative resources to disseminate the practice of safe care.

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INTRODUCTION

Safety in health care has become a growing concern for professionals. Hippocrates (460 to 370 BC) described as a principle for the Primum non nocere medical practice, which means first do not cause harm; and Florence Nightingale, entitled the precursor of modern nursing, stated that the first duty of a hospital is not to harm the patient, being protagonist in terms of the organization of nursing and support services with a focus on reducing infections.\(^{(1)}\)

Based on the principles listed by scholars in the health sector, the concern with quality and the need for care valorizing the integrity of patients have become intrinsic to the provision of care, since Patient Safety is a structural component to improve safe practice in health services.\(^{(2)}\)

The emphasis on the theme intensified with the publication of adverse event rates by the Institute of Medicine of the United States of America, which culminated in the creation of the World Alliance for Patient Safety, in 2004, designed with the goal of defining a concept, as well as highlighting measures to reduce risks and mitigate adverse events in member countries.\(^{(3)}\) From this perspective, patient safety was defined by the World Health Organization (WHO) as the reduction to an acceptable minimum of unnecessary harm associated with health care. An adverse event, in turn, is considered to be an incident that resulted in harm to health.\(^{(3)}\)

Since then, attention to preventable harm related to health care has encouraged the study and planning of initiatives to improve patient protection. As a result, programs and movements for this purpose have been launched around the world.\(^{(4)}\) At the national level, the National Health Surveillance Agency (ANVISA, as per its Portuguese acronym) in partnership with the Pan American Health Organization (PAHO) and the Health Assistance Secretariat (SAS, as per its Portuguese acronym) of the Brazilian Ministry of Health have been working with the Challenges and Global Goals for Patient Safety in Brazil.\(^{(5)}\)

The global goals defined by the WHO and reinforced by the Joint Commission International (JCI) include: Correct identification of patients; Effective communication; To improve safety in the prescription, use and administration of medicines; To ensure surgery in the correct intervention site, procedure and patients; Hand hygiene against possible infections; Reduced risk of falls and pressure ulcers.\(^{(5,6)}\)

With the purpose of aligning actions systematically to achieve goals, the Brazilian Ministry of Health, through Ordinance 529, dated April 10, 2013, established the National Patient Safety Program (PNSP, as per its Portuguese acronym).\(^{(7)}\) Concomitantly, it also launched protocols with the aim of determining good health practices related to goals to be implemented at all levels of care, although they have a more focused approach to hospital care.
Among the strategies for ensuring patient safety in the services, PNSP included among its objectives: to promote the inclusion of the topic in technical, undergraduate and graduate levels of education in the health area, as well as to stimulate the safety culture in the services. According to ANVISA, this term is defined as a set of actions aimed at individual and group competencies, which influence the commitment and the practices related to safety within the services. Moreover, it has determined the participation of three Higher Education and Research Institutions with notorious knowledge on the theme in the PNSP Implementation Committee.\(^7\)-\(^9\)

For this teaching of patient safety to be an achieved goal, the undergraduate nursing teachers are strong allies during this process, because they have a direct contact with the students since the beginning of their training, in addition to the fact that each one has an important role to contextualize and approach the theme. From this perspective, a study conducted with nursing teachers and students from two countries, Brazil and Portugal, reported that the matter was worked on transversally within the curriculum of undergraduate nursing courses and that it should be more contextualized in the fields of practice, even if there were challenges at the institutional level. According to this logic, educators have an essential role in terms of inserting this theme during classes and highlighting its importance to achieve the goal and quality health care.\(^10\)

Although PNSP provides for the insertion of this content in health training, a study that analyzed the pedagogical projects of undergraduate nursing, pharmacy, physiotherapy, and medicine courses showed that the teaching on the theme is fragmented, with little depth and conceptual completeness, where each course valued specific aspects for the training it wanted to offer \(^11\), which suggests the need for collective reflections in the preparation of the pedagogical projects of courses.

Nursing is inserted in this context as a class that has an important role in the processes related to care and with the purpose of improving the quality of care to be provided. Consequently, this professional needs training for safe patient care. Accordingly, it is understood that the inclusion of the topic in the curriculum of nursing courses can contribute to the more solid training of this student, future health professional.\(^12\)

With the advent of more responsibilities in the training of health professionals, the question arises: How is the insertion of patient safety in the training of nurses from the perspective of teachers? Thus, it has the objective of understanding the vision of nursing teachers about the interdisciplinary approach of the theme of patient safety in the course.

**METHODS**

This is a descriptive and exploratory study, with a qualitative approach, carried out with permanent teachers and collaborators of a higher education institution, located in the Midwest of Brazil. The campus of choice offers five undergraduate courses, where Nursing, the only course aimed at training health professionals at the institution, is divided into 10 semesters and has 15 teachers.

It had the participation of 13 teachers who met the following inclusion criteria: being an employee of the institution regardless of employment relationship and performing activities in the undergraduate nursing course. Teachers who had less than six months in the institution were excluded, as it was necessary to have participated in the training of undergraduate students for at least one semester in order to know the structure of the course.

The participants were approached via electronic mail, through an invitation letter and the Free and Informed Consent Form (FICF). If there was interest in participating in the research, the teachers were instructed to answer the e-mail with the signed FICF and informing dates and times with availability to participate in the interview.

Data collection took place between November 2020 and February 2021, through an interview based on the guiding question: “In what way or at what time would it be possible to work on patient safety during your discipline?”. The following supporting questions were used with all participants to encourage greater participation: “What do you understand about patient safety?” and “Do you find challenges or facilities to work on this theme within your disciplines?”. The interviews were semi-structured, by videoconference, through the Google Meet platform, which facilitated the recording. They lasted between 15 to 30 minutes and relied on the help of a form of own elaboration to collect sociodemographic data of the participants, which contained information related to the position/function, procurement regime, titles, gender, age, time of professional activity in the institution and disciplines taught. An Excel spreadsheet was used to tabulate these data and calculate frequency, mean and standard deviation.
The recorded interview was manually transcribed in its entirety by two authors and then submitted to content analysis, in the thematic modality, according to Bardin’s referential. The first step was the pre-analysis, which occurred through the tireless reading of all the authors with the collected research data. Subsequently, the exploration and the categorization of the material were carried out, where the main thematic axes analyzed in the interviews were raised; finally, the treatment and the interpretation of the results were accomplished, through excerpts that corresponded to each category and that were later highlighted in the results of the study. In turn, the discussion was based on the patient safety protocols, created by the World Health Organization, referring to the practice of safe care and allied to the literature pertinent to the theme. In order to ensure the anonymity of the participants, they were identified by the education and discipline they were teaching at the time.

It is noteworthy that the recommendations of Resolution 466/2012 of the National Health Council were followed, and the research started after approval by the Research Ethics Committee of the University to which the study is linked, under opinion nº 3.678.498, dated November 1, 2019.

RESULTS

A total of 13 interviews of nursing course teachers were analyzed. Among them, eight nurses, two biologists, one historian, one pharmacist and one psychologist. Of the total interviewees, 69.2% were females and 30.8% males, aged between 28 and 45 years, with a mean of 35% and standard deviation of 10.4%, where 61.5% have worked as teachers in the educational institution (EI) for approximately 1 to 2 years, 30.8% for 5 to 10 years and 7.7% for 11 to 20 years on campus. In the research, there was no sample loss. During the analysis of the speeches, two thematic categories emerged.

Patient safety between the lines of nursing teaching

Some teachers understand patient safety in undergraduate nursing as a transversal issue.

[...] in terms of teaching, for me, it is transversal, it is not a discipline, nobody teaches. In my point of view, the issue of patient safety only [...] it is already in the first class, for example, on fundamentals, it would be the presentation of the patient, from the moment that the student, that he will introduce himself to the patient, he is already looking, for example, checking the patient’s name, age, the issue of the patient’s own bed. (Nurse, Fundamentals of Nursing)

[...] an area where it is very transversal. So, we manage to work in different areas of care in different disciplines. So, in fact, it is possible [...] (Nurse, Nursing in the care of the critically ill patient)

The speeches suggest that the theme itself can be worked on in different ways even in the initial undergraduate classes, taking as an example the importance of correct patient identification and approaching the main idea transversally, making it possible to contextualize it at this first moment. In this same category, five of the interviewees were able to observe that, within the other contents that are worked on in the training process, the theme is always thought about and discussed, not with the terminology itself, but indirectly.

[...] we teach care; and, within care, we rescue and reinforce the issue of patient safety, in small actions that we carry out. (Nurse, Fundamentals of Nursing).

[...] I do not speak the word, the term “patient safety”, I had never thought to speak exactly about this, I deal with the approaches, the correct way to perform the procedure. For example, whenever I work on the circulation, the venous and the arterial systems, I also bring a little bit about the practice of injection application. (Nurse, Anatomy)

[...] Many times, we do not call attention specifically to some concept of patient safety or some more specific knowledge, maybe some. But, all the time, we are calling attention to the importance of performing the procedure properly; following the protocol, the flowchart that was recommended or proposed for that type of care in such a way as to ensure the patient’s safety and avoid harm to the patient’s integrity. (Nurse, Nursing in the care of the critically ill patient)
but, empirically, we end up understanding the importance of dealing with some matters with the students and that will strengthen and help the academic development for them to understand the importance, for example, of the medication, the difference of what is a therapeutic range, what is a toxic range, different routes of administration, when you use one, the danger of using a route inappropriately. So, I think I end up approaching it indirectly, I do not tell my students: “here is Patient Safety, no”. I will not talk directly, but, indirectly, I think it involves the whole basis for being able to apply this knowledge when it comes to specific disciplines. (Pharmacist, Pharmacology)

The above reports reflect on the didactics indirectly worked on by teachers, taking advantage of this scenario to open discussions about the matter, providing a good basis for the student to pay attention during the practical field. Another point reported was the need to integrate the issues about safe patient care into the course syllabus, where two interviewees mentioned the relevance of working on this topic not in isolation, but integrated into the different areas of knowledge. Thus, they would not only approach indirectly.

 [...] so, it is necessary to know the work fronts of patient safety for us to design something that is very appropriate to achieve this greater connection [...] (Biologist, Histology)

 [...] as much as it is transversal, it ends up being just a program that could be worked on in the discipline of primary care I, along with several other policies, and the program does not contemplate this content [...] it even could, but it is a discipline that is very extensive. (Nurse, Primary Care I)

In view of the excerpts, it is realized that the teachers recognize that they approach the content of patient safety indirectly and transversally and point to the need for greater integration that is shared by means of greater directives to the discussion of the theme.

**Strategies for expanding the approach to patient safety in nursing teaching**

The teachers pointed out some ways of working on issues involving safety in health care from different points of view. On the other hand, they noticed the relevance of working on the theme in their disciplines, but did not know how methodologically they could be inserted into the content.

 [...] I work on a lot with cultural issues, because I say that it is part of the patient’s identity [...] an example: if he/she has a certain custom that is part of his/her daily life, the nurse has to know, because sometimes he/she breaks the cultural issue, and this is part of his/her identity, part of himself/herself, and then it causes personal, psychological and social problems, because this directly affects the issue of being, the subject, the person. So, the person is culture, he/she is society, he/she is religion, he/she has the physical part. So, he/she has everything. (Historian, Anthropology of Health)

 [...] So, maybe bringing more evidence to support these risks that may occur, I think it is a possibility by thinking in classes, in the contents that are worked on, but I see that it is a discipline that can be worked on a lot, as maybe in the critically ill patient is more evident, having even more possibility, more scientific foundation [...] (Nurse, Nursing in the care of the critically ill patient).

 [...] the task of discussing patient safety is thinking about a semester integrating the disciplines of the different teachers, I think it can be a way to discuss and bring this as a focus to spread knowledge and draw the attention of other teachers for this and put as a proposal to be worked on in the disciplines. (Nurse, Supervised Internship)

 [...] problematizing in every class the issue of what patient safety is within my care, I think we propose care and talk about the actions, the step-by-step, but sometimes we do not rescue patient safety as a transversal thing, although I think could be done, including a little more emphasis on patient safety. (Nurse, Fundamentals I)

 [...] the issue of the right patient, always in the medication issue. So, the medication that is being prescribed for this patient, if it is adequate, the same medication that I am going to
administer […] in the right patient, all the right ones in the medication we work on a lot. (Nurse, Mental Health)

[…] When you think about patient safety in the micro view, you have a very broad range position. Therefore, a certain specific action focused on a hygienic condition will bring several benefits that entail a very large contribution to patient safety. (Biologist, Microbiology)

[…] In the postoperative period, always keep the patient’s conditions up, identify […] check if the patient is wearing the identification bracelet, identify the patient’s bed; and, in the transoperative period, verify the patient’s positioning, how long the patient will stay in this position; we can prevent the risk of injury to the patient during surgery. (Nurse, Perioperative Nursing)

The reports point to several possibilities of working on the theme in a contextualized way with the content of the various disciplines, which reinforces its transversal characteristic.

**DISCUSSION**

The topic of patient safety is worked on transversally and without the use of its own theoretical framework and vocabulary. Accordingly, pedagogical discussions can be held so that it can be better incorporated methodologically into the process of professional training of nurses, since PNSP in one of its four structuring axes encourages the inclusion of this theme at different levels of education, and that this measure may be able to drive change in the quality of health care, in order to make it increasingly safe. (7,15)

This study has shown that the teachers are familiar with the theme, but that there is no integration between the curricular units. This fact corroborates the study conducted in the metropolitan region of São Paulo, which analyzed the current curricular matrices of eight undergraduate nursing courses, pointing out that the theme of patient safety was present in the programmatic content; however, they are worked on in a disjointed and heterogeneous way, which makes it necessary to search for more significant practices that have repercussions throughout the training of students, as recommended by PNSP, and that may subsidize the professional performance in the future. (16)

Teaching on patient safety is necessary for health care. Recognizing this importance, the WHO launched the Patient Safety Curriculum Guide, intended to assist educational institutions in terms of introducing the topic into training by establishing educational approaches and a variety of concepts, as well as teaching and assessment methods. This guide is of paramount importance in the context of educational reforms and the recognition of the need to introduce patient safety in the curriculum framework of courses. (17-18)

Another important point to be observed is the safety culture built during the undergraduate studies of students, which can be hindered by the limited knowledge from the point of view of professionals who participate in this training and the unplanned teaching of the topic, which can have repercussions on the perception formed by students in relation to safe care. As an example, a research study that verified the understanding of undergraduate health students about patient safety showed fundamental aspects for the safety culture acquired during the training process and reinforced the need for awareness on the part of teachers, with a view to enabling students to actively experience the transition to a non-punitive culture, which can recognize and detect failures and adverse events as possibilities of combating unsafe care. (19)

Teaching must go beyond the presentation of theoretical concepts, as it must seek the development of strategies that deepen knowledge and best educational practices focused on safety. It is important that students develop, since their training, a global vision of the service organization and understand their responsibility in terms of ensuring patient safety. Such measure may bring together future professionals involved in the care process and direct them to build a culture of patient safety. (15, 20)

The reports made by the participants allowed us to understand how issues of patient safety have been worked on, as well as to suggest possibilities and teaching methods applicable during professional training. A methodological strategy used in an undergraduate nursing course in the South Region of the country employed realistic simulation in the laboratory aimed at developing skills of an educational institution, providing a fictitious scenario with situations of patient risk close to reality, with the purpose of encouraging a critical sense and stimulating the learning of students. (21-22)
Another teaching strategy, observed in the descriptive case study conducted in the undergraduate nursing course of a federal public institution in the metropolitan region of São Paulo, include teaching methods associated with case analysis and discussion, problem-based learning, lectures, high- and low-fidelity simulations and also mock juries. Moreover, it highlights that, although several teaching methodologies are currently used, those that place the student as an active agent in this scenario enable a care practice closer to the reality of the future professional.\(^{(23)}\)

In order to generate disciplinary changes, with emphasis on the improvement of reasoning skills, innovative methodologies capable of stimulating critical and reflective thinking in students are used. These innovations represent not only novelties and technologies in terms of teaching, but also a change in the way knowledge is understood. To this end, it reinforces the need to break with the traditional way of teaching and learning, reorganize the relationship between theory and practice and also offer new possibilities in the classroom.\(^{(9)}\)

From a different perspective, it also highlights the role of the anthropology teacher who broadened the concept of patient safety beyond the biological issue. Corroborating this view, a study points out that, based on the anthropological perspective, the sociocultural context of the users of health services can be understood as the place where the conceptions about diseases and the ways of coping with them originate, and not as a challenge to the effectiveness of health programs and practices. When adopting such a posture, it is possible to build dialogs and include the patient as the center of care, thus sharing the responsibility, which could result in more effective care.\(^{(24)}\)

Besides these issues guided in the research, another point worth highlighting is the need to include teachers of basic disciplines in this process, designing a plan for an active contribution to the learning of patient safety in terms of teaching, which is noticeable in the biologist’s speech. In this conception, it can be noticed that she highlights the importance of framing the topic of patient safety in the graduation of the students enrolled in the institution as a strategy for approaching the theme, from basic to more specific disciplines, in a model that outlines the possibilities of working to reach comprehensively and jointly.\(^{(25)}\)

In summary, it is underlined that patient safety plays a key role in the teaching-learning process in the curriculum framework, considering that it is essential to approach this topic among the disciplines that make up the course. The undergraduate student needs to leave the institution with knowledge about how to act in a work team prioritizing patient safety, and this construction of knowledge should be present in theoretical, clinical and practical approaches, that is, constant in the development of students in different contexts and scenarios.\(^{(25-26)}\)

The limitation of this study is related to the fact that it was carried out in a single reality of a nursing course; however, it brought new conceptions and strategies with the idea of implementing this theme in the interdisciplinary scope, knowing that it is fundamental in terms of complementing the knowledge of the students who will provide care throughout their professional lives. Accordingly, it is explicit that teaching patient safety depends on a complex set of factors, and one of the challenges faced is the fact of integrating the theme of patient safety among the disciplines in a non-fragmented way. Therefore, it is suggested the replication of the research in different realities and in a multiprofessional perspective.

**CONCLUSION**

The nursing teachers point out that the topic of patient safety is implicitly inserted among the approaches during their classes, that is, the theme is approached between the lines and transversally among the contents proposed by the pedagogical project of the course, making the interdisciplinary teaching active and working on in their disciplines with different approaches to discuss the same theme. Nevertheless, there are still gaps in the specific knowledge on the theme and methodological difficulties in terms of working on issues of patient safety integrated into their different areas of knowledge. Accordingly, it is concluded that this is a relevant topic that needs to be approached in different lines of nursing teaching, and that teachers should use innovative resources to disseminate the practice of safe care.

**CONTRIBUTIONS**

Contributed to the conception or design of the study/research: Souza VS. Contributed to data collection: Santos SSP, Ribeiro KRC. Contributed to the analysis and/or interpretation of data: Souza VS, Santos SSP, Ribeiro KRC. Contributed to article writing or critical review: Souza VS, Santos SSP, Ribeiro KRC, Santos MM, Gama LMP, Rozza SG, Abreu IM. Final approval of the version to be published: Souza VS, Rozza SG, Abreu IM.
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