

PATIENT SAFETY FROM THE PERSPECTIVE OF NURSING STUDENTS*

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ABSTRACT: The study sought to determine the understanding of nursing students in relation to patient safety based on their practical nursing experience. This was an exploratory, descriptive, qualitative study conducted in 2014, with 103 undergraduate nursing students from a federal university in southern Brazil. The students reported that the main patient safety actions entailed precautions with medications and patient integrity. With regard to practices, they referred to precautions with patients and their individual and collective behaviors. They also mentioned errors committed by other professionals and the quality of empathy toward patients. They demonstrated knowledge of the patient safety culture, but more on an empirical level, with a need to delve deeper on a theoretical and scientific level. They also view safety as something ad hoc, not as procedural or pervasive.

DESCRIPTORS: Patient Safety; Nursing; Nursing Education; Culture; Nursing Students.

SEGURANÇA DO PACIENTE NA PERCEPÇÃO DE ACADÊMICOS DE ENFERMAGEM*

RESUMO: O estudo buscou conhecer a compreensão de acadêmicos em enfermagem a respeito da segurança do paciente a partir de seu contato com a prática. Estudo exploratório e descritivo, de natureza qualitativa, realizado em 2014, com 103 alunos do curso de graduação em Enfermagem de uma universidade federal do Sul do Brasil. Os alunos relataram como principais ações para a segurança do paciente, os cuidados com medicações e a integridade do paciente. Em relação à prática, consideraram o cuidado com o paciente e o comportamento individual e coletivo. Também citaram os erros de outros profissionais e a empatia com o paciente. Demonstram conhecimento sobre a cultura de segurança do paciente, mas esse ainda está relacionado ao empirismo, precisando de maior aprofundamento teórico-científico. Além disso, consideraram a segurança como algo pontual, e não processual e onipresente.

DESCRIPTORIOS: Segurança do Paciente; Enfermagem; Educação em Enfermagem; Cultura; Estudantes de Enfermagem.

SEGURIDAD DEL PACIENTE EN LA PERCEPCIÓN DE ESTUDIANTES DE ENFERMERÍA

RESUMEN: El estudio buscó conocer la comprensión de estudiantes de enfermería respecto de la seguridad del paciente a partir de su contacto con la práctica. Estudio exploratorio y descriptivo, de naturaleza cualitativa, realizado en 2014 con 103 alumnos del curso de grado en Enfermería de una universidad federal del Sur de Brasil. Los alumnos mencionaron como principales acciones de seguridad del paciente el cuidado con medicaciones y la integridad del paciente. Respecto de la práctica, consideran el cuidado con el paciente y el comportamiento individual y colectivo. También citaron los errores de otros profesionales y la empatía con el paciente. Demuestran conocimiento sobre la cultura de seguridad del paciente, pero este aún está relacionado al empirismo, necesitando de mayor profundización teórica y científica. Además, consideran a la seguridad como aspecto puntual, y no procesal y omnipresente.

DESCRIPTORIOS: Seguridad del Paciente; Enfermería; Educación en Enfermería; Cultura; Estudiantes de Enfermería.

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● INTRODUCTION

Reflections on patient safety date back to around 300 BC with Hippocrates, the father of medicine, who promoted safe care as a basic concept for medical practices, with the aphorism “*primum non nocere*”; translated as, first, do no harm⁽¹⁾. Over the centuries, larger issues and uncertainties emerged, requiring more specific and timely actions for safe care and for keeping pace with technological development.

Providing patient safety means reducing, to an acceptable minimum, the risk of unnecessary harm from health care actions, based on the summation of human and material resources and the context in which the action is taken, as opposed to the risk of no treatment or another treatment. It involves, therefore, reducing unsafe acts in health care processes and using best practices, to achieve the best results for the patient⁽²⁾.

Different strategies have been formulated by agencies responsible for controlling patient safety, to enable professionals to provide safe care. There have been studies to guide these actions, demonstrating that one of the main factors in patient safety is the training process of professionals⁽³⁾.

During their training, students have direct contact with the care process and are exposed to many factors that can lead to adverse events, particularly organizational factors and lack of information. Personal aspects can also play a part, such as psychological and physical stress and work overload, resulting in students neglecting themselves, which become habits that carry over into their professional lives after they graduate^(2,4-5).

It is crucial to work on all these factors during university, since they will provide support for developing the specific patient safety culture for the professional being trained^(2,6). Therefore, it is important to understand what students think in regard to patient safety, in order to detect and overcome difficulties, as well as identify potentialities, so that they can be developed and applied to improve the service provided. This will help to consolidate the patient safety implementation process in a natural way, so that students not only apply it, but replicate it when they become professionals.

When nursing students graduate they assume responsibility as managers for the care provided, and their direct interaction with other professionals gives them greater ability to coordinate and carry out actions aimed at patient safety. The ethical framework establishes a commitment to the health of human beings and the community, and requires these professionals to promote, protect and restore health and assist in the recovery of patients. Nursing care that is free from harm caused by incompetence, negligence or imprudence is essential for patient safety⁽⁷⁾.

Guided by these principles and based on the objective to understand the perception of nursing students in relation to patient safety from their contact with care processes, this study sought to answer the following question: “What is patient safety culture from the perspective of nursing students in a federal university in southern Brazil?”

● METHOD

This was an exploratory, descriptive and qualitative study. Various viewpoints were identified through the subjects’ reports, and their opinions were explored and comprehended. This exploration was based on the understanding that human beings are unique, and attribute unique meanings to their experiences. It was descriptive in that the characteristics, values and opinions of a given population, phenomenon or relationship between variables were described, without comparative correlated groups or time periods⁽⁸⁾.

The setting for the study was the Undergraduate Nursing Course from a federal university in southern Brazil, founded on January 24, 1969. The course has 74 places per year, divided into two classes starting in March and August. In the course, strategies are developed that are conducive to training nurses as critical and creative citizens⁽⁹⁾.

The study was approved by CAAE (Certificate of Presentation for Ethical Consideration) No.

24625513.9.0000.0121, and the Human Research Ethics Committee, via the PlataformaBrasil submission system, under No. 526148, of February 10, 2014.

The population selected for this study was comprised of 131 students, among whom 28 decided not to answer the questionnaire, resulting in a total sample of 103 students. The inclusion criteria were that the students be enrolled in the undergraduate nursing course in the 2014/1 semester and also be taking core disciplines from the 4th to 8th semesters of each of the curriculums in effect at the time. The exclusion criteria were: students on domestic or international exchange programs and students who were absent or on leave from their studies for longer than one month during the course, or who, for some reason, did their studies off campus during the semester.

This population was chosen based on the fact that the courses offered during these semesters had practical activities, where students already had contact with the professional environment or simulated activities (in a laboratory), putting into practice their knowledge and cultivating patient safety habits.

For the data collection instrument, a questionnaire was created with four questions addressing the students' understanding of patient safety, with three being open-ended questions: "What do you characterize as patient safety actions?"; "How do you put them into practice in your day-to-day activities, in the laboratory and in curricular or extracurricular internship settings?"; "What makes you reflect on patient safety in your everyday experiences?", and a closed question, where students could choose which patient safety strategy, set forth in the instrument, they needed to improve in, being free to choose more than one option or suggest another theme.

The data was collected in two stages. The first took place during the first week of classes, in March 2014, during a period allotted by the professors, so that the researcher or assistant could explain in detail how to fill out the instrument and point out the relevance of the study. Time was also needed for the students' authorization through signing the Free and Informed Consent Form, followed by a time for questions and completing the questionnaire. The second stage involved locating the students who were not in class during the application of the questionnaire, which was done via email and personal contact during March and April 2014.

For the purpose of organizing the information from the questions, it was manually transcribed into Word according to the question (1, 2 or 3) and by the semester the student was in (4th, 5th, 6th, 7th or 8th). The data was exported to NVivo 10 for Windows software, where it was analyzed, since this is a tool which assists in organization and structuring, providing a more comprehensive overview of the qualitative data⁽¹⁰⁾.

For the data analysis, the organizational methodology of Bardin's Content Analysis was adopted, which is a set of techniques that analyzes communication using systematic and objective procedures for the description of message content.

Firstly, the content was analyzed on the chronological and epistemological level; second, after an exhaustive reading of the information compiled from the questions, the association of the words was made; and during the third and fourth stages, the analysis, coding of results, categorization and inferences drawn from the information were organized with the help of the software. Three organization pillars were used in the content analysis: pre-analysis; exploration of the material; and processing of the results.

● RESULTS

First, the information related to Question 1 from the instrument was collected and categorized based on a thorough reading of the data and study of the terms and themes that influence patient safety. This data was categorized taking into consideration the main points addressed in each category and the purpose of the question. The students needed to express their concept of patient safety actions, demonstrate and confirm the extent to which they had already consolidated or were in the process of developing the patient safety culture, as well as indicate potentialities or difficulties in understanding the subject (Table 1).

The same methodology was applied to Question 2 of the instrument, based on an understanding of

Table 1 - Characterization of the qualitative data related to Question 1 (What do you characterize as patient safety actions?). Florianópolis, SC, Brazil, 2014

Answers	4 th Sem.		5 th Sem.		6 th Sem.		7 th Sem. 1		7 th Sem. 2		8 th Sem.		Total		
	No.	%	No.	%	No.	%	No.	%	No.	%	No.	%	No.	%	
Answered	28	93	10	91	17	89	7	77	10	66	17	89	89	86	
Blank	2	7	1	9	2	11	2	23	5	34	2	11	14	14	
Total	30	100	11	100	19	100	9	100	15	100	19	100	103	100	
Response Categories	Mentions/References														Main points addressed
	4 th Sem.		5 th Sem.		6 th Sem.		7 th Sem. 1		7 th Sem. 2		8 th Sem.		Total		
	No.	%	No.	%	No.	%	No.	%	No.	%	No.	%	No.	%	
1. Biosafety	13	26	2	8	3	9	3	12	2	12	4	10	27	13	1. Use of personal protective equipment 2. Hand hygiene 3. Infection control
2. Precautions with medication	11	22	8	32	9	26	5	21	3	16	11	25	47	24	1. Patient identification 2. Preparation and administration precautions
3. Professional competence	9	18	2	8	5	14	-	-	4	22	8	18	28	14	1. Paying attention when performing tasks 2. Training 3. Theoretical and practical knowledge 4. Collective development 5. Team relationships 6. Integrity of the professional
4. Integrity of the patient	11	22	8	32	10	28	4	17	3	16	10	23	45	23	1. Maintain physical and psychic integrity 2. Risk identification 3. Respect and well-being 4. Humanization and care 5. Hygiene and comfort 6. Ulcer prevention
5. Fall prevention	2	4	2	8	4	11	5	21	3	16	7	16	23	12	1. Transport precautions 2. Safety bed rails raised 3. Precautions during movement 4. Work setting
6. Carrying out procedures	4	8	2	8	3	9	3	12	2	12	2	4	16	9	1. Correct technique 2. Preparation of the procedure 3. Use of protocols
7. Information	-	-	1	4	1	3	4	17	1	6	2	4	9	5	1. Patient record 2. Guidance for patients and family members 3. Team information 4. Systematization of care
TOTAL:	50	100	25	100	35	100	24	100	18	100	44	100	196	100	

its objective, which was to examine the congruence between theoretical knowledge on patient safety and its practical potential application (Table 2).

The same methodology was also applied to Question 3, for the purpose of understanding the rationale by which students seek resources for personal learning and use as examples for attitudes that lead to certain behaviors (Table 3).

To review the information from Question 4, a descriptive analysis was performed through the frequency and percentage of the responses (Table 4), since it was a multiple choice question. Only in the last option (other) was there a space for supplementary qualitative information, but it was not filled out by any participant.

This question asked students to choose the patient safety strategy, set forth in the instrument, in which they needed to improve. They could also select more than one option or even suggest another theme.

Table 2 - Categorization of the qualitative data in regard to Question 2 (How do you put them into practice in your day to day work, in the laboratory and in curricular and/or extracurricular internship sites?). Florianópolis, SC, Brazil, 2014

Answers	4 th Sem.		5 th Sem.		6 th Sem.		7 th Sem. 1		7 th Sem. 2		8 th Sem.		Total		
	No.	%	No.	%	No.	%	No.	%	No.	%	No.	%	No.	%	
Answered	24	80	9	81	15	78	6	66	10	66	15	78	79	76	
Blank	6	20	2	19	4	22	3	34	5	34	4	22	24	24	
Total	30	100	11	100	19	100	9	100	15	100	19	100	103	100	
Categories	Mentions/References												Main points addressed		
	4 th Sem.		5 th Sem.		6 th Sem.		7 th Sem. 1		7 th Sem. 2		8 th Sem.			Total	
	No.	%	No.	%	No.	%	No.	%	No.	%	No.	%		No.	%
1. Professional enhancement	5	14	4	33	1	4	-	-	4	25	1	5	15	13	1. Updates 2. Studies 3. Surveys
2. Individual and collective behavior	9	26	1	9	8	30	1	20	6	37	10	45	35	30	1. Act consistently, honestly, ethically and respectfully. 2. Act safely 3. Responsibility
3. Precautions with procedures	7	20	-	-	5	18	1	20	1	7	6	28	20	17	1. Review the procedures 2. Correct techniques 3. Carry out the best way possible 4. Be certain about the medication
4. Biosafety precautions	10	29	4	33	4	15	2	40	-	-	2	9	22	19	1. Use of PPE 2. Infection control 3. Hand hygiene 4. Use protocols
5. Precautions with patients	4	11	3	25	9	33	1	20	5	31	3	13	25	21	1. Individuality of patients 2. Establish priorities and planning according to needs 3. Guidelines 4. Biopsychosocial support 5. Precautions in the work setting
TOTAL:	35	100	12	100	27	100	5	100	16	100	22	100	117	100	

Table 3 - Categorization of the qualitative data in regard to Question 3 (What makes you reflect on patient safety in your everyday experiences?). Florianópolis, SC, Brazil, 2014

Answers	4 th Sem.		5 th Sem.		6 th Sem.		7 th Sem. 1		7 th Sem. 2		8 th Sem.		Total		
	No.	%	No.	%	No.	%	No.	%	No.	%	No.	%	No.	%	
Answered	25	83	9	81	16	84	6	66	10	66	14	78	80	77	
Blank	5	17	2	19	3	16	3	34	5	34	5	22	23	23	
Total	30	100	11	100	19	100	9	100	15	100	19	100	103	100	
Categories	Mentions/References												Main points addressed		
	4 th Sem.		5 th Sem.		6 th Sem.		7 th Sem. 1		7 th Sem. 2		8 th Sem.			Total	
	No.	%	No.	%	No.	%	No.	%	No.	%	No.	%		No.	%
1. Empathy toward patients	9	34	3	34	1	6	-	-	3	30	3	21	19	24	1. Put yourself in the place of the patient 2. Patients as care dependents 3. Put patient in the place of a family member
2. Errors by other professionals	10	38	6	66	10	55	2	66	4	40	5	36	37	46	1. Errors committed by professionals 2. Situations where professionals expose patients to risk
3. Aptitude of the professional	6	24	-	-	4	23	-	-	1	10	5	36	16	20	1. Theoretical studies and discussions 2. Compare practical attitudes with theoretical indications 3. Reflection on actions 4. Professional responsibility 5. Team overload 6. Own error
4. Own error	1	4	-	-	3	16	1	34	2	20	1	7	8	10	1. Reflection on personal errors. 2. Risks
TOTAL:	26	100	9	100	18	100	3	100	10	100	14	100	80	100	

Table 4 – Descriptive analysis of the data related to Question 4 (I would like to receive additional training/instruction in:). Florianópolis, SC, Brazil, 2014

Option	Frequency	%
How to practice effective and safe techniques to improve patient care.	61	59
How to tell a patient about an error.	62	60
How to prevent medication errors.	51	50
How to incorporate the use of checklists to improve patient care.	36	34
How to evaluate a patient with risk of adverse events.	66	64
How to review a situation to identify why and how an error occurred.	49	47
How to improve my records to highlight patient safety issues.	51	49
How to support other people who were involved in a mistake.	45	43
How to deal with a mistake in which I am involved.	66	64
Other.	1	1

● DISCUSSION

In analyzing the results, it was found that the comments and resulting categories referred to dimensions linked to subjective beliefs and standards and not so much to scientific theoretical knowledge. This was clearly seen when the students were asked more theoretical questions and their responses were based on personal and empirical experiences. Only in one category (related to medication) did they cite rules and protocols.

Beliefs, scientific knowledge, experiences and standards must be aligned and weighted to develop a positive patient safety culture. In this study, however, there was a discrepancy between these attributes and the comments of the students⁽¹¹⁾.

When analyzing the responses from Question 1, which sought to determine the perception of students as to what they characterized as patient safety actions, seven categories emerged, where the one most mentioned was "precautions with medication" (24%). The main comments, in this regard, suggested identification of the medication and exercising care during preparation. This corroborated campaigns that had been conducted to promote patient safety, with a focus on safe medication, highlighting this theme through protocols with guidelines and campaigns initiated by government agencies. One of these is the Safety Protocol for Prescription, Use and Administration of Medications, created by the National Health Surveillance Agency (ANVISA) and Oswaldo Cruz Foundation (Fiocruz), which endeavors to promote safe practices in the use of medications in health establishments and has become a national benchmark for the development of this theme⁽¹²⁾.

Thus, the recognition of this safety action by students is reflected in the literature, which refers to the training process as the main contributor for instituting a positive safety culture and developing strategies to handle drugs and prevent medication errors. This is in addition to the major coverage given to this type of error in the media, apart from being one of the most common errors that affects patient safety⁽¹³⁾. This was, therefore, the only category that made direct reference to a protocol or established standard.

The second most cited category was integrity of the patient (23%). The points most addressed in the comments were related to the following: maintain physical and psychic integrity; identify risks; respect and well-being; humanization and care; hygiene and comfort; pressure ulcer prevention.

While analyzing the comments, it was found that ad hoc actions were considered, such that the students did not express at any time a coordinated and systematic approach to patient safety as something widespread. It can be concluded that while they had an idea of what underlies patient safety, the students failed to see it as a process which passes through different interconnected stages. These stages range from the training of professionals and structuring of institutions to the prevention of errors and reduction of harm caused by an error already committed.

The training process for health professionals still focuses on competencies limited to their courses, without multiprofessional and transdisciplinary training. Consequently, each professional approaches patient safety according to their field of expertise and restricted to their activities, when, in fact, it transcends these aspects. The construction of a positive safety culture involves a combined effort, which requires training focused on this aspect, with unified and multidisciplinary curricula that jointly contemplate safety strategies and solutions⁽¹⁴⁾.

The second question dealt with understanding how students correlated their theoretical knowledge on patient safety with the experiences they had in internships and practical activities. Of the five categories which emerged, the one most cited was individual and collective behavior (30%), which addressed these points: acting consistently, honestly, ethically and respectfully; and operating safely and responsibly.

Studies indicate that the aspects of individual and collective behaviors are identified in professional practices and are viewed from the same perspectives as those found in this study. Professionals report a shortcoming in their training related to issues of ethics, responsibility and attitudes in the face of errors. They also mention, as a strategy for overcoming these factors, the joint formulation of a patient safety plan with a focus on day-to-day activities and based on the context of the work environment,

as well as discussion of the theme within the team. These strategies also appeared in other topics discussed in this study, corroborating the viewpoint that collective actions are directly related to the provision of safe care⁽¹⁵⁻¹⁶⁾.

Another category that arose from this topic was patient care (21%). The students referred to patients and their individuality; establishing priorities and planning according to needs, guidelines, biopsychosocial support and precautions in the work setting. This perspective, which focuses on the integrity of the patient, is important for developing a professional profile.

In an article whose authors sought to understand how nurses provide humanized care based on what they learned during their academic studies, it was noted that how they were taught and the examples they received during their training influenced the way they viewed care and their consequent behavior toward patients⁽¹⁷⁾. One of the objectives of a competency outlined in the National Curricular Guidelines for Undergraduate Nursing Courses is to, "ensure that health professionals are trained in terms of autonomy and discernment, to guarantee comprehensive and humanized care for individuals, families and the community"⁽¹⁸⁾.

The third question investigated the factors that made the students reflect on patient safety. The participants claimed that errors committed by others (46%) made them think about patient safety, as well as situations where professionals exposed patients to risks. It was expressed in the questionnaire that analysis of errors should not be individually based, but should be systemic. It was also noted that health care is increasingly carried out in dynamic and specialized environments where there are complex interactions between physiopathology, the team, infrastructure, processes, standards and procedures. Thus, the prevention of errors is not solely related to modifying the conduct of professionals, a finding which coincides with other studies which also present a mature and more updated perspective of students in regard to errors, moving away from punishment-based models⁽¹⁷⁾.

Another issue that came up in this question was empathy (24%). The students approached this aspect more empirically and, at times, from a philanthropic perspective. This situation is also common among professionals, due to difficulties in correlating concepts of humanized care with scientific knowledge⁽¹⁹⁾.

From the time the nursing profession became a discipline, it has been necessary to add this knowledge to its values and practices, and nursing theories have helped provide this foundation. One of these is the "Theory of Human Caring", by Margaret Jean Watson, which defines the concept of empathy in contemporary care as the ability to understand the feelings of the other person and to communicate empathetically from such an understanding. This understanding is based on cognitive, affective and behavioral pillars and they facilitate the creation of a therapeutic relationship which is essential for providing excellent care. It also has significant implications for patient safety, not only as a technical responsibility, but as humanized care⁽¹⁹⁾.

When asked what they wanted to improve in with regard to patient safety, most of the students referred to issues involving errors, risk assessment and techniques to improve safety. This is consistent with other studies, such as one conducted in California, in 2013, which sought to understand the perception of medical students in relation to the patient safety culture. In this study, the students expressed a desire to receive additional training in patient safety to enhance their educational experience, since they felt insecure and unsure regarding actions to be taken, especially when encountering errors or the risk of an error occurring^(17,10). This reflects a need for scientific improvement, demonstrating once again that this shortcoming is still a challenge for establishing a safety culture.

Upon close examination, however, this is one of the most difficult areas to transform, since it calls for a change of beliefs and culture that have influenced students since their formation as social beings. This change is more complex than the knowledge and learning process that can be built into the partnership between institutions, individuals and society. However, it must also be taken into account that access to information enables individuals to reassess their cultural values, leading to a restructuring of their beliefs and changes in their habits and attitudes, where information, discussion and expression constitute the beginning of constructive, structured and positive change^(11,20).

● FINAL CONSIDERATIONS

Before carrying out any action or considering strategies for developing a patient safety culture, it is important to understand how the people involved view the subject and what factors permeate it. It is also important to work from the assumption that different cultural issues are involved, not only of an individual nature, but those with collective responsibility, making it necessary to identify the strengths and weaknesses within that process.

Through this study, it was found that the students were aware of a safety culture, which is empirically related to their experiences not only in university, but also to those they have encountered in daily life. It was also found that they were still lacking a theoretical base and a rational connection for essential actions to be performed in order to provide safe care.

University facilitates the development of these skills, since it is a place with adequate space to discuss actions and has a structure for working on aspects to train professionals.

New methodologies need to be formulated that will provide an effective strategy for the development of patient safety education in the training process of nurses, taking into account the beliefs they bring with them and strengthening their scientific theoretical foundation to give them a broader, coordinated and well-grounded view of patient safety.

As a study limitation, there is the fact that the instrument was comprised of predetermined questions, which may have limited the scope of the answers. It would be interesting to conduct open-ended interviews, enabling students to express themselves and delve deeper into the theme and its elements, as well as observe their field activities as interns to check whether their actions are consistent with what they share in the interviews.

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