

NURSES' PERFORMANCE IN THE ACCREDITATION PROCESS: PERCEPTIONS OF THE MULTIPROFESSIONAL TEAM FROM THE HOSPITAL

ATUAÇÃO DO ENFERMEIRO NO PROCESSO DE ACREDITAÇÃO: PERCEPÇÕES DA EQUIPE MULTIPROFISSIONAL HOSPITALAR

ACTUACIÓN DEL ENFERMERO EN EL PROCESO DE ACREDITACIÓN: PERCEPCIONES DEL EQUIPO MULTIPROFESIONAL HOSPITALARIO

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Objective: to understand the perceptions of the multiprofessional hospital team about the nurses' performance in the Accreditation process. **Method:** descriptive, exploratory and qualitative research. Data were collected through interviews with 96 participants from four hospitals in the Southern Region of Brazil, with different characteristics in relation to the national Accreditation. Individual semi-structured interviews were held in May 2014. After transcription of the empirical material, the data were analyzed in light of the Discourse of the Collective Subject with the use of own methodological figures. **Results:** the statements seized contents for four Discourses of the Collective Subject, referring to the nurse as team leader; the valuation of the nurse in the team; the professional as core to the fulfillment of the Accreditation requirements; and continuing education for the success of the certification. **Conclusion:** the nurses' performance in the Accreditation process is elementary because, according to the participants, linking the managerial work to the field of direct care, they are well qualified professionals to work in this endeavor.

Descriptors: Hospital Accreditation. Nurses. Nurses' Role. Quality Management. Hospital management.

Objetivo: apreender as percepções da equipe multiprofissional hospitalar sobre a atuação do enfermeiro no processo de Acreditação. Método: pesquisa descritiva, exploratória e qualitativa. Os dados foram coletados por meio de entrevista com 96 participantes de quatro hospitais da Região Sul do Brasil, de diferentes características em relação à Acreditação nacional. Realizaram-se entrevistas semiestruturadas individuais em maio de 2014. Após transcrição do

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material empírico, os dados foram analisados à luz do Discurso do Sujeito Coletivo com uso de figuras metodológicas próprias. Resultados: os depoimentos apreenderam conteúdo para quatro Discursos do Sujeito Coletivo, referentes ao enfermeiro enquanto líder da equipe; a valorização do enfermeiro na equipe; o profissional como cerne ao cumprimento das exigências da Acreditação; e a educação continuada para o sucesso da certificação. Conclusão: a atuação do enfermeiro no processo de Acreditação é elementar, pois, de acordo com os participantes, atrelando o trabalho gerencial ao domínio do cuidado direto, ele é o profissional bem habilitado para atuar nessa empreitada.

Descritores: Acreditação Hospitalar. Enfermeiros. Papel do Profissional de Enfermagem. Gestão da Qualidade. Administração Hospitalar.

Objetivo: observar las percepciones del equipo multi-profesional hospitalario sobre la actuación del enfermero en el proceso de Acreditación. Método: investigación descriptiva, exploratoria y cualitativa. Los datos fueron recogidos por medio de entrevista con 96 participantes de cuatro hospitales de la Región Sur de Brasil, de diferentes características en relación a la Acreditación nacional. Se realizaron entrevistas semi-estructuradas individuales en mayo de 2014. Después de la transcripción del material empírico, los datos fueron analizados basados en el Discurso del Sujeto Colectivo con el uso de figuras metodológicas propias. Resultados: los testimonios mostraron contenido para cuatro Discursos del Sujeto Colectivo, referentes al enfermero como líder del equipo; la valorización del enfermero en el equipo; el profesional para el cumplimiento de las exigencias de la Acreditación; y la educación continuada para el suceso de la certificación. Conclusión: la actuación del enfermero en el proceso de Acreditación es elementar, pues, de acuerdo con los participantes, atreviendo el trabajo gerencial al dominio del cuidado directo, él es el profesional bien habilitado para actuar en esa función.

Descriptorios: Acreditación Hospitalaria. Enfermeros. Papel del Profesional de Enfermería. Gestión de Calidad. Administración Hospitalaria.

Introduction

With the improvement of work processes allied especially to the Industrial Revolution, the management of organizations have begun to be concerned about the quality of goods, products and, later, services, including health⁽¹⁾. When management is focused on the search for quality, the use of systematic work tools is indispensable, especially the realization of assessments⁽²⁾, due to their potential to leverage improvements of several orders in a systemic organizational scope. In the health area, these represent, among other aspects, a reduced risk in the provision of care, optimized use of resources and customer satisfaction⁽¹⁾.

Assessments in the health area, especially in light of the philosophy of quality, constantly change in function of the needs of organizations and society⁽²⁾. In this regard, more precisely in the hospital context, Accreditation has received worldwide prominence in the external processes of organizational assessment in this sector, since it consists in a quality management system whose systematic, periodic, discreet, and possibly

voluntary evaluation may result in certification of quality⁽³⁻⁴⁾.

Under the influence of the principles of US hospital quality management, the Brazilian Accreditation, which became more expressive with the consolidation of the National Accreditation Organization (NAO) in 1999⁽²⁾, seeks to evaluate the Structure, Process and Results of services through the definition of guiding items (standards) that assist in the identification (situational diagnosis) and in the preparation for the evaluation of certification of health services⁽⁴⁻⁵⁾. This process is continuous and does not end with the achievement of quality certification - stratified in three levels - since its essence is based on systemic permanent education with the goal of favoring the continuous improvement of care, the increment of more rational practices and patient-centered attention⁽⁴⁾.

In view of the above, in this study, the "Accreditation process" is understood as one that encompasses the strategies for adherence to the quality management system in question, focusing on the search for certification. Still, Accreditation

encompasses the systematic and strategic daily actions that result in the maintenance of the system, in full force, in a given health organization^(2,4,5).

The above definitions converge to the idea that Accreditation seems to have the potential to improve the quality of health services in fact, including hospital services. This is confirmed by studies conducted in several countries that point to improvements in the quality culture, strengthening of multidisciplinary team, positive standards of conformity of indicators related to adverse events, user-centered care and reduction of mortality in fully certified hospitals⁽⁵⁻⁸⁾.

Regarding the importance of the increased quality of care promoted by Accreditation, it is worth emphasizing the importance of the nursing team in the achievement of such merits. These professionals are known to assist users in the hospital 24 hours a day, all days, in an uninterrupted manner. The nurses' role in the Accreditation process deserves to be highlighted because these professionals, as team leaders, have direct link with multiprofessional actions, defining strategies for the necessary changes in the care process and operational models for its provision⁽⁹⁾.

In the context of nursing work, it is notable that studies about the nurses' role in management systems and/or systemic organizational tools focusing on improving care, as it is the case of Accreditation, are important and necessary because they may favor their clear functional design, which may contribute to the consolidation of nursing as a science. Research with focus on the work of nurses in the Accreditation process may also provide information to managers to help them operationalize different strategies aimed at its development to achieve and/or maintain the certification.

Considering the importance of the theme of this study, the question set is: How is the nurse perceived in the Accreditation process? In order to answer this question, the objective was to understand the perceptions of the multiprofessional hospital team about the nurses' role in the Accreditation process.

Method

Descriptive, exploratory, qualitative study performed in hospitals certified at three levels in relation to National Accreditation (Accredited, Fully Accredited and Accredited with Excellence) located in a state of the Southern Region of Brazil. Besides these, the research was also carried out in an organization located in the same state and that had its certification canceled by Accreditation.

To define the places of study, the following inclusion criteria were established and separately employed: being a general hospital located in the state of Paraná; being certified for longest times in relation to hospitals with the same level of certification, according to the validity calendar of certifications in the NAO *online* page; and having the certification canceled within less time (in the case of the hospital that had the certification canceled) among the hospitals of Paraná with the same characteristic, according to the calendar of date of cancellation of certifications of the NAO *online* page.

For the exclusion, it was considered the criterion of the possibility of expired certification foreseen for the year 2013, visualized in the NAO *online* page, considering that the selection took place in November of 2013. Data collection was planned for the following year, due to the process of contacting the institutions and appropriate ethical procedures.

With the selection of research sites, midsize hospitals with operational capacity between 78 and 152 beds were included. The institutions that were part of the study will be identified as Hospital 1 (Accredited); 2 (Fully Accredited); 3 (Accredited with Excellence) and 4 (Certification canceled).

Hospital 1 was an Accredited (Level 1) private hospital that, at the time of selection with validity of certification established until May 20, 2015. Hospital 2 (Fully Accredited - Level 2), also of medium size, had all the beds reserved for the Unified Health System (SUS) and was the only public institution selected to participate in the study, with certification valid

until December 6, 2014. Hospital 3 is private and assists health plan and agreement users and offers several specialties, with emphasis in high complexity care. The validity of its certification (Accredited with Excellence - Level 3) was valid until July 9, 2016. In turn, Hospital 4, intended for philanthropic care, had its certification as Accredited with Excellence canceled on March 15, 2013.

Participants in the research were directly involved in the implementation and monitoring process (hereinafter referred to as Quality Managers) of Accreditation, which were (intentionally) indicated by the head/directors of the investigated institutions, and professionals from any sector, activity and/or hierarchical level, regardless of level of education and function, provided that they had participated in, at least, the last hospital quality audit. This single criterion of eligibility sought to include professionals from a wide variety of positions in all hospitals, according to the indication of the Quality Manager, considering the actors most involved in the Accreditation process and the approach of the researcher by convenience. Therefore, the sampling was guided by both intentionality and convenience.

After previous contact via telephone and *email*, and the collection of data scheduled with the Quality Managers in each hospital, the other participants were approached in the workplace according to their availability and accessibility. Data collection occurred in May 2014.

All the participants were individually interviewed, after formalized consent by the signing, in two copies, the Informed Consent Form (ICF), which was also signed by the researcher. After collection of sociodemographic data and labor characterization, each participant was invited to respond to a semi-structured interview, recorded and guided by the request: "Tell me about the role of nurses in the Accreditation process".

The number of interviews in each hospital was delimited by the researcher himself, when he realized that the previously established goal had been reached, what was indicated by the

successive repetition of the content of testimonies, as indicated in the literature⁽¹⁰⁾. All the empirical material (speeches) was transcribed in full-length in digital medium and later printed.

For data analysis, the reference of the Discourse of the Collective Subject (DCS) was used. This systematizes the content expressed by a certain group of people in a discursive way, extracting from each of the testimonies the following methodological figures: key expressions; central ideas; and anchorages, which make up one or several synthetic speeches (the DCS itself). The latter is written in the first person singular in order to emphasize that the presentation corresponds to a group collectively "speaking" with a single voice⁽¹¹⁾.

Key expressions are defined as substantial segments of the subject's literal speech, which define the content and sequence of the discourse elaborated around a central idea⁽¹¹⁾ and consist of a synthetic linguistic expression that indicates the "core" of discourse. It gives distinction to each set of key expressions, giving rise to the discourse of the collective subject which, in turn, is a synthetic discourse, consisting of a set of key expressions whose content reflects the central idea⁽¹¹⁾.

Finally, the anchorages, which may or may not exist in the *corpus* of the analysis, are based on the expression of a given theory or ideology that the author of the discourse professes and that is embedded in his discourse as if it were an affirmation whatsoever⁽¹¹⁾. For its creators, although the DCS is written in the first person singular, it does not represent an individual experience, but rather homogenous expressions of several subjects⁽¹¹⁾.

In view of the above, the DCS is a methodological game between how and what people collectively think by seeking to reconstruct, with pieces of individual discourses - as in a puzzle - as many synthetic discourses as they deem necessary to express a given "figure", that is, a certain collective thought or representation about the phenomenon under investigation⁽¹¹⁾.

All the ethical requirements established by the Resolution n. 466/2012 of the National Health Council were respected. This study is registered under CAAE: 28867014.7.0000.0104, issued after favorable assessment of the Standing Committee on Ethics in Research Involving Human Beings (COPEP) of the Universidade Estadual de Maringá (UEM-PR).

Results

The survey had 96 participants from the multiprofessional hospital team distributed as follows: 22 from the Accredited Hospital; 28 from the Fully Accredited Hospital, 23 from the Accredited Hospital with Excellence and 23 from the hospital whose certification was canceled. Of the total, five were Quality Managers because, in

Hospital 2, the leadership of this position was shared. In the other hospitals, the position was assumed by a single professional.

Among the other interviewees (n = 91), 69 (75.8%) were related to the management or provision of care services; 16 (17.6%) with administrative services; and 6 (6.6%) with hospital maintenance and support services. Among the participants who worked in care services, 75.4% were nursing professionals. The participants' ages ranged from 22 to 58 years. There was a predominance of females (78.2%) and married marital status (52%).

After analyzing the interviews and identifying the key expressions and the central ideas, the content was assimilated for the apprehension of four DCS (Chart 1), which will be sequentially presented and discussed.

Chart 1 – Nurses' performance in the Accreditation process in the light of the Discourses of the Collective Subject. Paraná, Brazil, 2014

Title	Discourse of the Collective Subject
Discourse of the Collective Subject 1 - The Nurse as team leader	The nursing technician is that professional that does manual work. He will obey the nurse and the nurse, for being a leader, influences and encourages the team. Having employees is of no use if there is no leader, who is represented by the nurse. The nurse is not just a boss, but rather a companion, a leader.
Discourse of the Collective Subject 2 - Valuation of the nurse in the multidisciplinary team to the success of the Accreditation process	The nurse's role is very important. This professional is the foremost of all in the Accreditation process. He is the basis of everything. The most important. The nurse has an engagement in the process and exercises a very attentive supervision. The nurse is the center of the Accreditation process. So much that we cannot give a score, because 90% of the time that the patient stays hospitalized, he is under the supervision of nursing and of the nurse.
Discourse of the Collective Subject 3 - The nurse as a guide to the norms and improvements imposed by Accreditation	The nurse is the support for everyone in the Accreditation process. A mistake from the nursing team can be fatal, since this is the largest component of the hospital staff and is in direct contact with patients. If the evaluators realize that the patients are not totally satisfied with the form of care, there is no point in the entire structure implanted. If the nursing team is not committed to the service, no manager can help. The nurse is responsible for developing and promoting compliance with all Accreditation rules and standards. Their role is paramount.
Discourse of the Collective Subject 4 - Continuing education of nurses as an instrument for consolidating the Accreditation process	The continuing education professional, that is, is the nurse, acts extensively in training related to the issue of Accreditation. Nurses are the persons who know what Accreditation is; they are the educators. Nurses promote the awareness of the employees and are responsible for the dissemination of the culture of quality.

Source: Created by the authors.

Discussion

Because leadership is a managerial competence required for health service administration, it must permeate nursing activities since basic training, because the domain of such competence contributes to the performance of nursing professionals in organizations, taking into account their technical, assistance, relational and administrative skills⁽¹²⁾. In this respect, the DCS 1 reveals that the leadership of nurses is legitimized in the context of Accreditation, with emphasis on the immediate leadership of the nursing team, which possibly translates into administrative but at the same time relational ability.

The importance of the theme that involves nurses as team leaders emerging from the discourse of a multiprofessional team, composed not only of professionals directly related to care, is notable. This finding indicates that the nurses' actions as leaders are acknowledged not only in the nursing field, but also by other professionals in the hospital who experience or have experienced the Accreditation process.

With regard to actions assigned to nurses, the leadership of the nursing team represents an exclusive activity, as determined by the Law of Professional Exercise⁽¹³⁾. In this way, it is the responsibility of nurses to lead their team in a responsible and ethically committed way, aware that this assignment can lead to professional recognition and career advancement⁽¹⁴⁾.

Still regarding the discussion on the context of accreditation, a recent case study of the US initiative revealed that the development of the so-called Situational Leadership, the action of leading based on contingency, on the uncertain and on real organizational needs, by a group working in a public health agency, was fundamental for a better collective understanding of the standards needed to achieve certification through Accreditation. It was also important for the development of competencies by the group and for planning actions focused on compliance with quality standards⁽¹⁵⁾.

The presented results show that Accreditation seems to be a factor that drives the nurses' leadership. This is relevant because leadership is a managerial competence that is influenced by the personal profile⁽¹⁶⁾. Therefore, as noted in the first DCS, it may favor the leading action of the professional investigated, possibly because the maintenance of the quality levels demanded by this system implies the need for active and also situational leadership⁽⁴⁾. In this sense, through dynamic and interactive (situational) work in Accreditation, nurses can be legitimized by the team as fundamental in the production of health care and, with that basis, be valued.

The appreciation of nurses by various categories of workers inserted in the hospital context that participated in this research is perceptible. The nurses' actions mentioned by the professionals (DCS 2) include supervision of the team, central role in the Accreditation process, relevant direct assistance and management of inpatient care. These actions confirm the complexity of the nursing work, because, at the same time that nurses assume the position of workers with managerial impact, they also intervene in actions of interest to the direct care.

The changes in care models and the way of insertion of nursing in the hospital management processes make the nurse the active actor of the assistance and management activities, thus assuming a prominent position^(14,16). Nurses have also assumed managerial functions at the strategic, intermediate and operational levels, which give them more autonomy (which may enhance their professional appreciation) and insertion in hospital Accreditation. They stand out with potential for implantation, maintenance and development of quality policies, based on their managerial skills⁽¹⁷⁾.

It is also necessary to reflect on the importance of the finding described in the DCS 2, interpreting that the professional valuation can support the satisfaction of the worker, which is an important quality indicator in the human resource management area⁽¹⁸⁾. In this way, Accreditation can be a link between appreciation and satisfaction of nurses, especially because

there are many demands for the success and achievement of certification⁽⁵⁾. When this title is “lost”, it is observed that professionals, including nurses, report feelings that may be correlated or that corroborate their dissatisfaction with the work⁽¹⁹⁾.

It is evident, therefore, that the role of nurses, especially through leadership, gives them professional valorization at the core of Accreditation. Perhaps for this reason, nurses are perceived by the multiprofessional team as managers of the quality process, which acts directly on the norms and improvements imposed by it (DCS 3).

In line with the movement of the nurses themselves towards rescuing what should be their central object of work, that is, direct and also indirect provision of care to the clients (represented by the management of care), customer-centered competence, aligned with organizational goals, has received much importance in the management of nursing⁽¹⁶⁾. All of this is linked to the institutions ‘concern to meet users’ expectations, either through quality management programs/systems or *marketing*, as a way to survive in the market.

Nursing management should be focused on the care itself, so as to enable strategic actions to promote safe and qualified care⁽²⁰⁾. In this respect, the findings (DCS 3) discussed are praiseworthy because they indicate that nurses are essential actors in the militancy for the quality of care (particularly the care provided by the nursing team), focusing on meeting the requirements that, in a way, are imposed by the Accreditation process.

In spite of the importance of the managerial work of nurses in a more robust/evident way in the quest for quality required by Accreditation, it should be emphasized that this process should not be the core (or purpose) of the management by the quality of nursing services, but the equanimous, humanized and qualified care. Therefore, we suggest that Accreditation may be a factor that can facilitate the nurses’ strategies towards a better quality of care, since the work methods, through this management

system, tend to be well defined^(6,19). However, even in the absence of any certification or quality management model, it is believed that these professionals must deploy their skills in favor of qualified care in a rational and strategic way.

Besides the benefits linked to care, the Accreditation process promotes the improvement of working conditions, stability of the organizational atmosphere among health professionals, while establishing a more pleasant and supportive work environment for human relations⁽⁵⁾. With this, the nurses’ role will probably be requested by the multiprofessional team, since the DCS 3 indicates that this is the goal of the strategies instilled in Accreditation. The reports, thus, show the confidence that the interviewees have on nurses and also on the entire Accreditation process in which they are inserted.

It is notable that Accreditation essentially involves a proposal of permanent education, aiming to guarantee the quality of care. This generates the need for investments to make it possible to change the organization’s processes⁽⁴⁻⁵⁾. Such changes must be coupled with the demands of certification. Because health work is permeated by human actions, improvements and changes, not infrequently, may incur the continuous need training the human resources⁽¹⁷⁾.

Despite the explicit mention of the term permanent education in the context of Brazilian Accreditation as a target for the improvement of the work process by the people themselves⁽⁴⁾, the findings (DCS 4) confirm that nurses act more incisively in continuing education, which is the traditional form of education at work, characterized by transfer of knowledge and also by in-service training⁽²¹⁾. Although this practice does not encompass criticality, that is, a more active and conscious participation of professionals in the educational process⁽²¹⁾, it is certainly relevant to the hospital context, because, in this place, the risks associated with care tend to be more evident. Thus, the need for in-service training is notorious^(1,3,6).

It should be noted that Accreditation is an important training strategy, since it tends to contribute to the alignment of the achievement of organizational goals by means of the supply of the workers' own need for knowledge⁽⁵⁾. In this sense, it was clear (DCS 4) that the nurses are the professionals responsible for disseminating the necessary actions to reach the organizational expectations within the scope of Accreditation, such as the diffusion of the culture of quality within the hospital context.

Culture of quality is an organizational asset that must be systemically communicated in the health services^(5,6). Because it is not part of the formal structure of the organization, the promotion of a culture of quality depends first and foremost on the individual professional position that, along with the collective, may influence the systemic organizational culture⁽⁵⁾. Based on this, the nurses' role is once again in evidence, as they were listed as promoters of this asset in the scope of Accreditation.

In light of the above, the culture of quality deserves effective dissemination in health organizations^(1,2) because, according to the DCS 4, nurses should not be solely responsible for promoting this desirable asset. Therefore, due to the educational character that nurses have in their professional mapping, which is confirmed in the findings of the present investigation, these workers possibly have the potential to act in the training of multipliers of the culture of quality in several areas.

The stance of nurses as disseminators of aspects that permeate Accreditation among the multiprofessional team reaffirms the triad of dimensions of the work of these professionals, namely: care/assistance, management/administration and teaching/research⁽²²⁾. In light of this, we leave here the reflection that Accreditation can be a way for nurses to articulate the dimensions of their work more fluidly or more clearly. The quality management system investigated seems to impel these professionals towards this role, what will probably be intensified with the support of senior management and teamwork.

It is important to highlight that this research has limitations such as the use of individual, unique and punctual interviews. This indicates the need for new research focusing, for example, on the measurement of the impact of the managerial action of nurses on the quality of care. However, it is believed that the study contributes greatly to the nursing knowledge and to hospital quality management by providing clear information of the role of nurses in Accreditation. This may contribute to the rational decision making process in the provision and/or allocation of human resources in the institutions, with a focus on the continuous improvement of the quality of services.

Conclusion

The work of nurses inserted in the process of Hospital Accreditation denotes that these professionals are acknowledged by the health team as militants in leading the care management, managing the processes and goals for the seeking and maintaining the certification and acting in the continuing education of the workers in a way to leverage the training of human resources in line with the requirements of the quality management system.

We conclude that nurses have a key role in Accreditation and that, in the perception of the multiprofessional hospital team, these workers have skills and abilities that are fundamental for the success of Accreditation in hospital organizations. This mix of skills and competencies seems to be related to the managerial work of nurses, leveraged by the compliance of the services to the Accreditation process. This finding, although inherent in the nature of the nursing work, is still not entirely clear in the context of quality management and in the literature. This is certainly an advance mediated by the study presented here.

Collaborations

1. conception, design, analysis and interpretation of data: João Lucas Campos de

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2. writing of the article, relevant critical review of intellectual content: João Lucas Campos de Oliveira, Liliana Yukie Hayakawa, Gelena Lucinéia Gomes da Silva Versa, Elaine Fátima Padilha, Sonia Silva Marcon and Laura Misue Matsuda;

3. final approval of the version to be published: João Lucas Campos de Oliveira, Liliana Yukie Hayakawa, Gelena Lucinéia Gomes da Silva Versa, Elaine Fátima Padilha, Sonia Silva Marcon and Laura Misue Matsuda.

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