



Perception of the nursing team of a Surgical Center regarding Hospital Accreditation at a University Hospital*

Percepção da equipe de enfermagem do Centro Cirúrgico acerca da Acreditação Hospitalar em um Hospital Universitário

Percepción de la equipo de enfermería del centro quirúrgico de un hospital universitario acerca de la acreditación hospitalaria

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ABSTRACT

Objective: To analyze the perception of nursing teams at a surgical center regarding the process of hospital accreditation, in the evaluative aspects of structure, process, and result. **Method:** The study takes a quantitative and exploratory-descriptive approach, carried out at a university hospital. **Result:** The population consisted of 69 nursing professionals, and the data collection was performed in the months of January and February 2014 by way of a questionnaire, utilizing the Likert scale. The methodology used a Cronbach's Alpha equal to 0.812. In the comparison of the three aspects, the one with the highest favorability score was "result", with an average of 47.12 (dp±7.23), and the smallest was "structure," with an average of 40.70 (dp±5.19). **Conclusion:** This situational diagnostic can assist in the restructuring of the vulnerable areas evaluated in these three aspects, mainly in the aspect of structure, with a goal of level 2 accreditation by the ONA (Brazilian's National Organization for Accreditation) defended by the Institution.

DESCRIPTORS

Health Evaluation; Hospital Accreditation; Surgery Department, Hospital; Operating Room Nursing.

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INTRODUCTION

The search for quality in health establishments has shown itself to be a global tendency, being considered indispensable for the survival of institutions. Thus, in recent decades society has come to demand and opt for health services that show standards of excellence in processes and results⁽¹⁾.

In the health sector, quality is defined as a collection of attributes that includes professional excellence, efficient use of resources, minimal risk to the patient, and a high degree of satisfaction on the part of the user, considering current social values. However, health assistance is provided by professionally heterogeneous groups, with distinct educational training. Quality should not be judged only by technical aspects, but also by considering the preferences of the end-user and of society⁽²⁻³⁾.

Hospital Accreditation stands as one of the methods for evaluating the resources of health organizations – voluntary, recurring, and discrete – which tends to guarantee the quality of assistance by way of pre-established standards⁽⁴⁾. One of the accrediting bodies is the National Organization of Accreditation (ONA), which is private, non-profit, and in the collective interest, with the objective of implementing a permanent process for improving the quality of health assistance on a national scale, influencing all of the involved health services⁽⁵⁾.

This process is divided by the Brazilian Manual for Hospital Accreditation (MBAH) into three levels: Level 1) Accreditation – Basic quality requirements in assistance are solicited, having as their basis the security of the internal and external customer (structure), Level 2) Full Accreditation – has organization of processes as its basis, demanding organizational planning in hospital assistance (process), and Level 3) Prime Accreditation – based on management practices and quality (result). The seal of qualification is given to support services and health organizations when the institution attends to the safety considerations, and is valid for one year. Thus as an accreditation, evaluation for obtaining the ONA Seal is voluntary, recurring, and private⁽⁶⁾.

When the model described above is considered across the national territory, we have a total of 400 certified health services, where 101 (25.2%) are accredited, 139 (34.8%) fully accredited, 152 (38.0%) prime accredited, and 8 (2%) services which receive the seal of qualification⁽⁷⁾.

The path to be followed to reach the standards of Hospital Accreditation is not determined by the ONA, who request that each institution define its own work methodology, as well as the strategies that will be employed for obtaining and maintaining the certification of an accredited hospital. All sectors of the hospital are audited and must meet the demands of the manual, reaching the same level of evaluation.

The hospital that is the object of this study reached ONA Level 1 after four years of implementation of quality control measures, becoming part of a select group of certified university hospitals.

This study's proposal consists in presenting the perception of the nursing team alongside the hospital accreditation process in the surgical center, taking into account that the socialization of the knowledge and lived experience of this team could facilitate adaptations and reproductions in other surgical centers of institutions seeking hospital accreditation.

The professionals involved in this new procedure need to be, and to feel, co-responsible for the results reached. For this reason, the perception of the nursing team is also one of the important elements in helping to achieve ONA Level II.

The surgical center is the place where anesthetic and surgical procedures are carried out, acts which by their specialized nature expose the patients to various risks⁽⁸⁾. In addition, it is an enclosed space with stressful situations that demand teams capable of coping with details relevant to technical competence, relationships, material resources, and the necessity of interaction between users, workers, and providers. These characteristics make the surgical center a challenge sector for the accreditation process.

In the process of hospital accreditation, the nursing staff plays a fundamental role, actively participating in decision-making, strategizing, and assistance, as well as being part of the evaluation team. The perception of this team constitutes an important diagnostic in the search for excellence in safe medical assistance.

The Donabedian model was adopted, represented by three aspects: Structure, Process, and Result, as there is a link of dependency between them⁽²⁾.

Structure corresponds to the form of organization present in relation to the resources, norms, organizational structure, value system and expectations. They are relatively stable and necessary characteristics in the assistance process. **Process** relates to the way in which assistance is provided to the patients, according to established and accepted technical-scientific standards. The **result**, for its part, corresponds to the consequences of activities performed during health services, or by the professionals involved⁽⁹⁾.

In view of the above, this study represents an investigative evaluation of the perception of the surgical center nursing team regarding the process of hospital accreditation, with the goal of finding elements that help healthcare teams in establishing the decisive processes involved in the resolution of problems, and in the changes that should be adopted in the aid practice of the surgical center. The Donabedian model was chosen in order to permit the identification of the vulnerable points in the aspects of structure, process, and results⁽²⁾.

The objective of the study was to analyze the perception of the nursing team regarding the process of hospital accreditation in the surgical center of a university hospital.

METHOD

This study employs a quantitative approach of an exploratory-descriptive type. It was carried out in the surgical center of a large university hospital located in the interior of the State of São Paulo. The hospital has a total of 306

beds and performs a monthly average of 1,088 surgeries of lower and higher complexity, with 60% of surgical services performed through SUS and 40% covered by private insurance plans.

The sample was comprised of 69 nursing professionals from the surgical center, which represents 100% of the approved total.

The research instrument for the collection of data was comprised of two parts: the first included socio-demographic data for the participants, and the second contained 36 propositions referring to the aspects of structure, process, and result, with 18 assertions with positive attributes and 18 statements with negative attributes, distributed randomly to avoid the participant maintaining a response bias. A Likert scale was utilized for obtaining responses with five degrees of variation, with 1 being totally disagree (TD) and the extreme opposite in the fifth degree, totally agree (TA); the intermediary degrees are 3 – indifferent (I) – and 2 and 4, partially disagree or agree (PD and PA). The data gathered was analyzed with favorability scores, comparing the averages obtained in the three parameters (structure, process, and result), and leading to conclusions about the aspects which were evaluated as most and least favorable.

To verify that the content was representative in light of the theoretical universe it intends to measure, the theoretical instrument was verified by five specialists from the surgical center and/or in the methodology of validation tools, evaluating relevance, clarity, pertinence, and sensibility of the assertions in each aspect, as well as the necessity of inclusion or exclusion of propositions.

The data was stored in a spreadsheet. Each questionnaire received a corresponding identifying number, having numeric values attributed for each socio-demographic variable. For the responses pertaining to the perception of the aspects, the numbers 1 through 5 were used in accordance with the research collection instrument (Disagree Totally or Agree Totally). The data were treated as descriptive statistics. To compare the scores of the three aspects, the non-parametric tests of Friedman (the F.ANOVA) were used. In comparing the three professional categories the test employed was the Student's t-test. It is worth noting that the maximum value that can be found in each evaluated aspect is equal to 60 and the minimum equal to 12. The level of statistical significance used for the tests was 5%⁽¹⁰⁾.

The study was registered with Platform Brazil, and submitted and approved (report 304.636 with a date of 11/06/2013) by the Ethics Committee in Research for the Nursing School of the University of São Paulo (EEUSP).

RESULTS

The sample that comprised this study was characterized by participants ranging from 21 to 58 years of age, with the mean being 34.72 years (dp+7.48), and the median being 34 years; 76.8% of respondents were female; 17% were nurses; 19% were nurses assistants; and 64% were nursing technicians, being predominantly an adult team.

Regarding the workplace within the surgical center, 75% of the participants work directly in the operating

rooms, 13% in post-anesthesia recuperation rooms, 6% in patient transport, and 6% in anesthesia.

The confidence of internal consistency of the research instrument was evaluated by means of Cronbach's Alpha, obtaining a result of 0.81, considered trustworthy, as the minimum acceptable value is 0.70 (Figure 1).

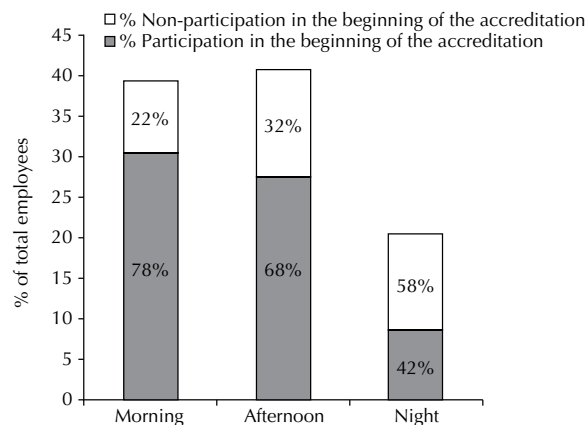


Figure 1 – Distribution of nursing team according to participation in the beginning of the ONA 1 accreditation process by shift – Campinas, SP, Brazil, 2014.

Figure 1 shows the percentage of professionals who did not participate in the initial stage of the accreditation process, listed by work shift. The morning crew is the shift with the largest quantity of professionals who were employed prior to 2006 (78%), being the group that experienced all the stages of the push for Level 1 accreditation in 2010. The night crew was the shift which contained the largest quantity of professionals (58%) that were admitted after this period. We use this information in the analysis of some questions in which perception is related to the duration of professional integration into the sector and consequently to the accreditation process.

ASPECT OF STRUCTURE

In this stage, 12 structural propositions concerning physical resources and materials are proposed regarding the nursing staff, infrastructure resources, assistance model, and the percentage encountered in each proposition (Table 1).

ASPECT OF PROCESS

The 12 propositions in the aspect of process seek to understand the cluster of activities developed by the nursing team, including adherence to the surgical safety protocols and the involvement in the accreditation process of the sector (Table 2).

ASPECT OF RESULT

Finally, the 12 propositions developed to evaluate the aspect of result, which consists in the evaluation of the nursing team about the desired results for nursing assistance in the surgical center, after the accreditation process (Table 3).

Table 1 – Percentage of responses referring to statements on the aspect of Structure – Campinas, SP, Brazil, 2014.

Statement	Likert Scale (%)				
	TD	PD	I	PA	TA
Equipment was acquired for the Surgical Center because of the accreditation process.	2.9	4.4	13.0	53.6	26.1
Investments in the physical structure of the Surgical Center were made with its insertion into the ONA accreditation process.	5.8	8.7	8.7	42.0	34.8
The collaborators from the Surgical Center were not familiar with the ONA guidelines.	11.6	24.6	13.1	29.0	21.7
The accreditation process has a financial cost to the institution.	2.9	2.9	11.6	17.4	65.2
The errors noted in the work processes served to instigate reprimands and administrative sanctions.	23.2	21.7	14.5	29.0	11.6
The standards of the ONA manual were inconsistent with the reality of the sector.	18.8	20.3	29.0	26.1	5.8
The physical structure of the Surgical Center is old and does not favor the accreditation process.	24.6	24.6	5.8	36.3	8.7
The ONA accreditation process provided improvements in the assistance processes.	2.9	2.9	5.8	24.6	63.8
There was an increase in forms and paperwork with the ONA accreditation process.	10.1	10.1	11.6	14.5	53.7
The training of the nursing team is carried out with a focus on the necessities of the assistance sector.	5.8	10.1	2.9	37.7	43.5
There was an increase in the nursing staff in the sector due to the accreditation process.	52.2	14.5	14.5	13.0	5.8
The number of trainings held in the sector diminished after the achievement of accreditation.	33.3	17.4	24.6	16.0	8.7

Table 2 – Percentage of responses referring to statements about the Process aspect – Campinas, SP, Brazil, 2014..

Statement	Likert Scale (%)				
	TD	PD	I	PA	TA
The accreditation promoted the integration of a multi-professional team.	4.4	7.2	13.0	46.4	29.0
With accreditation, there has been a standardization of practices and behavior in the nursing team.	2.9	8.7	5.8	46.4	36.2
I was trained and qualified to carry out my duties in the Surgical Center independently of the accreditation process.	4.4	10.1	0.0	18.8	66.7
The surgeon's team did not adhere to the protocol for safe surgery.	14.5	14.5	13.0	50.7	7.3
The anesthetic team did not adhere to the protocol for safe surgery.	27.5	15.9	10.2	37.7	8.7
The nursing team did not adhere to the protocol for safe surgery.	52.2	20.3	5.8	17.4	4.3
The presence of students hindered the ONA Level 1 accreditation process.	2.9	10.2	36.2	11.6	39.1
The nurses supervised the quality-control processes in the surgical center.	1.5	4.4	7.2	33.3	53.6
The nursing team was familiar with the existent risk management tools in the surgical center.	4.3	8.7	5.8	52.2	29.0
The quality control process is exclusively the responsibility of leadership.	66.7	20.3	4.3	2.9	5.8
The night shift is involved in the accreditation process by the leadership.	8.7	7.2	20.3	26.1	37.7
The processes aimed at accreditation are revisited only on the occasion of new ONA certifications.	23.2	26.1	7.3	24.6	18.8

Table 3 – Percentage of responses referring to statements about the aspect of Result – Campinas, SP, Brazil, 2014.

Statement	Likert Scale (%)				
	TD	PD	I	PA	TA
Accreditation fostered more profitability for the hospital.	1.5	2.9	21.7	30.4	43.5
The nursing professional who works in an accredited hospital does not have a resume that stands out competitively in the market.	63.8	17.4	1.5	13.0	4.3
The seal of ONA accreditation promotes a higher prominence for the hospital.	0.0	0.0	8.7	34.8	56.5
The standardization of patient charts in the surgical center complicated communication among the multidisciplinary team	68.1	13.0	7.3	8.7	2.9
The accreditation process worsened work conditions for nursing.	75.4	13.1	1.4	8.7	1.4
Accreditation brought more safety to the patients attended in this institution.	1.5	1.5	4.3	21.7	71.0
The surgical center is more disorganized after the accreditation process.	63.8	15.9	5.8	8.7	5.8
The results obtained in the performance metrics of the sector are used in the management of the unit.	2.9	5.8	15.9	20.3	55.1
The employees benefited in some way by the accreditation.	14.5	14.5	5.8	37.7	27.5
The assistance performance metrics of the surgical center were divulged to the multidisciplinary team in a systematic way after the accreditation process.	13.0	11.6	23.2	29.0	23.2
Reprimands increased in the sector with the implementation of the quality control process.	26.1	21.7	10.2	26.1	15.9
The demands imposed by the accreditation process triggered stress and overwork.	18.9	8.7	2.9	30.4	39.1

FAVORABILITY SCORE

In this analysis, we seek to demonstrate the perception of the nursing team when faced with the object of study. The higher the score obtained, the more favorable is the attitude of the subject in relation to that aspect, and vice-versa.

For this evaluation, the aspect of result had the highest favorability score, with a mean of 47.12 ($dp\pm 7.23$), a minimum of 28 and a maximum of 59; values higher than those for process, which were 45.45 ($dp\pm 6.57$), a minimum

of 26, and a maximum of 60; or for structure, which were 40.70 ($dp\pm 5.19$), minimum of 28 and maximum of 51. In a comparison between the three aspects, we obtained the statistically significant difference of $p < 0.001$.

It can therefore be concluded that the aspect with the highest evaluation by the nursing team is that of result, while the least favorable is that of structure, requiring greater attention for this issue.

The aspect of result encompasses the understanding of professionals about the prominence of the hospital after accreditation, the impact of financial profitability, the organization of the sector, professional benefits, work conditions, safety of attended patients, management of the surgical center, and the demands imposed by the quality control process. In regards to the aspect of structure, which had the lowest mean, material resources were evaluated, such as equipment, infrastructure, human resources, and the assistance model adopted to guarantee patient safety, according to the standards of ONA Level 1.

DISCUSSION

The majority of participants showed a favorable perception of accreditation with relation to the acquisition of equipment for the sector (79.7%), the investments made in the physical structure (76.8%), and the improvements in the processes experienced after accreditation, with this latter question having the largest percentage of agreement (88.4%). A total of 52% of the equipment acquired by the surgical center in the last 10 years was installed between 2006 and 2010, or rather, during the period of preparation for the certification. The acquisitions in this period had as their principle objective the updating of the technology center and the replacement of obsolete equipment.

The perception of the collaborators may have a direct relation to the period of their admission to the sector, with 33% of collaborators being admitted after the ONA Level I accreditation in 2010. The hospital invested in the physical infrastructure of the surgical center, with the majority of interventions being corrective maintenance of walls, floors, doors and windows, electrical and hydraulic installations, signs, and painting. As far as improvements in assistance processes, the data shows that the nursing team perceives a relevance to ONA accreditation, being experienced as the incorporation of safety measures in procedures, for example the practice of general identification and tagging, the adherence to *bundles* (a group of practices based on empirical evidence), and preventive protocols. It can also be perceived in the control of product expiration dates, the rigor of preventive and corrective maintenance of equipment, the notification policy for adverse events, and the employment of indicators for the monitoring of results.

The evaluation of results is made by way of analysis of the final products in terms of the health and satisfaction of the internal and external user. It is the most complex item of measurement to assess, as it involves various indicators and psychological, social, and economic factors that can affect the results⁽¹¹⁾.

The results encountered in the question that deals with the focus of trainings on the needs of assistance activities (81.1%) reinforces the necessity of considering the technical dimension and work routines in the design of the annual training program. In studies that sought to understand the reality of nursing professionals, 25% agreed that the training developed by the Continuing Education Service does not take into account the needs of the team, while in another research survey the percentage was 75.2% on this same question⁽¹²⁻¹³⁾.

In the process aspect, 86.96% were concerned with the supervision of the nurse in the quality control process. The nurse, as the leader of the nursing team in the quality control process, fulfills a fundamental role, as they represent the professional category in the health team that is in constant contact with the patient, and is a link of communication with the other professionals. One study that proposes to investigate the performance and the influences of nursing on the hospital accreditation process concludes that – uniquely to nurses – managerial performance predominates in the accreditation process at the expense of the job performance of the professional nursing technician⁽¹⁴⁾. At the operational level, the nurse must supervise the team in a continuous and strategic way in accordance with defined strategies to maintain the standard of established quality⁽¹⁵⁾. In the surgical center, the work schedule envisages the presence of a nurse 24 hours a day, considered indispensable for the execution and/or monitoring of instituted processes.

Other items within this aspect that obtained the best percentages of agreement were related to admissions training in the sector (85.5%), the standardization of practices and conduct in the nursing team (82.6%), and the knowledge of risk management tools in the surgical center by the nursing team (81.16%), the latter seen as indispensable to risk management.

Regarding the observance of surgical safety protocol in the multi-professional team, the best favorability results (72.5%) were given to the nursing team, and the worst (29%) to the surgeons' team, with inconclusive results from the anesthetic team.

For the result aspect, there was an elevated level of agreement in questions dealing with safety provided to the patients attended by the institution (92.7%), the increase of prestige for the hospital after achieving ONA certification (91.3%), and the use of management indicators in the surgical center (75.4%).

The largest results showing disagreement refer to questions with negative attributes: the process of accreditation worsened work conditions for nursing (88.4%), and that the *curriculum vitae* of the professionals that work in an accredited hospital is not distinguished (81.1%).

The accreditation process directly affected the working condition of the nursing team, which today has an increased level of safety, promoted by the utilization of assistance protocols, printed material suitable for the records, risk management, and many other tools of quality control needed for assistance, not to mention the intellectual value gained by the professionals through their experience of the accreditation process, which contributed in at least one way to their personal qualifications via a distinguished resume.

Finally, regarding the question of stress and the overload of work imposed by the demands of the accreditation process, 69.5% agreed with the statement. Some of the implementations carried out for the ONA accreditation process may have contributed to these numbers. The assistance team felt stressed and overworked during the adaptations, such as the need to formally document activities, the no-

tification policy for adverse events, and standardized work, among other incorporated activities that demand the time and dedication of the professional. This finding is fundamental for understanding and acting upon these variables, demanding special attention from unit managers.

Some authors discuss stress and overwork resulting from the process of hospital accreditation, and emphasize that the overburdening of workloads is a result of the need for attention to bureaucratic detail, in addition to common tasks, while high demand and stress come from the urgency for quality and perfection⁽¹⁶⁻¹⁷⁾.

In the conflict between the aspects considered positive by the professionals and the negative arguments discussed, we suggest that the professional valorization and knowledge acquired by each worker transcends the stress and increased workload, in that it is impossible to achieve improvements in assistance without an increase in responsibilities.

CONCLUSION

The study allows us to establish the complexity involved in the evaluation of health services, in particular the surgical center that was the object of this study. The proposed

statements were responded to, employing the Donabedian model, in the context of the analysis of hospital accreditation in the surgical center as seen by the nursing professionals in three aspects: Structure, Process, and Result.

The greatest challenge for the management of the surgical center is to develop a culture of safety, which requires the complete and unconditional involvement of all the professionals based in the sector, whether in assistance or support.

Using the results discussed in this study, it is possible to plan actions to smooth the rough edges and optimize the victories achieved with the existing quality control process. We emphasize that the dimension with the highest percentage of agreement was that of results and the aspect with the worst evaluation was structure, which suggests opportunities for improvements in the subjects addressed.

The performance of nursing professionals is a highlight in the path to hospital accreditation, representing activities relevant to obtaining positive results. Thus, we believe that this evaluation can guide the activities undertaken and contribute to new research and publications regarding this theme.

RESUMO

Objetivo: Analisar a percepção da equipe de enfermagem do centro cirúrgico sobre o processo de acreditação hospitalar, nas dimensões avaliativas de estrutura, processo e resultado. **Método:** Trata-se de um estudo de abordagem quantitativa, exploratório-descritivo, realizado em um hospital universitário. **Resultado:** A população constou de 69 profissionais de enfermagem, e a coleta de dados ocorreu nos meses de janeiro e fevereiro de 2014, por meio de um questionário, empregando-se a escala de Likert. O instrumento teve Alpha de Cronbach igual a 0,812. Na comparação das três dimensões, a que obteve maior escore de favorabilidade foi de resultado, média de 47,12 (dp±7,23), e a menor foi de estrutura, média de 40,70 (dp±5,19). **Conclusão:** Este diagnóstico situacional subsidiará a reestruturação dos pontos vulneráveis avaliados nas três dimensões, sobretudo os da dimensão de estrutura, com vistas à acreditação nível 2 pela Organização Nacional de Acreditação pleiteada na Instituição.

DESCRIPTORIOS

Avaliação em Saúde; Acreditação Hospitalar; Centro Cirúrgico Hospitalar; Enfermagem de Centro Cirúrgico.

RESUMEN

Objetivo: Analizar la acreditación hospitalaria em el centro quirúrgico bajo la óptica de la equipo de enfermería, en las dimensiones evaluativas de estructura, proceso y resultado. **Método:** Este es un estudio de abordaje cuantitativa, exploratorio-descritivo, realizado en un hospital universitario. **Resultados:** La población constó de 69 profesionales de enfermería y la recogida de datos ocurrió en los meses de Enero y Febrero de 2014, mediante un cuestionario, utilizando una escala de Likert. El instrumento tuvo Alpha de Cronbach igual a 0,812. En la comparación de las tres dimensiones, la que obtuvo mayor puntaje de favorabilidad fue la de resultado, media de 47,12 (±7,23), y la menor fue de estructura, media de 40,70 (±5,19). **Conclusión:** Este diagnóstico de situación irá subsidiar la reestructuración de los puntos vulnerables evaluados en las tres dimensiones, sobretudo los de la dimensión de estructura, con vistas a la acreditación nivel 2 por la Organización Nacional de Acreditación pleiteada en la Institución.

DESCRIPTORIOS

Evaluación en Salud; Acreditación de Hospitales; Centros Quirúrgicos; Enfermería de Quirófano.

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