ORIGINAL ARTICLE

PERMANENT EDUCATION IN THE DAILY LIFE OF NURSING MANAGERS IN THE PROCESS OF HOSPITAL ACCREDITATION

A EDUCAÇÃO PERMANENTE NO COTIDIANO DAS CHEFIAS DE ENFERMAGEM NO PROCESSO DE ACRÉDITACIÓN HOSPITALAR

LA EDUCACIÓN PERMANENTE EN LO COTIDIANO DE LAS JEFAS DE ENFERMERÍA EN EL PROCESO DE ACRÉDITACIÓN HOSPITALAR

Viviane Brasil Amaral dos Santos Coropes¹, Geilsa Soraia Cavalcanti Valente², Carmen Lucia de Paula³, Andréa Cristina Fortuna de Oliveira¹, Cláudia Quinto Santos de Souza⁴

ABSTRACT

**Objectives:** to describe the reality of education in the work process of nursing managers in an accredited hospital; to identify the limits and possibilities for the implementation of permanent education in the daily work, and analyze whether the implementation would bring implications in the daily life of nursing managers in an accredited hospital. **Method:** this is a descriptive, exploratory study, of field, with a qualitative approach, conducted at the National Cancer Institute/RJ. Nurses who occupy management positions participated in semi-structured interviews and analysis of the Collective Subject Discourse. **Results:** the institution provides inputs, equipment and maintenance of an adjacent number of human resources, but lacks investment in the professionals training. The implementation of permanent education would raise the standard of care processes, allowing the achievement of quality standards. **Conclusion:** professionals expressed a need for greater investment in permanent education. **Descriptors:** Accreditation; Nursing; Continuing Education.

RESUMO

**Objetivos:** descrever a realidade da educação no processo de trabalho das chefias de enfermagem em um hospital acreditado; identificar limites e possibilidades para a implementação da educação permanente neste cotidiano de trabalho; e analisar se a implementação traria implicações no cotidiano das chefias de enfermagem em um hospital acreditado. **Método:** estudo descritivo, exploratório, de campo, com abordagem qualitativa, realizado no Instituto Nacional do Câncer/RJ. Enfermeiros que ocupam cargos de chefia participaram da entrevista semiestruturada e análise do Discurso do Sujeito Coletivo. **Resultados:** a instituição fornece insumos, equipamentos e manutenção de um número limítrofe de recursos humanos, contudo carece de investimento na capacitação dos profissionais. A implementação da educação permanente elevaria o padrão dos processos e da assistência, possibilitando o alcance dos padrões de qualidade. **Conclusão:** profissionais expressaram necessidade de maior investimento em educação permanente. **Descritores:** Acreditação; Enfermagem; Educação Continuada.

RESUMEN

**Objetivos:** describir la realidad de la educación en el proceso de trabajo de las jefas de enfermería en un hospital acreditado; identificar limites y posibilidades para la implementación de la educación permanente en este cotidiano de trabajo; y analizar si la implementación traería implicaciones en lo cotidiano de las jefas de enfermería en un hospital acreditado. **Método:** estudio descriptivo, exploratorio, de campo, con abordaje cualitativo, realizado en el Instituto Nacional del Cáncer/RJ. Enfermeras que ocupan cargos de jefe participaron de la entrevista semiestructurada y análisis del Discurso del Sujeto Colectivo. **Resultados:** la institución fornece insumos, equipamientos y manutención de un número limitrof de recursos humanos, con todo carece de investimento na capacitação dos profissionais. A implementación de la educación permanente elevaría el padrón de los procesos y de la asistencia, posibilitando el alcance de los padrones de calidad. **Conclusión:** profesionales expresaron necesidad de mayor inversión en educación permanente. **Descripciones:** Acreditación; Enfermería; Educación Continuada.
INTRODUCTION

The concern about the quality of services has been evolving over the time and organizations were created, among them the Joint Commission International (JCI), whose function is to develop consulting and accreditation processes in the countries. In Brazil, JCI established a deal with the Brazilian Accreditation Consortium (CBA) with the purpose of carrying out the accreditation and certification process.1

The audit process is aimed at hospital quality and maintenance, where currently hospitals are increasingly focused on this concern, being subjected to this process every two years. In this context, the efforts carried out by the multidisciplinary team show a differentiation from other hospitals and health services that are not involved in the Hospital Accreditation process.

Accreditation can be seen as a process that involves all those who compose the hospital, because all sectors go through the evaluation process, where the mobilization is immense in audit periods, so everything is organized for the reception of external evaluators to obtain the title of accredited hospital.

In this process, awareness and involvement of all professionals is essential, but for this to be real, the encouragement and stimulus from the managers is necessary and must be understood that there should not be something imposing, but it is important to influence subordinates in a natural way, leading them to a greater awareness of the importance of the whole process, because otherwise it will lead to discouraged professionals and does not reach the required standards.

The problem is that all efforts are focused on this process in a given period, given that the audit is conducted every two years, but passing the process, much return to their usual practices, without being strict what is recommended for accreditation, disregarding many quality standards. It is thought that this interval between an evaluative process and another, hospitals should have a mechanism, an educational tool so that everything that was done in the evaluation process would not be lost during those two years that lie ahead until the next evaluation.

It is known that in permanent education, the identification of training needs and development of health workers are emphasized, and also building strategies and processes that qualify attention and health management and the strengthening of social control in the industry, so permanent education becomes a very valuable tool because its proposal is knowledge through the practical discussion.

Study objectives: To describe the reality of permanent education in the work process of nursing managers in an accredited hospital; identify the limits and possibilities for the implementation of permanent education in the daily work; and analyze if the implementation of permanent education would bring implications in the daily life of nursing managers working in an accredited hospital.

METHOD

This is a qualitative and descriptive research, of exploratory nature, of field.4 As research scenario was defined the Cancer Hospital II, which is responsible for the care of patients with gynecological cancers and cancers of the bone and connective tissue, located in the state of Rio de Janeiro, of Federal sphere, being component of the Unified Health System (SUS). The participants were 15 nurses who hold manager positions in hospital sectors. Professionals who are not of the nursing area and do not occupy any position of management in nursing were excluded.

The data collection technique consists of a questionnaire, a quality management tool for evaluation of manager nurses of the institution's sectors, with open and closed questions, based on Donabedian theoretical precepts.

This study met the Guidelines and Norms Regulating of Research involving Human Beings, established by Resolution 466/12 of the National Health Council (NHC), linked to the Ministry of Health (MH). This study is from the master's thesis presented at the Federal University of Fluminense (UFF)/Niterói in 2015, with the title: The permanent education of nursing in the hospital accreditation process. The project was submitted to the Ethics Committee of the Medicine Faculty of the Federal University of Fluminense, and approved under number 790,113, and had the approval of the direction of INCA for data collection.

The technique used for data analysis was the Collective Subject Discourse - CSD, a technique that allows the rescue of collective discourses in a qualitative way. As a procedure in research, individual interviews with open questions are applied, rescuing thought as discursive behavior and social fact individually internalized, and may be
disclosed, preserving its qualitative characteristic.

After the interviews, with a total duration of approximately three months, the processing of data was made (tab), starting with the analysis of each of the questions prepared by the researcher, with four questions about the quality, based on the concepts of Donabedian, and seven questions about education and permanent education, totaling 11 questions.

RESULTS AND DISCUSSION

Analysis of the first question: Are in your industry, necessary human resources for the proper functioning, even in the period of non-institutional evaluation?

Through this objective issue, among 15 interviewed professionals, seven showed that “there are needed human resources” for the proper functioning of their industry, even in the period out of the accreditation evaluation, and eight participants demonstrate the antonym saying that “there are no human resources necessary neither in the trial period, nor out of it.”

In this sense, most of the study participants realize the shortage of workforce in the workplace, a fact that may compromise the quality of care. This aspect was evidenced when they answered that there is a deficit of human resources in the hospital. It is believed, therefore, that one of the reasons for this fact may be the result of medical licenses from work overload, lack of professionals, retirements that occur without the replacement of this number, the inability of the institution to hire or solicit higher contingent in contests banks already made, resulting in a decrease in human resources.

There is a congruence of internal relations with the health system of accreditation.3

It is observed, therefore, an importantly characterized situation that is part of a process, since all that relates to the treatment directly and at the moment that is occurring, it can be considered as process4. Thus, this aspect needs more attention from managers, to take the appropriate action of the superiors, to expand the professional staff, given that the hospital is accredited and need to keep the qualification standards and, certainly a reasonable number of professionals in each sector will benefit a more qualified assistance.

- Analysis of the second question: Are in your industry, material/equipment resources needed for a good course of the service, even in non-institutional evaluation period”.

Almost unanimously, participants refer not to realize the deficit of materials and equipment, being their sectors supplied throughout the year, even outside of the evaluation period, contributing to the quality of care. Only 1 participant did not agree with the other, saying “There are no material/equipment resources needed for the good course of the service, even in non-institutional evaluation period”.

A situation quite different from other institutions that go through the same evaluation process, masking the stage for approval. It is clear, then, that the higher levels of the institution are aware of the importance of maintaining supplies of stocks to provide a quality service to the assisted clientele.

- Analysis of the third question: As a process, Donabedian points to the involvement/relationship between professional/patient, respecting the ethical aspects. Do you identify the implementation of this ethical relationship outside of the evaluation period?

The responses of the participants were unanimous, the 15 participants said that: “The implementation of the ethical relationship outside of the evaluation period is identified, engagement/relationship between professional/patient.”

Nursing professionals must perform their activities with responsibility for promoting human being in its entirety, in accordance with the principles of ethics and bioethics.

Ethics has foundations, such as the perception of conflict, autonomy and coherence.4

- Analysis of the fourth question: Concerning the quality objectives recommended for accreditation, in the period of non-institutional evaluation, as a manager, what do you notice?

Only three managers said that “There is continuity of all that is recommended by the accreditation outside of the evaluation period.”

In this analysis perspective, it is noted that in the accreditation process, behavioral changes are imposed, mobilization of professionals in search of goals and proposed objectives, in addition to the permanent and continuous improvement of the provided care.9 However, in the same question, 12 managers were against the three above stating that, out of time, “there is no continuity in the processes recommended for
accreditation”, showing a maintenance gap of processes.

Once recognized the implications of the quality system by professionals, the easier the way for the maintenance of the whole process and achievement of excellence. Thus, the maintenance of what is recommended for the quality issues will only be possible if there is awareness of the quality system implications for later incorporation.5

- Analysis of the fifth question: Do you think your institution invests in training for professionals?

Concerning this aspect, nine managers’ claims that “The institution invests in the training of the professionals.” But the other part of the participants (six) said that “The institution does not invest in training the professionals.”

Reflecting about the exposed, it is believed that any improvement effort of an organization should begin by the professional approach when it comes to education, skills development, responsible awareness training, training for teamwork and development of ethical design work.5 Education should be the basis for improving the quality of an organization, and therefore, the organizations should be aware of such importance to the achievement of its objectives in relation to achieving quality.5 In this sense, it confirms that there is no way to separate the quality of education.

- Analysis of the sixth question: How is the health education of the professionals in your industry?

In this question, eight participants answered, “Health education happens through internal events (directed cases study, review and update of institutional routines, personal initiatives, Continuing Education services, courses through Coren Trains, courses given by Management risks, work Security and the managers) and external.”

According to the answers of the eight participants in this study, it is clear that there is a movement that expresses the effort to carry out permanent educational actions in the institution by the stimulus to participation in various events and training forums, as shown above. Multidisciplinary approaches that integrate information, education, communication and health show great potential and have contributed to improvements in health services.5

The other seven participants answered that “Does not exists or has not happened, there is a deficit in training, whether institutional or related to practice and when it has, it is difficult the release of the led by labor shortages. Courses and certifications are given by other institutions.”

Permanent education in the daily life of nursing...

It is clear, therefore, a lack of supply of stimulus, in contrast to the previous group, which indicates the need for investment by managers. Thus, it should be noted that the institution must encourage and provide its employees the means to acquire knowledge and skills development, enabling the creation of more efficient and mature professionals in their daily work.

- Analysis of the seventh question: What do you know about the Permanent Education?

Regarding the knowledge about permanent education, 14 managers shown to be suffering from some knowledge about it: “It is the daily analysis, continuing education, structuring processes, continuity, upgrade, construction of collective thought.” In this context, only one manager was against: “I do not know anything about continuing education.”

The permanent health education enables the accumulation of knowledge, influencing the organization.7

The permanent educational process transcends the technical improvement, by enabling individuals their autonomy, as well as its multidimensionality.7

Fortunately, it was noticed that most of the managers present aware, at least in part, of what is permanent education, even without experience it deeply, however, refers to continuous education, albeit in a context for the broadening vocational training, as mentioned.

- Analysis of the eighth question: Would you be in favor for the implementation of permanent education in your work process?

In this question, the answers were unanimous, 15 participants said they would be favorable to the implementation of permanent education in their work process. For unanimity, the introduction of permanent education would be favorable since it would provide a lot of changes in all spheres of the institution. The introduction of permanent education would be a key strategy for the recovery of training practices, care, and management.

- Analysis of the ninth question: Which are the implications of the implementation of permanent education in your daily work in the accredited hospital?

Concerning this aspect, five managers, positively, said the implications: “Processes should be assessed, facilitated, solving many problems, would help in training.”

Professionals emerge as the core of quality policy, having an essential role in ensuring and maintaining the process because the differential organizations are within the people. Negatively and reflexively, 10 managers put the implications: “Factor lack of time for the release of the professional and
the difficulty in reaching all servers, team strength, meet demands for scientification, the disinterest of other professionals, change of many paradigms and reconstruction of practices."

It is noticed that most, realistically and in an authentic way, reflects in the difficulties of the implementation of permanent education in their daily work, which can be barriers to establishing it.

- **Analysis of the tenth question:** How the permanent education would influence in the process of hospital accreditation and in your daily work? Would be modified in any way?

14 participants answered that: “Permanent education would influence in mobilizing and link of the professionals to achieve the goals, standard quality maintenance, improvement routines, assistance, facilitation, improvement, permanence, update and incorporation of processes aiming at transforming practices”. It was observed that only one participant did not answer the question considering that does not contain deeper knowledge about permanent education, as follows: “I do not have a basis to answer the question.”

Permanent education offers through collective analysis of work processes that the actors can take responsibility each other for the production of autonomy and care in complete assistance perspective.⁸

- **Analysis of the eleventh question:** What the permanent education would bring as benefits/possibilities in the hospital accreditation process and out of the evaluation period?

In this question, all answered the question positively: “Reach the highest standards of quality through improved customer service, review of practices, compliance routines with awareness and not obligatory, positive evolution in the service flow, processes maintenance, learning, continuity, realization of the SOPs (Standard Operating Procedure).”

It is noticed that the participants recognize that permanent education could provide all that is stated in the preceding speech.

The responsibility for permanent education process should be encouraged and valued, but the ideal is the development of an organizational culture concerned with the health education of its professionals, permanently.⁹

**CONCLUSION**

Based on the exposed, this study revealed that the research institution collaborates supplying inputs, equipment, and maintenance of a significant number of human resources for the proper functioning of the hospital, even outside of the accreditation period, although it also revealed that the institution still lacks investment in training professionals; also revealed the implications of the implementation of the permanent education in nursing daily work and, according to most, the implementation would raise the standard of processes and assistance as would be based on a frequent and decisive learning, considering as positive. About the limits and possibilities of permanent education in their daily work, according to statements, it enables the achievement of the highest quality standards, which encompass all areas, both educational, caring and management.

There is a need expressed by professionals for greater investment in health education area permanently, where this can be the link of knowledge with practice, making the processes most mature and easier to work with. Knowing that the nurse has the key role with their teams in the accreditation process, actively participating in decisive, strategic and operational moments.⁹

The study showed that most employees are in favor of the implementation of permanent education in their daily work, acting as a facilitator and promoter of change and processes maintenance.

**REFERENCES**


Permanent education in the daily life of nursing...


