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QUALITY INDICATORS: A PERCEPTION OF NURSING ADMINISTRATION PROFESSORS

INDICADORES DE QUALIDADE: A PERCEPÇÃO DOS DOCENTES DE ADMINISTRAÇÃO EM ENFERMAGEM

IDICADORES DE CALIDAD: LA PERCEPCIÓN DE LOS DOCENTES DE ADMINISTRACIÓN DE ENFERMERÍA

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ABSTRACT

Objective: to analyze the perception of professors on the quality indicators and its application in education. **Method:** an exploratory and descriptive study of a qualitative nature, carried out with eight professors who teach the Nursing Administration subject in higher education institutions in the city of João Pessoa-PB. A semi-structured script for production data was used. The interviews were recorded, transcribed and analyzed using content analysis technique in the Thematic mode. **Results:** it was found that professors understand the indicators as a differential to the labor market in the search for quality of care and essential in the formation of nursing management profile. It was found that the application of content has some limitations in its ministry. **Conclusion:** professors understand the indicators as a challenge to teaching practices since the content is not taught in some institutions and sometimes excluded from the curriculum. **Descriptors:** Quality Indicators; Quality of Health Care; Nursing.

RESUMO

Objetivo: analisar a percepção dos docentes sobre indicadores de qualidade e sua aplicação no ensino. **Método:** estudo exploratório e descritivo, de natureza qualitativa, realizado com oito docentes que ministram a disciplina Administração em Enfermagem em Instituições de Ensino Superior no município de João Pessoa-PB. Utilizou-se um roteiro semiestruturado para a produção de dados. As entrevistas foram gravadas, transcritas e analisadas por meio da técnica de análise de conteúdo na modalidade temática. **Resultados:** verificou-se que os docentes compreendem os indicadores como um diferencial para o mercado de trabalho na busca pela qualidade da assistência e essencial na formação do perfil gerencial do enfermeiro. Identificou-se que a aplicação do conteúdo apresenta algumas limitações na sua ministração. **Conclusão:** os docentes compreendem os indicadores como um desafio às práticas de ensino, uma vez que o conteúdo não é ministrado em algumas instituições e por vezes excluído da grade curricular. **Descritores:** Indicadores de Qualidade; Qualidade da Assistência à Saúde; Enfermagem.

RESUMEN

Objetivo: analizar la percepción de los docentes sobre indicadores de calidad y su aplicación en la enseñanza. **Método:** estudio exploratorio y descriptivo, de naturaleza cualitativa, realizado con ocho docentes que ministran la disciplina Administración en Enfermería en Instituciones de Enseñanza Superior en el municipio de João Pessoa-PB. Se utilizó una guía semi-estructurada para la producción de datos. Las entrevistas fueron grabadas, transcritas y analizadas por medio de la Técnica de Análisis de contenido en la modalidad Temática. **Resultados:** se verificó que los docentes comprenden los indicadores como un diferencial para el mercado de trabajo en la búsqueda por la calidad de la asistencia y esencial en la formación del perfil gerencial del enfermero. Se identificó que la aplicación del contenido presenta algunas limitaciones en su ministración. **Conclusión:** los docentes comprenden los indicadores como un desafío a las prácticas de enseñanza, una vez que el contenido no es ministrado en algunas instituciones y por veces excluido de la carga curricular. **Descritores:** Indicadores de Calidad; Calidad de la Atención de la Salud; Enfermería.

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INTRODUCTION

Quality is a very publicized term in the globalized world, and it has been discussed among health professionals having many challenges to meet the efficiently and effectively demands in the pursuit of excellence.¹

Improving the quality of care to achieve excellence is a dynamic and comprehensive process of permanent identification of factors involved in the work process of the nursing team and requires nurses to implement actions and the development of tools that will systematically assess the quality levels of care.²

Quality can be defined in different ways, according to the vision of each person. It is a set of attributes capable of producing a high degree of satisfaction in the person, and that means widely considered the existing values.³

An administrative tool to quantify the quality may be used called indicators. This is not a unit of measurement of a related activity, in other words, it is a quantitative measure that can be used as a guide to monitor and assess the quality of care provided to the patient and the activities of services. An indicator can be a rate or ratio, an absolute number or a fact.⁴ Thus, indicators are considered as variables that quantitatively measure changes in the behavior of predetermined quality criteria.⁵

An important concept when evaluating the health services is the triad of Avedis Donabedian, one of the first leaders to define the quality of health care, who distinguishes three dimensions in health services: the structure, processes, and results.⁶

The structure can be understood as physical, human, material, equipment and financial resources for assistance; the process refers to activities involving health professionals and patients, including diagnosis, treatment, ethical aspects of medical professional relationship, health and patient team and the result corresponds to the final product of care, considering the health, satisfaction standards and patient expectations.⁷

Another aspect to consider is the application of indicators to assess the quality of the health service. Regarding the nursing service, care-related indicators are widely used in developed countries. The American Nursing Association (ANA) suggests as indicators for the evaluation of nursing care quality: hospital infection rate, accident rate with the patient satisfaction of patients with

nursing care, patient satisfaction with pain control patient satisfaction on educational information received, skin integrity maintenance, satisfaction of the nursing staff, the total number of nurses/technicians and nursing assistants and nursing hours rate per patient/day.⁸

Improving quality of care is considered a broad, dynamic and comprehensive process of continuous identification of intervening factors of the nursing teamwork process. It requires nurses to implement actions and the development of instruments that allow systematically evaluating the quality of care.²

When the quality of nursing care appears compromised, all organizational health context becomes vulnerable and fragile. Once in the health area, this category is involved with patient care for 24 hours. When nursing is technically deficient and quantitatively deficient, the risk of nursing care quality commitment increases.

Due to this context, the construction of indicators show an essential tool for the evaluation of health services and, in particular, the nursing service, to be able quantitatively to measure changes or behavior of the pre-established quality criteria, referring to something it is shown, revealed, or patent.⁹

In this scenario, it is not enough to have knowledge about the indicators; it is necessary to use them. However, the concern in measuring the quality of nursing care seems incipient in some health institutions, because these professionals still appear precarious and without valuing the indicators.

It is necessary to expand the culture of quality in the services and enable nurses to work with indicators, developing a reflection on nursing care and its processes, seeking continuous improvement of care.¹⁰

In this context, it is important to highlight the role of educational institutions in the pursuit of improving the quality of health services, the development of critical and reflective thinking of the student, making them able to develop actions focused on comprehensive care and to implement ways to assess the health work and management processes based on assistance results, which achieves excellence in service.¹¹

The questions that guide this study converge to the following inquiries: Are teachers who of "nursing administration" aware of the quality indicators in nursing? What is the meaning that the quality indicators have to manage in nursing, according to the perception of the

management of teachers? How teachers teach this subject to undergraduate students in nursing?

Based on these, it is necessary to check whether teachers recognize the quality indicators and their value as supporting the management of the nursing service tool. Therefore, it is important to consider the importance of preparing nursing professionals to evaluate the quality of nursing services and the results that this evaluation can provide the relevant decision-making process at different levels of the organizational structure. The impact that this study can provide is to awaken the need to insert this content in the discipline of nursing administration, according to the political, pedagogical project that guides the academic giving consistency and supports the mechanisms of evaluation and decision adopted by the use of indicators in the assessment of quality management in nursing.

This study aims to:

- Analyze the perception of teachers on quality indicators and its application in education.
- Understand, from the speeches of teachers, the meaning that the indicators have for nursing management.
- Describe how teachers teach the content of “quality indicators” to graduate students in nursing.

METHOD

Cut study of the research project matrix << Quality indicators in exploratory and descriptive health with a qualitative approach aimed at understanding the perception of teachers on quality indicators in health >>.

The setting of this study was composed of eight private institutions of higher education that have a course of undergraduate nursing in the city of João Pessoa/PB. The sample population was composed of eight teachers who teach the subject of management in nursing.

Data were collected from the technique of semi-structured and guided by three guiding questions interview: What do you mean by quality indicators in nursing? What is the meaning that the quality indicators have to manage in nursing? As this theme is worked on the administration subject among graduate students in nursing?

The interviews were recorded, transcribed and analyzed. For this step, the thematic content analysis was used, which is a set of communication analysis techniques to obtain, through systematic procedures and description

of the objectives of message content, indicators (quantitative or not) that allow the inference of knowledge related the conditions of production/reception of these messages.¹²

Content analysis is applied to extremely diverse discourses. The intention of the content analysis is the inference of knowledge related to production conditions, the inference that uses indicators (quantitative or not). Thus, for the content analysis, it was adopted the technique of thematic analysis consisting of the count of one or more themes or meaning of items in a predetermined coding unit for speech or phrase as encoding unit.¹³

The respondents were identified during the discussion with the letter “P,” corresponding to the term “Professor,” following a numerical series (P1, P2, P3 [...] P8) to preserve their identity.

In this study, content analysis was organized in three stages: pre-analysis, material exploration and processing of data. The pre-analysis was the analytical description of the data, that is, constituted in the treatment of the information contained in the transcribed texts and aimed at the discovery of the units of meaning that make up the communication.^{12,14} Thus, the audio of the discussions was captured and transcribed.

The second stage was the exploration of the material, that is, a classificatory operation that enabled the establishment of representative categories of the text. The first procedure adopted was to identify the key repeat offenders and representative expressions of the content of the speeches of the participants after repeated readings of the transcribed text. The key expressions were organized according to the central idea presented by the messages, constituting the axis of analysis.^{12,14}

The third stage was the processing of data and the interpretation that allowed the further analysis on the raw data acquired in the previous phases.¹⁴ From the analysis axes, categories emerged from the speeches, seeking to identify the perceptions of professors about the knowledge of the quality indicators in health.^{12,14}

From the data analysis, two major themes emerged, which allowed the interpretation and organization of data into two themes: *understanding of professors on quality indicators in health and limitations to teaching quality indicators in health*.

Study participants were informed about the study and signed the Informed Consent Form (TCLE).

The research project was submitted to the Platform Brazil and submitted to the Ethics and Research Committee of the Health Sciences Center - UFPB, having been approved and received the CAAE number 001780912.8.0000.5188.

RESULTS

To characterize the participants of this study, it was observed that seven professors had between 3 and 7 years of teaching in undergraduate nursing and only 1 had 17 years. As regards professional qualifications, the data revealed that three professors had the expertise and 5 had mastered. All study participants teach other subjects in addition to Nursing Administration, in the same institution or other. Some of the subjects were: ICU, obstetrics, Parasitology, Public Health, Ethics and Bioethics and Law Nursing. This situation is explained by the professors because of the need for hours of completion and implementation by some institutions, of the integrated curriculum.

As for the hours of the subject and number of students per class, it was observed that the minimum duration was 40 hours and a

maximum of 130 hours. The number of students per class varies between 15 and 40 students, with an average of 30 students per shift.

When asked about the existence of practical activity in the subject, all they reported that develop activities in hospitals and health institutions. It can also be observed that the Nursing Administration subject is administered in different periods, according to the curriculum of each institution. Most institutions include this subject in the 7th period. In one institution with the integrated curriculum, the management content pervades the management modules.

Regarding the methodology used by professors to teach the course contents, the method of questioning predominant, but the professors use to complement the teaching strategy: seminars, written assignments, and participation in class.

In the main theme “Understanding of professors on health quality indicators,” Figure 1, it was sought over the speeches to understand the meanings and knowledge of the participants on the topic investigated.

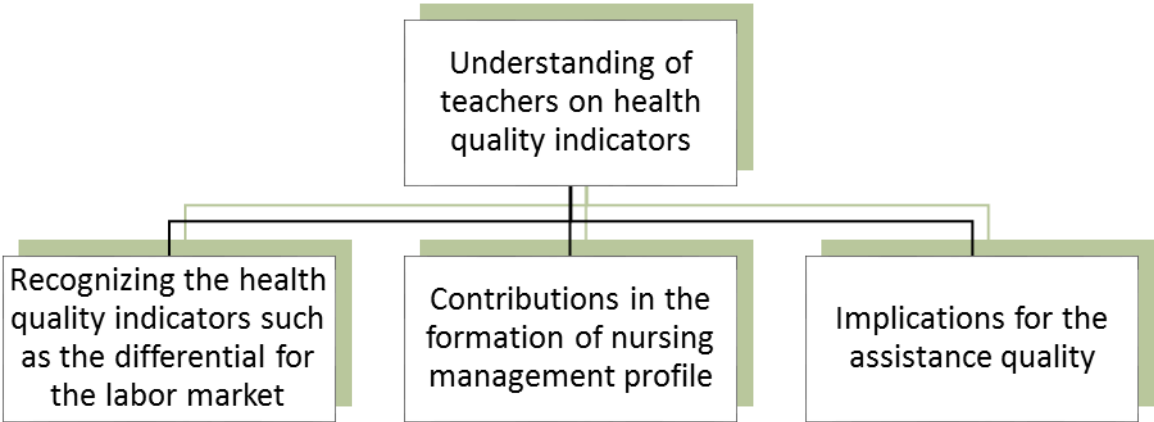


Figure1. Understanding of professors on health quality indicators.

It was found that participants understand the quality indicators as the competitive advantage for the labor market pointing out the contributions of this knowledge in the training of nursing management profile, relating it to the implications for quality of care.

It is noticed that for the professors, knowledge of indicators prepares the nursing course of the student to face the competitive job market, thus, among many other professionals who use this differential will stand.

[...] In nursing, the competitive advantage is the quality. (p1)

Linked to the quality of care, participants pointed out the indicators and monitoring and evaluation tools. Such conceptions were found in the speeches of two professors:

Indicators are parameters which you will assess the quality [...]. (p1)

[...] We cannot monitor and evaluate any service if we have no indicators [...] for you to maintain a quality of service or upgrade to what is already need to have a parameter [...]. (p5)

Unanimously, all participants said and highlighted that the knowledge of the quality indicators is of paramount importance in the training of future nurses, because it works directly with decision making and, therefore, must be based on information provided by the indicators to make decisions. This perspective can be observed in the following statement:

I think it is of great importance [...] the nurse is always as a supervisor, as a manager, an administrator [...] and this is where you will find the support, guidance [...]. (p4)

For the study participants, health quality indicators in the context of training should be based on educational and pedagogical principles that favor the formation of nursing management profile. It is noticed that the concern of the professors is to engage students in the learning process, trying to attract their interest in the content.

[...] We try to instill in the student precisely this quality point of view [...]

[...] Thinking that you will have to provide a return to the customer [...]

[...] Because once he goes satisfied the feedback is positive [...]. (p2)

[...] I always bring scientific articles related to the content, step for them and another class do a discussion [...]. (p2)

[...] I simulate cases within the directed study, I ask them to develop indicators [...]. (p1)

We bring situations where decisions need to be taken and the class makes this decision-making after the presentation of the theory [...]. (p5)

Still, it was found that the professor concept, the content quality indicator in training future relates to nurses with implications for quality of care and the quality indicator determining and a contributory tool to reach out and meet the needs and expectations of users of health services.

[...] The value of the indicator is precisely this, you being able to prove the efficiency and effectiveness of service [p5]

[...] Indicators give support [...] to provide quality care [...]. (p7)

In the thematic area "Limitations to the health professor of quality indicators," Figure 2, it was sought to understand the application of indicators in nursing education.

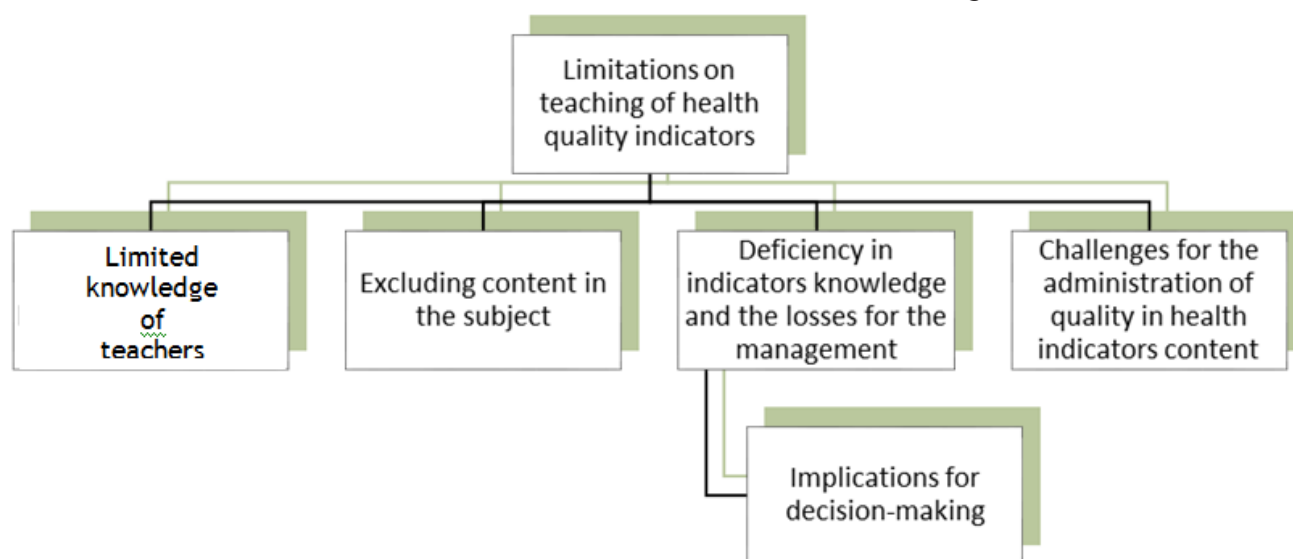


Figure 2. Limitations to the teaching of health quality indicators

In this axis, it was found that the application of health indicator of quality content has some limitations in the transfer, such as the insufficient knowledge of teachers on the subject, the exclusion of this content in nursing administration subject in some institutions that generate disability knowledge of the indicators and this reflects in losses for the training of nurses with repercussions for management and decision-health decision. In addition to some challenges for transfer of content quality indicators.

The study participants showed teachers theoretical and practical difficulties for the teaching of indicators and recognize them as limiting factors. However, it was found that teachers have incipient knowledge of health quality indicators and how they can be used.

The vast majority have difficulty, I think, even to understand these indicators [...]. (p1)

Some participants reported the exclusion of content quality in health indicators in Nursing Administration subject in some undergraduate

courses, going against the health management needs to have professionals with an extensive and critical view of health and social context.

No, we do not see the subject. (p4)

[...] On the list, this item, quality indicators do not appear. (p5)

[...] No [...] the workload management is very small [...]. (p8)

Similarly, one of the teachers points where it comes to disability in working with quality indicators.

[...] I think there is a deficiency in training nurses for the management [...]. (p1)

Still, in the opinion of the participants, this lack of knowledge of the indicators has implications in decision making since they are tools that allow the manager to plan, monitor and transform their work process. There was full agreement among the participants that the consultation of indicators should guide the decision-making process, as expressed in the words:

[...] Managing is grounded in these indicators [...]. (p7)

[...] They will indicate, will signal the situation, will provide decision-making, it is the map, it is all the field, the scenario to improve the work. (p8)

Finally, the teachers point out the challenges for the administration of content quality indicators highlighted by teachers as institutional and pedagogical emphasizing the devaluation of the content within the curriculum.

[...] I think it should be much broader discussion and should have more class hours. (p6)

I think that needs to be discussed [...]. (p8)

With the implementation of the integrated curriculum by one of the IES, the challenge is to address this content throughout the course as ensure the teaching.

As the curriculum is integrated here, we get always rescuing this knowledge, the content [...]. (p7)

The lack of students in the subject interest is also considered by one of the participants a challenge to be overcome.

Because they inquire, but why working quality so much? (p1)

DISCUSSION

For participants, the knowledge of health quality indicators is the differential to compete in today's job market. The levels of requirements and competitiveness raised up and there is a search for professionals with diverse knowledge and updated to the changing environment. In this context, the professions, in particular, nursing, are faced with the need to improve their work processes to ensure quality care.¹⁵ Therefore, it is necessary that this professional is competent to do so, or has knowledge, skills and attitudes that, when mobilized, help to perform well their functions.¹⁶

In the opinion of teachers, searching for quality improvement should be part of the routine of nurses and, therefore, it is necessary to control the quality of care grounded in indicators that according to the literature, they can be used as a health assessment tool.¹⁷ In this sense, knowledge of health quality indicators in the training of future nurses is of paramount importance to the participants, highlighting the role of higher education institutions in the training of professionals with managerial profile, searching to improve the quality of health services and health management based on results, achieving excellence in services.¹⁸

The National Curriculum Guidelines that aim to provide the higher education institutions (IESs) the direction for the deployment and implementation of

educational projects for undergraduate nursing consider administration and management represent one of the general competencies to be developed in the future nurse during graduation. Thus, this professional can take initiative, manage human, physical resources, material, and information, be an entrepreneur, manager, employer or leadership in the health team. However, graduate students do not fully develop these skills during the training.¹⁹

The Brazilian Manual of Hospital Accreditation, established since 1998 to achieve quality of health services standards, with the need and importance of working with indicators, it is not discussed in some grades, demonstrating that the fifteen period is insufficient for change in certain undergraduate nursing courses.²⁰

The implications for the quality care can be given that numerous indicators are not just a control tool, but mainly a systematic way to better understand and know the organizational reality, and analyzing the validity of the strategies defined by it.²¹

The limitations of the teaching of health quality indicators were observed that the teachers have a little knowledge on the subject. Therefore, the development and training are essential constantly, which can happen through participation in upgrading or training courses, among countless other possibilities. However, organizations have an important role and should invest in the professional development of its employees.²²⁻³

It was found that in some educational institutions, the health indicator of quality content is deleted from the curriculum. This fact goes against the law of the exercise of Nursing requires an evaluation of nursing care quality, Law 7,498/86, is an activity inherent in the professional nurse. Therefore, knowledge of quality indicators and essential insertion in this context are necessary.

Teachers see the training in the development of managerial skills as little weak because it has been restricted to the theoretical, based on traditional approaches to management theories, without experiencing the daily management Nursing services, the conflicts that surround it.²⁴

A study conducted in 2013 revealed that 77.5% of nurses had not had any theoretical and/or practical contact with the theme during their graduation, not being content contemplated in the curricula of most schools, this is one of nurse difficulty of reasons to use indicators that need to be urgently reviewed by undergraduate courses.²⁵

This deficiency of knowledge creates difficulty of working with indicators, given the lack of theoretical and practical knowledge of the subject, generating losses for vocational training and the needs of the labor market that requires training nurses to work with administrative tools and practices resource management. The difficulties in the proper use of indicators to measure nursing care can bring disadvantages to an institution.²⁵

A deficiency in nursing education as the essential skills to manage brings disastrous consequences for the good performance of the team. The nurse manages human resources and needs to plan, monitor and transform their work process to the quality of the results of the decision taken. Therefore, the efficiency of the nurses' working process is directly linked to decisions taken by them,²¹ and they should guide its actions guided by quality indicators.

Some challenges to the teaching of health quality indicator content were expressed by teachers as the appreciation of the subject within the curriculum that the evaluation of teachers by reducing the hours of "Nursing Administration" subject sometimes is not covered or is treated superficially.

The adoption of integrated curriculum as a political/educational reference reality is one of the IES, which includes a comprehensive understanding of knowledge and promotes greater interdisciplinary plots in its construction promoting integration between different disciplines and forms of knowledge institutions.²⁶

The training of health professionals targeted by the new curriculum guidelines points to the formation of critical professionals, able to consider the social reality to provide human and quality care, seeking to form agents able to develop comprehensive health care.²⁷

Motivating students to learn to manage was considered as a major challenge for teachers, as the students show little interest in the subject, arousing greater interest in the technique, the handling of sophisticated equipment (hard technology), pathological processes, treatment of disease confirming the dominance of the biomedical model.²⁴

CONCLUSION

In the perception of the eight participating teachers, the quality indicators are essential tools in the search for quality of health care. Thus, they recognized the important role of educational institutions in the training of

professionals with a managerial profile to assist in the significant improvement of care, which is a challenge to teaching practices, given that the content is taught superficially or sometimes excluded from the curriculum in some institutions. Conceptions also are guided, the difficulties encountered in their use in everyday life by nurses as a result of this failure in education.

With this study, it can be concluded that the content "quality indicators in health" is not present significantly in the course of "Management in Nursing." Furthermore, the study makes clear that this devaluation of the content cited by teachers is closely related to the difficulties faced by nurses in using this management tool.

The results achieved here can be a reference for the action of course coordinators and teachers in curriculum reorientation of undergraduate courses in nursing, especially to rethink the configuration of the area of administration and management, to include and enhance the content to have competent professionals who have knowledge and skills to work with quality indicators in the pursuit of excellence in service.

REFERENCES

1. Siqueira VSA de, Alves VH, Barbosa MTSR, Rodrigues DP, Vieira BDG, Silva LA da. Indicadores de qualidade na assistência ventilatória em um hospital universitário: saber fazer na enfermagem. J Nurs enferm UFPE on line [Internet]. 2014 abr [cited 2014 June 22];4(8):797-807. Available from: <http://www.revista.ufpe.br/revistaenfermage/index.php/revista/article/download/5829/8787>
2. Fonseca AS, Yamanaka NMA, Barison THAS, Luz SF. Auditoria e o uso de indicadores assistenciais: uma relação mais que necessária para a gestão assistencial na atividade hospitalar. Mundo saúde [Internet]. 2005 abr-jun [cited 2012 Dec 22];2(29):161-9.
3. Teixeira JDR, Camargo FA, Tronchin DMR, Melleiro MA. A elaboração de indicadores de qualidade da assistência de enfermagem nos períodos puerperal e neonatal. Rev enferm UERJ [Internet]. 2006 [cited 2013 Jan 22];2(14):271-8. Available from: <http://www.facenf.uerj.br/v14n2/v14n2a18.pdf>
4. Bittar OJN. Indicadores de qualidade e quantidade em saúde. Rev Adm Saúde [Internet]. 2001 Jul-Sep [cited 2012 Dec 18];3(12):21-8. Available from: http://www.scielo.br/scielo.php?script=sci_inks&ref=000195&pid=S00347612201100030000300006&lng=en

5. Kluck M. Indicadores de qualidade para assistência hospitalar [Internet]. [citad 15 mar 2012]. Available from: <http://www.cih.com.br/indicadores.htm>
6. Donabedian, A. The definition of quality and approaches to its assessment. Explorations in Quality Assessment and Monitoring. Chicago: Health Administration Press; 1980.
7. Paiva SMA. Gomes ELR. Hospital care: assessment of users satisfaction during hospital stay. Rev Lat Am Enfermagem [Internet]. 2007 Sept-Oct [cited 2013 Dec 01];5(15):973-9. Available from: http://www.scielo.br/scielo.php?script=sci_arttext&pid=S010411692007000500014&lng=en&nrm=iso&tlng=en
8. Vieira APM, Kurcgant P. Indicadores de qualidade no gerenciamento de recursos humanos em enfermagem: elementos constitutivos segundo percepção de enfermeiros. Acta Paul Enferm [Internet]. 2010 Mar [cited 2014 Jan 18];1(23)11-15. Available from: http://www.scielo.br/scielo.php?script=sci_arttext&pid=S0103-21002010000100002
9. Kurcgant P, Tronchin DMR, Melleiro MM, Castilho V, Machado VB, Pinhel I, Siqueira VT, Silva MF. Indicadores de qualidade e avaliação do gerenciamento de recursos humanos em saúde. Rev Esc Enferm USP [Internet]. 2009 Sep-Nov [cited 2012 Nov 18];2(43)1168-73. Available from: http://www.scielo.br/scielo.php?pid=S0080-62342009000600004&script=sci_arttext
10. Simões SC, Gabriel CS, Bernardes A, Évora YDM. Opinião do enfermeiro sobre indicadores que avaliam a qualidade na assistência de enfermagem. Rev Gaúcha Enferm [Internet]. 2009 [cited 2010 Mar 05];30(2):263-71. Available from: http://www.seer.ufrgs.br/index.php/Revista_GauchadeEnfermagem/article/view/7586/6684
11. Camacho ACLF, Espírito Santo FH. Refletindo sobre o cuidar e o ensinar na enfermagem. Rev Latino-Am Enfermagem [Internet]. 2001 Jan [cited 2013 Mar 31];1(9):13-7. Available from: http://www.scielo.br/scielo.php?script=sci_arttext&pid=S010411692001000100003&lng=pt&nrm=iso&tlng=pt
12. Minayo MCS. O desafio do conhecimento: pesquisa qualitativa em saúde. São Paulo: HUCITEC; 2008.
13. Bardin L. Análise de conteúdo. Trad. Luís Antero Reto e Augusto Pinheiro. Lisboa: Edições 70; 2002.
14. Bardin L. Análise de Conteúdo. Lisboa: Edições 70, 4ª. Edição, 2009.
15. Vituri DW, Matsuda LM. Validação de conteúdo de indicadores de qualidade para avaliação do cuidado de enfermagem. Rev Esc Enferm USP [Internet]. 2009 Sept [cited 2013 Nov 23];2(43):429-437. Available from: http://www.scielo.br/scielo.php?pid=S008062342009000200024&script=sci_arttext
16. Rothbarth S. Wolff LDG. Peres AM. O desenvolvimento de competências gerenciais do enfermeiro na perspectiva de docentes de disciplinas de Administração aplicada à Enfermagem. Texto contexto - enferm [Internet]. 2009 Apr-June [cited 2013 Out 13];2(18):321-329. Available from: http://www.scielo.br/scielo.php?script=sci_arttext&pid=S010407072009000200016
17. Campbell SM, Braspenning J, Hutchinson A, Marshall MN. Improving the quality of health care. Research methods used in developing and applying quality indicators in primary care. BMJ [Internet]. 2003 [cited 2013 Dec 02];7393(326):816-9. Available from: http://www.scielo.br/scielo.php?script=sci_links&ref=000131&pid=S00806234200900020002400003&lng=en
18. Brasil, Ministério da Educação. Conselho Nacional de Educação. Resolução CNE/CES n. 3, de 7 de novembro de 2001. Brasília (DF): Available from: <http://portal.mec.gov.br/cne/arquivos/pdf/CES032002.pdf>.
19. Organização Nacional de Acreditação [Internet]. Available from: http://www.ona.org.br/site/internal_institucional.jsp.pagesite=histórico.
20. Menezes PIFB. D'innocenzo M. Dificuldades vivenciadas pelo enfermeiro na utilização de indicadores de processos. Rev bras enferm [Internet]. 2013 July-Aug [cited 2013 Dec 19];66(4):571-77. Available from: http://www.scielo.br/scielo.php?pid=S003471672013000400016&script=sci_arttext
21. Kiyan FM. Proposta para desenvolvimento de indicadores de desempenho como suporte estratégico. Escola de Engenharia de São Carlos da USP [Internet]. 2001 [cited 2013 Oct 18];Available from: <http://www.teses.usp.br/teses/disponiveis/18/18140/tde-02082002-075900/pt.br.php>
22. Bezerra ALQ. O contexto da educação continuada em enfermagem. São Paulo (SP). Lemar e Martinari [Internet]. 2003 [cited 2013 Nov 18] Available from: http://www.scielo.br/scielo.php?script=sci_links&ref=000097&pid=S01040707200900020001600002&lng=en
23. Ricaldoni CAA. Sena RR. Educação permanente: uma ferramenta para pensar e agir no trabalho de enfermagem. Rev Latino-am Enfermagem [Internet]. 2006 Nov-Dec

[cited 2013 Nov 23];6(14):837-42. Available from:

http://www.scielo.br/scielo.php?script=sci_inks&ref=000101&pid=S01040707200900020001600004&lng=en

24. Jorge MSB. Freitas CHA. Nobrega MFB. Queiroz MVO. Gerenciamento em Enfermagem: um olhar crítico sobre o conhecimento produzido em periódicos brasileiros (2000-2004). Rev bras enferm [Internet]. 2007 Jan-Feb [cited 2013 Oct 18];1(60):81-86. Available from: http://www.scielo.br/scielo.php?pid=S003471672007000100015&script=sci_arttext

25. Kurcgant P. Melleiro MM. Tronchin DMR. Indicadores para avaliação de qualidade do gerenciamento de recursos humanos em enfermagem. Rev Bras Enferm [Internet]. 2008 Sept-Oct [cited 2012 Nov 18];5(61):539-44. Available from: <http://www.scielo.br/pdf/reben/v61n5/a02v61n5.pdf>

26. Santomé J. Globalização e Interdisciplinaridade: o currículo integrado. Porto Alegre: Artes Médicas; 1998.

27. Feuerwerker L. Educação dos profissionais de saúde hoje: problemas, desafios, perspectivas e as propostas do Ministério da Saúde. Revista da ABENO [Internet]. 2003 [cited 2013 Dec 18];1(3):24-27 Available from: http://www.scielo.br/scielo.php?script=sci_inks&ref=000112&pid=S01005502200600010000700002&lng=en

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