

QUALITY OF CARE: CONCEPTS FROM NURSING STUDENTS

QUALIDADE DO CUIDADO: CONCEPÇÕES DE GRADUANDOS DE ENFERMAGEM

CALIDAD DE LA ATENCIÓN: LA OPINIÓN DE LOS ESTUDIANTES DE ENFERMERÍA

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ABSTRACT

This work is a descriptive and exploratory study, with a qualitative approach, conducted with ten students from the final semester of Nursing School in a public institution in the state of Paraná, carried out in August 2013. This study sought to grasp the concept of nursing students regarding the quality of care. Data were collected through semi-structured, recorded interviews and guided by the question: "Tell me about the quality of nursing care." After transcription, the interviews were subjected to content analysis, by Thematic Analysis, which revealed three themes: elements that constitute the quality of nursing care, consisting of elements related to the humanization of care, the comprehensiveness of care, and patient satisfaction; factors which affect the quality of nursing care, mediated by work overload and shortage of nursing staff; and opportunities to advance the quality of nursing care, which encompassed educational actions for nursing professionals, especially those involved in Continuing Education. It could therefore be concluded that the respondents considered humanization, comprehensive care, and patient satisfaction to be essential to achieving quality care. However, for this to occur, there must be proper staff sizing and continuous professional development.

Keywords: Nursing; Quality of Health Care; Nursing Students; Nursing Care; Delivery of Health Care.

RESUMO

Estudo descritivo e exploratório, de abordagem qualitativa, realizado com 10 graduandos do último semestre do curso de Enfermagem de uma instituição pública do interior do estado do Paraná, durante o mês de agosto de 2013. Objetivou-se apreender a concepção de graduandos de Enfermagem sobre qualidade do cuidado. Os dados foram coletados por meio de entrevistas semiestruturadas, gravadas e norteadas pela questão: "Fale-me sobre qualidade do cuidado de enfermagem". Após a transcrição, as entrevistas foram submetidas à análise de conteúdo, na modalidade temática, da qual emergiram três categorias: elementos que constituem a qualidade do cuidado de enfermagem – elementos referentes à humanização do cuidado, à integralidade do cuidado e à satisfação do paciente; fatores que comprometem a qualidade do cuidado de enfermagem – a sobrecarga de trabalho e o subdimensionamento da equipe de enfermagem; e possibilidades para o avanço da qualidade do cuidado de enfermagem – ações educativas aos profissionais de enfermagem, em especial aquelas inerentes à Educação Continuada. Concluiu-se que os graduandos concebem a humanização, o cuidado integral e a satisfação do paciente como elementos fundamentais da qualidade do cuidado. No entanto, tem-se que, para o seu alcance, é preciso que haja dimensionamento adequado da equipe e aprimoramento contínuo dos profissionais.

Palavras-chave: Enfermagem; Qualidade da Assistência à Saúde; Estudantes de Enfermagem; Cuidados de Enfermagem; Assistência à Saúde.

RESUMEN

Estudio exploratorio descriptivo con enfoque cualitativo llevado a cabo en agosto de 2013 con diez estudiantes del último semestre del curso de enfermería de una institución pública del estado de Paraná. Su objetivo fue conocer la opinión de dichos alumnos sobre la calidad de la atención. Los datos fueron recogidos a través de entrevistas semiestructuradas, grabados y guiados por la pregunta: "Háblame de la calidad de los cuidados de enfermería". Después de la transcripción, las entrevistas fueron analizadas según su contenido, en la modalidad temática, y de tal análisis surgieron tres categorías temáticas: elementos constitutivos de la calidad de la atención de enfermería - elementos relativos a la humanización de la atención, a la integralidad del cuidado y a la satisfacción del paciente; factores que comprometen la calidad de la atención de enfermería - la sobrecarga de trabajo y la poca cantidad de enfermeros; y posibilidades para mejorar la calidad de la atención - actividades educativas de los profesionales de enfermería, en especial aquellas relativas a la educación continua. Según estos alumnos la humanización, la atención integral y la satisfacción del paciente son elementos claves para lograr mejorar la calidad de la atención pero, para ello, debe haber un cálculo correcto de la cantidad de personal necesario y perfeccionamiento continuo de los profesionales.

Palabras clave: Enfermería, Calidad de la Atención de Salud, Estudiantes de Enfermería; Cuidados de Enfermería; Prestación de Atención de Salud.

INTRODUCTION

The concern over the quality of nursing care is embedded within the search for continuous improvements in care and management processes within healthcare institutions, geared towards patient safety and the rendering of high-quality services. In this sense, in the healthcare area, especially in nursing, the significance of the quality of care must be an integral part of academic debates during undergraduate studies, as it presents the potential for improvements in course disciplines and directly impacts the quality of care itself.¹

Nursing education must contemplate the technical and scientific knowledge that makes nurses capable of intervening in the health-illness process, through the use of instruments that ensure the quality of nursing care and healthcare assistance at all levels of patient care.² This healthcare assistance is defined by a combination of multidimensional and subjective attributes, represented by safety, effectiveness, patient care, access, efficiency, and equality in the care rendered.³

It is known that the concept of the quality of care is influenced by a dynamic context, which includes a growing and cumulative incorporation of knowledge and technologies, as well as a customer base that is ever-increasingly demanding as regards their rights to healthcare.⁴ In the field of nursing, it is common knowledge that quality must be managed through the incorporation of tools and strategies from other fields of knowledge,⁵ such as the statistical control of actions, continuous assessment, cost control and reduction, strategic planning, among others.

It is understood that investigations regarding the perception of undergraduate nursing students concerning the quality of care are important and necessary, since their results can aid in the re-organization of the curriculum and teaching strategies that attend to both the National Curriculum Guidelines (NCG) for the undergraduate course in Nursing,² as well as to market demands. Nevertheless, the search for Brazilian scientific research published over the past decade (2004-2014), based on data from the *Biblioteca Virtual em Saúde* (BVS – Virtual Healthcare Library), Scientific Electronic Library Online (SciELO), *Literatura Latino-Americana em Ciências da Saúde* (LILACS – Latin American Literature in Healthcare Sciences), National Library of Medicine (Pubmed), and the Nursing Database (BDENF), and which had this proposal, resulted in the locating of only two studies, both from the same higher education institution.

The fact that the literature on the proposed theme is still in its initial stages and that the concept of undergraduates regarding the quality of nursing care can foster improvements in the teaching field and, consequently, produce future relative adjustments to the nurse's managerial practice, which must endeavor to uphold the concept of the quality of care, brought about the underlying motivation for the present study.

Faced with this issue and with the desire to identify the gaps whose fulfillment can contribute to the enhancement of nursing teaching practices and, subsequently, of the nursing practices in healthcare, the following question arises: What is the concept of undergraduate nursing students regarding the quality of care rendered in healthcare services? Therefore, the present study seeks to grasp the concept of graduate students regarding the quality of care.

MATERIALS AND METHOD

This research is a descriptive and exploratory study, with a qualitative approach, carried out in a higher education institution from the countryside of the state of Paraná, Brazil, in August 2013.

This study's participants consisted of 10 students from the final semester of the undergraduate course in nursing from the aforementioned institution. Among these subjects, nine were female and one male, ranging from 21 to 28 years of age. None of the participants had finished a higher education degree nor had they worked in nursing before beginning their nursing course. The participants were identified and approached during the Supervised Internship Course at the University Hospital, a department of the higher education institution.

Data collection was pre-scheduled according to the availability of each participant. Upon scheduling the data collection, the researcher provided information on the aims of the study and how it would be conducted. After receiving verbal acceptance by the participant, the researcher came to the meeting place at the scheduled time to formalize the participant's acceptance. Both the participant and the researcher signed a Free and Informed Consent Form (FICF), in two copies of equal value.

Subsequently, the interview was performed, which was recorded in a private location and guided by the following question: *Tell me about the quality of nursing care.* After data collection, the interviews were transcribed in their entirety. The texts were revised as regards proper orthography and printed to be submitted to content analysis, using the Thematic Analysis technique. This study followed the stages of pre-analysis, material exploration, data treatment, and inference of results.⁶

The pre-analysis included free readings of each interview, highlighting the main points of interest. The materials exploration stage consisted of a meticulous and detailed reading of all of the material as well as the codification of messages embedded within the texts. Through the selection of key quotes, groups of meaning were discovered, which resulted from groups of intermediary themes and subthemes, upon which inferences and interpretations were made.⁶

Respecting one of the possibilities inherent to this methodological reference, it should be pointed out that the forma-

tion of categories stemmed from the link to the semantic criterion of interview content, that is, through clustering according to thematic similarities within the texts themselves.⁶ Having finished the categorization, inferences were made from the obtained data, in which the context of language, as well as the condition of the sender and his/her meanings, was analyzed.⁶

In the presentation of the results, the excerpts/sections/*verbatim*s of the quotes were edited, removing or adding terms that facilitated the understanding on the part of the reader without, however, altering the content of the reports. At the end of the excerpts, the notation "NS" was added, which represents "Nursing Student", followed by an Arabic numeral indicating the sequence of the interview.

This study conformed to the requirements set forth under Resolution 466/2013 from the Brazilian National Health Board and is logged under protocol number 254.398/2013 from the Permanent Committee on Ethics in Research Involving Humans (COPEP) from the State University of Maringá (UEM).

RESULTS AND DISCUSSION

From the students' quotes, three thematic categories emerged: *elements that constitute the quality of nursing care, factors which affect the quality of nursing care, and opportunities to advance the quality of nursing care.*

ELEMENTS THAT CONSTITUTE THE QUALITY OF NURSING CARE

The elements that constitute the quality of care, highlighted by the undergraduates, were related to specific patient care, which, according to the Brazilian Health Surveillance Agency (ANVISA),³ consists of one of the dimensions of the quality of healthcare services and is related specifically to the field of nursing. In this aspect, the main elements pinpointed by the students were humanization, comprehensiveness, holistic care, and patient satisfaction.

Corroborating with that presented above, it is also important to note that the findings from this investigation regarding the elements that constitute the quality of care are similar to those from another Brazilian study,⁷ which identified humanization and holism in care as inherent to quality care.

As regards the humanization of healthcare assistance as a comprehensive element of the quality of nursing care, some students answered the following:

Quality? Humanization is number one [...]. It is seeing the patient as a human being [...] being ethical [...] (NS6).

[...] respecting him [the patient] as a true human being. I think that this is the quality of care (NS2).

[...] even if you perform the right techniques, in a correct manner, without this part of humanization, giving attention [...] the quality is not 100%. So, I think humanization is more than necessary. Very important indeed! (NS5).

According to the quotes from NS2, NS5, and NS6, humanization of the patient is directly related to quality, which runs in line with that set forth in the National Policy of Humanization of Care and Management in SUS,⁸ which proposed to value the different subjects that act in the healthcare production process.

The nursing team must be responsible for complying with care guidelines geared towards individuality in such a way as to embrace the providing of all dimensions of human needs for humanized care.^{9,10} In this light, it is understood that the commitment and respect for user rights and desires constitute a means through which to humanize care and, consequently, improve the quality of care itself.

It is important to note that NS5 mentioned, in addition to humanization, another essential aspect of the quality of nursing care: the proper execution of procedures and techniques. Here, it is clear that humanization by itself does not impose quality, given that care also depends on opportune, effective, and safe healthcare assistance, made possible by the technical and scientific quality of the professionals through the use of appropriate materials and by adopting ethical conduct and processes.⁹

Although the humanization of healthcare has been pinpointed as important to achieving the highest quality of nursing care, no reports were identified in which the interviewees suggested other important factors, such as: the valuing of workers and managers implied within the healthcare production process, commitment to the environment, as well as improvements in the conditions of work and care.

The reflection about the quotes cited above revealed that the students seem not to understand the political relationships implied in the management and need to transform the process to improve the quality of care, established in the National Policy of Humanization of Care and Management in SUS.⁸ Thus, they do not feel mutually responsible for changes, possibly because they are still in the educational process. This data is worrisome, given that quality is a concept and a practice that must permeate through one's entire professional life from the onset.

Another important element indicated as essential to the quality of care, and that was affirmed in the quotes, corresponded to comprehensiveness, considered to be the articulation of the nursing staff's work, in such a way as to listen and attend to, in the best possible manner, each customer's specific healthcare needs in their entirety.¹⁰

I think that quality is this, offer a comprehensive healthcare, respecting values, beliefs [...] (NS3).

[...] in principle, it is you observing your patient as a whole and not only the illness or problem that brought him/her to the clinic for medical care [...]. It is trying to embrace everything, all of the patient's needs, beyond what he/she is specifically searching for (NS8).

According to that observed in the excerpts from NS3 and NS8, the quality of care is also understood as comprehensive nursing care in such a way as to contemplate the basic human needs of the patient, that is, the different dimensions and not only those related to the physiological needs, which are often altered by the patient's pathological condition.

These quotes call attention to the fact that the approach to humanized and comprehensive care has been included within the undergraduate courses in nursing, which runs in line with that set forth in the National Curriculum Guidelines,² which gives priority to the preparation of the future nurse to act in accordance with health policies. This focuses on the comprehensiveness, universality, equality, and incorporation of new technologies, new knowledge, and new practices.

Added to the prior premise is the fact that comprehensiveness was also connected to holistic care, in which it is necessary to see beyond the patient's illness in such a way as to provide the proper care for all of the patient's needs and thus achieve the quality of care:

[...] because quality of care to me is you seeing the person as a person, and not as an illness [...]. (NS10).

[...] us taking care of the whole, seeing the patient as a whole, as we always see in college [...] the holistic view for the patient (NS1).

In the above excerpts, it can be noted that the students have knowledge and perceive the importance of comprehensiveness and holism to achieving quality of care. This is laudable, as nursing care, glimpsed through these dimensions, tends to result in a broader realm of care, which contemplates not only the biological needs, but also the emotional, psychological, social, and spiritual needs.¹¹

As regards the concept of comprehensiveness viewed by the nursing students interviewed in this study, it becomes imperative to broaden this concept to the multidisciplinary perspective, in which the healthcare staff, in an articulate manner and in harmony with patients' needs, also develops actions geared towards the prevention of further injuries, as well as the promotion of good health. In addition, this study considers that, to ensure the comprehensiveness of care, it is necessary to make changes in the production of care through care networks that seek to provide medical care to users in their individuali-

ty,¹² given that each person experiences a problem in a different manner, and this demands exclusive medical care.

Faced with these results, it is necessary to rethink teaching strategies that broaden the debate surrounding the articulation of essential concepts – such as the humanization and comprehensiveness of healthcare – with the quality of care, in harmony with health policies and the contexts in which the actions are developed. Healthcare defined under this prerogative undoubtedly contributes to user satisfaction. This was mentioned by the participants as an element of the quality of care, as expressed in the following quotes:

Quality care is an assistance that makes the patient leave the hospital or Basic Health Clinic satisfied (NS6).

Quality nursing care happens when the patient leaves satisfied with the medical care he/she has received (NS7).

The fact that the participants linked patient satisfaction to quality of care corroborates with prior literature,¹³ which emphasizes customer satisfaction as one of the main outcome indicators. Given this fact, it can be inferred that, upon citing satisfaction as an element of quality, the undergraduates expand their perception of quality care. This can favor the activities of these undergraduates who, in the near future, will take on roles of leaders and managers of nursing staff and, many times, the process of multidisciplinary teamwork.

It becomes evident that, to achieve patient satisfaction, in addition to identifying their healthcare needs, it is also necessary to be aware of their expectations, establishing interpersonal relationships that are more human, with embracement and qualified listening during the entire healthcare process. This is important and necessary, as the majority of patient complaints are related to the problems of communication and not to the professional's technical competence.¹⁴

Although the students have listed essential aspects geared towards patient care, highlighted as competencies and general skills, among the knowledge required to exercise their profession, other dimensions of healthcare quality, belonging to the nurse's activities, such as safety, effectiveness, access, efficiency, and equality of care rendered, were not mentioned. Faced with this fact, it is necessary to treat the quality of care in a broader and more effective sense, through debates and actions based on real-life situations, during the nurses' entire university education, as well as after this period, through the incorporation of the strategy of Continuing Education in Healthcare.

It was found that the undergraduates interviewed in this study perceived the existence of elements that contribute or run in line with the quality of nursing care, but that also identify factors that can harm it.

FACTORS THAT COMPROMISE THE QUALITY OF CARE

The quality of nursing care, among other factors, is related to the qualification and performance of the professionals as well as to the working conditions in their referent institutions.¹⁵ In this sense, the nursing students mentioned the overload of work as a main intervening factor.

[...] the nurse is overloaded and sometimes the quality of care rendered is not so high (NS4).

[...] I think that it overloads us and when you have this overload, you are not able to give the care with quality. [...] I think there should be more people, more professionals (NS8).

It can be understood from the above excerpts from NS4 and NS8 that the work overload for the nursing team negatively interferes in the providing of care. These data are in accordance with findings from an integrative review,¹⁶ which assessed the load and the working conditions of the nursing professionals and indicated that the overload is the main responsible factor for worker exhaustion, causing an increase in accidents and health problems among them. Other authors¹⁷ report that the work overload caused by the lack of nursing staff can be aggravated by the illness-absenteeism and thus interferes in the quality of nursing care.

Agreeing with that reported, the participants of this study also recognize that the work overload for nurses is related to the lack of workers in their teams:

So, I think that there is not [...] [enough] workers for you to provide high quality care [...] (NS5).

[...] because today everything is done in a hurry. There are a lot of patients [...] and the nurse can't handle it anymore. It is a lot of people for so few professionals (NS2).

Here, the participants recognize that the lack of nursing staff tends to result in a negative impact on patient care. However, though the literature related to intensive care indicates that the reduction in staff size is associated with the rise in the rates of infection, mortality, falls, pneumonia associated with mechanical ventilation, accidental extubation, and the time of hospitalization,¹⁸ one must also consider that the very quantity of professionals does not necessarily guarantee the quality of care. In this aspect, there are those who agree¹⁹ that not only the quantitative, but also the qualitative, aspect of the professionals is an indispensable requirement for the quality of care rendered.

Coupled with the previous affirmation is the fact that the reduction in the nursing staff size also interferes in other hu-

man resource management indicators, such as absenteeism, personnel turnover, medical leave, and work satisfaction.²⁰ In this sense, the nursing students, when exercising their professions as team leaders and managers of nursing care, perceive that the reduction in staff size and the work overload interfere in the quality of care, which may well aid these professionals in establishing proactive measures that can benefit them when managing a staff, which, in the near future, will be led by them.

In addition to the weight of the fact that sufficient staff sizing and the preparation of these professionals are essential requirements for quality care, one should also bear in mind other important factors related to the healthcare system (healthcare model, effective reference and counter-reference systems, etc.), to the institution (adherence to the principles of the Brazilian Unified Health System (SUS), shared management, etc.), and the staff itself (activities per sector, respect for ethical principles, etc.).

OPPORTUNITIES TO ADVANCE THE QUALITY OF NURSING CARE

The participants of this study mentioned Continuing Education as a form of technology that provides for the quality of care. This perception is in accordance with the findings from one study conducted with 24 undergraduate students, whose aim was to identify the concept of quality in hospital nursing care. This study affirmed that proper technical and scientific training, represented by Continuing Education, is a crucial element of the quality of nursing care.⁷

Continuing Education is understood as the execution of short-term activities, defined by formal methodologies, in which the educational process is developed after one has joined the job market, with the aim of updating knowledge and obtaining new information, usually related to one's job.²¹ In this sense, the *verbatim*s quoted below indicate that the undergraduates grasp the concept that establishing educational strategies geared towards the professional can in fact contribute to the quality of care.

I think that there should be a few more internal courses [...] having courses, training sessions [...] because then the professional would not get rusty (NS9).

[...] continuing education during the working process, which the hospitals should offer, not only the hospitals, but also city hall, for the basic health clinics. I think this would help the quality a lot (NS5)

The term "rusty", mentioned by NS9, stands out here, and gives the connotation that the lack of updating/training activities in the workplace causes the stagnation and corrosion of

knowledge and practice alike. In treating the activities in the field of healthcare, in which the different forms of technology advance exponentially, it is clear that the institutions must adopt strategies geared towards not only education in the workplace, but also for the Permanent Education of its workers, given that this technology acts in the development of the criticality of the subjects, encompassing both technical and scientific enhancement.^{21,22}

Concerning the education of the professionals, in addition to the training sessions offered by the institution, it is imperative that professionals seek out knowledge and permanent upgrades in the specific field in which they work. This was also mentioned by the undergraduates.

[...] it is important for the professional to constantly search for more knowledge [...] always upgrading, always searching for knowledge, new alternatives [...] (NS6).

I think that the people who have a degree can't just stop in time. They have to update themselves, they have to search [...] just because they did a course (undergraduate or technical) doesn't mean that they are fine. I think that the updating would change a lot of things (NS10).

The professional's search for knowledge and constant updating/upgrading runs in line with that proposed by Permanent Education, which consists of the comprehensive education of the subject, going beyond the specific technical training of the workers, in an attempt to stimulate the acquisition of new knowledge, concepts, and attitudes, such as having a critical view of contemporary problems, social responsibility, and cooperation inside and outside of the work environment, in turn leading to one's motivation to continue to learn.²¹

In the excerpts from NS6 and NS10, one can observe that professional development is considered a strategy for the improvement of care. This premise is important and necessary, since prior literature^{4,22} argues that professional training is crucial to reaching and/or maintaining the quality of nursing care. In addition, the need for continuous improvements in nursing care is most certainly a responsibility and an ethical duty of every professional.²³

It is believed that the professionals can use some specific strategies that can facilitate their continuous improvement, such as Distance Learning, which provides the possibility of interaction between the subjects and workers, as well as familiarity with new technologies.²⁴ Another important resource, which is commonly used in healthcare education, is the use of simulators that depict a given scenario and come quite close to reproducing the true reality.

FINAL CONSIDERATIONS

In the present study, the concept of the quality of care, according to undergraduate nursing students, was represented by three thematic categories: elements that constitute the quality of nursing care, factors that compromise the quality of nursing care, and the opportunities to advance the quality of nursing care.

It could therefore be concluded, according to the interviewees, that the quality of care is learned through elements inherent to humanization, comprehensive care, and patient satisfaction. By contrast, the reach of quality is hindered by the inadequate size of the nursing staff, yet facilitated by the continuous development of the professionals.

Though the concept of the quality of care referred to by the undergraduates runs in line with prior literature, none of these students indicated any form of effective managerial tools and strategies used in the institution to obtain and/or improve the quality of nursing care.

One limitation of this present study is referent to its execution within a restricted population, represented by students from a single school and from a single undergraduate semester, which makes it impossible to impose generalizations. For this reason, longitudinal studies, which seek to contemplate other higher education institutions and different series/semesters of undergraduate studies, are warranted.

As a contribution to the field of nursing, what stands out in this study is the fact that the results of this study can foster debates and actions geared towards the critical and reflective education of nurses. In light of this study's findings, one can conclude that humanization, the comprehensiveness of care, patient satisfaction, staff sizing, and Continuing and Permanent Education in Healthcare, though already contemplated within the curricula of many courses, should not only be limited to the theoretical field, but also – and mainly – extended to hands-on practice for both current undergraduate students and those who have finished their degrees.

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