

HOSPITAL ACCREDITATION: IMPLICATIONS OF THE WAIVER OF THE SEARCH FOR THE CERTIFICATION

ACREDITAÇÃO HOSPITALAR: IMPLICAÇÕES DA DESISTÊNCIA DA BUSCA PELA CERTIFICAÇÃO

ACREDITACIÓN HOSPITALARIA: IMPLICACIONES DEL ABANDONO DE LA BÚSQUEDA DE LA CERTIFICACIÓN

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ABSTRACT

Descriptive-exploratory study with a qualitative approach, aiming to analyze the perceptions of workers on the discontinuance of pursuit of certification by the Hospital Accreditation. Participated ten professionals of a private hospital in Southern Brazil, which in February 2016 responded to a semi-structured interview, guided by the question: "Tell me how did the process of waiver of this hospital in adhering to Accreditation". The testimonies transcribed, we used the technique of content analysis, the thematic modality, which emerged three categories: abandonment of the pursuit of certification of Accreditation: Reasons given by employees; feelings from waiver of quest for certification of accreditation and; the abandonment vs. the postponement: clear difference for workers. It was concluded that the waiver occurred due to lack of support from top management, coupled to the limitation of a structural nature. These facts have caused negative feelings among the workers, but despite this, they reported that the motivation for the resumption of the search of certification remains.

Keywords: Hospital Accreditation; Quality Management; Certification; Nursing.

RESUMO

Estudo descritivo-exploratório, de abordagem qualitativa, com o objetivo de analisar as percepções de trabalhadores sobre a desistência de busca da certificação pela acreditação hospitalar. Participaram 10 profissionais de um hospital privado do Sul do Brasil, que em fevereiro de 2016 responderam à entrevista semiestruturada, norteada pela questão: "fale-me como se deu o processo de desistência deste hospital em aderir à acreditação". Nos depoimentos transcritos empregou-se a técnica de análise de conteúdo, na modalidade temática, da qual emergiram três categorias: desistência de busca da certificação de acreditação – motivos referidos por trabalhadores; sentimentos oriundos da desistência de busca pela certificação de acreditação e; desistência versus adiamento: diferença clara para os trabalhadores. Concluiu-se que a desistência ocorreu por déficit de suporte da alta direção atrelado à limitação de ordem estrutural. Esses fatos provocaram sentimentos negativos nos trabalhadores, mas apesar disso referiram que a motivação para a retomada da busca da certificação permanece.

Palavras-chave: Acreditação Hospitalar; Gestão da Qualidade; Certificação; Enfermagem.

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RESUMEN

Estudio descriptivo-exploratorio, de enfoque cualitativo, con el objetivo de analizar la percepción de los trabajadores sobre el abandono de la certificación a través de la acreditación hospitalaria. Participaron 10 profesionales de un hospital privado del sur de Brasil que, en febrero de 2016, respondieron a una entrevista semiestructurada guiada por la pregunta: "cuénteme cómo fue el proceso hospitalario de abandono de adhesión a la acreditación". En los testimonios transcritos se utilizó la técnica de análisis de contenido temático y se definieron tres categorías: abandono de la búsqueda de certificación de la acreditación: razones dadas por los empleados; sentimientos de abandono de la búsqueda de la certificación de acreditación y; abandono vs. aplazamiento: diferencia clara para los trabajadores. Se llegó a la conclusión que el abandono se produjo debido a la falta de apoyo de la gerencia juntamente con las limitaciones estructurales. Estos hechos provocaron sentimientos negativos entre los trabajadores; sin embargo, a pesar de ello, sigue habiendo motivación para reanudar la búsqueda de la certificación.

Palabras clave: Acreditación Hospitalaria; Gestión de Calidad; Certificación; Enfermería.

INTRODUCTION

Health services, especially hospitals, require investments and management of a great diversity of resources due to the complexity of care. In this context, hospital management focused on quality of care, stands out for promoting strategic actions that encompass optimization of resources, customer satisfaction and minimization of risks associated with care.^{1,2}

Quality is influenced by the needs of customers, society, and organizations. Therefore, in the daily organizational life, it is presented in a dynamic and changeable way.³ In the health context, quality is conceived as a polysemic and multifaceted phenomenon, which needs to be in line with the requirements of effectiveness, efficiency, optimization, acceptability, legitimacy, equity and more recently, security.⁴

Given that the quality concept is dynamic and potentially changeable in organizational daily life, the development and improvement of managerial actions related to its evaluation are necessary, even for the survival of organizations in today's globalized world.⁵ In this perspective, the evaluation of the quality of health with its genesis in the hospital area is considered an indispensable resource for the control and improvement of services.⁶ This is because quality can be a tool to mediate the cyclical and systematic evaluation process between the results obtained from realities evaluated, followed by decision-making for continuous improvements.^{2,4}

In the context of health quality assessment, the Accreditation gains international visibility, since it is a systematic, periodic and reserved process, based on consensus, rationalization, ordering of services and comparison of the reality verified by evaluators external to the organization, through standards of previously defined quality.^{7,8}

Internationally, the most representative body in Accreditation is the International Joint Commission (JCI).⁸ In Brazil, Accreditation is still voluntary, limited mainly by the National Accreditation Organization (ONA), being a non-Governmental, non-profit organ of legal entity and private law.⁷

The institutions acquiring the certification mediated by the ONA receive the respective denominations: Accredited – having basic requirements of care quality and safety for the pa-

tient, required by sanitary and technical standards; Full Accredited – besides the previous requirements, it adopts in-house planning, such as the use of protocol and standardization; and Accredited with Excellence – when the institution is already using cycles of compact and systemic improvements, indicators for the evaluation of results, demonstration of results indicators aligned with strategic planning, and meeting the other requirements of the previous levels.⁷

Accreditation is recognized as a means benefiting health institutions by promoting a culture of quality, strengthening the multidisciplinary team, promoting the achievement of positive compliance standards for indicators related to adverse events, respecting the rights of the patient, among others.⁹⁻¹¹ Despite this, the literature points out barriers related to organizational culture change; team involvement; systematization of the use of records and; difficulty in keeping the quality management system active after certification, especially due to the turnover of human capital.^{9,12,13} Although studies show the advantages and implications that Accreditation provides, the relationship between its cost and benefit was not yet elucidated.

Based on this explanation, it is considered that the investigation of the abandonment of the search for certification by Accreditation can contribute to the elaboration of strategies aimed at quality by those who intend to start the path of implementation of this system, guiding institutions that are not prepared to join its implementation, or encouraging those who intend to resume the process of seeking the certification.

Given the relevance of the theme to those who militate for quality in health, the question is: How does the abandonment of the search for certification by hospital Accreditation is perceived by the professionals? This study aimed to analyze the perceptions of workers about the waiving of certification seeking by Hospital Accreditation to answer this question.

METHODOLOGY

This study is a descriptive-exploratory research with a qualitative approach performed in February 2016 in a private hospital

of high complexity, located in the South of Brazil. The referred institution had a capacity of 130 beds, with the beginning of the actions aimed at the preparation for the certification of Accreditation in 2008, but in 2012, it gave up joining the process.

The choice of participants was defined by reference chain sampling using the Respondent Driven Sampling (RDS) method, consisting of collecting data through a snowball mechanism, starting with a person who presents the profile of the target population and indicates another person who corresponds to the established profile. Sampling continues until the desired sample size is reached.^{14,15} In the method used, the target profile consisted of professionals who had an active participation in the discussions related to Accreditation until the moment of the adherence to the process.

Data collection began with a professional who worked in the hospital quality sector that at the time was seeking certification and who is called Quality Manager in this study. This professional was considered as a “seed”, since, from him, another participant was nominated and so on.

Data collection took place through semi-structured, individual, recorded interviews carried out at the institution where the participants worked in a reserved place, according to their availability. Before the data collection, the researcher reaffirmed the intentions of the research, his way of conducting it, and provided the Free and Informed Consent Form (TCLE) for reading and signature of the participant, also signed by the researcher in two ways of equal content.

After signing the TCLE, the participant was asked to complete a form containing questions related to their demographic and work characterization. Then, the interview was conducted through the following guiding question: “Tell me how the process of discontinuing this hospital in joining Accreditation occurred.”

The number of interviews was defined according to the scope of the study objectives, represented by the successive repetition of the content of the testimonies. All material obtained in the recordings was transcribed in its entirety, and after that, the data were submitted to Content Analysis, in the Thematic modality, respecting the steps of pre-analysis, material exploration and treatment, as established by the chosen methodological reference.¹⁶

In other words, the pre-analysis was based on the “floating” reading of the corpus, possible to identify the so-called central ideas, which are recurrent terms in printed texts.¹⁶ With new and successive readings on the empirical material, central ideas have clustered together in nuclei of sense, which are aggregations of terms that converge to a common object. Finally, the systematization of the nuclei, which could even understand their grouping, converged to the thematic categorization of the statements, that is, the synthetic expressions that legitimize the content expressed by the subjects, according to the semantic similarity of expressions, suggested in the adopted reference.¹⁶

In the presentation of the results, excerpts/parts/verbatim/lines were edited with the purpose of correcting possible grammatical errors without changing their contents. Also, at the end of each excerpt, the notation “I” with the meaning of “Interview”, followed by an Arabic number to indicate the chronological sequence in which the data was collected to avoid the identification of each participant.

All the ethical and legal precepts inherent to research with human beings dictated by Resolution 466/2012 of the National Health Council were respected, and the proposal of this research is registered under CAAE 49593415.9.0000.0104. Its project was submitted and approved by the Permanent Committee on Ethics in Research Involving Human Beings, of the State University of Maringá (COPEP – UEM), under protocol #1,318,660/2015.

RESULTS AND DISCUSSION

Ten professionals participated in management positions in the areas of nutrition; administrative board; organizational psychology; security sector; billing, information technology; infection hospital control service; management service. Regarding the demographic data, six were female, and three were male. Their age ranged from 25 to 49 years old, with a minimum time of operation in the hospital of five years and maximum of 29 years. The time of action, in the possible adherence to the Accreditation process, ranged from one to eight years.

Based on the thematic analysis, three categories were apprehended: Abandonment of the search for Accreditation certification: Reasons mentioned by workers; Feelings from the abandonment of the search for Accreditation certification and Abandonment versus Postponement: Clear difference for workers.

ABANDONMENT OF THE SEARCH FOR ACCREDITATION CERTIFICATION: REASONS MENTIONED BY WORKERS

There was mention that the abandonment occurred due to the lack of knowledge of the management board of the hospital, about the importance of the Accreditation certification.

Regarding the quality management, we have to change our minds [culture] from the quality sector to the board [...] we are going to have a new election for the board of the hospital, we are expecting that these new managers come up with different ideas and methods for us to achieve this [Accreditation certification] (E1).

The will [to adhere to Accreditation] has to come from top management. When the board is unaware of

this, it hinders adherence ... it hinders for our executive director and us as managers, bosses, to continue [...] (E2).

The mention of the lack of knowledge of the importance of Accreditation by the board management may have been due to resentment or sadness in ceasing the process. However, it is known that this lack of knowledge tends to result in a lack of investment because the success of its implementation depends on coherent, active, innovative and participative management practices in which process managers must work ceaselessly, aiming for continuous improvements in the institution that search for Accreditation.¹²

Since Accreditation is inserted in the context of quality management, its implementation demands the commitment of top management, which is responsible for providing necessary resources, sensitizing and involving all professionals in the process of adherence to the managerial model based on quality.¹⁷ In this regard, according to I2, the deficit to the adherence of the search of the Accreditation certification by the high hospital board, unfolded negatively to the other hierarchical levels of the organization, thus making the adherence abandonment a reality.

The lack of management support is certainly the product of variables that interfered with the work process and hinders for the hospital to effectively adhere to the quality seal sought. Thus, it was evident that the lack of financial investment was an element that determined the abandonment due to the prioritization of other structural demands:

I looked for all this [adherence to Accreditation], but concomitantly, we had the work of the new building [...] a lot of money was spent on the building (E2).

We were at the moment of building... it was something that needed to be finished [...] was focused on that [...] the Accreditation was left aside (E6).

The reason the hospital stopped at the time [Accreditation] process, I believe it is because of the construction of the new building... as the new building and the Accreditation generate costs, they postponed [the search for certification Of Accreditation] and prioritized the construction of the building (E9).

The Accreditation certification process demands financial investment related to structural issues, to the example of the adequacy of buildings for the reduction of risks linked to the assistance and meeting the precepts of health quality, as well as promoting patient satisfaction.⁷ As seen in the speeches of a new building in the hospital was prioritized to the detriment of the real adherence of search for Accreditation, which is known

to be a factor that also demands important financial investments.^{13,18} Based on this, it can be deduced that the allocation of capital in the company, at the time experienced, was an elementary reason for the abandonment of the search for certification, according to those who experienced this process.

Besides the mentioned factors, the interviewees indicated the lack of other basic resources as a cause for abandonment:

The basic is being left aside... communication is flawed, training is flawed, manpower is diminished (E1).

[...] there was a lack of structural adequacy to begin with this strategic and bureaucratic side [adherence to Accreditation] (E5).

The speeches of I1 and I5 showed that there were flaws in the fulfillment of the basic requirements demanded by the ONA. This is because, according to the Brazilian Accreditation Manual, with an elementary principle for the safety of the patient, the institution must have functional body enabled, meet the fundamental safety requirements for the patient and to have a basic structure (resources) capable of guaranteeing assistance for the coherent execution of their tasks.⁷ Considering these requirements are paramount in the search for Accreditation, their non-attendance results in gaps that may favor the abandonment of adherence, as ratified by the subjects.

Besides generating obstacles to the search for certification, the lack of structural resources was also linked to the overload of work.

The hospital was not able to hire an exclusive nurse for risk management. So, we ended up accumulating functions that are specific. For example, I do not have a quality manager [...] if I would follow it [the accreditation requirements], today I would have to hire a lot more nurses, more people to help for the Accreditation, but [the Hospital] has no financial condition to pay [...] (E7).

It is clear that I7 relates the human capital deficit to the difficulties of effectively adhering to the hospital Accreditation process, causing an overload for other workers. Associated with the work overload described by the deponent and also, in a literature review of Chinese initiative, the Accreditation process is referenced by the professionals involved, as a situation of constant collection and triggering of stress, due, precisely, to the requirements imposed by this system.^{9,10} In this respect, it is mentioned that the above-mentioned speech, although indirectly, coinciding with the cited literature, since the lack of personnel in strategic positions, requested to the quality process, such as the hospital risk manager, contributed to a return to

the path of adherence to Accreditation and to the certificate that, possibly, would be generated.

The experience of workers who participated in the search process that culminated in the adherence of the hospital certification, confirms that this is a complex phenomenon, permeated by several motivations, but converging to the following finding: the decision of the high level to prioritize the management of other structural deficiencies, especially linked to the expenditure of financial resources for the construction of a new hospital building. This decision had a negative impact on the systemic organizational context; notoriously, reflected on the feelings expressed by the participants.

FEELINGS OF THE ABANDONMENT OF THE SEARCH FOR ACCREDITATION CERTIFICATION

The abandonment of the search for certification resulted in feelings of frustration, disappointment, demotivation and sadness among the participants, as can be seen in the following extracts.

This will frustrate the professional who already has some knowledge [...]. I offered several times to speak about all my knowledge and few times I was listened. As a professional, it is sometimes discouraging (E2).

It is disappointing [...] I feel that I am talking about something that is far, that does not exist or that it will take to exist... we lost a lot, we stopped growing (E6).

Negative feelings, expressed in the speeches, are understandable because the professionals involved in the Accreditation process play an essential role in achieving certification.¹⁷ This is because it is necessary to engage everyone and their actions, they must be linked to the culture of continuous improvement of services.⁹ In the absence of correspondence with these questions, aware of their importance in the search process for Accreditation and institutional growth, the professionals expressed frustration at not being valued or lacking the space to actively participate in the process.

I feel a bit of discouragement [...] we want to do things and we cannot, so it ends up discouraging the managers and, consequently, the employees (E1).

This abandonment made me very unmotivated as a professional because I think we lost a lot, we stopped growing (E6).

The feelings expressed in this thematic axis are in line with the results of a recent study whose objective was the de-ac-

creditation (that is, cancellation) of certification by hospital accreditation, expressed as essentially negative feelings, especially sadness and frustration, by those who experienced this action.¹⁹ Thus, the Accreditation process, probably due to the high commitment demand of all the actors of the organization, when experiencing abandonment tends to result in deep frustration like the one mentioned by the interviewees.

However, it is worth considering that the expressed feelings are notoriously legitimate, but the opposite is also valid since it has already been found that working in an accredited organization, when it differs from the common market, is a factor that generates pride and satisfaction in the professionals.²⁰ This is may be because the implantation of robust hospital-quality management systems, such as Accreditation, demands cyclical and exhaustive actions of quality-oriented monitoring and mapping.¹⁷

Based on the description of facts and interpretations, it is necessary to reflect that the demotivation expressed by the investigated workers is possibly linked to the "simple" fact that there was a great effort by the professionals to adhere to the process of seeking the certification, which was "stuffy" by the decision to retroact it. In this sense, the role of leadership in clarifying clearly and honestly the reasons that preceded such a decision is important and necessary.

Maybe because the desire to achieve certification success, knowing that it could be a factor that acts as a source of personal and professional satisfaction, and to the own merit of the employer organization, the interviewees emphasized that the hospital did not give up adhering to the Accreditation certification, But "only" postponed the process of his quest.

ABANDONMENT VERSUS POSTPONEMENT: CLEAR DIFFERENCE FOR WORKERS

Among the participants, there were those who affirmed that there was no abandonment of Accreditation, but rather, postponement. In these terms, the following excerpts confirm this assertion.

I do not think we had an abandonment. At most, one postponement of the certification (E2).

[The pursuit of certification] is something that is at the center of everyone here, everyone is well engaged [...] we are very enthusiastic about achieving this certification. So, I hope the process will be resumed later (E8).

For workers, there is a clear difference between abandonment and postponement, as it is possible to observe in their statements that the hospital continues with processes already initiated in the search for Accreditation. Also, they mentioned

their resumption, showing positive perspectives despite the above mentioned negative feelings, caused by the abandonment of the search for certification. Behaviors of this kind are praiseworthy to demonstrate that systemically, the search for quality processes still pulsates in the investigated organization and this fact, being in harmony with the essence of the Accreditation.^{7,9,12}

It should be noted that the mention of "postponement" for the "abandonment" is perhaps a way for professionals, who even act in the middle of hospital management, not to admit that the company has such a setback, using this as a means to motivate human capital. In such situations, the literature points out that it is important to adopt the model of participatory and innovative leadership, to those who undergo the difficult work of quality management systems because it is necessary to continually motivate people who effectively operate the processes of Accreditation.¹⁷

Participatory leadership, being an encouraging aspect for organizations adhering to the Accreditation system and achieving standards of excellence in management, consists of sharing decisions in the work team, overcoming the traditional management model based on the classic management theories that according to the literature, communication tends to be flawed, decisions are centralized and work processes are fragmented/truncated.^{7,21}

Maybe because the participants hold leadership positions, it was mentioned that the rupture of the search for certification did not interfere with the organization's abandonment:

The hospital is still worried about that, for sure. Once you're all set up for the structure, I think you're going back to the process [of seeking certification] (E5).

The non-legitimization of the abandonment, even demonstrated by the denomination of the disruption as "postponement" may be somehow positive, although tied to the negative feelings described in the previous thematic axis. This is because, recently, it was found that those who had undergone the Accreditation process and had the certificate (which is not synonymous with the management system) canceled, do not completely abandon its principles.¹⁹ Therefore, the fact that the participants recognize the postponement instead of giving up, may signal that the quality cult (the obvious essence of Accreditation)^{7,12} may still be present, at least in the participants.

Despite the complexity of the reasons that led to the "abandonment", unfolding in deep regret in the workers, they defend that the search is still a pulsating reality in the hospital organization and that, the resumption of its operationalization is a matter of time:

We have not stopped with the processes, with the protocols... we have kept what we have achieved and

we have achieved more things [...]. We do not give up, we have postponed by the conditions mentioned (E2).

The speech of I2 possibly shows the adherence of the participants to the search for the certification of Accreditation even after the break marked by the abandonment, clearly described in the first thematic category. This is relevant and indicates that, while recognizing the limits of the organization and pointing out the reasons for the (even temporary) abandonment of the search, they also legitimize that the organization still cultivates the principles for the search for Accreditation certification.

Based on the content of this thematic category, it is evident that the investigated reality has a peculiar characteristic, since the abandonment, was not accompanied by the complete abandonment of the search for adherence to Accreditation, although real. This became evident in the speech of the participants who hold the position of management in the institution, that is, they lead the context researched and that they cherish the "merit" of a certified hospital.

FINAL CONSIDERATIONS

Through this study, it was possible to approach the knowledge of a little (or nothing) phenomenon known in the scientific reality: the abandonment of the search for Accreditation certification in a hospital institution.

It was concluded that, in the investigated institution, the abandonment occurred due to deficiencies of several magnitudes, but they are essential of a structural order, which culminated in the decision of the upper management to retroact before the adherence process, resulting in negative feelings in those who experienced this fact. However, according to the interviewees, the motivation for certification still pulsates in the organization, because the abandonment is as a "postponement".

The limitations of this study are anchored in the fact that it was performed in a restricted location, with individual interviews, unique and by the similarity in the hierarchical position among the positions of the interviewees, aspect imposed by the method employed. Despite this, it is believed that the research contributes greatly to hospital quality management, as it provides important subsidies for managers and professionals who work in organizations that begin discussions about adherence to Accreditation, undoubtedly being an emerging issue at the national and international levels.

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