

The use of quality indicators: difficulties and strategies in the voice of nurse-leaders

Utilização de indicadores de qualidade: dificuldades e estratégias na voz de enfermeiros-líderes

Uso de indicadores de calidad: dificultades y estrategias en la voz de los enfermeros líderes

ABSTRACT

Objective: To know the difficulties and strategies nurse-leaders face using quality indicators in the hospital environment. **Method:** A qualitative, exploratory-descriptive research was conducted in a philanthropic hospital in southern Brazil. 12 nurses participated in this study. Semi-structured interviews and focus group for data collection were adopted and analyzed according to content analysis. **Results:** The nurses highlight as difficulties the underreporting of adverse events, the limits on data interpretation and applicability, the lack of time, and the lack of information sharing about the use of quality indicators. As strategies, they point out the construction and collective discussions, the mutual involvement of the nursing and health team, feedback between professionals, and continuing education. **Conclusion:** It is necessary to raise awareness of managers of health institutions regarding nurses' role, so as to develop skills necessary for the best use of quality indicators, as well as investments to overcome difficulties.

Descriptors: Quality Indicators; Health Care; Quality of Health Care; Health Management; Nursing.

RESUMO

Objetivo: Conhecer as dificuldades e estratégias dos enfermeiros-líderes na utilização dos indicadores de qualidade em ambiente hospitalar. **Método:** Pesquisa qualitativa, exploratório-descritiva, realizada em hospital filantrópico do Sul do Brasil, na qual participaram 12 enfermeiros. Adotaram-se entrevistas semiestruturadas e grupo focal para a coleta de dados, os quais foram analisados conforme análise de conteúdo. **Resultados:** Os enfermeiros evidenciaram como dificuldades a subnotificação de eventos adversos, os limites na interpretação e aplicabilidade dos dados, falta de tempo e falta de compartilhamento das informações na utilização dos indicadores de qualidade. Já como estratégias compartilharam a construção e discussão coletiva, o envolvimento da equipe de enfermagem e saúde, o *feedback* entre os profissionais e a educação permanente. **Conclusão:** É necessária a sensibilização dos gestores das instituições de saúde, para a instrumentalização dos enfermeiros, de maneira a desenvolver competências necessárias para a melhor utilização dos indicadores de qualidade, bem como investimentos para superar as dificuldades.

Descritores: Indicadores de Qualidade em Assistência à Saúde; Qualidade da Assistência à Saúde; Gestão em Saúde. Enfermagem.

RESUMEN

Objetivo: Conocer las dificultades y estrategias de los enfermeros líderes para el uso de indicadores de calidad en el entorno hospitalario. **Método:** Investigación cualitativa, exploratoria-descriptiva realizada en un hospital filantrópico en el sur de Brasil, en el que participaron 12 enfermeros. Se adoptaron entrevistas semiestructuradas y grupos focales para la recopilación de datos, que se analizaron según el análisis de contenido. **Resultados:** Los enfermeros destacan como dificultades la falta de notificación de eventos adversos, los límites en la interpretación y aplicabilidad de los datos, la falta de tiempo y la falta de intercambio de información en el uso de indicadores de calidad. Así como estrategias que comparten la construcción y la discusión colectiva, la participación del equipo de enfermería y salud, la retroalimentación entre los profesionales y la educación continua. **Conclusión:** Es necesario sensibilizar a los gerentes de las instituciones de salud para la instrumentalización de los enfermeros, a fin de desarrollar las habilidades necesarias para el mejor uso de los indicadores de calidad, así como las inversiones para superar las dificultades presentadas.

Descriptores: Indicadores de Calidad de la Atención de Salud; Calidad de la Atención de Salud; Gestión en Salud; Enfermería.

Ana Cristina Pretto Bão¹

 [0000-0002-2747-7197](http://orcid.org/0000-0002-2747-7197)

Simone Coelho Amestoy²

 [0000-0001-8310-2157](http://orcid.org/0000-0001-8310-2157)

Letícia de Lima Trindade³

 [0000-0002-7119-0230](http://orcid.org/0000-0002-7119-0230)

Gisela Maria Schebella Souto
de Moura¹

 [0000-0002-4744-478X](http://orcid.org/0000-0002-4744-478X)

Andrieli Daiane Zdanski de
Souza¹

 [0000-0002-3235-0182](http://orcid.org/0000-0002-3235-0182)

¹ Universidade Federal do Rio Grande do Sul.

² Universidade Federal do Vale do São Francisco.

³ Universidade do Estado de Santa Catarina.

Autor correspondente:

Ana Cristina Pretto Bão

E-mail: anacbao@yahoo.com.br

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INTRODUCTION

Healthcare organizations are increasingly committed to providing effective care and prioritizing patient safety. This fact led to the recognition of the importance of quality management systems, which are seen as a set of activities that monitor and control the quality of care ⁽¹⁻³⁾. As a result, quality indicators are an important and relevant support within health services, linked to most processes that involve patient care with operational and management scope ⁽⁴⁾. In this sense, institutions that seek certifications need to work on indicators as positive components of assistance, since their use demonstrates a culture of security that is ingrained in the organization ⁽⁵⁾.

When the nursing manager bases his performance on periodic evaluations, using the indicators, he encourages professionals in the improvement of services, in addition to allowing the understanding of the quality of care ⁽⁶⁾. Thus, when using quality indicators during the care, the nurse-leader can transform the results of care.

The nurse-leader consists of the professional capable of constructively influencing the other members of the nursing and health team, in order to qualify the care management and to strengthen interpersonal relationships at work ⁽⁷⁾. With this, it enhances the best results for assistance, through the use of managerial instruments, such as quality indicators.

In this perspective, a study reveals the importance of using indicators to assess the quality of care processes. In the nurses' perception, the indicators are tools capable of improving the care actions of the nursing team, demonstrating the professional's awareness of the market demands and the qualification needs of health services ⁽⁸⁾.

Research reveals the unique importance of quality indicators for nursing care in different care settings ^(3-4,9). Furthermore, the quality management system is considered important for improving clinical quality, in hospitals in Europe, as well as promoting teamwork and the institutional safety climate ⁽¹⁾.

In this sense, the Brazilian Ministry of Health, in 2013, launched the Hospital Care Policy (*Política de Atenção Hospitalar - PNHOSP*) to strengthening the evaluation of services, with the use of quality indicators in the hospital context; it is an alternative for the qualification of institutions. PNHOSP establishes the guidelines for

the organization of the hospital component in the Health Care Network and defends that hospital assistance, in the Unified Health System (SUS), should be organized based on the needs of the population, with the purpose of guaranteeing the service to users ⁽¹⁰⁾.

Hospital management must be based on guaranteeing access and quality of care, compliance with agreed goals, efficiency and transparency in the application of resources and participatory and democratic planning ⁽¹⁰⁾. In view of the above, it is up to hospitals to develop strategies for monitoring and evaluating the commitments and agreed goals and the quality of actions and services in a systematic way. However, health managers, especially nurse-leaders, are often not prepared or face many difficulties in working with quality assessment, using quality indicators.

It is pointed out that there are some studies that investigate the use of quality indicators in the hospital environment and its difficulties. Researches ^(8,11-12) carried out with nurses record that the use of quality indicators is already practical in health institutions; however, it is still necessary to implement indicators analysis strategies, so that they are subject to comparability and that they are found difficulties in using it. Thus, it is understood that the empowerment of nurse-leaders regarding quality indicators is necessary, so that they can propose improvements to the management of health care, with regard to meeting the needs of users of the hospital system.

The sharing of information obtained by the indicators and the discussion with the nursing team can be adopted as a strategy to identify weaknesses and establish goals, aiming at improving the assistance provided ⁽⁶⁾. It is observed that quality control, carried out through the analysis of indicators, represents a fundamental strategy in the search for safe assistance, objectivity proven by evidence and the management of results ⁽¹³⁾.

This essay is justified in order to seek to fill the gaps found in scientific studies ^(8,11-13) and to compare the theme of quality indicators with the PNHOSP. In addition, it is hoped that the study can contribute to the nurse-leaders of hospital institutions in the use of indicators of quality of care, as a tool to support decision-making, planning and organization of services. Therefore, this essay aimed to assess the difficulties and strategies of nurse-leaders in the use of quality

indicators for the management of care in the hospital environment, in addition to knowing the difficulties and strategies of nurse-leaders for the use of indicators quality in the hospital environment.

METHOD

This is a qualitative exploratory-descriptive research, carried out at a philanthropic hospital in Serra Gaúcha/Rio Grande do Sul, of general services and reference for urgency, emergency and high complexity, with 293 beds. This location was chosen because it is an educational institution, credited level 2 by the National Accreditation Organization (*Organização Nacional de Acreditação - ONA*) and which has mobilized actions aimed at quality, risk management and patient safety. In addition, it follows and monitors quality indicators, such as hospital infection rate, average hospital stay, customer satisfaction, incidence of falls, incidence of phlebitis, among others.

The institution has seven inpatient units, totaling 29 nurse-leaders. For the selection of participants, the following criteria were adopted: to be a nurse-leader, to be working for at least one year at the institution and to work in the inpatient units. The study did not include nurses who were on vacation, maternity leave, or sick leave at the time of data collection. Thus, the study population comprised 12 nurses.

The data were collected through semi-structured interviews and a focus group from March to May 2016. The interview followed the question script: "How are quality indicators used?", "Are there any difficulties in using indicators?" and "What are the strategies for using quality indicators that contribute to the management of good health practices?". First, the interviews were conducted with all participants and, subsequently, they were invited to participate in the focus group. In this stage, seven nurses participated in two sessions of the focus group, which aimed to present the data emerging from the interviews, in order to carry out validation and to verify the emergence of new perceptions about the theme.

The data collection of the two stages took place in a reserved place of the institution, and the discussions were recorded on audio and transcribed in full. The testimonies from the interviews lasted, on average, 30 minutes, and the focus group sessions lasted one hour. The

interviews and the focus group were conducted by the researchers. The testimonies from the interviews were identified by the letter E (interview) and the ordinal number of their performance (E1, E2...) and the findings of the focus group were identified with the letters GF plus the ordinal number representing each nurse (GF1, GF2 ...), thus preserving anonymity. At the end of each FG session, the coordinator and an observer researcher met in order to provide feedback on what happened in the group.

For data analysis, a thorough reading of the semi-structured interviews and the testimonies of the focus group was performed, according to content analysis⁽¹⁴⁾. Initially, the exploratory phase of investigation was carried out and, afterwards, the interpretative moment, from which the speeches of the participants were used. After that, the ordering of the data was carried out, which included the transcription of the material of the semi-structured interviews and the focus group, through the horizontal and exhaustive reading of the texts. In the cross-sectional reading, the data were separated by units of meaning. Soon after the classification process, the categories were identified, joining similar parts, looking for connections and saving them in codes. The following categories made up this manuscript: Difficulties evidenced by nurse-leaders in the use of quality indicators and Strategies for the use of quality indicators.

In the discussion, the data were interpreted in the light of the literature and with the PNHOSP.

The research was approved by the Research Ethics Committee, under number CAAE 51678715.4.3001.5331, and for its development, the ethical precepts established in Resolution 466/12 of the National Health Council were met, with the use of the consent form free and clear.

RESULTS AND DISCUSSION

The study participants, in their entirety, are women and their age ranged between 26 and 50 years-old, with an average of 32.5 years-old. The time of Education ranged from two to nine years, with an average of 5.6 years. Regarding the length of time they have a job at the hospital, the participants had, on average, 4.6 years of experience in the scenario^(1-11 years).

In the sequence, the categories and sub-categories originated from the analysis process of the collected data are presented.

Chart 1 - Categories and sub-categories of the research

Categories	Sub-categories
Difficulties in using quality indicators	Underreporting
	Interpretation and applicability of indicators
	Lack of time
	Lack of data sharing between the nursing and multidisciplinary team and the absence of feedback from the management.
Strategies for the use of quality indicators	Construction and collective discussion/engagement of staff.
	Feedback to the work team.
	Feedback to the work team.

Source: Own elaboration (2020).

Difficulties evidenced by nurse-leaders in the use of quality indicators

In this category, the difficulties evidenced by the nurse-leaders in using the indicators are presented. Underreporting is identified as one of the difficulties, according to the statements below.

"I think the main difficulty is underreporting" (E5).

"[...]During the month we usually do not notify or do not take notes correctly; so, many times, it ends up not being a real value for us to actually take the necessary or preventive measures" (E4).

"The difficulty is in the professional who does not notify or, sometimes, does not know how to feed the spreadsheets and does not fill it out (E12) [...]. So I can tell you that it is a false result, an underreporting" (E12).

"With regard to underreporting, I agree that they are underreported; for example, adverse events are underreported, records of the epidemiological profile and non-conformities" (GF06).

The nurse-leaders face some difficulties on a daily basis before the quality indicators, among them, the underreporting of adverse events, which, sometimes, can generate an unreliable result of the reality of the health sector or institution and compromise the decision-making process. It is worth mentioning that, upon admission to the study institution, all nurses receive training on the indicators and how to proceed with their completion. It is suggested to think about systematic training in order to guarantee the registration of information.

It is noticed that the results obtained in the interviews are corroborated by the findings of the FG, and the underreporting of adverse events is an important difficulty in the use of quality indicators. It is also noted in the testimonies the existence of nurses who do not know how to fill in the spreadsheets of the indicators, adopted in the institution and, thus, they stop doing it, contributing to an unreliable result at the end of the month, which makes the nurse-leaders consider an important limit, for which no decision can be taken to change prevention processes or actions.

In other reports, nurses consider the interpretation and applicability of the quality indicator as difficulties encountered in its operationalization.

"I believe that we have difficulties in the interpretation and application of the data" (E2).

"Currently, I believe that the institution's indicators are just a statistic, and the indicator's objective cannot be merely statistical, but rather as an improvement" (E3).

"In healthcare practice, it is very difficult to use, I believe that people still don't understand and do not have the idea of taking the indicator, working with it and using it in practice. For example: we will take the indicator of adverse events and we will set a goal so that it is reduced" (E8).

"Certainly there is a flaw in training, we have not seen how to notify and interpret an indicator, its meaning in assistance, I had never seen it before" (GF04).

Given these data, it is clear that nurses have information about the indicators, but they have difficulty in interpretation, in recognizing what the monthly result is pointing out about assistance. It is noted that nurses are unable to see the applicability of the indicator, which could be used as evidence of the practice.

For the use of the indicators, the quality of the information is very important, since it reflects the result of the assistance work, in addition to allowing organizations to monitor their performance and to compare themselves with other institutions, as was seen in a study that developed quality indicators for patients with acute pathologies⁽¹⁵⁻¹⁶⁾.

Nursing notes are a fundamental indicator for care management; however, they are seldom used by health institutions, and it is necessary to

establish a structure and routine for the collection and analysis of indicators, so that the results are reliable to reality⁽¹⁷⁾. In addition, the support and participation of senior management are essential to improve quality management, in addition to promoting the essential changes to achieve results⁽¹⁸⁾.

When speaking of difficulty in the interpretation and applicability of the indicator, these results converge with a survey, also carried out with nurses, in which they were unable to incorporate all phases of indicator management, without knowing what to do with the collected numbers and not always developing a plan of actions and improvements in care, based on the indicators⁽¹³⁾. Management of indicators is understood as the collection, interpretation, analysis and action plan. Nurses may have these difficulties due to a gap in their training on the subject; this information was identified in the present study, and it is in line with another research, in which nurses reported difficulties in using the process indicators and most of them did not have any theoretical or practical contact with the topic during graduation⁽⁸⁾.

It was also possible to verify the elaboration of action plans, based on the indicators, but not their implementation and subsequent measurement.

"I think that in relation to action plans, we need to be more resolute and not only build an action plan, because quality says that we have to build an action plan. We need to make an action plan for a result and see at the end of the month if it was effective and not just in the following month" (E6).

"I think we have not managed to put the changes into practice yet and how we are going to apply this (E1) [...] in relation to the infection rate: What am I doing for this? I collected this data, I know that it is happening and that it is not efficient and I need to plan something to make it happen and that planning is not happening. What am I doing with this indicator in practice?" (E1).

Another difficulty pointed out was the lack of time due to the complexity of the patient's care, the turnover of employees or the lack of employees, the unforeseen shifts, as well as the lack of commitment from other nurses.

"There is a lack of time due to the issue of the patient's complexity; they have been admitted at the hospital in a more serious and dependent

way and this requires more assistance time. The teams are overloaded and there is a lack of qualified professionals. Turnover is also high, so there is no time for the indicators" (GF03).

"There is not also much time to make the indicators in my sector, it is a large sector, with complex patients. The staff is never complete; so I have to help the team. So, I do a lot of things when it is possible and during shifts" (E11).

"The day-to-day is busy and it doesn't always happen as we expected and then we couldn't work with the indicators" (GF06).

"Sometimes we become task workers, mechanists, you have to make prescriptions, attend to complications, visit patients [...] and you end up getting involved in the routine, and these processes, like the indicators, end up being for later" (GF05).

"Lack of time and collaboration from other fellow nurses" (E6).

The lack of time, due to the patient's care complexity and work overload, as well as the turnover of employees or the lack of employees, there are unforeseen shifts and the lack of commitment from colleagues. In this sense, nurses and institution managers need to rethink the nursing work process, critically analyzing that of nurses, so that they can act in the planning of care, reflecting on the positive outcome of patient care. According to the results of this study, it appears that the greater number of patients assigned to nursing professionals is associated with negative outcomes, such as an increase in the mean stay and the urinary infection rate⁽¹⁹⁾.

Regarding staff turnover, which is also listed as an important indicator of quality in human resource management, especially in the context of nursing, it deserves attention on the part of the leaders, because this fact allies with the increase in costs, which can interfere with quality care and also in maintaining the levels of excellence required by the quality program⁽²⁰⁾.

"The nurses' lack of commitment to the indicators still exists, we need to be committed to the assistance, and when we look at the indicators, we are looking at the assistance" (E9).

Still, in view of the use of quality indicators, nurses mentioned the lack of data sharing between the nursing and multidisciplinary team

and the absence of feedback from the managers regarding the results of the indicators.

"Here in my sector, there is a person who is responsible for building these indicators, not all professionals participate in the construction" (E3).

"In my sector there is no monthly meeting and nurses do it in the afternoon shift, it would be good for everyone to participate, and everyone could see what is working" (E9).

"I believe that the biggest problem is that we know what needs to be done, but we don't do it, we know that we need to pass on information to other shifts, we know that we need to communicate and we don't communicate" (GF02).

"There is no collective construction" (GF06).

"The management learns about the result of these indicators by filling out the spreadsheet; and they do not sit down, do not discuss them and we do not have this feedback" (E1).

"Generally, in relation to the infection indicator, in which we were ten months without infection, the one who congratulated and talked to the team was the CCIH [Hospital Infection Control Commission]" (E10).

"And in relation to feedback, it only happens when it is serious. At no time did we in the sector discuss with the coordination about the indicators" (E12).

With regard to the lack of sharing of the indicators with other colleagues, nurses make it clear that, for the most part, the indicators are centralized in one person, who holds the data of an assistance unit. They still report the lack of meetings and the lack of communication between shifts in the construction of indicators, which generates the fragmentation of information. When talking about feedback, they clarify that it only happens when it is performed by Hospital Infection Control or when the indicators signal something serious.

It is noteworthy that in the study institution there's a nurse in each shift, an area coordinating nurse and a nursing manager and, in the survey, the lack of feedback is related to the shift nurses and the area coordinators. By not sharing the information of the indicators, nurses lose the richness of the data, the discussions with the team and the details of the information contained in the indicator, for it can assist in the

management of the care unit and in the team's learning.

The nurse-leaders perceive the need for the construction and collective discussion of quality indicators, both by the nursing team and the multidisciplinary team. This collective dialogue helps in the communication between the areas and contributes to the consolidation of the process. Health care needs to be designed and carried out by its actors, seeking improvements to the work process, as well as to patient care.

However, it is highlighted that teamwork is a challenge, due to the number and diversity of people and ideas that are part of the whole ⁽²¹⁾. The results of this research converge with the study carried out in the hospital setting; the participants mention the lack of integration of the multi-professional team and report the lack of cohesion among the professionals⁽⁵⁾. Such a situation is contrary to what is recommended by PNHOSP that the multi-professional teams should be the core structure of the hospital's health services, formed by professionals from different areas and knowledge, who will share information and decisions horizontally, establishing themselves as reference for users and family members ⁽¹⁰⁾.

With regard to feedback by the managers, its lack can make nurse-leaders feel little committed to the data they generate in the units monthly, as well as discouraging its use, at the same time that it is pointed out as important by nurse-leaders of the study.

The involvement of the nursing team and multi-disciplinarity are essential in order to bring everyone together in the process and commit them to the care result. In a study carried out with nurses, it was seen that the majority of the sample (54.7% of nurses) discloses the data of the indicators to the nursing team in moments of presentation of the results and their discussion ⁽⁶⁾. According to PNHOSP, the care and management practices developed, based on the characterization of the patients' profile, through the co-responsibility of the teams and the assessment of care indicators, characterize the management of the clinic ⁽¹⁰⁾. Indicators can be an instrument to change internal work processes ⁽²²⁾ and their discussion has taken on a strategic role in the management of nursing services, since it can serve to identify weaknesses and to establish goals aiming at good health practices ⁽²³⁾.

Strategies of nurse-leaders for the use of quality indicators

With regard to the strategies suggested by the nurse-leaders on the best way to use the indicators, the construction and collective discussions, as well as the engagement of the nursing team and the multidisciplinary team, emerged in the statements.

"I think we could, to better guide the team, make them feel part of the construction of the indicators, involving it in the construction would be a very good strategy so that it could act in a more effective way" (E10).

"I believe that the multidisciplinary team can also contribute a lot with the indicators, for example, with nutrition we work on the indicator: prescribed X infused diet, I think this can help" (E7).

"If you are going to develop a plan and it will involve people in the construction, the team, everyone will assist you in the pursuit of that goal. We would need to take a moment to be able to discuss the work process, the assistance" (GF01).

It is observed that despite knowing how the quality indicators could be worked with the nursing and health team, these strategies are not used in practice in their entirety yet. In the case of the nutrition team's indicators, there is already a construction and collective discussion with nursing.

In the testimonies, the nurses suggested a way of conducting a discussion with the nursing team, feedback to the work team is essential to show the result and to know what aspects are necessary to improve in care.

"Last month, we received an infection control compliment, for three months without infection and I brought this result to the team, I brought this feedback to them, because it is important for them to know that it is working" (E2).

"Indicators are not just about notifying. We need them to give feedback to the team. For example: look at the team, here we had so many infections, so many enteral tubes that are obstructed, so let's plan together to improve this indicator and to establish changes" (E5).

"How you can work with the technician: when you had there, at the end of the month, five losses of naso-enteric tube and three of them are

related to obstruction, you can work with the team, that is concrete, then you can signal to them" (GF02).

When using feedback with the nursing team, the nurse-leader learns the importance of their work and what it has repercussions for. The speeches of both the interviews and the FG sessions reinforce the idea that quality indicators need to be worked on as a team.

In this sense, health institutions need to seek the improvement of their leaders, enabling them to transform the data collected into managerial information. Leadership helps nurses achieve the objectives of care, including offering quality care.

Against this background, leadership can be a tool that assists nurses in creating an environment with a more pleasant atmosphere for workers, through the establishment of healthy professional bonds and effective dialogical processes between the nursing team and multi-professional team members⁽²⁴⁾, still contributing to discussions about quality indicators.

Another way to work with the indicators, which emerged in the nurses' testimonies, was to work with the team in a participatory way.

"I think we have to forget this punitive idea and start educating. A very cool thing that I have seen is, for example, a while ago when an employee applies the wrong medication, we had to warn him. But we have to think that it was not only the employee, there is a lot of things behind the mistake, we have to stop this thing of punishing people for mistakes and we must be educative" (GF03).

"All the things we study, we study them together, according to the demands. We need to involve the team in the process, so that they feel important" (E5).

Involving the team in performance, allowing participation in the process, recognizing the work of everyone with a reward system and performing evaluation were some management practices developed in an institution to achieve the accreditation "par excellence". With more interaction, at all stages of the accreditation process, employees began to have a macro view, within their sector and within the institution⁽¹⁸⁾. At the study hospital, there is still no assessment of the workers' performance, a practice that can be considered and correlated with the care

indicators, to be carried out periodically and systematically.

Permanent education can favor the dissemination of information about quality improvement instruments in order to stimulate the adoption of more effective and efficient practices, in addition to providing support for the activities developed ⁽¹²⁾, taking into account that the themes, for the realization of permanent education, emerge from the team's own work process. It is worth mentioning that permanent education is important because it allows the updating of practices performed daily by professionals and the construction of relationships and processes that go from working teams to institutional practices, as it is signaled that, during nursing training, the technical aspects are more valued in regard to managerial aspects, which are also necessary in healthcare practice to make decisions that impact on quality and institutional results ⁽⁵⁾.

From the perspective of PNHOSP, the concern with regard to training, development and management of the workforce is highlighted; thus, the spaces for the production of health actions and services in the SUS must constitute a field of practice for teaching, research and technological incorporation in health with the hospitals that are members of the SUS playing an important role in training. Permanent education and participation in training actions for new health professionals must also integrate health training programs and policies ⁽¹⁰⁾. There is still a very incipient movement on the part of hospitals to carry out programs aimed at health education, so that sometimes there are professionals who are poorly trained to care for patients in the health system.

Working in an educational way can be easier for the team to understand the importance of quality indicators and it was listed by the nurse-leaders as a strategy to work with the team on this topic. The articulation between assistance, management and education is necessary and indispensable with regard to hospital accreditation and improving the quality of care ⁽²¹⁾. According to PNHOSP, the permanent health education program must be offered to health professionals from hospital teams, based on in-service learning, in which learning and teaching are incorporated into the daily routine of hospitals ⁽¹⁰⁾.

When the team is involved in follow-up, monitoring and analyzing the indicators, in

addition to knowing the results, it is decentralized, producing more autonomy in the work of the team and the leaders ⁽¹⁸⁾. Nurses know what they need to do to bring the nursing and health team closer to quality indicators, but they have not been able to fully implement this practice yet. Thus, it is suggested that the institution can provide moments of interaction of the nursing and health team, contributing to their approximation and favoring communication to the teams.

It is worth remembering that when working with quality management, it is necessary to invest in people management; organizations must effectively focus on developing and valuing workers. Therefore, communication and the adoption of transfer meetings are managerial strategies to achieve levels of excellence. In this study, meetings take place weekly between senior management and managers; in the same way, managers pass on what was discussed to their team, which proved to be fundamental to involve the whole team and achieve goals ⁽¹⁸⁾. A study also considers that aligning the indicators proposed in the strategic management of the institution is a way of contributing to the awakening of the search for managerial knowledge and the approximation to theoretical administrative concepts with the practice of nursing ⁽⁴⁾.

The need to reinforce the translation of knowledge between teaching and health services emerges, implementing a training process that recognizes the changes that have occurred in the face of new care and management models, which changes the health work process and requires change in professional profile, requiring training with skills for decision making, communication, leadership, management and education ⁽²¹⁾. It should be noted that the training centers are responsible for training the future professional to develop such knowledge, rethinking their teaching strategies and priorities, in order to effectively meet health needs ⁽²⁵⁾.

CONCLUSION

In this study, nurses identified the difficulties found in the use of quality indicators as well as proposing strategies for the use of quality indicators in the hospital environment.

Leaders realize that underreporting adverse events and not filling in the spreadsheet of the indicators can contribute to unreliable results from the assistance. At the same time the

interpretation and applicability of the quality indicator are also difficulties encountered in the operationalization. As a suggestion, the institution may consider restructuring its forms and the notification process in order to instigate notifications by nurses and other professionals; and also, actively search for incidents, through internal audits, which may assist in the management results. The lack of time, due to the patient's care complexity, the turnover of collaborators or the reduced number of employees, daily complications, as well as the non-commitment of some nurses were also reported by the participants, in addition to the lack of data sharing and feedback from the area coordinators.

With regard to the nurses' strategies for the use of quality indicators, they cited the construction and collective discussion, the engagement of the nursing team and the multidisciplinary team, although these strategies are not used in practice in their entirety. In this sense, the institution will be able to think of ways to bring together the actors involved in search of better results and solutions. Therefore, feedback to the team and educational work are essential to show the result and to know what is needed to improve care.

Regarding the limitations of the study, the participants' fear of expressing their perceptions about the quality indicators, difficulties and strategies regarding their use in the hospital context, as they are employees of the institution, stands out. However, the data collection strategy with interviews and the focus group were essential to know the individual and group perceptions of nurse leaders.

In relation to future studies, it is suggested to think about new strategies for data collection techniques, such as filling out questionnaires with coded delivery and with other professionals in addition to nurses.

The results of the study positively imply in the nurses' care practice, for they reinforce the need to qualify the care management through the use of quality indicators, recognizing the difficulties and strategies for their implementation in the hospital environment. Therefore, it is necessary that health institutions are also sensitized, in equipping the nurse-leaders, in order to train their managers for the better use of quality indicators, since educational institutions do not meet all the needs required by the work market, at the same time, in which educational

institutions must rethink the content taught about quality indicators, providing subsidies for future nurses.

It was noted that the group of nurses in the study still faces difficulties with regard to proactivity, failing to propose a solution to the problems pointed out by the indicators. Likewise, it is necessary for hospitals to turn to health policies, especially to PNHOSP, in order to qualify hospital care and clinic management.

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