Introduction

The development of professionals in health organizations must be systemic and strategic so that it is recognized and evidenced by high levels of quality and clinical excellence. The use of different models of intervention and control applied and appropriate to the contexts allows the identification, planning and implementation of actions in order to ensure the continuous improvement of these same processes.

However, quality management must be based on the relationship between the client and the quality expectation of the process focusing on different dimensions of performance, attributes, safety, compliance, durability, care, attractiveness and expected quality. But quality is always what is perceived by those who will consume and varies according to the origin and influence of external and internal causes as well as the involvement of stakeholders, which will define the results and consequently the success or failure of the quality process itself. In the quality control process, it is essential that feedback from the control process occurs that is appropriate to the recipients and their real needs, so that the actions developed are translated into value for themselves and for the organizations as a guarantee of continuous improvement and excellence results are achieved.

One of the most applied tools in the management of the quality of nursing care is the quality audit, which in which the scope of Nursing should be governed by standards and reference indicators, as well as by observed evidence that allows to ascertain indicators of the quality of care provided.

In terms of nursing care, the private health care group in Portugal CUF, has in its organisational vision, to be the leader in the provision of high performance quality care, promoting the provision of health care sustained by values of intellectual capital development and based on a culture of continuous improvement and differentiation. In the specific scope of Nursing it has implemented the nursing care quality assessment (NCQA) adapted from the Haddad* model (2004) and contextualized to the hospitals of the health group based on the theoretical references of the Nursing Care Quality Standards of the College of Nurses, on the Nursing Care Reference and on the Nursing CUF Care Procedures.
This model is the result of audits in accordance with pre-defined criteria that allows the
determination of positivity indexes in dimensions related to nursing practice and
simultaneously extract indicators of the quality of care provided. In the current moment
of monitoring the quality of nursing care and in a perspective of continuous improvement,
it was considered essential to reflect on the indicators relating to compliance with
standards of quality of care according to the indexes of positivity in order to promote
professional development, satisfaction, motivation and personal development, maintain
and promote excellence and quality of care and consequently contribute to a culture of
clinical safety.

Objectives

The aim of this study is to evaluate the quality of nursing care in the sense of:

- maintain and/or increase the rates of positivity in the continuous improvement of
  processes.
- strategically monitor the daily practice of care according to indicators sensitive to
  clinical assurance and safety that comes from positivity indices.

Methodology

Observational, retrospective, quantitative study resulting from the results of monthly
NCQA in three inpatient services (IG6, IG5 and IG4) of a private hospital between the
years 2017 and 2018.

The results evaluation reflects the number of "non evidences" observed to adult patients
through the observation of direct care provision and analysis of performed nursing
records. The simple random sample, had with its population, the occupation rate of
patients stays of more than 24 hours. The sample size is n=356.

The overall level of quality of care in percentage values by size and by the respective
items. Desirable Quality: between 91% - 100%; Adequate Quality: between 81% - 90%;
Safe Quality: =80%; Minimum Quality: between 71% - 79% and Not Suitable Quality: =
or < 70%.

The analysis, interpretation and comparison of the meanings of the nursing care positivity
indexes <80% by size and by items that showed sensitive indicators of safe quality with
impact were performed. They were considered as criteria for analysis:

- dimensions and sensitive items with impact in 2018.
- dimensions and sensitive items with impact maintained in the 2 years under
  analysis
The "years of professional practice" and "professional category" were considered as
the dependent variable and the "independent" variables

**Results**

Of the total sample n=61 professionals 87.4% were female and 12.6% male with an
average age of =32 years. Overall, 67% of nurses had been working for less than 5
years, 25% had been working for more than 10 and less than 14 years and only 2% had
been working for more than 21 years. As to the distribution of nurses in the services by
professional categories overall there was a higher percentage for level I nurses with 50%
and a lower percentage for expert nurses with 2%.

**Analysis by dimensions**

The analysis by dimension and item respected the previously established criteria: All
items "Not Applicable" were considered as assessed, but not accounted for the
percentage of non-compliance, only items <80% (safe quality) potentially subject to
intervention or cause analysis.

Over the 2 years, n=356 audits were performed, showing overall sensitive indicators of
nursing care quality equal to or higher than 80%, with positive indexes of safe and
adequate quality in inpatient services under study, two of the services have globally
adequate positivity rates for the dimensions "comfort well-being", "functional
rehabilitation" and "organization of care". However in detail, the analysis of the results
on quality of nursing care revealed that one service presented overall potential for
intervention with rates of positivity <80% and significant differences (p-value=0.014)
specifically for the dimensions "prevention of complications" in item9 (p-value=0.028),
"functional rehabilitation" in item4 (p-value=0.050) and "organization of care" in item1 (p-
value=0.005). And only one, needed specific intervention for the dimensions "prevention
complications" in item10 (p-value=0.017) and "organization of care" in item3 (p-
value=0.019).

**Discussion**

According to the analysis of the results it is possible to infer and reflect on some of the
indicators for the quality of nursing care revealed through the positivity index.

Thus, in a global way, the three inpatient services under analysis meet the quality
standards of nursing care revealing rates of positivity between safe quality (=80%) and
adequate quality (>80% and <90%), which contributes and reflects professional exercise
in the continuous improvement of the quality of care. However, by reflecting in detail on
the dimensions and respective rates of positivity, data sensitive to the quality of care have been revealed over time which may become compromising of this same quality taking into account the potential external and internal causes (years of profession, length of service, professional category) and the involvement of the actors in the process.

Reflecting on the rates of positivity evidenced in the IG4 inpatient service, the highest percentage of professionals have been working for less than 5 years and are in the service between 2 and 5 years. Also, from 2017 to 2018 there was a decrease in the number of senior nurses and an increase in level I and II nurses. It was also noted that the items PC9, RF4 and OC1 were significantly influenced by the variable presenting rates of minimum quality and not adequate. However, it is important to emphasize sensitive positivity indexes for minimum and not adequate quality,

- in the dimension prevention of complications in the items: PC1, PC2, PC6, PC10 and PC12.
- in the comfort and well-being dimension of the items: CB3, CB7, CB14 and CB16
- in the functional rehabilitation dimension in items RF1, RF2, RF8 and RF9
- in the organization dimension of care in items: OC6 and OC7.

When reflecting on the indexes of positivity evidenced in the IG5 inpatient service, the highest percentage of professionals have been working for less than 5 years and are in the service between 5 and 9 years. Also, from 2017 to 2018 there was a decrease in the number of expert nurses, senior nurses and level II nurses an increase in level I nurses and in-service nurses. There was no evidence of a significant influence of the variable on the indexes of positivity, however it is important to highlight sensitive indexes of positivity for minimum quality and not adequate,

- in the dimension prevention of complications in the items: PC7.
- in the functional re-adaptation dimension in the items: RF2, RF 3, RF 8, RF 9
- in the organization dimension of care in the items: OC1, OC2, OC3 and OC4

When reflecting on the positivity indexes evidenced in the IG6 inpatient service the highest percentage of professionals have been working for less than 5 years and are in the service between 5 and 9 years. Also, from 2017 to 2018 there was a decrease in the number of senior nurses and an increase in level I and in-house nurses. It was also noted that the items PC10 and were significantly influenced by the variable presenting indices of minimum quality and not adequate, however it is worth noting indices of positivity sensitive to minimum quality and not adequate,
- in the dimension prevention of complications in items: PC2, PC9, PC12.
- in the comfort and well-being dimension of the items: CB2, CB14, CB16.
- in the functional re-adaptation dimension in items: RF2, RF5, RF6, RF7.
- the organization dimension of care in items: OC1.

Considerations

The involvement of professionals in the implementation of control mechanisms is essential to plan, monitor, evaluate and implement actions for continuous improvement of processes. Systematic monitoring of the quality of nursing care has allowed:

- categorize safety and quality indicators that revealed sensitive areas in the practice of care which may be influenced by a strategic monitoring of professionals throughout daily practice
- maintain and increase compliance with quality standards of care according to the positivity of criteria and clinical safety.
- reflect on the practice for the acquisition of new competencies with direct impact on results.
- influence attitudes, values and professional experiences with an ethical and legal commitment of the Nursing profession.

In organizations it is essential that people have a sense of belonging and of involvement for decision making in order to promote co-responsibility in processes, the development of learning, personal, professional and organizational skills. In this relationship of reciprocity between organization and collaborators based on dialogue, discussion and active sharing, makes it possible to develop integrated processes with multidisciplinary flexibility, which enable the understanding of the actions and limitations of different contexts, induce transformations and gain of skills with balance of responsibilities, provide the robust evaluation of processes and results of activities with impact on professional value.

Thus, the study revealed the need to intervene in order to improve the rates of positivity, which leads us to define a strategy of change based on a culture of supervision, promoting professional and effective personal development with a direct impact on the quality and safety of care.
In global terms, clinical supervision brings gains in the quality of care provided with the development of quality clinical practice and clinical safety aims to support, monitor and reflect on the performance of the nurse in order to obtain higher levels of care in the transition of learning to and in clinical practice, enables the supervised to a professional identity, sense of monitoring and trust, compliance with standards, collective development of team spirit and better management of teams, with reduced turnover.

We therefore advocate the development of a reflexive practice for autonomous decision making, interpersonal involvement, satisfaction and motivation through a peer supervision process that encompasses training and professional development with emphasis on the quality and adequacy of care inherent to the needs of clients in different contexts, promoting the development of skills specific to the practice.

References


