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Nursing Services Certification in Brazilian Health Organizations

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ABSTRACT

Background: *Currently in Brazil, the nursing workforce consists of 541,903 registered nurses and 1,536,505 technicians and assistants. The most extensive survey on a professional category ever undertaken in Latin America is unprecedented and covers a universe of 2,078,772 professionals. The diversity in the distribution and development of nursing professionals, impact on the safety and quality of care offered to users of different health services all over the country. The program aims to improve quality care and assist the nursing team by defining roles and actions within the organizational structure.*

Method: *The nursing certification consists of an evaluation of the work environment, identification of the nursing position in the organizational structure and the results of care. We used the work environment assessment for this diagnosis. Through the knowledge trail, we structure the nurse's development. Repositioning nurses within the dependent, independent and interdependent domains in the elaboration of the care plan. Finally, we evaluated the impact on the organization results through indicators directly related to nursing. The project has six phases distributed in eighteen months and indicators that evaluate the organization performance.*

Conclusion: *The certification provides experience validation, knowledge and skills of nursing professionals. It supports continuing education and develops the clinical skills that are conducive to job satisfaction among nursing professionals. The certification process seeks to identify nurses as a profession; recognize signs of oppressive group behavior and discuss strategies to strengthen ourselves as individual and interdisciplinary work. The certification includes benefits for the country, such as the increase in national competitiveness provided by the improvement in the quality of health services. For professionals, certification is the recognition that they are technically qualified, committed to the quality of health services and able to cope with the risks of their activity and the job market. For patients in the reduce inefficiencies in care.*

Keywords

Competency development, Services certification, Nursing performance.

Introduction and Background

Over a little more than a century, in different places of the world Nursing underwent several changes, with undeniable consequences, which were perceived in the academic environment and which led to the conquest of new spaces of action. However, the shape and trends of the globalization process in contemporary society impose new and major challenges for the profession. In the 21st century, it is imperative to join efforts of collaboration in the different countries, to open and consolidate spaces of effective actions to critically think, define and prioritize actions on the nursing professional practices. In this context, Nursing is challenged to seek new ways to respond critically and effectively to the demands of health problems in society.

Globally, health systems are pressured to offer the best care and seek the best results. It is noteworthy that with the aging of the population the demand for health care is increasing. Another important factor to note is evidence of a global crisis, especially in developing countries, which according to the World Health Organization (WHO) if no overall strategy is established by 2030

there will be not enough professional nurses to meet the health demand of the population [1]. The enormous crisis of the nursing workforce could profoundly impede health development in the world's poorest countries. Given this forecast, an international response and a government investment will be necessary for the development and maintenance of this professional. Since 2006, the nursing workforce crisis has been part of the World Health Organization (WHO) reports and has been the focus of the discussions of the International Standards and Quality Standards Committees for Accreditation - International Society for Quality in Health Care (ISQua) and Health Standarts Organization (HSO) [32].

International accreditation believes that to achieve a sustainable future, new management models and the nursing care model itself will be necessary.

To meet the standards of safe, patient-centered and integrated care, traditional roles will have to change. International accreditation has set two challenges for 2020: to change the mindset of institutional managers, policy makers and economists who still see health employment as a burden on the economy and convince governments and stakeholders that the current situation is unsustainable and that greater investment in the training and development of this workforce is urgently needed. These challenges are aimed at creating about 40 million new jobs in the health sector by 2030. Despite the projected growth of jobs, there will be a projected shortage of 18 million health workers by 2030. Investing in healthcare professionals is an opportunity to improve the health of the population, as well as create jobs and stimulate economic growth. Global development and economic growth depend on a healthy population.

Faced with this crisis, the Nursing Now campaign was launched in February 2018, an initiative of Pan American Health Organization (PAHO) / WHO, the International Council of Nurses (ICN), and a program of the Burdett Trust for Nursing. The duration of the campaign is 3 years, ending in 2020.

IQG Health Service Accreditation integrates and supports the campaign that is based on 5 pillars:

-1st is the improvement of health, raising the profile and status of nursing around the world.
-2nd is to enable nurses to take their place at the heart of the health challenges of the 21st century.
-3rd is to focus on five main areas:
Ensure that nurses and midwives have a stronger voice in the formulation of health policies;
Encourage greater investment in the nursing workforce;
recruiting more nurses to leadership positions;
Conduct research that helps determine where nurses can have the greatest impact;
Sharing of the best nursing practices.
-4 th is based on the conclusions of the Triple Impact Report
-5 th is to improve health globally, training nurses would contribute to improving gender equality.

Nurses account for 90% of health care, playing a crucial role in health promotion, disease prevention and treatment. As health professionals who are closest to the community, they play a particular role in developing new models of community care and in supporting local efforts to promote health and prevent disease.

Nursing Now is based on the findings of the Triple Impact report. The report concluded that, in addition to improving health globally, empowering nurses would contribute to improving gender equality - since the vast majority of nurses are still women - and building stronger economies [33].

Health systems are being forced to operate more efficiently to cope with changes in the population profile and at the same time manage the workforce crisis. The crisis has been part of the WHO reports and has been the focus of the discussions of the International Standards and Quality Standards Committees for Accreditation - Isqua and HSO (Health Standards Organization).

Currently in Brazil, the nursing workforce consists of 541,903 registered nurses and 1,536,505 technicians and assistants. The most extensive survey on a professional category ever undertaken in Latin America is unprecedented and covers a universe of 2,078,772 professionals.

After 18 years evaluating health services and identifying the main challenges in the nursing profession, in face of the epidemic experienced in health in the world, a certification model of nursing services was structured. This Brazilian Model of Certification of Nursing Services of IQG-Health Services Accreditation was structured to assist the repositioning of the nurse as responsible for coordinating patient care and responsible for the people who are cared for. The Certification intends to discuss the Redesign of the Model and Conditions of nursing work involving the intentional creation of environments that facilitate compliance with the standards of good practices, promoting excellence in patient care.

The program was structured based on the constructivist teaching method, which through the knowledge trail, non-technical competences focused on the general view of systems, social science and inter-professional learning will be developed in an obligatory manner of all nurses. Thus, the proposed model intends to present the implantation in Brazilian organizations.

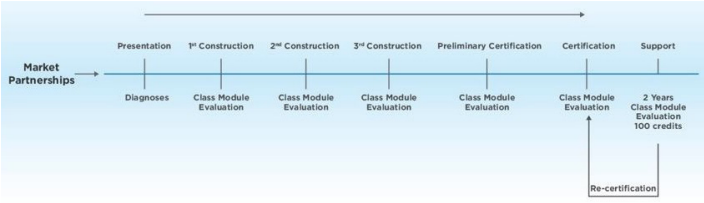

Figure 1: The Project Structure.

The diagnostic visit consists of an evaluation of the work environment [24,31], identification of the nursing position in the

organizational structure and the results of the care, and evaluation of the 4 parameters that will be compared at the beginning and at the end of the implantation, being:

1. Hours of nursing care / day / patient
2. Hours of nursing care / by years of experience /experience in the organization
3. Rotativity
4. Absenteeism

Figure 2: Trail knowledge (Machado M.M, 2018).

The team of surveyors will assist the nursing leadership in choosing a tool for bedside time evaluation. That should be applied up to one week before the second visit and one week before the fourth visit for comparative analysis.

Nurses are expected to supervise and coordinate the provision of patient care so that it is safe and meets quality standards, within human, financial, and material availability. For this change to happen it was defined as a tool The Nursing Role Effectiveness Model, proposed by Irvine Doran et al., which allows the evaluation and contribution of nurses in health care, presenting a set of relationships between structure, process and results of variables. The tool is based on the Avedis Donabedian triad (structure, process and result) [4,22]. In addition enabling the valorization and effectiveness of nursing care. The independent, dependent and interdependent domains of the nursing role are studied as a link between organizational and patient structures, as well as between patient outcomes and multidisciplinary teamwork.

The structure components are associated with the nurses, the patients and the organization characteristics and that influence the process and the results of the care.

Experience, knowledge and level of competence can affect the quality of care, as well as the patient's physical and clinical conditions. On the other hand, the number of nurses per shift per patient; the organization care format; and the autonomy exercised by the nurses can influence the care process and, consequently, the results.

In the next 4 follow-up visits, with a minimum interval of 1 month and a maximum of 3 months between them, will be used the constructivist methodology to develop and reposition nurses within dependent, independent and interdependent domains in the elaboration of the care plan.

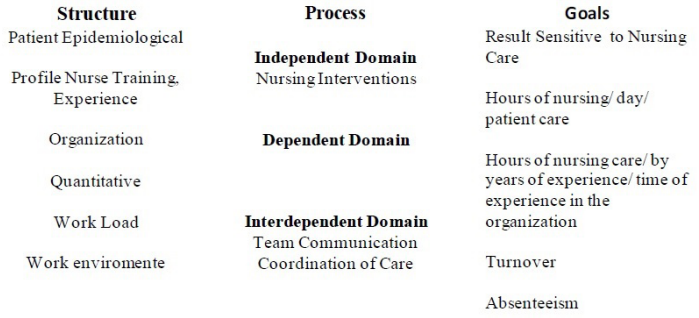

Figure 3: The Nursing Role Effectiveness Model (Irvine, Sidani, Keatings, & Doidged, 2002).

In order to solve the main problems encountered after diagnosis, in the subsequent visits, the multi-professional work teams should be structured with the involvement of the organization board of directors to solve problems such as communication and information registration, drug chain, patient flow and people management. As a structure of work teams, problems previously seen only by nursing, become strategic problems, which will be shared with the processes involved and directed to the organization's strategy.

The information is collected and analyzed from the time of the diagnostic evaluation and through continuous monitoring and evaluation. This continuous monitoring helps ensure that certification decision-making is based on sound evidence.

The information used must be of high quality and complete for decision-making and all information analyzed and available is respected and protected.

At the end of the certification, the final report is submitted to the organization senior management. The certificate issued after validation by the IQG Health Service Accreditation Certification Committee is made available within 30 days of the certification visit with a validity of 02 years.

To evaluate the effectiveness of the model proposed by the Certification it will be necessary to obtain quality results, retention of the team and construction of healthier environments. The measures will be carried out through the improvement of the care practice indicated by 4 parameters that will be compared at the beginning and at the end of the implantation, being:

- Hours of nursing care / day / patient
- Hours of nursing care / by years of experience / time of experience in the organization
- Rotativity
- Absenteeism

Findings

The Nursing Services Certification program was presented in November 2017. The follow-up results came from the 3 first

private hospitals, with medium and high complexity with a total of 735 beds. They show that the greatest challenges encountered in the implementation of the projects were related to the difficulty in understanding governance, on the role and responsibility of the nurse in the strategic decision-making and the repositioning of the nurse as a care coordinator.

The main problems identified in the structuring of care are described below.

The fragmentation of the care provided was observed, that is, the patientcare was not carried out continuously. An example of fragmentation of care often observed was that day after day, different people enter the patients' room and perform various types of care. The kitchen maid delivers the diet tray; the nurse arrives to prepare new venous access in the sequence. The occupational therapy service, busy with outpatients, leaves the time at the door of the bedridden patient, indicating when the therapist would enter, rather than asking when the patient would need therapy. Each collaborator completed his shift, but it seemed very disturbing and disorganized to the patient. The care was fragmented, not carried out continuously and not planned according to the patient`s need.

Another problem observed was the routine chest X-ray, which should take around 15 minutes; usually took up to 90 minutes and involved 20 people.

It was also verified that with the super-specialization of the health professionals, the care team have to compete with each other to gain access to patients and resources such as computers and equipment, for example, for the measurement of vital signs.

We also found that almost 45% of attempts to provide respiratory therapy had to be postponed, most of the time because the patient was receiving other care. In addition, during a three-day stay in a hospital, patients may have received care from 40 to 50 different professionals.

With regard to the use of technologies implemented as a pneumatic tube (forward and received inputs), it was observed that only 30% of its capacity was used, and the nurses moved away from the bedside to withdraw medication and materials at the pharmacy when they could make better use of such technology.

Regarding the records, it was identified the same inadequacy due to the lack of communication between the teams, adverse events for the patient, culminating in difficulty in the collection of payments of hospital bills.

The implementation process is being monitored considering the 4 parameters of the proposal.

Discussion

Nursing is embedded in a complex system with scarce resources and the search continues for economic containment and better results, being a privileged target within the organizations. Many managers do not realize how nurses produce value, or do not value what is produced by them, putting them as a cost and not as a revenue or investment in the hospital context. This view has to do with the fact that the organizations providing health services are still financed from the perspective of the medical diagnosis and the associated services, not directly by the nursing care (Amaral, 2011). Thus, it can be said that hospitals do not have incentives to provide a nursing framework that is adequate for the care and needs of each patient, which are naturally variable (Aiken, 2008).

Porter et al. (2009) point out that the notion of value, being an essential concept for the systems sustainability, cannot be analyzed only from a cost perspective, but also from a quality perspective, in order to guarantee patient satisfaction and to obtain real gains for the system sustainability.

Since the late 1990s, the quality of health care has been a growing concern. Several reports made it clear that the population was not receiving the quality care they should receive (Chassin, Galvin and The National Roundtable on Health Care Quality, 1998; Institute of Medicine, 2000, President's Advisory Commission, 1998).

The Institute of Medicine (IOM) concluded that an underlying reason for inadequate quality of care was the outdated and increasingly complex system in which health care was provided (IOM, 2001) [15].

Obsolete work systems place the workforce on the brink of failure (Institute of Medicine, 2001) [15].

Work processes and physical environments significantly impede the delivery of safe, effective and efficient care (Baker et al., 2008) [26].

It was observed that nurses spend a lot of time "hunting and collecting" information and other non-value-added activities, and ultimately patients suffer from the inefficient use of valuable resources.

A study by the Institute of Medicine (IOM) (13) found that the total time spent by all health professionals in the patients' rooms in direct care and evaluations ranged from 1.1 to 3.3 hours (median 1.7) in a period of 12 hours.

Observed in the first 3 organizations that adhered to the certification process, most of the nursing time was being spent with problem solving and role-filling activities.

The application of the work environment assessment has shown that the main challenges often encountered are:

- Poor communication
- Leadership and teamwork
- Poor quality of records, information and analysis of adverse events
- Insufficient knowledge of professionals in relation to security

processes
- Negative perception of the patient's safety culture.

In order to successfully cross this "quality abyss," nurses and other professionals must work in the full scope of practice, engage in inter-professional collaborative work, and have the necessary technological and information infrastructure (Hendrick et al., 2008; Institute of Medicine Page 31. For this, the decisions must be well directed, because their application in one area sacrifices the use in another, where they could obtain better results.

Redesigning health care is imperative to increase efficiency and profitability (Davidson & Davidson 2000; Lundgren & Segesten). It is not a question of destroying the whole conceptual framework that has been produced over the last decades and that has contributed to the development of the business. It is necessary that the existing theses be reviewed in the light of all the structural changes present in the health system.

Ensuring that the available resources are used for interventions that deliver outcomes that are more valuable for the patient, instead of focusing solely on effectiveness and cost-effectiveness, can help ensure that resources are used optimally.

Redesigning the work of nursing professionals involves the intentional creation of professional practice environments that facilitate adherence to good practice standards and promote excellence in patient care. Strategies that aim to optimize the use of knowledge, skills and abilities of nursing professionals.

Nursing practice depends on a large extent on the environment within which practitioners work. This environment includes the type of care, resources, workload, patients profile and other members of the health team, and individual and collective nursing philosophies, as well as number and education of team members (Ellis & Hartley 1992).

The meaning of the proposal is the opportunity for nurses to develop an efficient model of nursing practice, which will result in increased job satisfaction, as they get involved in the process of generating a specific model for the environment, both cultural and physical, within which they work.

Previous discussions about effective nursing practices identified only issues such as recruitment and retention, or shortage of professionals as factors of job dissatisfaction. There are few references to the autonomy to construct the work model.

Final Considerations

To date, 03 private hospitals of medium and high complexity have joined the program in 2018 and are expected to be certified in 2019.

The potential results of this project is that nurses will benefit from the combination of skills employed, with greater support and adequacy in relation to the types of work performed in different types of contexts. Patients will benefit from the improvements in the way the nursing care is delivered. The results for the organization is that health financing will be used more effectively for a better outcome in relation to patient care, provision of nursing care with adequate combination of skills to adequately meet patients and less financial resources spent on recruitment and retention. The results for the community are greater satisfaction and confidence in the delivery of health services in their local area as a direct consequence of a positive experience with the health service where nurses are using an effective and efficient care model.

Acknowledgment

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Abbreviations

HSO: Health Standarts Organization; ICN: International Council of Nurses; IOM: Institute of Medicine; IQG: Health Services Accreditation; ISQUA: International Society for Quality in Health Care; PAHO: Pan American Health Organization; WHO: World Health Organization.

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