

IMPLICAÇÕES DA ACREDITAÇÃO PARA A GESTÃO DO SERVIÇO HOSPITALAR

IMPLICATIONS OF THE ACCREDITATION FOR THE MANAGEMENT OF HOSPITAL SERVICE

ACREDITACIÓN DE LAS IMPLICACIONES PARA LA GESTIÓN DE LOS SERVICIOS DE HOSPITAL

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RESUMO

Objetivo: analisar as implicações da acreditação hospitalar para a gestão do serviço. **Métodos:** estudo de caso com abordagem qualitativa, realizado com 12 gerentes de um hospital acreditado. Os dados foram coletados por meio de entrevistas, com roteiro semiestruturado, e analisados pela Análise de Conteúdo. **Resultados:** foram identificadas repercussões positivas: padronização, organização do serviço, melhoria contínua, trabalho sistêmico e intersetorial. E negativas: cobrança para cumprir meta e alcançar resultados, estresse e sobrecarga de trabalho. **Conclusão:** A acreditação traz mudanças para a gestão do serviço, para os profissionais e para a prática gerencial. Os profissionais precisaram adquirir uma habilidade para conciliar interesses da instituição e dos profissionais.

Descritores: Acreditação; Gestão da qualidade; Administração de serviços de saúde.

ABSTRACT

Objective: to analyze the implications of hospital accreditation for the management of the service. **Method:** case study with qualitative approach, conducted with 12 managers of accredited hospital. Data were collected through interviews with semi-structured report, and analyzed by content analysis. **Results:** positive effects have been identified: standardization, service organization, continuous improvement, systemic and intersectoral work. And the negative effects are: requirement to fulfill goal and to achieve results, stress, work overload. **Conclusion:** accreditation brings changes to service management, for professional and managerial practice. The professionals had to acquire an ability to reconcile interests of the institution and professionals

Descriptors: Accreditation; Quality management; Health service administration.

RESUMEN

Objetivo: analizar las implicaciones de acreditación de hospitales para la gestión del servicio. **Metodo:** estudio de caso con un enfoque cualitativo, realizado con 12 directivos de un hospital acreditado. Los datos fueron recolectados a través de entrevistas con semi-estructurada y analizados por análisis de contenido. **Resultados:** efectos positivos se han identificado: la normalización, la organización de servicio, mejora continua, trabajo sistémico e intersectorial. Y negativo: la carga de cumplir el objetivo y lograr resultados, estrés, la sobrecarga. **Conclusión:** Acreditación trae cambios en la gestión del servicio, para la práctica profesional y de gestión. Los profesionales tuvieron que adquirir una capacidad de conciliar los intereses de la institución y profesionales.

Descriptores: Acreditación; Gestión de la calidad; Administración de los servicios de salud.

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INTRODUCTION

In Brazil, since the 1990s, some models of external evaluation of health services, especially hospital accreditation (HA), have emerged as a proposal to improve care and hospital management.

Achieving this quality certification requires efficient management with good planning. However, despite the considerable use of accreditation to ensure the quality of health care, studies on their implications and efficacy remain scarce, and little is known about the impact of accreditation on clinical outcomes, requiring greater knowledge to justify substantial effort dedicated to the implementation of accreditation programs⁽¹⁾.

Currently in Brazil, accreditation is voluntary and there are different HA models: National Accreditation Organization (ONA), Joint Commission International (JCI), Canadian Accreditation, National Integrated Accreditation for Healthcare Organizations (NIAHO); Certified by ISO 9.001, 14.000, 31.000 and OHSAS 18.001⁽²⁾.

Certification by the ONA methodology is a process performed by institutions accredited to it, through diagnostic visits. The evaluation of the hospital takes place *in loco* and the institution can be evaluated as not accredited or accredited; classified in three levels: Security (level 1) called "Accredited": it indicates that the institution has basic requirements of care quality and safety for the patient; Integrated Management (level 2) "Full Accredited ": characterizes the adoption of planning in the organization and "Accredited with Excellence in Management (level 3): demonstrates that the institution is within the standards of excellence, using indicators to evaluate results to improve Processes⁽³⁻⁴⁾.

Through the evaluation, the nonconformities in the work are identified, as well as the harmony with the standards determined by the ONA. In this sense, the evaluation and compliance with the accreditation standards allow to identify the inadequacies, increase the safety of the patient, the professionals and the managers of the organization, as well as favors the benefits of evaluation, quality promotion, health care security, the increase in organizational culture in favor of quality; effective communication;

strengthening of the multidisciplinary team and standardization of techniques⁽⁵⁾. In addition, accreditation can provide greater credibility to the institution by promoting better visibility vis-à-vis users and investors⁽²⁾.

In this sense, the HA process is directly linked to the managerial work at the different levels, given that the different knowledge and actors need to articulate in a harmonious way to achieve the organization's objectives.

The accomplishment of the present study justifies in the affirmation that the implications and effectiveness of the accreditation remain scarce in the literature⁽¹⁾. Despite the availability of certification and evaluation methods for health services improvements, it is still necessary to clarify the specific changes in certification for the management of the health service.

In addition, the current Brazilian scenario is in a worrisome situation in which users no longer support the high costs, poor quality, the increasing number of adverse events generating morbidity and mortality, and the precariousness of the procedures that generate inadequacy of the services provided⁽⁶⁻⁷⁾. Some difficulties in implementing quality programs are encountered as problems of infrastructure, human, material, financial and cultural resources⁽⁸⁾. Moreover, studies present certification as a process of positive changes^(2,5,8).

Thus, it is assumed that these methodologies are still adopted timidly in the country, with difficulties in the implementation and operationalization of the HA process. However, these difficulties do not diminish the relevance of Hospital Accreditation.

The provision of quality care, patient satisfaction, adoption of safety and quality standards, are indicators that encourage the improvement of health care and management, regarding the performance and evolution of the organization's results⁽⁵⁻⁶⁾. But it is not yet a reality in all Brazilian hospitals⁽²⁾. The concern with the quality and safety of the patient is a relevant issue as a global problem, and currently there are initiatives of the World Health Organization to identify changes and priorities in this area, proposing improvements in the work process in the quest for effectiveness and efficiency, cost control, reducing losses, reworking, reducing errors and developing a safety culture⁽⁶⁾.

Therefore, the guiding question of this study arises: how does accreditation involve the management of the hospital service?

Thus, this study aimed to analyze the implications of hospital accreditation for the management of the service in an accredited hospital. The analysis becomes relevant due to the articulation between hospital, accreditation and health management, besides indicating subsidies for the experience of accreditation in hospitals in the Brazilian scenario.

METHODS

It is a descriptive case study, with a qualitative approach. The qualitative research allows the researcher an approximation with the life reality of the individual, in addition to identifying the context in which he is inserted⁽⁹⁾. The case study is one of the most adopted delineations in qualitative research and aims to analyze a social unit, seeking to answer how or why phenomena occur⁽¹⁰⁾.

The unit of analysis was a hospital, context of the single case in question. It is a large private hospital located in Belo Horizonte, Minas Gerais, Brazil. This institution has been successful in all stages of the accreditation process and has been nominated at the Excellence level by the ONA in 2004. In 2009, it was also accredited by the National Integrated Accreditation for Healthcare Organizations (NIAHO), being the first hospital to have this certification outside the U.S. Thus, the choice of this hospital was given as the first hospital to be accredited in the Excellence Level in Belo Horizonte, and thus allowed to analyze the implications of HA, since it is an institution in which the process was already consolidated.

This hospital is part of the National Association of Private Hospitals (ANAHP). It provides ambulatory care, hospitalization and urgency to the population, with spontaneous demand, attending medical agreements and private, working 24 hours a day. It has a total of 233 beds, distributed in two blocks: Block I, with 135 beds, and Block II, with 18 floors, 200 apartments. It has as characteristic to be center of science, electing like primary objective to develop the medical assistance, the education and the research.

Thus, the institution has a broad structure, with Day Hospital, Pediatrics, Obstetrics, Inpatient Unit, Pediatric Intensive Care Unit (ICU) and Intensive Care Center (ICU), Intermediate Unit, Hemodynamics, Hemodialysis, Oncology,

Surgical Block and Clinical Medicine. To maintain the institution's anonymity and facilitate discussion and understanding of the results, the hospital was named "Hospital Gama".

Data collection was carried out in 2011, through semi-structured interviews with managers who belonged to the middle management hierarchy level. The roadmap was revised after a pilot test. As an inclusion criterion, it was established that the participant should occupy a management position and be included in the hospital accreditation since its implantation, excluding those who did not experience the preparation for certification. The choice of these participants was due to the belief that the manager has a fundamental role in the implementation and implementation of HA, effectively involving people permanently. Thus, 12 managers participated: five nurses, four doctors, two administrators and one accountant. Sample closure occurred through the use of information saturation. The saturation occurred when the data became repetitive and redundant, so that they did not generate more information⁽⁹⁾.

Interviews occurred at the participants' workplace and were previously scheduled. Interviewees were clarified on the ethical and legal aspects, by means of the authorization the interviews were recorded and transcribed in full, later they were enumerated according to the sequence in which they occurred, being identified with the letters GR (Manager) maintaining the anonymity of the subjects.

The collected data were analyzed through Content Analysis, which is characterized by helping to unveil what was not said and to understand what is retained behind the messages⁽¹¹⁾. The content analysis comprised three phases: Pre-analysis: systematized organization of the material covering the floating reading; The constitution of the corpus, that is, the choice of documents to be submitted to the analytical procedures; Elaboration of categories, classes that bring together a group of elements under a generic title, by reason of the common characters and codification, which allows to reach the representation of the content. Exploitation of material: it consisted of coding operations according to pre-formulated rules, and the categories were confirmed. And finally, interpretation of the contents: was intended for the treatment of results; With condensation occurring and the information highlighted for analysis in light of the literature⁽¹¹⁾.

All study participants signed the Free and Informed Consent Term (TCLE) and the study was approved by the Research Ethics Committee of the Hospital, the study scenario, and by the Research Ethics Committee of the Federal University of Minas Gerais. Opinion No. ETIC 0611.0.203.000-10 in compliance with Resolution 466/12 of the National Health Council.

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RESULTS AND DISCUSSION

Twelve managers participated: five nurses, four physicians, two administrators and one accountant. The age of the managers varied between 29 and 58 years-old, the average time of work in the institution in years was of 13.41 years, with maximum time of 19 years, being that 91.66% of the managers worked in the institution for more than 11 years. In relation to the accomplishment of Post-Graduation, 100% of the professionals carried out postgraduate courses: MBA Health Management, Hospital Administration, Executive MBA in Development, Human Resource Management, Intensive Care, Obstetrics, Business Management, Finance Management, Logistics, Executive MBA, Hospital Administration, Auditing and Personnel Management. From the mentioned courses, 10 (83.3%) are focused on the Management and Administration area; and two (17.7%) refer to direct patient care.

Through the interpretative analysis of the interviews, it was possible to construct two thematic categories: the positive face of hospital accreditation and the negative face of hospital accreditation.

The positive face of hospital accreditation

This category reveals the positive aspects of accreditation in the hospital institution from the perspective of the managers. The participants of the research reported the presence of standards, emphasizing that the accreditation collaborated for a standardized and organized work, with instruments that guide the managerial work. Thus, the manager has an administrative support facilitating the work by socializing the information with credibility and in a timely manner, provoking in effective transformations: "From 2004 (with accreditation) we began to have several documents and to require several

standardizations of work. If we have internal problems nowadays, we still have to imagine what it would be like without this standardization. We know that there is a lot to improve, but if now, with defined standardization, I have problems, what about before it? (GR 9)". "It is a work that we develop daily according to the standardization of quality... You have to be audited by standardization. So we are entering a bolder phase of management (GR 10)". "From accreditation, I have more instruments, in a more standardized way. I know where to look for the information and I know what I have [...] You have the most real time information and a standard way (GR 11)".

The implementation of HA requires a commitment from the organization to motivate constant efforts to incorporate new changes in the work philosophy, adding norms and routines in the services provided and the introduction of a new standardized and organized culture⁽⁷⁾.

One of the components that characterizes HA is the presence of control standards or reference standards that have an increasing complexity. Organizations have faced greater demands in terms of compliance with current legislation, adequate cost management, and user satisfaction with these services⁽¹²⁾. It should be noted that these standards are pre-established in the Brazilian Manual of Accreditation, based on the existence of the three certification levels⁽³⁾. Thus, a critical analysis is needed which is able to determine whether the management process used by the institution meets these accreditation standards⁽³⁾.

This study identified the standardization and establishment of audits as an advance in the management of the institution. Another important point was HA's contribution to the organization of the processes, providing ways to measure results and organizational performance: "With accreditation programs, we incorporate more method at work. Then, the accreditation programs they create, organizing, in a certain way, the work in general (GR 2)". "The job, he did not have to say a process organization. That is, it was done much more instinctively, without a definition of processes to be fulfilled. And then, when the accreditation process began, where the goals were established and the processes were standardized, we were able to internalize the work internally (GR 5)".

It is here the reflection on health management and work. Care should be exercised

in copying the guides of knowledge and techniques in the field of health, since the act of seeking guides in experiments of other natures tends to be frustrating from the point of view of the capacity of health actions to generate effective improvements for people's life⁽¹³⁾. Also in this context, it is emphasized that there is no single way to implement quality management, it is necessary to take into account the concepts and culture of each institution, adapting to each reality and visualizing its peculiarities⁽⁷⁾.

The standardization allowed an organization of the processes, since it is possible to visualize the expected model and to verify the achieved one. In this way, consequently it reduces the recurring variations of certain clinical and administrative practices. In this context, rules, regulations, technical documents and guidelines are introduced with the aim of subsidizing the organization of processes by creating a homogenization of the service provided⁽²⁾.

The accreditation process, with standardization of routines and organizational principles, meets the requirements to improve performance, measure and to identify systematically, to promote internal cooperation between sectors, processes and staff⁽³⁾.

In this sense, the research participants pointed to the organization of work with a focus on continuous improvement, a consecutive and stimulating process that aims to always achieve new levels of quality for organizational performance: "And we begin to see that quality is [...] we do not have to work for accreditation, but we have to work harder and harder to provide quality service (GR 10)". "When I look at the improvement of the work, I notice that every year the work gets better. Internal relationships get more solid, the confidence you have from the people who work with you. They also see this improvement. I think this is an improvement that we have (GR 12)".

Attention should be paid to the main focus of actions in the face of pre-established standards. The focus must be on improving care, meeting the real need of the patient. In this sense, it is emphasized that the central concern was not certification, not even routines and procedures, but, above all, to meet the patient's needs.

Accreditation is a method that develops evaluation tools to promote continuous improvement and leads health organizations to

implement good quality management practices aligned with other sectors⁽¹²⁾. Regardless of the hospital sector, the activity should be performed within the quality standard. In addition, another study pointed out that the addition of strategies provides greater adherence to management and standardization of processes, resulting in continuous improvements and continuity and quality of actions⁽⁴⁾.

Another positive aspect of HA in the present study was the process of maturing those people involved to understand the meaning of "non-conformity". Receiving non-compliance is a way of recognizing the mistakes and evidencing that it is not in compliance with the requirements defined in the Brazilian Manual of Accreditation. Nonconformity is to oppose a pattern: "In the continuous improvements that we make, accepting the error that another person points in your sector was the most difficult thing we had. Receiving nonconformity was the same that putting a finger on your wound, so we start to work on, solving the nonconformity. It's like a tool that we use to improve our processes. Now we do not see nonconformity as a problem, and it was like an offense (GR 9)". "No one is hurt now when receives nonconformity. Currently, people understand that if the product does not come, so they will receive non-compliance, and they will have to solve this non-compliance. There is someone looking if they have dealt with nonconformity. They have to come forward because their sector is having non-compliance and what they are doing for it does not happen again (GR 10)".

Failure to comply with the principle of standard generates "Non-Conformity", which consists of not meeting the standard of excellence, compromising the coherence and the functioning of the system⁽³⁾. Thus, nonconformity is not meeting the established quality standards. It should be stressed that the standards must be compatible with the reality of the services, that is, being possible to follow them. The objective of working in this perspective is to modify the pattern previously established, seeking the cause of non-effectiveness and, consequently, to present better management practices and better results⁽¹²⁾. It is also to fight and oppose effectiveness and resolution, improving practices, which still characterizes a crisis in public and private health services⁽¹³⁾.

Other studies also call attention to the evaluation of nonconformity, which must be

worked in a multi-professional and interdisciplinary way, in order to elaborate action plans for the treatment, solution of the flaws of the strategies to promote continuous process improvements, and establish a structure committed to the quality of services provided⁽¹⁴⁻¹⁵⁾.

It is also worth noting the development of a systemic and inter-sectoral work: "we started to relate to other sectors in a more formal way. So if I am not satisfied, I ask for a review of our chain, and I have an instrument to prove that you are not answering me. And it happens to be something much more professional than personal (GR 1)". "The quality service of the hospital that has the vision of the whole is not an isolated work. It is an integrated work of the whole hospital. So the strategy we followed is this, and I believe everyone has to follow (GR 2)". "Everyone helps each other. If I do not reach, no one reaches. The problem is not just mine. Some time ago, each one thought about his problem, just defending what matter for him (GR 9)".

Working in a systemic and inter-sectoral way is not always a reality in the hospital service⁽¹⁶⁾. In the statement of GR1, the "chain" refers to the client-supplier chain. It is an agreement between the manager and his suppliers, designing their systemic interaction; that is, it formalizes the interaction of processes between client and suppliers, evaluating their effectiveness and promoting improvement and learning actions⁽³⁾. Without cooperation and integration among all health professionals, care actions remain isolated and fragmented. However, evaluation of the quality of patient care and organizational performance is performed in every institution^(3,14).

Another positive aspect that HA provided to the institution studied was the training of managers and staff: "Regarding training, it has really changed, and I think this is good because we have a greater effectiveness, both in training and in the accompaniment of the professional (GR 1)". "We, the managers, had a course from Det Norske Veritas-DNV (GR 10)." "The hospital gave all the necessary support so that all the managers could be trained, the collaborators were trained, that the instrument was reached, the necessary training for this, the infrastructure for that, from the smallest thing to the whole operation of the accreditation process (GR 12)".

There were also significant improvements in planning: "the hospital became to be seen as a

company very recently. In the last twenty years of the complexity that has become the hospital, as the healthcare institution, in the world currently, in response to today's demand, the accreditation process had an influence on this (GR1)".

The study found different results from those presented, pointing to the lack of training and the lack of orientation in the institution studied, which were barriers for level I quality certification of a public hospital⁽⁸⁾. On the other hand, another study showed that the main proposal of accreditation was permanent education, which strengthened the managerial work and enabled the responses to the demands of the institution⁽¹⁷⁾, in order to meet the results presented here. It should be clarified that the DNV course is offered by the ONA and is characterized as training for directors to train internal evaluators⁽³⁾.

Thus, adherence to accreditation reveals the responsibility and commitment of the institution and its professionals to safety, professional ethics, the procedures they perform and the search for quality of care for the population⁽³⁾.

The negative face of hospital accreditation

HA has positive and also negative repercussions. This category reveals the negative aspects. According to the participants, the HA became the demand accentuated, with greater pressure to meet the goals, the stress of the diagnostic visit and the work overload:

"When we had the first audit, right... In that first, so, it is that tension, that despair. You want to leave. It happens more in persistence than in the tranquility of doing things (GR1)". "In the first process it seems to be more bureaucratic, and people work harder for that to happen. In a certain period, for example, accreditation is in May, there, so it's April, and people work desperately for the thing to happen. This is a problem situation, which is unpleasant and distressing. I would call it "time pressure," and that makes everyone's life a living hell, right? Everyone has to do a lot of things that do not fit practically 24 hours a day (GR2)". "Accreditation is a process that requires a lot of people, requires more of the employee. The level of demand is higher; the demand is higher (GR3)".

In studies released in 2012, the management of human resources was a difficult factor for quality certification. These studies also pointed to the overload, the complexity of the

work, and numerous daily activities as negative repercussions of HA. These factors directly affect the quality of institutional work and the professionals' quality of life. The professionals involved in HA need to feel valued, without, however, feeling fatigued^(8,18).

HA was mentioned as an important factor of pressure and stress on managers' daily lives. There was a greater requirement on the part of the hospital's senior management to meet the goals and to achieve accreditation within the time frame determined in the strategic planning; with greater demands on more complex actions and ever-greater goals: "management requirements have become more difficult because the goals that are stipulated are harder to achieve (GR1)". "In addition, we have strategic planning goals, which are semiannual. So, you have to present in every two months how is this going. If you have not reached it, you have to present a plan of action (GR10)". "So it's a set of tools to keep up with, to measure indicator and that's monthly. There must be a demand to get everything out on time (GR11)".

In this sense, reflections on the so-called "managerial malaise", a sentiment generated by the increase of the means of control, situations of pressure and stress on the goals of performance, demand and working conditions, that can have consequences for the health of the managers⁽¹⁹⁾.

Results-based demand is presented as one of the main factors of pressure on managers to demand tact to harmonize personal and organizational interests, and to achieve better results⁽¹⁹⁻²⁰⁾.

Still on the negative aspects, it emphasizes the actions of conflict management, the difficulties of relationship with the team and the work overload. Aspects evident in the testimonials: "It's hard for you to have the wisdom to make the day-to-day routine workable, because the quality program has a lot of documentation. If the manager does not have 'eyes' for it, if he does not make life easier for people, he will drown in the middle of so much work (GR2)". "This is accreditation: it increases the quality of service, but the volume of services also increases. It certainly increases (GR3)". "...What is not easy in all of this. Everyone's routine is very heavy (GR10)".

With HA, professionals needed to acquire an exceptional ability to reconcile the interests of the institution and professionals, and the results-focused demand is evident: "The paths are the

indicators that we have in the sector, which the company considered necessary for we can produce more results, both in the care and in the financial part, so that, together, with all this, the strategies it has to keep working in the market (GR4)".

It can also be seen from the testimonies that the costs of accreditation were mentioned by the participants: "From the first diagnostic visit to the front, we started to really change some actions, directing some adjustments to the certification. I think the biggest adjustment, the biggest change that happened, was in the physical, structural part of the hospital. It was physical suitability, construction suitability. A lot of things we had to adjust (GR1)".

"It increases the cost as well. The audit requires you the signaling, ramps. Today we must have everything: proper paint; the chair, if the leather is torn. They look at what you are offering to the patient (GR3)".

However, the improvements and adjustments made with HA compensate the results obtained in the process⁽¹¹⁾ and, therefore, it cannot be affirmed that it is a negative face of hospital accreditation. The institutions that seek the HA often make investments in the hospital structure, which includes human and physical resources. However, there is a cost-benefit relation between evaluation models, but few institutions were able to say how much was spent on external evaluation initiatives⁽²⁾.

Throughout the process, there are also fees that the institution pays to perform the Organizational Diagnosis before the ONA, even before the visitation process. For accreditation purposes, after meeting the eligibility criteria, a registration fee for certification is collected. In addition, an annual maintenance fee must be paid to the ONA until the expiry date of the certificate received by the institution⁽³⁾.

The accreditation process may seem onerous, but its educational character is emphasized in view of the results and improvements of the hospital system with a focus on the patient. An investment is estimated when the goal is quality of care and safety.

The results presented corroborate a research published in 2011, pointing out that the accreditation process has repercussions such as good image, advertising, better services, reference in quality, safety, clientele, and the key to overcoming in the competitive market. However, in the HA process, it is very important

not only to improve services, but also to present good financial results and quality management for any hospital⁽¹¹⁾.

Accreditation is a valid process from the perspective of Gama Hospital managers, and it is extremely important that internal clients recognize its benefits. But it is also necessary to recognize that it is often fundamental to change the institutional culture, to redesign the systems, to re-evaluate the processes directly involved and, mainly, to avoid the fatigue of the professionals.

CONCLUSION

Through this study it was possible to analyze the implications of the accreditation process for the service management, for the professionals inserted in the organization and for the managerial practice. In the point of view of the interviewees, the accreditation process was very important for the development of quality of work. Despite presenting negative points in its implementation, accreditation promoted the improvement of services, as well as patient safety. It is emphasized that the quality of the service contributes to the survival of the institution.

Accreditation brought changes in the work setting; planning, evaluation of service, organizational goals, work organization as a whole, repercussions on the management of the hospital service. But there is also the aspect of cost, overload and discomfort at work, characterizing the negative side of accreditation. Participants in the survey recognized, in consensus, the importance of accreditation for improvements in the quality of health care.

The objectives were achieved and the methodology proved adequate. However, a limitation of the study was the collection of data seven years after the first certification, which required participants to recall old facts. Moreover, because it is a single case study, the results cannot be generalized. The gap of knowledge identified was the development of future research that focuses on the strength of a quality management that exceeds the quality in its theory, and assesses the change in organizational culture.

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