Esc Anna Nery 2016;20(1):63-69

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Benefits and difficulties in the implementation of hospital accreditation: The voice of quality managers*

Vantagens e dificuldades da acreditação hospitalar: A voz dos gestores da qualidade

Ventajas y dificultades en la aplicación de acreditación del hospital: La voz de administradores de calidad

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Abstract

Objective: To learn the perceptions of hospital quality managers about the benefits and difficulties that arise from accreditation. **Methods:** A descriptive, qualitative and exploratory study was developed with five quality managers from hospitals of each of the three levels of national accreditation and one which lost its accreditation. Taped interviews were carried out with the participants, which were guided by the question: Tell us about the benefits and difficulties to obtain and maintain hospital accreditation. Transcribed data were submitted to thematic content analysis. **Results:** Categories of "benefits" and "difficulties" related to accreditation were created, each of them with two specific subcategories. **Conclusion:** In spite of the barriers related to the organizational culture and staff turnover, accreditation was mentioned by managers as beneficial to the quality of management and care because, through the standardization of processes and user centralization, the provision of care services is focused on quality.

Keywords: Hospital accreditation; Quality management; Hospital administration; Health manager; Nursing.

Resumo

Objetivo: Apreender as percepções de gestores da qualidade hospitalar quanto às vantagens e dificuldades advindas da Acreditação. **Métodos:** Pesquisa descritivo-exploratória, qualitativa. Participaram cinco gestores de hospitais relacionados em cada um dos três níveis de certificação de Acreditação nacional e de um hospital que perdeu tal título. Aos participantes, fez-se entrevista gravada e norteada pela questão: Conte-me sobre as vantagens e dificuldades de obter e manter a certificação pela Acreditação. Os dados transcritos foram submetidos à Análise de Conteúdo, modalidade temática. **Resultados:** Foram apreendidas categorias referentes às "vantagens" e às "dificuldades" relacionadas à Acreditação, cada qual com duas subcategorias pontuais. **Conclusão:** Apesar de empecilhos relacionados à cultura organizacional e à rotatividade de pessoal, a Acreditação foi apontada pelos gestores como vantajosa à qualidade do gerenciamento e também da assistência porque, por meio da padronização dos processos e centralização do usuário no cuidado, a assistência é gerenciada para a qualidade.

Palavras-chave: Acreditação hospitalar; Gestão da qualidade; Administração hospitalar; Gestores de saúde; Enfermagem.

Resumen

Objetivo: Comprender las percepciones de los gestores de la calidad del hospital sobre las ventajas y las dificultades derivadas de la Acreditación. **Métodos:** Estudio descriptivo y exploratorio, cualitativo. Cinco participantes gerentes asociados hospitales en cada uno de los tres niveles de certificación Acreditación Nacional y un hospital que ha perdido este título fueron entrevistados. Los datos transcritos fueron sometidos a análisis de contenido, modalidad temática. **Resultados:** Categorías fueron incautados en relación con "beneficios" y "dificultades" relacionadas con la acreditación, cada uno con dos subcategorías específicas. **Conclusión:** A pesar de los obstáculos relacionados con la cultura organizacional y la rotación de personal, Acreditación fue citado por los administradores como ventajoso para la calidad de la gestión, así como la asistencia, ya que, a través de la estandarización de los procesos y la centralización de usuario en el cuidado, se gestiona la ayuda por la calidad.

Palabras clave: Acreditación de hospitales; Gestión de calidad; Administración hospitalaria; Gestor de salud; Enfermería.

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Submitted on 01/15/2015.
Accepted on 11/09/2015.

DOI: 10.5935/1414-8145.20160009

INTRODUCTION

With the inclusion of machines in work processes, brought by the Industrial Revolution, the management of production of goods and services has become a matter of concern among managers of organizations, since quality assessment, which had been based on inspection, is now evaluated on the basis of customers' perceptions, or those who actually "consume" the product[1].

Bearing in mind that consumers of goods and products also include customers/users of the service industry, concern over quality and its assessment has been gradually included by health institutions. Historically, it has been recognized as one of the elements of managerial work within this particular production industry[2,3].

Quality assessment is a cause for concern among health service managers, and for that reason, it is important that its implementation occurs by means of instruments and systematic techniques, so the managerial process achieves a rational and strategic vision of quality, with decision making oriented toward continuous improvement of processes and products, that is, care services[3].

In the contemporary context of quality assessment in health, especially within the scope of hospitals, significant focus has been placed on the accreditation system, which is defined as a systematic, periodic, reserved and sometimes voluntary strategy, whose methods allow for the quality assessment of services according to previously defined standards[2,4]. After such assessment, accreditation may or may not give way to certification. However, the main objective of this strategy or quality management system is to ensure continued education within all health organizations, although it does not represent a watchdog action[4].

In Brazil, the certification offered by accreditation is represented in the form of levels (Accredited, Fully Accredited, Accredited with Excellence and Not Accredited) and the criteria that define each level can be found in the Brazilian Accreditation Manual, proposed by the National Accreditation Organization (ONA, as per its acronym in Portuguese), created in 1999[2,4]. In addition, Brazilian health institutions may also claim the international certification, mainly via the Joint Commission International (JCI) and the Canadian Council on Health Services Accreditation[2].

According to ONA, an *Accredited* institution is the one that proves the existence of basic elements of care safety and infrastructure; a *Fully Accredited* is the one which has its own management system, based on strategic planning, and which meets all the requirements of the previous level and has standard protocols for care and management processes[4]. As for institutions *Accredited with Excellence*, in addition to meeting the requirements of previous levels, they have to prove that their results are based on indicators that are in line with their planning; and after a critical analysis of results, continuous improvement actions are defined[4].

Among the benefits of hospital accreditation, which are mentioned by many professionals, there is greater safety in care of patients and in professional activity, standardization of techniques, support on the scientific nature of care, and better working conditions, which tend to be oriented toward excellence in the care of patients[5,6].

Worthy of note that, to achieve higher quality in health services, accreditation requires interdisciplinary work and efforts to overcome fragmented care. From that perspective, in order to achieve the expected quality, professionals must assimilate the logic of comprehensive care and consider users as the focus of the care process[6].

Notwithstanding the importance of professionals who work in quality management to hold leadership positions in the context of accreditation[2], it is essential to investigate the understanding of these workers regarding the benefits and/or difficulties that arise from this process, since the results of such investigation may give rise to more assertive decision making and contribute to the creation of strategies oriented toward the implementation and monitoring of that system.

Confirming the statement above, there is the fact that it was not found, in the main databases available online, such as the Virtual Health Library (VHL); the Scientific Electronic Library Online (SciELO); the Latin-American Literature in Health Sciences (LILACS); the National Library of Medicine (Pubmed); the Nursing Database (BDENF) and; Scopus, any national or international publication with the controlled descriptor "Hospital Accreditation", and the respective terms in Portuguese, in scientific articles published over the last ten years (2004-2014) that focused on the perception of managers regarding the benefits and difficulties that arise from hospital accreditation.

Considering that hospital accreditation is an important means for achieving quality in health services, this study was guided by the following question: How do hospital quality managers perceive the benefits and difficulties that arise from accreditation? Therefore, the objective of this study was to understand managers' perceptions of hospital quality regarding the benefits and difficulties that arise from accreditation.

METHODS

This is a descriptive and exploratory study, of qualitative approach, conducted in May 2014 in four hospitals in the state of Paraná that were in the following conditions: Accredited; Fully Accredited; Accredited with Excellence and De-accredited (accreditation certificate canceled).

The selection of the places of study was made according to the following criteria: being a general hospital; being located in the state of Paraná; having long certification time displayed on ONA web page; or, in the case of a canceled certification, the institution that was last canceled. Selection took place in November 2013, and at that time, medium and large-sized hospitals were selected, all of them located in Curitiba, except the Fully Accredited hospital, which was located in the metropolitan area of that city (and which was also the only public institution selected).

Professionals who had been holding leadership positions in the management of hospital quality were invited to participate in the study. The sample was intentional, in which the researcher deliberately selects the subjects of investigation and does not extend the results to the whole population[7].

Data were collected by means of the application of a form to obtain information regarding the sociodemographic characteristics of participants, and subsequently, a recorded interviewed was done, supported by the guiding question: Tell us about the benefits and difficulties to obtain and maintain the Hospital Accreditation certificate.

Interviews were scheduled according to participants' availability. At the time of scheduling, the objective of the study was made clear, as well as its mode of conduction. Prior to the interviews, which were carried out in the place of work of each quality manager, a Free and Informed Consent Form was handed over by the researcher for participants to read and sign, in two copies.

The interviews were fully transcribed and were then submitted to a Content Analysis, by theme, respecting the stages of pre-analysis, exploration of material and treatment of results[8].

Since the categorization of data was preceded by a thematic analysis, data were segregated according to the semantic criteria of content of interviews[8]. Thus, the content was previously categorized according to the "benefits" and "difficulties" that arise from hospital accreditation, as per the chosen methodological framework[8].

In the presentation of results, the excerpts of statements were edited for possible grammar errors, without changing their basic content. In addition, terms between brackets were added when necessary in order to facilitate understanding of statements by the reader.

In order not to identify participants and institutions, the letters "QM" (for Quality Manager) and "H" (for Hospital) were added at the end of each statement. Also, to distinguish the places of study, each rating was followed by a sequence number, defined as follows: numbers 1 to 3 represented accredited hospitals according to ONA's level, and number 4 represented the hospital which had its accreditation canceled. Worthy of note that the Fully Accredited Hospital had the participation of two managers, and their identification was also numbered (QM1H2 and QM2H2).

The ethical requirements defined by Resolution 466/2012 of the National Health Council were fully met and this study was registered under number 28867014.7.0000.0104 and Opinion no. 691.924/2014, issued by the Human Research Ethics Permanent Committee (COPEP) of the State University of Maringá (UEM).

RESULTS AND DISCUSSION

In all, five quality managers were interviewed. At the Accredited, Accredited with Excellence and De-accredited hospitals, interviews were carried out with a worker; and at the Fully Accredited hospital, as mentioned above, two workers were interviewed, as the management leadership was shared between them.

As for demographic data, three participants were male and two were female, with their ages ranging from 32 to 53 years old. One was single, two were married and two reported the option "other" as marital status. As for education, one was a nurse, the second was a business administrator and the third was a physical therapist. The minimum professional experience at the hospital was of two years, and the maximum was eight years.

As mentioned before, the predefined categories according to the semantic criteria of the content analysis of interviews was related to the benefits and difficulties of accreditation. After the appreciation of their content, interviews were titled as "Benefits of hospital accreditation" and "Difficulties related to the implementation and maintenance of hospital accreditation".

Benefits of hospital accreditation

Statements from quality managers suggest that benefits of hospital accreditation are related to the improvement of management quality and also to the quality of care of patients. To better address the topics that composed this category, the following subcategories were created: Benefits to the management quality and; Benefits to the quality of care.

It is clear that the success of implementation and monitoring of accreditation and other quality management systems also depends on rational, innovative, active and participative managerial practices, in which managers of the process must work unceasingly to achieve continuous improvement and maintenance of successful actions[2,6]. In line with the statement above, regarding the benefits to the management, quality managers pointed out:

> *[...] I think it is about managerial matters actually. Accreditation makes management easier. When you have time to implement a quality process, you begin to direct things. Where you want to go, when you want to get there. So, that was the big difference (QMH4).*
>
> *I believe that we [through accreditation] manage to have processes better mapped out, more precisely defined (QM1H2).*
>
> *It was management, the managerial matter itself that changed [for better] really [...] Those who work in hospital management, the administrative area of hospitals, know this hospital today. Many of our professionals left us to take over management positions in other hospitals (QM2H2).*

The excerpts from QMH4, QM1H2 and QM2H2 indicate that managerial improvements are the result of accreditation. This is important because, just like in other quality management systems, accreditation requires well-designed managerial processes, which together with strategic planning, can largely contribute to the success of its implementation and to the maintenance of organizational routine[2,9].

A study carried out in the state of Paraná found that the training of hospital units for accreditation resulted in important changes in practice, whether in the managerial scope, within

units, or in the organization as a whole, since planning for certification and its maintenance was a broadly discussed topic[9]. Likewise, statement made by QMH4 indicates that planning was a managerial strategy that was better worked on within the organization after the inclusion of accreditation principles in hospital routine (referred to as "quality process" by the participant).

It is worth highlighting that the logic of the accreditation process itself seeks to encourage health organizations to achieve high levels of quality in management[6]. This probably results from the first assessment session, for which the Brazilian Accreditation Manual proposes the evaluation of the organization management and leadership[4]. In this regard, the statement made by QM2H2 shows that the institution's human resources achieved high standards of quality in management, and as a result, professionals who worked in the Fully Accredited hospital went on to hold leadership positions in other institutions.

Especially in the context of quality management systems, such as accreditation, service management must be based on the standardization of activities, aiming to minimize risks, and to do so, one of the basic principles is the mapping out of care processes[5,10]. In view of the above, the statement made by QM1H2 indicates that managerial improvements, made possible by accreditation, are also related to the standardization of care processes, understood as a parallel managerial action that is necessary to the provision of care.

In a hospital environment, quality management directly affects the organization of the care process and also when it comes to meeting users' demands, as we can see in the statement below:

> *The organization of processes [...]. A clear discussion about what planning in the institution means. The organization of its structure to meet the needs of internal and external clients (QMH3).*

It is possible to observe in that statement that the benefits arising from accreditation, with regard to management, go beyond merely administrative and bureaucratic matters, since they concern meeting the needs of external clients, or users. This is relevant because, in this particular service provision, the "consumer", the user of the health system, is a human being who will be provided with the "product", in this case, health care, in a decent, humanized and qualified manner. In view of the above, the previous statement fits into the second subcategory of benefits that arise from accreditation, which is: benefits to quality of care.

By means of rationalization of work, continued education of the health care institution as a whole, standardization of care processes, measurement and assessment of results among others, accreditation seeks mainly quality of care[4-6]. Thus, users must be the at the center of care and be the reason for the existence of health institutions, as suggested by hospital quality managers:

> *When you open the discussion about accreditation, you discuss quality management, you focus on the person of interest: the customer. When you put the customer at the center of these care processes, everything is solved (QMH3).*
>
> *Concerning the patient, I think it is the sum. At all levels, one, two or three, the focus must be on the patient (QM2H2).*
>
> *Not to mention the benefits [of accreditation] to the patient, you know? It was our patients who benefited from all this (QMH4).*

The fact that statements point to the central place occupied by the user in the provision of health services, as a benefit of accreditation, may be the result of the assimilation of traditional principles of quality management by managers and workers of health institutions. This is because the quality management practice has evolved from simple inspection of goods produced to a continuous search for customer satisfaction based on their actual needs[1,2].

In view of the above, we should mention that the perceptions of the managers interviewed may indicate the reassertion that hospital accreditation is a quality management system which is adapted to the reality of health care and based on principles that focus on meeting users' needs as the desired result, by means of the application of systematic methods and techniques.

Despite the significant benefit brought by accreditation, as presented in the statements above, it is worth noting that the expression "everything is solved", used by QMH3 regarding the strategy of problem solving focused on the customer, must be questioned. The complexity of services provided in hospital institutions, the fast pace of work and the possible lack of resources, together with an increased technological progress, may represent barriers that go beyond this and other strategies that aim at quality of care by means of accreditation[11,12].

Even if hospital accreditation has its limitations, this quality management system results in improvements related to patient safety, from the interviewed managers' point of view, and in benefits to quality of care:

> *In that way, I will not stop making mistakes, but will certainly minimize them. So, although there are difficulties, we still have well-defined processes and always search for the improvement of services for patient safety; I think that is the main benefit of accreditation (QM1H2).*
>
> *When entering a hospital, you are subject to different events or adverse outcomes: An accredited hospital addresses the matter head on, and I think that is the great benefit to the end customer (QMH3).*

Despite being a multidimensional phenomenon, quality in health must be defined according to the organizational mission and the context in which each institution is found, taking into

account safety, effectiveness, care focused on the patient, access, efficiency and equity in the provision of health services[1,2].

Statements made by QM1H2 and QMH3 show that accreditation is an element that brings safety to users cared for at the hospital, and consequently, it is something that supports quality of care as a result. This is important, as patient/user safety has been one of the most discussed topics in the health care sphere, both in practice and in scientific fields, including in the establishment of international targets, which include prevention and management of adverse outcomes related to care services, among others[12].

It is worth remembering that safety in care is a diktat already provided at the first certification level of national accreditation[4]. For this reason, it is postulated that legitimization of managers regarding a safer care service in an accredited hospital is a possible opportunity to disseminate this management system across the Brazilian territory.

QM1H2 and other managers also stated that the standardization of care processes, established by accreditation, results in improvement of safety and quality:

> *So, all that we have developed [in the accreditation process] was about patient safety. Regarding the alignment of processes with focus on the patient, and then, on excellence (QM2H2).*
>
> *[Benefit of accreditation] Internally, for patients themselves, as there is a standardized working method, which to a certain extent ensures a better care service (QMH1).*

Confirming excepts from QM2H2 and QMH1, results from a national study conducted in the state of Minas Gerais point out that the standardization of health care processes provide greater safety in the provision of services, due to a more scientific nature of processes[6]. Another study carried out in 73 European hospitals mentions that accreditation is a form of quality certification that, despite its limitations, systematizes the implementation of a structure and care processes that support patient safety[12].

Also confirming what has been explained above, a recent population-based study[13] carried out in Denmark highlighted that full certification of hospitals by accreditation - something that seems to be close to the excellence level of ONA[4] - profiled itself as a variable for reducing the risk of mortality, calculated for 30 days of hospitalization in patients admitted in that country. In spite of that, authors reported that further studies need to be conducted, aiming to clarify the benefits of accreditation, especially with regard to patient safety[13].

In view of the results presented and of the reference to the literature, it is possible to observe that accreditation has the potential to improve safety levels in hospital care. This is relevant because safety is an element that represents quality itself[14], which is the main goal of this management system[4-6]. In addition, the expression of commitment to health users safety meets what is recommended internationally, since it is a strategy that tends to reduce chances of users to be exposed to undesirable events, which are nonetheless common to those who are hospitalized[14].

On that basis, the benefits to patient safety should not be accorded to hospital accreditation only, since other factors may affect this expected condition. An example of this is professional satisfaction, the relationship between workers within the multidisciplinary team and between workers and managers, and working time in hospital organization, which can all be factors that affect the achievement of the expected safety level[15].

In view of matters previously explained, we can mention that the benefits of accreditation deserve to be continuously problematized, or further clarified, if they are indeed the result of this system, since the certification process is widely known to be expensive[16]. As a result, some Australian researchers have concluded that there is an imminent need to foster new studies oriented toward the evaluation of costs in relation to the benefits of accreditation, which implies in a formal economic assessment of the certification process in the light of its little explored benefits[17].

In the explanation of this category, quality managers considered that accreditation represents a worthwhile system for management and quality of hospital care. In spite of that, according to participants of this study, the accreditation process presents some difficulties to be overcome, especially during the implementation and maintenance stages.

Difficulties related to the implementation and maintenance of hospital accreditation

Data that allowed for creating this category indicate that, from quality managers' point of view, difficulties related to accreditation, more specifically to their implementation and maintenance, have to do with organizational culture and staff turnover. Therefore, two subcategories were also created within this category.

Culture is an element that is part of the informal structure of organizations, and unlike the elements that are part of the formal structure, such as organization charts, regulations, and technique and procedure manuals, they are not explained or viewed in a concrete or documentary form[18].

In view of the above, maybe as a result of the subjectivity of the presented issue, managers interviewed, who have the responsibility of putting into practice a complex quality management system that is based, among others, on the rationalization of work, on the standardization of processes and on the assessment of concrete results, mentioned the organizational culture as a barrier to the implementation of accreditation.

> *The biggest difficulty is to break paradigms. There is the cultural issue. Like it or not, you will have to break paradigms, to implement the culture. And it is also [difficult] for senior management. It was very difficult at the beginning, but we did it (QMH4).*
>
> *I think that the great challenge of patient quality and safety is to implement the culture of quality within the organization [...]. The implementation of culture, I think that's the big challenge (QM1H2).*

> *I think that the main difficulty is culture. Indeed, it's culture [...]. It was a moment of great union. It was exhausting because it is very difficult to break paradigms, to introduce concepts and make things happen, because it's cultural (QM2H2).*

The matter of organizational culture defined as a management problem can be even more evident in the context of hospitals, since the singularity of the service and a historical heritage that is opposed to changes may affect the construction of new institutional values and practices.

> *It's not easy. Changing is not easy. It's a health institution, in which the implementation of quality management programs is very different from in a factory. But it tends to change. People can see the difference over time. Perception by managers is not instant (QMH1).*

It is possible to see that the statement given by QMH1 is related to the last excerpt of the statement made by QMH4, since both mention the difficulty in implementing a culture of quality in order to obtain accreditation. From that perspective, it is worth mentioning the relevance of this finding, since the implementation of accreditation requires large investments of a wide range of resources, including financial ones, in addition to result in the promotion of quality in a systemic manner within the organization[4-6].

It is up to quality management to ensure, implement and assess initiatives in benefit of quality of services. However, quality policies must be common elements to the whole organization, beginning with senior management, which will have an impact on the institution's attitude regarding the culture of quality[2]. In this sense, with the aim to overcome barriers mentioned by interviewees, it is important to have the culture of quality as a prior element to the implementation of accreditation, as this system requires changes in the process of work to be effectively and efficiently implemented, which may be obstructed by the culture in place.

Maybe as a result of this difficulty, quality managers mentioned staff turnover as another challenge inherent to accreditation. Hence, subjects' statements seem to suggest that staff turnover is not limited to the implementation itself, but it also concerns its maintenance, which made us create another subcategory, namely difficulties related to staff turnover.

Turnover is defined as the replacement rate of human resources in the organization, which is costly and has a direct impact on quality of care[19]. In this sense, staff turnover may be an even more alarming condition in the context of accreditation, since the level of demand for quality is high:

> *We are having great difficulties keeping the workforce [and the process of accreditation]. You train professionals today and tomorrow they leave, you no longer have them to provide services with safety and quality (QMH4).*

> *The greatest difficulty that I see here in the state of Paraná, where our job is relentless, is the high turnover, mainly in nursing [...] So, this staff turnover makes me train them again and again, and this is exhausting and makes the work process more expensive (QM1H2).*

> *At every audit cycle, we lose several professionals. Even though it is a public hospital, it is not financially [in terms of salary] attractive. There is a difficulty keeping the staff (QM2H2).*

Staff turnover is cited as an important indicator of quality of human resources management, especially in the context of nursing, which has the greatest number of professionals in hospitals[19,20]. Therefore, an excerpt from the statement made by QM1H2 shows that the turnover issue deserves special attention from leaders because this fact, together with an increase of costs, may affect quality of care and also the maintenance of excellence levels required for accreditation.

With regard to the excerpts from QM1H2 and QM2H2, staff turnover is emphasized as it is related to the type of hospital, which is public. By contrast, the statement made by QMH4 and the results of another national study about the aspects that hamper the accreditation process according to health professionals, which was conducted in a private hospital, suggest that this reality must be faced by different services[21].

It is possible to observe, in the light of the analysis of this category, which addressed the difficulties that arise from accreditation, more particularly in the implementation and maintenance of this system, the organizational culture and the control of staff turnover are elements to be taken into consideration. Therefore, the promotion of educating measures related to the culture of quality and incentives to the permanence of professionals can be beneficial to the implementation and maintenance of accreditation.

CONCLUSIONS

This investigation allowed identifying benefits and difficulties that arise from hospital accreditation, from quality managers' point of view. This approach showed that the benefits are related to improvements in management and also to the centralization and safety of users, which was considered as benefits to the quality of care. On the other hand, for accreditation to be implemented and maintained in the organization, there is difficulty in establishing an organizational culture oriented toward quality and in reducing staff turnover.

We consider that this study contributes to the management of hospital quality with regard to support more assertive decision making, especially to those who aim to implement accreditation and foster organizational culture and permanence of professionals, before and throughout the certification process. To reinforce this idea, the that study focused on the perception of quality managers, which enhances the support of decisions oriented toward the implementation of accreditation,

because even though this system requires the participation of all individuals who are part of the hospital organization, it is the senior management's responsibility to drive the process.

The study cross-sectional design and the conduction of individual and occasional interviews may be considered as limitations of this study, and for that reason, we suggest that new studies be carried out, with participants from different places and with different methodological approaches, also aiming to measure the impact of improvements of patient safety in those hospitals.

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* Article resulting from the master thesis entitled "Compreendendo a Acreditação Hospitalar na Perspectiva de Gestores e de Trabalhadores" ("Understanding hospital accreditation from the perspective of managers and workers") presented to the Nursing Graduate Program (PSE) of the State University of Maringá (UEM).