

Quality indicators and evaluation of human resources management in health

INDICADORES DE QUALIDADE E A AVALIAÇÃO DO GERENCIAMENTO DE RECURSOS HUMANOS EM SAÚDE

INDICADORES DE CALIDAD Y LA EVALUACIÓN DEL GERENCIAMIENTO DE RECURSOS HUMANOS EN SALUD

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ABSTRACT

The aim of this qualitative study was to subsidize an evaluation of human resources management (HR) in nursing and to apprehend how the nursing managers and academic professors experience the use of quality indicators. Twelve academic professors, 10 managers from four teaching and assistance, public and private institutions in the city of São Paulo took part of this study. Data collection was carried out from March to July 2007, by means of semi-structured interviews, recorded and analyzed according to the thematic analysis referential. Two categories emerged from the results: Institutional and Professional Dimensions; in the first category, perceptions, feelings and demands that the collaborators found inherent to the organization and that could be the counterpart in the institution relationship with the operative actors were recovered. In the second category, they reported the intervening factors – reasons, interests, disposition and professionals' needs when performing activities required by the Institution. This study showed the processual character of construction and validation of indicators as a quality management instrument in HR.

KEY WORDS

Human resources.
Nursing staff.
Evaluation.
Quality management.

RESUMO

Estudo qualitativo objetivando subsidiar a avaliação da qualidade do gerenciamento de recursos humanos (RH) em enfermagem e apreender como enfermeiros gerentes e docentes vivenciam o uso de indicadores de qualidade. Participaram 12 docentes, 10 gerentes, de quatro instituições de ensino e assistência, públicas e privadas do Município de São Paulo. A coleta deu-se de março a julho de 2007, por meio de entrevistas semi-estruturadas, gravadas e analisadas segundo referencial de análise temática. Dos achados emergiram duas categorias: Dimensão Institucional e Profissional; na primeira foram resgatadas percepções, sentimentos e demandas que as colaboradoras consideram inerentes à organização e que deveriam ser contrapartida na relação da instituição com os atores operativos. Na segunda, explicitaram os fatores intervenientes – motivos, interesses, disposições e necessidades dos profissionais no desempenho das atividades demandadas pela instituição. O estudo evidenciou o caráter processual da construção e validação de indicadores como ferramenta de gestão de qualidade em RH.

DESCRIPTORIOS

Recursos humanos.
Recursos humanos de enfermagem.
Avaliação.
Gestão de qualidade.

RESUMEN

Estudio cualitativo objetivando subsidiar la evaluación de la calidad del gerenciamento de recursos humanos (RH) en enfermería y apreender como los enfermeros gerentes y docentes vivencian el uso de indicadores de calidad. En este estudio participaron 12 docentes, 10 gerentes de cuatro instituciones de enseñanza y asistencia, públicas y privadas, del Municipio de São Paulo. La colecta se hizo de Marzo a Julio de 2007, a través de entrevistas semiestructuradas, grabadas y analizadas según referencial del análisis temático. De los hallazgos emergieron dos categorías: dimensión Institucional y Profesional; en la primera se rescataron percepciones, sentimientos y demandas que las colaboradoras consideraron inherentes a la organización y que deberían ser la contrapartida con relación a la institución con los actores operativos. En la segunda, explicitaron los factores intervenientes – motivos, intereses, disposiciones y necesidades de los profesionales en el desempeño de las actividades demandadas por la institución. Este estudio mostró el carácter procesual y validación de indicadores como una herramienta de gestión en calidad del RH.

DESCRIPTORIOS

Recursos humanos.
Personal de enfermería.
Evaluación.
Gestión de calidad.

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INTRODUCTION

Health performance, evaluation and quality are issues that have been discussed under the standpoint of productivity, cost-benefit, and results. Over the last three decades, a worldwide debate has focused on the matter of restricting health system performance to cost-benefit analyses based on results, or consider it from a broader perspective, as it is affected by other factors, such as economy, education, and social inequities⁽¹⁾.

This context, without questioning the importance of that discussion, implies a fundamental question: what is it like to evaluate the performance of a health organization in terms of quality, efficiency and equity?

In Brazil, despite the principles of the Unique Health System (UHS), which are determined by law, the target health model being designed is yet in the center of a dispute between different alternative or experimental health care models.

Taking the discussed elements into consideration, a system to evaluate the performance of the UHS would have to be based on a framework that considers its legal conception, the way that it is being implemented and the priority health issues, in addition to evaluating the compliance to its principles and objectives⁽²⁾.

On the other hand, for health organizations, the analytic perspective of these discussions clarifies the values, interests and intentions of the deliberative group with elements determining the policies, guidelines and programs that rule the dynamics of the operative actors, composing a framework of the institutional actions.

The most adequate or better modalities of health evaluations consider the importance of reviewing the social and institutional context to achieve a better understanding of how these evaluations are designed. There are various references in literature⁽³⁾ regarding health evaluations, as its concepts and methods are yet to be constructed.

In health practice, due to the characteristics of the work, the meaning of quality is different from that in other activities developed when producing goods or services⁽⁴⁾.

Another, not less important, focus of analysis when evaluating institutional performance concerns the methods, instruments and/or tools used to implement the evaluation process.

Hence the proposal of adopting indicators as instruments to measure quality in health, which are referred to as variables that measure, quantitatively, pre-established quality variations or behaviors⁽⁵⁾.

The health indicator is

a unit that measures a related activity, or yet a quantitative measure that can be used as a guide to monitor and evaluate

importance care activities provided to the patient and the activities of the supporting services; it is a call that identifies or directs the attention to specific subjects regarding results within a health institution, which should be reviewed⁽⁶⁾.

Therefore, in the organizational health context and focused on human resource management in nursing, there is a need to create indicators that can be analyzed and compared with internal and external standards⁽⁷⁾.

OBJECTIVE

The present study objectives were determined taking the following aspects into consideration: the importance of evaluating health systems and services; using evaluation results to support decisions pertinent to the different spheres of the organization structure: the use of indicators as a managerial tool to make the evaluation process effective; the need for specifically-designed indicators that assign consistency and support to evaluations and decisions; and the need to learn about how nurses have adopted and evaluated quality indicators in nursing human resource management. They are presented in the following section.

- To learn about how nurse administrators and faculty realize and experience the use of quality indicators.
- Support proposals of quality evaluation in human resource management in nursing.

METHOD

A qualitative study is an exploratory investigation, because it allows making contact with the object to be unveiled. This study was approved by the Research Ethics Committee at the University of São Paulo (USP) School of Nursing, under register number 421/2004, and the ethical regulations complied with Resolution 196/96 of the National Health Council, considered when creating the Free and Informed Consent Form.

With the purpose of seeking knowledge that would base the construction of indicators and meanings that would assign consistency and pertinence to the content of the indicators being designed, interviews were performed with 22 collaborators. Participants were 12 nurse/professors and 10 nurse/administrators. Ten professors worked in a public university and the other two were private university professor; four nurses worked in a teaching hospital, while six worked in a university hospital. All institutions were located in the city of São Paulo. The inclusion criterion was the fact that the collaborators experienced teaching or working with nursing administration for more than five years.

Data collection was performed from March to July 2007, by means of recorded semi-structured interviews, with the objective to find data that characterized the col-

laborators, based on the following guiding questions: *What does the quality of human resource management in nursing mean to you and, From your experience, what do you take into consideration when evaluating the quality of HR management in nursing?*

To perform data analysis, a thematic analysis framework was chosen considering that the object under investigation belongs to the world of meanings and, therefore, to the field of subjectivity⁽⁸⁾. To assure participant anonymity, the collaborators were identified as E1 to E22.

The analysis of the participants' statements permitted to find the meaning units (MU) under the light of the health quality theoretical framework. The MU were grouped according to the similarity of the contents, thus making it possible to construct the empirical categories: Institutional Dimension and Professional Dimension.

RESULTS AND DISCUSSION

The collaborators' age ranged from 39 to 58 years and the time since graduation from 16 to 27 years. As for education, 16 collaborators had a specialization degree, 13 had a masters degree in nursing; 11 held a doctorate degree and two were doctoral students.

In terms of the content analysis of the interviews, the dimension covered by the two categories clarifies the relationship, not always a harmonious one, of how the interests and intentions of the deliberative and operative groups are examined in formal and informal relationships of health organizations.

The institutional dimension category comprised the following MU as possible quality indicators: Work organization model; Participation in making decisions; HR development policy; Compatible remuneration; and Defining the career structure.

From this category, the perceptions, feelings and concrete demands that collaborators thought were inherent to the organization were identified, which they believed should be presented as counterpart elements in the relationship between the institution and the operative actors.

Therefore, it was possible to identify the Work organization model MU in the statements of collaborators (E13) and (E16), which were considered to be the elements that compose the informal structure and the conditions that the organization offers for a better professional performance.

...quality in management, the major indication is nursing personnel itself. The level of motivation, the relationship among team members, and between the team and the client, the quality of care, a humanist environment becomes a major quality indicator... (E13).

... the major indicator, the model is that which the worker considers the best (E16).

Participating in making decisions was another MU found in the Institutional Dimension, which was clarified as a feeling of autonomy in the statement by (E14) and is suggested as an indicator:

... to decide you need autonomy. This is a serious problem in public service...

The statements by collaborators (E6) and (E19) draw attention because they affirm the importance of participating in decision making as elements linked to the structure of the organization power considering participation as the catalyst of communication, facilitating interpersonal relationships and promoting knowledge and the valorization of others.

...the participation of nurses, nursing technicians and aides in meetings in which they can speak their minds where they can make suggestions and participate in the decision making process (E19).

the power relationship is rough in the sense of having restrictive relationships, the use of coercive power by superiors, the lack of possibility to participate in the activities... and in activity planning and evaluation (E6).

At health organizations, there has been a rescue to culture and power as categories of institutional analysis through studies, academic research or as discussions, but it is rarely considered as an element of the quality of HR management⁽⁹⁾.

As for the MU HR development policy, collaborators E6 and E10 stressed the need to create and implement HR policies at the institution. This perception is referred in the pertinent literature that considers HR policies a guiding managerial instrument used to determine proposals and work processes that are developed at health institutions. On the other hand, institutional policies are the ones that approve and implement power relationships⁽⁹⁾.

...HR policies are important because a participative or autocratic administration will make the whole difference in the conditions where the work takes place (E10).

...policies are managerial instruments that can either help or harm relationships and work itself (E6).

Collaborators (E3) and (13), as well as other participants, stated that workers see professional development as an ambition. They also reported that opportunities for training and the institution's investment in implementing that training are indispensable factors to add quality to HR management. To change the forms of work, it is mandatory that it be in harmony with an integrated HR development proposal⁽¹⁰⁾.

Personnel training could and should be used as an indicator of HR quality (E3).

...have a standard for team updating and training because despite the management, you are directing HR towards qualification (E13).

Compatible remuneration, which is already considered an indicator, appears in the statements as an important condition at work, since it is considered to be professional acknowledgement or prestige (E20) or as a workers' right (E5).

Perhaps what is most evident today is that remuneration is the most important, it is the most evident; a policy ensuring an adequate and fair remuneration in relation to the work market (E5).

...remuneration is part of professional prestige. It is how the institution appreciates your work (E20).

The Theory of Equity considers that the monetary value has symbolic meaning, besides its exchange value⁽¹¹⁾. Therefore, remuneration involves a feeling of justice/injustice besides the loss of rights.

In the statement by E9 it was observed that the Defining the career structure MU was linked to and actually composed the Adequate remuneration MU, which is evidence that progress in the career must occur simultaneously to the increase in remuneration, as shown below:

The institution does not have a salary policy so he (the worker) can go 20 years in the company without that being considered... the benefits, an adequate remuneration...

Another focus to be considered is that when the theme being addressed is Defining the career structure concerns the MU HR development policy, because those are the policies that define priorities and establish the actions that will be implemented at the institution in implementing the HR management process. Workers' qualification should be aimed at developing human beings as a whole and for meeting the needs identified in a concrete work situation⁽¹²⁾.

The Professional dimension category included the following MU: Absenteeism; Personnel turnover; Sick leave; and Work satisfaction. Those MU, although empirically, are adopted as indicators in some health institutions.

After context analysis and taking their specificities into consideration, the MU that composed this category of analysis are strongly connected, since they all refer to the same intervenient factors, that is, the motives, interests, moods and needs of professionals in the activities required by the institution. This way, the institutional factors that made professionals miss work, quit work, and become ill are realized by the professionals as factors that cause dissatisfaction at work.

The Absenteeism MU, which is defined as unpredicted personnel absences, is a theme that integrates the referred context and has been studied because of its negative consequences in either the institutional performance, causing loss in quality and in financial resources, or professional performance, ranging from lack of motivation for work to a lack of interest and impoverishment of the meaning assigned to that work⁽⁴⁾. This is shown in the following statements:

I think absenteeism is a good indicator, of course there are different causes, but when you are unsatisfied with what you are doing you find more reasons to be absent (E2).

...absenteeism affects the care service quality (E11).

Personnel turnover, as an indicator of quality, is the human resource flow that comprises professionals entering and leaving the nursing team. Entrees refer to the admission of new workers to fill empty positions in the organization and leaves refer to the workers' quitting the effective job⁽¹³⁾.

The Personnel turnover MU was realized by nurses in this study as a managerial problem that responds to multifactor determinations of either institutional or personal character. In this aspect, a worker being laid off or his/her resignation is realized by the other professionals as a collective loss.

When an employee leaves everyone suffers the consequences; patients, colleagues, superiors and the institution... (E2).

Collaborators E8 and E19 consider it routine to adopt the personnel turnover rate as an indicator of HR management quality.

...At the hospital where students attend their internship, the turnover rate is adopted as an indicator of quality (E8).

Our hospital controls turnover as an item of evaluation (E19).

Another MU referring to the Professional dimension category is Sick leave, which has been discussed under the light of the *quality of life* (QL) framework, which includes the individual's life moment in society as well as at work. In work experience, new management methods and technologies have been required to produce better products or quality services for consumers that have become more and more demanding⁽¹⁴⁾.

Therefore, the work load to which a nursing worker is submitted has been considered an important factor in making that health worker ill; as shown in the statement by collaborator E16:

...the nurse's excessive work harms his or her health (E16).

Institutional policies should state and protect the conditions in which workers perform their activities (E4).

Efforts should be made to understand the health problems experienced by nursing professionals in their work process, which would provide a broader view of the situation in addition to offering the possibility of solving health issues collectively⁽¹⁵⁾.

The Work satisfaction MU was stated by summarizing different perceptions and feelings that nurses experience every day and in their relationship with work. It was found that while they defined the meaning and the importance of work satisfaction as a factor of professional performance quality, they consider that when work is performed with

satisfaction it improves quality of life. This is shown in the following statements:

...it is very important that you get satisfaction when performing an activity, otherwise you will not appreciate what you do... (E16).

Adequate work conditions, materials, equipment are very important for you to do your job, but the most important are the relationships in which you are respected and appreciated (E14).

I work with satisfaction and motivation, because this hospital offers the conditions for professional fulfillment, I am respected at my work (E18).

In literature, satisfaction and motivation are often seen as synonyms, but motivation demonstrates the tension caused by a need and satisfactions expresses the feeling of meeting that need⁽¹⁶⁾.

According to studies, work satisfaction can be defined as a pleasant or positive emotional state resulting from work or experiences at work⁽¹⁷⁾.

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FINAL CONSIDERATIONS

This study *listened* to nurse professors and administrators thoughts about their experiences focused on the quality of human resource management in nursing. The ambiguities in the institution/professional relationship reinforce the findings of previous studies. Nurse professors and administrators, in this study, shift between the themes of evaluation and quality indicators through their experiences, however without reporting those experiences in systematized propositions of quality evaluation or by actively participating in the construction, validation and administration of quality indicators.

In this context, the experience in using indicators remains empirical and is not seen as a managerial tool connected to a basis of scientific knowledge. This cut shows the ongoing process for constructing and validating indicators as a managerial tool for human resource management in nursing.

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