Cogitare Enfermagem

QUALITY OF NURSING CARE: DIFFERENCES IN HOSPITALS FROM PORTUGAL AND FROM TURKEY

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ABSTRACT

Objective: to analyze nurses' perception about the activities that contribute to the quality of Nursing care in Portuguese and Turkish hospital services.

Method: a multicenter, quantitative and cross-sectional study, carried out in a hospital in each country, involving 211 nurses from each setting. The Scale of Perception of Nursing Activities That Contribute to Nursing Care Quality was used. The study was conducted from August 2017 to March 2018.

Results: it was verified that the Portuguese nurses obtained higher means in all the domains, except in the activities related to continuity of care, to the records system and to the knowledge of the institutional policies. The findings indicate aspects that require investment.

Conclusion: the nurses' perceptions, even in different countries, demonstrate a specific professional profile that reinforces the usefulness of conceptualization in this knowledge area as a contribution to the well-being and promotion of the health of individuals.

DESCRIPTORS: Quality of Health Care; Quality; Access and Evaluation of Health Care; Professional Practice; Nursing Care; Administration of Health Services.

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QUALIDADE DOS CUIDADOS DE ENFERMAGEM: DIFERENÇAS EM HOSPITAIS DE PORTUGAL E TURQUIA

RESUMO

Objetivo: analisar a percepção dos enfermeiros acerca das atividades que contribuem para a qualidade dos cuidados de enfermagem em serviços hospitalares portugueses e turcos.
Método: estudo multicêntrico, quantitativo, transversal, realizado em um hospital de cada país, envolvendo 211 enfermeiros de cada cenário. Utilizou-se a Escala de Percepção das Atividades de Enfermagem que Contribuem para a Qualidade dos Cuidados. Realizado de agosto de 2017 a março de 2018.
Resultados: verificou-se que os enfermeiros portugueses tiveram médias mais elevadas em todos os domínios, exceto nas atividades relativas à continuidade de cuidados, ao sistema de registros e no conhecimento das políticas institucionais. Os achados sinalizam aspectos que carecem de investimentos.
Conclusão: as percepções dos enfermeiros, mesmo em países diferentes, demonstram um perfil profissional específico que reforça a utilidade da conceptualização nesta área do conhecimento como um contributo para o bem-estar e promoção da saúde dos indivíduos.

DESCRITORES: Qualidade da Assistência à Saúde; Qualidade, Acesso e Avaliação da Assistência à Saúde; Prática Profissional; Cuidados de Enfermagem; Administração de Serviços de Saúde.

CALIDAD DE LA ATENCIÓN DE ENFERMERÍA: DIFERENCIAS ENTRE HOSPITALES DE PORTUGAL Y DE TURQUÍA

RESUMEN:

Objetivo: analizar la percepción de los enfermeros acerca de las actividades que contribuyen a la calidad de la atención de Enfermería en servicios hospitalarios portugueses y turcos.
Método: estudio multicéntrico, cuantitativo y transversal, realizado en un hospital de cada país, con 211 enfermeros de cada lugar. Se utilizó la Escala de Percepción de las Actividades de Enfermería que Contribuyen a la Calidad de la Atención. El estudio se realizó de agosto de 2017 a marzo de 2018.
Resultados: se verificó que los enfermeros portugueses obtuvieron valores medios más elevados en todos los dominios, excepto en las actividades relacionadas con la continuidad de la atención, con el sistema de registros y con el conocimiento de las políticas institucionales. Los hallazgos señalan aspectos que requieren inversiones.
Conclusión: las percepciones de los enfermeros, incluso en países diferentes, demuestran un perfil profesional específico que refuerza la utilidad de la conceptualización en esta área del conocimiento como un aporte para el bienestar y la promoción de la salud de las personas.

DESCRIPTORES: Calidad de la Asistencia a la Salud; Calidad, Acceso y Evaluación de la Asistencia a la Salud; Práctica Profesional; Atención Enfermería; Administración de Servicios de Salud.

Maria Manuela Ferreira Pereira da Silva Martins | Letícia de Lima Trindade | Aysun Türe Yilmaz | Nilufer Demirsoy | António Carlos Lopes Vilela | Olga Maria Pimenta Lopes Ribeiro | Carla Marina Gomes Pereira

INTRODUCTION

Nursing care, performed autonomously and in interdependence with other health workers, is crucial for ensuring the quality of care provided. They must present global performance, guided by standards that guarantee specific assistance by these professionals and basically focused on the care process, as well as following parameters that support the assessment of the nurses' performance[1].

Different international organizations[2-4] ponder the importance of the quality of Nursing care in the health services, which is related to the degree of desirable outcomes and to the reduction of health problems in individuals. The American Nurses Association (ANA) interprets quality as the sum of activities involved in the best Nursing care practices for patients[3].

The recent Nursing Now campaign emphasizes the importance of nurses for the teams and for the qualification of health care[5]. In order to promote environments that provide better conditions for these professionals to have greater influence on decision-making regarding health, social and economic policies and in assistance, greater investment in the Nursing workforce is needed; recruiting nurses for leadership positions; conducting research studies that help determine where nurses can have the greatest impact; and sharing good Nursing practices[5].

Historically, the term quality in health has been recognized as a social product, permeated by conceptions and values about health, influenced by the expectations of the social actors involved and participants in the health system. Thus, ensuring quality in care is a permanent effort and should involve ways of monitoring and evaluating the structure, process and outcome of the health actions, with a view to the triad of structure, process and outcome[6].

The literature indicates that quality in health is a multidisciplinary task, which requires systematization of practices and processes, instruments and indicators, as well as development and application of continuous methods[1,6].

Currently, there has been a debate about the importance of different strategies for improving the quality of the health services on the agendas of different countries. In the context of different health services, the fundamental role of Nursing in the definition of quality standards is evidenced[7-9].

In Turkey, the regulation of the profession differs from Portugal, but in both countries there is concern with the assessment of care. In the first, the responsibility for maintaining the Nursing practices and assessing the quality of care is carried out and supervised by the Ministry of Health and by the Department of Health Professions of this Ministry[10]. This Department provides planning and regulation services for health professions, as well as it determines workloads, efficiency and assessment, vocational training and association services. The quality of the health institutions in the country is governed by the "Regulation on Development and Evaluation of Quality in Health"[11], which, in order to provide a quality service in the health institutions and organizations, regulates health quality standards based on safety and patient and professional satisfaction, and the procedures and principles related to the implementation of these standards[11].

In Portugal, the Nursing profession is regulated and supervised by the Order of Nurses (*Ordem dos Enfermeiros*, OE), a professional public association that brings together all the Nursing professionals working in this country. According to its Statute[12], the OE's main purpose is to defend the general interests of the recipients of Nursing services and to represent and defend the interests of nurses. Among several attributions, the OE assigns two professional titles, Nurse and Specialist Nurse, and defines the quality standards of Nursing care[12-14].

In Portugal, since 2001, the OE[14] considers the quality standards of Nursing care a challenge, not only due to the impact on the improvement of care, but also due to the need to reflect on the professional practice of nurses. The authors[1,14-16] consider that the definition of these quality standards provided a structure to define a new direction for the profession and the bases for a quality professional practice[1]; namely, for starting the construction of Nursing care quality indicators and for the implementation of its continuous improvement.

Considering that quality has been a growing concern for health institutions, managers and professionals, and nurses in particular, the importance of studies on the quality of Nursing care is emphasized. These can contribute to fill an important gap about the nurses' contributions to the quality of care in the health services; despite this, there is still a limited number of studies on the theme[1].

Given the above and aware of the importance of the topic on an international scale, the question is: What is the nurses' perception about the care activities that contribute to the quality of Nursing care in Portuguese and Turkish hospitals? To this end, a multicenter research study was developed with the aim of analyzing the nurses' perception about the care activities that contribute to the quality of Nursing care in Portuguese and Turkish hospitals.

METHOD

This is multicenter, quantitative, cross-sectional and descriptive study. To compose the research scenarios, it was decided to intentionally select a public teaching hospital in each of the countries. To define the sample, the following inclusion criterion was used: acting as a nurse in inpatient units of hospitals. Professionals on leave for any reason and those who had worked for less than six months in the scenarios under study were excluded.

For the purposes of statistical analysis, the total number of participants in the two scenarios was compared, with all eligible nurses in Turkey participating in the study, adding up to a total of 211 nurses. At the Portuguese hospital, an equal number was randomly sought; thus, data collection was completed with 211 nurses (27.12%, in an eligible population of 778 nurses).

For data collection, the instrument used was the Scale of Perception of Nursing Activities That Contribute to Nursing Care Quality (*Escala de Percepção das Atividades de Enfermagem que Contribuem para a Qualidade dos Cuidados*, EPAECQC), validated in Portugal[1] and translated into Turkish for use in Turkey[7]. This instrument assesses six dimensions: "Client satisfaction" (three items); "Health promotion" (three items); "Prevention of complications" (seven items); "Well-being and self-care" (six items); "Functional readaptation" (four items), and "Organization of Nursing care" (two items). The 25 items are scored based on a Likert type scale, with four answer options: never (1); rarely (2); sometimes (3); and always (4). The instrument also includes questions related to the sociodemographic and professional data of the respondents. The Cronbach's alpha coefficient of the Scale in Portugal was 0.940 and 0.956 in Turkey, showing that the instrument presents high reliability in both settings.

The data were collected from August 2017 to March 2018, with researchers from the respective countries, starting in Turkey and then in Portugal, the data being digitized separately and in a second phase incorporated in a single basis and analyzed for the purpose of this article. As it is a self-applied instrument, requiring no training for data collection, it took a mean of 40 minutes to complete it.

The results were grouped and analyzed with the aid of the Statistical Package for the Social Sciences, version 22.0. The normality distribution of the variables was validated

Maria Manuela Ferreira Pereira da Silva Martins | Letícia de Lima Trindade | Aysun Türe Yilmaz | Nilufer Demirsoy | António Carlos Lopes Vilela | Olga Maria Pimenta Lopes Ribeiro | Carla Marina Gomes Pereira

with the Independent-Samples Kruskal-Wallis Test and the Mannn-Whitney's U Test. The variables relating to the six dimensions of the EPAECQC and the "Global Quality" computed variable were tested by applying Student's t, with a significance level of 5% ($p<0.05$), as well as the Levene Test for the analysis of the equality of variances of the questions of the Scale. The variables were also expressed as absolute frequencies, median, mean and standard deviation, with a 95% confidence interval.

The research was approved by the Research Ethics Commissions of the institutions involved in each country (Opinion/Portugal No. 45/2017; Opinion/Turkey 80558721 G-235). The ethical care protocol for conducting the study, in both countries, preserved anonymity, the right to information and to participate in the study.

RESULTS

The study participants were 422 Nursing professionals from two public hospitals, one in each country. Table 1 presents the participants' profile, in relation to the sociodemographic and professional characteristics.

Table 1 - Descriptive data of the profile of the nurses in the Portuguese and Turkish hospitals. Porto/Portugal and Eskisehir/Turkey, 2019

Variables	Hospital	
	Turkey (n=211)	Portugal (n=211)
Gender		
Female	167	205
Male	44	6
Marital Status		
Single, widowed or without a partner	127	90
Married or with a partner	84	121
Academic Degree		
Graduation	115	139
Postgraduate course	62	45
Master's degree	19	24
PhD	15	3
Age (years old)	28.31† (19-48) ±6.12	37.89(24-59) ±8.75
Years of professional experience	6.54 (1–26) ±4.86	15.2(1-36) ±8.56

†Mean *Standard Deviation

Table 2 presents the results in relation to the nurses' perceptions on the Nursing activities and their relationship with quality of care.

Table 2 - Results of the answers to the EPAECQC scale, regarding the perception of the Nursing activities that contribute to the quality of Nnursing care in Portuguese and Turkish services. Porto/Portugal and Eskisehir/Turkey, 2019 (continues)

Questions of the EPAECQC scale	Country	Mean	Comparison of means test
The nurses show respect for the client's individual abilities, beliefs, values and desires in the care they provide	P	3.62	0.000‡
	T	3.40	
The nurses constantly seek empathy in the interactions with the client (patient/family)	P	3.62	0.000‡
	T	3.36	
The nurses involve the significant coexistents of the individual client in the care process	P	3.32	0.003‡
	T	3.11	
The nurses identify the health situations of the population and the resources of the client/family and the community	P	3.23	0.004‡
	T	3.03	
The nurses take advantage of internment to promote healthy lifestyles	P	3.33	0.417
	T	3.27	
The nurses provide information that generates cognitive learning and new skills by the client	P	3.42	0.000‡
	T	3.13	
The nurses identify potential problems of the client	P	3.56	0.000‡
	T	3.20	
The nurses prescribe and implement interventions to prevent complications	P	3.50	0.184
	T	3.42	
The nurses evaluate the interventions that help to avoid problems or minimize undesirable effects	P	3.45	0.304‡
	T	3.39	
The nurses demonstrate technical/scientific rigor in the implementation of the Nursing interventions	P	3.42	0.493
	T	3.38	
The nurses refer problematic situations identified to other professionals, according to social mandates	P	3.39	0.102
	T	3.28	
The nurses supervise the activities that materialize the Nursing interventions and the activities they delegate	P	3.32	0.004‡
	T	3.13	
The nurses demonstrate responsibility for the decisions they make, for the acts they practice and delegate, with a view to preventing complications	P	3.66	0.000‡
	T	3.38	
The nurses identify the problems of the client aiming to contribute to increasing well-being and the performance of their life activities	P	3.59	0.003‡
	T	3.41	
The nurses prescribe and implement interventions that contribute to increasing the well-being and performance of the clients' life activities	P	3.45	0.079
	T	3.34	
The nurses evaluate the interventions that contribute to increasing the well-being and performance of the clients' life activities	P	3.38	0.114
	T	3.27	
The nurses demonstrate technical/scientific rigor in the implementation of the Nursing interventions that contribute to increasing the well-being and performance of the clients' life activities	P	3.49	0.046‡
	T	3.37	

Maria Manuela Ferreira Pereira da Silva Martins | Letícia de Lima Trindade | Aysun Türe Yilmaz | Nilufer Demirsoy | António Carlos Lopes Vilela | Olga Maria Pimenta Lopes Ribeiro | Carla Marina Gomes Pereira

The nurses refer to identified problematic situations aiming to contribute to increasing the well-being and performance of the clients' life activities	P	3.45	0.003‡
	T	3.28	
The nurses demonstrate responsibility for the decisions they make, for the acts they practice and delegate, with a view to the well-being and self-care of the clients	P	3.56	0.006
	T	3.39	
The nurses continue the process of providing Nursing care	P	3.41	0.778
	T	3.43	
The nurses plan the discharge of the clients admitted to health institutions, according to the clients' needs and community resources	P	3.24	0.501
	T	3.19	
The nurses optimize the client's capacities and significant coexistents to manage the therapeutic regimen prescribed	P	3.34	0.168
	T	3.25	
The nurses teach, instruct and train the client on the individual adaptation required in view of functional readaptation	P	3.40	0.554
	T	3.36	
The nurses are skillful in using the Nursing record system	P	3.23	0.004
	T	3.42	
The nurses know the hospital's policies	P	3.06	0.006‡
	T	3.26	

P-Portugal; T-Turkey
‡Student's T test for equality of variances, with p<0.05 being considered.

Although in some activities no significant differences were identified between the nurses in both countries, it was verified that the mean obtained in Portugal is higher than in Turkey, in activities such as: giving information that generates cognitive learning and new skills by the client; referencing problematic situations identified to other professionals; responsibility for the decisions they make, for the acts they practice and delegate; in planning clients' discharge; in the optimization of the client's capacities and care regarding the therapy prescribed; and in the teaching, instruction and training them in functional readaptation. On the other hand, Turkish nurses showed higher means in the perception of the activities related to: continuity in the process of providing Nursing care; in the skillful use of the Nursing record system; and, in the knowledge about the hospital's policies.

In addition, as shown in Table 3, the differences between the two countries were analyzed by dimensions of the EPAECQC scale and in the Global Quality computed variable.

Table 3 - Results of the EPAECQC scale, regarding the perception of the Nursing activities that contribute to the quality of Nursing care in Portugal and Turkey. Porto/Portugal and Eskisehir/Turkey, 2019 (continues)

Dimensions	Country	n/Mean	SD*	Mean standard error†	p-value‡
Global quality	P	187/85.26	8.52	0.62	0.000‡
	T	211/82.46	2.29	0.84	

Client satisfaction	P	207/10.53	1.25	0.08	0.000‡
	T	211/9.87	1.98	0.13	
Prevention of complications	P	202/24.30	2.81	0.129	0.001‡
	T	211/23.18	3.74	0.25	
Health promotion	P	209/9.97	1.49	0.10	0.000‡
	T	211/9.43	1.87	0.12	
Well-being and self-care	P	203/20.85	2.63	0.18	0.001‡
	T	211/20.07	3.35	0.23	
Functional readaptation	P	204/13.35	2.20	0.15	0.406
	T	211/13.22	2.18	0.15	
Organization of Nursing care	P	206/6.27	1.21	0.08	0.081
	T	211/6.67	1.25	0.08	

P-Portugal; T-Turkey; *SD-Standard Deviation; †95% CI (Confidence Interval between differences); ‡p-Student's t test, p<0.05 being considered.

It is worth mentioning the close proximity, with significant statistical differences, between the mean responses of nurses from both countries, when an assessment is made by dimensions and in the "Global Quality" variable (p<0.001). Statistical significance was only not verified in the "Functional readaptation" and "Organization of Nursing care" dimensions.

In the "Global Quality" variable and in the "Customer satisfaction", "Prevention of complications", "Health promotion" and "Well-being and self-care" dimensions, statistically significant, it was confirmed that the means obtained among nurses in Portugal were higher than in the sample of nurses in Turkey.

DISCUSSION

The provision of high quality health services cannot be considered an isolated attempt, but rather, a social duty of the health professionals in general in order to respond to the increasingly complex needs of clients[7,17].

In this context, professional associations in the health field play an important role in defining the respective quality standards[7,17]. Assessing the quality of Nursing care, based on these standards, will provide an opportunity to improve the assistance provided to the clients, as well as to reflect on the relevance of the monitored dimensions. Thus, in the use of the EPAECQC scale in Portugal and Turkey, the relevance of identifying similarities and differences in the contexts and professional practice of these nurses emerges.

It was possible to identify that, in the Turkish hospitals, young nurses, single/without a partner and with less time of professional experience prevail. A contrary profile was identified in the Portuguese hospital. In this country, according to the 2019 statistical yearbook, the age groups from 31 to 35 years old and from 36 to 40 years old predominate, which also affects the time in the profession[18].

The fact that the sample groups show differences in the means of "Age" and "Years

Maria Manuela Ferreira Pereira da Silva Martins | Letícia de Lima Trindade | Aysun Türe Yilmaz | Nilufer Demirsoy | António Carlos Lopes Vilela | Olga Maria Pimenta Lopes Ribeiro | Carla Marina Gomes Pereira

of professional experience" can point to the probability of being confounding variables. These can theoretically have a causal effect on the way the two samples observe quality of care. However, in the literature, as in this study, findings were discovered that confirm the relationship between age or time of professional experience and the quality of the Nursing care provided in hospitals.

Despite the cultural differences between the two countries, the discrepancies in the mean scores in relation to the implementation of the various activities are little significant. The nurses in Turkey carry out the "skillful use of the nursing record system" and "knowing the hospital's policies" activities, both from the "Organization of Nursing care" dimension, as well as the "continue the process of providing Nursing care" activity from the "Functional rehabilitation" dimension. In these activities, the importance of technologies to support Nursing records for continuity in the process of providing nursing care is observed[19]; these technologies are more recently used in Portugal.

Regarding the "knowing the hospital's policies" item, which is significant in the scenarios, it is interesting to mention that other studies reinforce the importance of this activity; however, they consider the difficulty of the nurses in participating in this aspect of management[17,20].

Observing the two realities, the Portuguese nurses had significantly higher means than those of their Turkish counterparts in activities related to the Nursing process. It was identified that nurses in Portugal have a greater perception of dedication to potential client problems; prescribe and implement interventions to prevent complications; evaluate interventions that contribute to avoid problems or minimize undesirable effects; and demonstrate technical/scientific rigor in the implementation of the Nursing interventions that contribute to increasing the well-being and performance of the clients' life activities. These aspects also meet the significance found for the skillful use of the records system.

Although previous studies report the existence of some weaknesses in the application of the Nursing process in the hospital context, in recent years, the nurses' commitment to its more effective implementation has been evident[21]. The aforementioned may have influenced the higher perception of the Portuguese nurses regarding the implementation of the activities that relate to the identification of problems, prescription and implementation of interventions, as well as evaluation of the implemented interventions, which clearly reflect phases of the Nursing process.

It is worth considering that the researchers emphasize the appreciation of the Nursing process in Turkey, recognizing this nurse's work tool as unique to promote critical thinking and as an important scientific method of problem solving[20]; this is an aspect that requires investment in most countries.

A number of studies carried out in Portugal have sought to sensitize nurses regarding the need to invest in "Client satisfaction" and "Health promotion"[17,20], which can justify higher and significant means in the activities related to respect for the client's capabilities, beliefs, values and desires; the constant concern with empathy; the involvement with those in the care process ("Client satisfaction" dimension); and, in addition, for the search to identify the health situations of the population and its resources; as well as providing information that generates cognitive learning and new skills by the client ("Health promotion" dimension).

When comparing the dimensions of perception of the quality of Nursing care in Portuguese and Turkish services, despite the proximity of the mean and standard deviation values, it was confirmed that, in the "Client satisfaction", "Prevention of complications", "Promotion of Health "and" Well-being and self-care" dimensions, the means are higher in the Portuguese scenario. It is believed that the fact that the quality standards, which constituted the theoretical framework used in the construction of the Scale, were published in 2001, by the Portuguese Order of Nurses, may have promoted a performance consistent with these descriptive statements[13].

The programs and procedures implemented to promote quality impose changes in the services, which requires dedication and determination from the nurses[7]; they vary in the scenarios and are influenced by the care model and public health policies in force in the territories.

A research study[21] on quality of care concludes the importance of controlling this aspect and that performance of care is one of the concerns of the health systems. This brings to the debate the importance of information systems to support the nurses' practices, potentially in management, since they personalize and allow rethinking the provision of care to the patients.

The number of participating institutions is recognized as a limitation of the study, proving to be important to expand the scenarios and countries in the research, in order to be able to make more assertions.

CONCLUSION

It can be concluded that the nurses' perception of the activities that influence the quality of Nursing care in hospital services, even when analyzed in different countries, demonstrate the existence of a specific professional practice profile, which justifies greater knowledge and conceptualization. It is believed that the increase in research to understand these phenomena will contribute to improving care and, in turn, will reflect on the well-being and health promotion of hospitalized clients.

The differences in the perceptions of activities between the Portuguese and Turkish nurses, in the assessed domains, indicate to these professionals and managers aspects that potentially may need investments in these realities for advances in the quality of Nursing care.

When the intention is to quantify the perception of quality, it is evident that data are also identified to question the findings, in order to understand what is behind the expression of the opinion. In this study, a proof of the professionals' recognition in this area is the strong adherence in the answers to the instrument.

In addition, this was the first study that allowed for the comparison of the results of the application of the EPAECQC scale between samples from two countries. It is considered that, while respecting the inherent limitations of generalization, this research takes on an international debate and offers important advances for the identification of the Nursing activities that are promoters of quality of care in hospital services and that, contextually, may need investment and improvement. These results can be used by nurse managers and teams, contributing to the definition of projects for continuous quality improvement and training programs on the theme. Also, due to its validity and internal consistency, the use of the EPAECQC scale can be more widespread and support future research studies in other realities.

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Maria Manuela Ferreira Pereira da Silva Martins | Letícia de Lima Trindade | Aysun Türe Yilmaz | Nilufer Demirsoy | António Carlos Lopes Vilela | Olga Maria Pimenta Lopes Ribeiro | Carla Marina Gomes Pereira

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