







Quality of nursing care: contributions from expert nurses in medical-surgical nursing

Qualidade dos cuidados de enfermagem: contribuições de enfermeiros especialistas em enfermagem médico-cirúrgica

How to cite this article:

Ribeiro OMPL, Martins MMFPS, Sousa PAF, Trindade LL, Forte ECN, Silva JMAV. Quality of nursing care: contributions from expert nurses in medical-surgical nursing. Rev Rene. 2020;21:e43167. DOI: <https://doi.org/10.15253/2175-6783.20202143167>

-  Olga Maria Pimenta Lopes Ribeiro¹
 Maria Manuela Ferreira Pereira da Silva Martins¹
 Paulino Artur Ferreira de Sousa¹
 Letícia de Lima Trindade²
 Elaine Cristina Novatzki Forte³
 João Miguel Almeida Ventura da Silva¹

¹Escola Superior de Enfermagem do Porto. Porto, Portugal.

²Universidade do Estado de Santa Catarina. Chapecó, SC, Brazil.

³Universidade Federal de Santa Catarina. Florianópolis, SC, Brazil.

Corresponding author:

Olga Maria Pimenta Lopes Ribeiro
Escola Superior de Enfermagem do Porto
Rua Dr. António Bernardino de Almeida,
4200-072. Porto, Portugal.
E-mail: olgaribeiro@esenf.pt

ABSTRACT

Objective: to identify the performance of activities congruent with the quality standards of nursing care by expert nurses in medical-surgical nursing, in the hospital context. **Methods:** a descriptive study, carried out in 36 hospitals, in which 259 nurses specialized in medical-surgical nursing participated. For data collection, a questionnaire was used, later analyzed using descriptive statistics. **Results:** the participating nurses evaluated activities related to the dimensions of responsibility and rigor, customer satisfaction and prevention of complications with better scores; and with lower scores, activities integrated in the dimensions of health promotion, functional readaptation and well-being and self-care. **Conclusion:** although the findings show the performance of expert nurses in the medical-surgical nursing area that tends to be consistent with quality standards, gaps in professional practice and potentialities that can support the qualification process of these professionals were signaled, alert managers and qualify nursing care. **Descriptors:** Nursing Care; Specialties, Nursing; Quality Assurance, Health Care; Nursing; Hospitals.

RESUMO

Objetivo: identificar a realização de atividades congruentes com os padrões de qualidade dos cuidados de enfermagem por enfermeiros especialistas em enfermagem médico-cirúrgica, no contexto hospitalar. **Métodos:** estudo descritivo, concretizado em 36 hospitais, no qual participaram 259 enfermeiros especialistas em enfermagem médico-cirúrgica. Para coleta de dados, usou-se de questionário, posteriormente analisado por meio de estatística descritiva. **Resultados:** os enfermeiros participantes avaliaram com melhores escores as atividades relativas às dimensões responsabilidade e rigor, satisfação do cliente e prevenção de complicações; e com menores escores, as atividades integradas nas dimensões promoção da saúde, readaptação funcional e bem-estar e autocuidado. **Conclusão:** embora os achados evidenciem atuação dos enfermeiros especialistas na área de enfermagem médico-cirúrgica que tende a ser coerente com os padrões de qualidade, sinalizaram-se lacunas no exercício profissional e potencialidades que podem subsidiar o processo de qualificação desses profissionais, alertar os gestores e qualificar a assistência de enfermagem. **Descritores:** Cuidados de Enfermagem; Especialidades de Enfermagem; Garantia da Qualidade dos Cuidados de Saúde; Enfermagem; Hospitais.

Introduction

At a global level, social, political and economic changes have changed the work context, especially in the health field, making it more complex and diversified, which has required highly differentiated skills from professionals that culminate in greater effectiveness and efficiency, in scope of care design and implantation⁽¹⁾. The past few decades have seen major changes in the health needs of populations. Such changes have challenged current health systems worldwide, requiring quality care appropriate to people's real needs, a responsibility that cannot be fulfilled without guaranteeing the quality of nursing care⁽²⁾.

The existence of a significant number of nursing professionals in all health units determines that the quality of nursing care is one of the components of quality in health⁽³⁾. Nurses, as caregivers, form the basis for safety and quality of care, and their empowerment and involvement will result in better performance and higher quality in health⁽⁴⁾.

It should also be added that the regulation of professional practice is a determining factor in the search for quality in Portugal. Thus, in 2001, the Order of Nurses was challenged to create quality standards that, in order to explain the various aspects of the social role of nursing, provide nurses with guidance for professional practice of excellence⁽⁵⁾. To the extent that the perceptions of these professionals about quality can constitute valid indicators of the overall quality of care, as well as the safety of clients, in the hospital context⁽⁶⁾, the understanding of the involvement of nurses in activities consistent with quality standards becomes a fundamental imperative.

Regarding the outlining of the quality standards of nursing care, six categories were made available: the organization of nursing care, functional readaptation, well-being and self-care, the prevention of complications, the promotion of health, as well as the customer satisfaction⁽⁵⁾. Then, in each area of special-

ization, quality standards related to specialized care were defined, with the purpose of serving as references for specialized practice. In the case of the medical-surgical nursing specialty, considering its scope, four areas have recently been defined: nursing for people in critical situations, people in palliative situations, people in perioperative situations and people in chronic situations⁽⁷⁾. In order to meet this recent change, there was a need to reformulate the quality standards aimed at specialized care in medical-surgical nursing⁽⁸⁾. However, regardless of these reformulations, the quality standards of nursing care remain at the basis of nurses' performance⁽⁵⁾.

Thus, this research started from the question: how do nurses who are experts in medical-surgical nursing, from hospital institutions in Portugal, express the implantation of the quality standards of nursing care? In this sense, this study aimed to identify the performance of activities congruent with the quality standards of nursing care by expert nurses in medical-surgical nursing, in the hospital context.

Methods

This is a descriptive study, carried out in 36 hospitals, framed in the management model of Corporate Public Entity. For the definition of the participants, non-probabilistic sampling was established for convenience⁽⁹⁾. Inclusion criteria were defined as: being an expert nurse in the medical-surgical nursing area and exercising professional activity in the hospital context, for a period equal to or greater than six months, in medical units (medical clinic, in Brazil), surgery or intensive care and emergency medicine. Among the eligible nurses in the scenarios that authorized the study, a sample of 259 nurses was reached, which corresponded to 35.4% of the studied population.

The data collection instrument used was a questionnaire, divided into two parts, one containing the sociodemographic and professional variables of

expert nurses in the medical-surgical nursing area, and another, composed of the scale of perception of nursing activities that contribute to quality care. According to the adopted framework, that is, the quality standards of nursing care, this part of the instrument was structured in seven dimensions, namely: customer satisfaction, health promotion and prevention of complications with three items, well-being and self-care and functional readaptation with four items, the organization of nursing care with two items and responsibility and rigor with six⁽¹⁰⁾. On a Likert-type scale, the frequency of carrying out activities that contribute to the quality of care varied between 1 and 4, with 1 referring to never, 2 a few times, 3 sometimes and 4 always.

Data collection took place between July 2015 and January 2016. At that time, the questionnaires were personally delivered by the researchers to the participants, who after filling them out, placed them individually in an envelope, having subsequently been collected and tabulated. For data treatment, the software Statistical Package for the Social Sciences, version 22.0 was applied, and descriptive statistical analyzes were performed.

It is important to mention that this research followed the ethical precepts guiding research in Portugal, and is also integrated in a more comprehensive investigation, carried out in the national territory, entitled: "The contexts of hospital practice and the nurses' conceptions", initially approved by the Ethics Committee for Health of a Hospital Center in the Northern Region of Portugal, according to number 98-15. Participants, in addition to having signed an informed consent form, were not identified in any stage of the study and authorized the use of collected information.

Results

The 259 expert nurses in the medical-surgical nursing area who participated in the study were mos-

tly female (70.3%), with an average age of 39 years, standard deviation of 7.6. Regarding the academic degree, 57.5% had a degree, 41.7% a master's degree, followed by a doctorate and a bachelor's degree (0.4% in both). Of the 108 nurses with master's degrees, 64.8% were masters in the area of specialty investigated. With regard to the distribution of participating nurses, according to the regions of the Regional Health Administration in which hospitals are located, the North (57.9%) prevailed, followed by the Center (23.9%), Lisbon and Vale do Tejo (13.1%), Alentejo (4.2%) and Algarve (0.8%). In relation to the contexts in which they worked, the units of medicine (45.5%), intensive care and urgency (44.1%) and, finally, surgery (10.4%) prevailed. With regard to professional activity in the area of specialization, the average time was 4.1 years (with a standard deviation of 5.2). With regard to training on quality standards, 132 expert nurses (51.0%) declared that they did it.

Due to the use of the perception scale of nursing activities that contribute to quality of care, Table 1 illustrates the findings regarding the seven dimensions analyzed. With regard to customer satisfaction, within the scope of respect for the values, beliefs, capacities and desires of customers, as well as the search for empathy in the interactions established with patients, the response has always been overwhelming. On the other hand, the involvement of the significant people of the client in the development of the care process was the activity that registered the lowest percentage value ever. In addition, 7.3% of the participants reported that they rarely carried out this activity.

With regard to health promotion, the recognition of health conditions, as well as the resources of clients, encouraging, during hospitalization, the adoption of healthy lifestyles, as well as the transmission of information that enhances cognitive and the acquisition of new capacities by the customers, constituted activities that the participants carried out, mostly, so-

metimes. It is also noteworthy that 14.3% of expert nurses in medical-surgical nursing reported that they rarely take advantage of hospitalization to encourage clients to adopt healthy lifestyles.

In relation to the prevention of complications, the recognition of potential problems in clients, the prescription and execution of interventions to prevent complications, as well as the evaluation of interventions that allow to avoid problems or reduce undesirable consequences, were activities in which the participants responded, the majority, always.

In well-being and self-care, the recognition of clients' problems in this domain, the prescription and execution of interventions that maximize well-being and the performance of life activities by clients, the assessment of implanted interventions, as well as the referencing of situations problematic, constitute activities occasionally carried out by the participants. In fact, in the four activities included in the descriptive statement well-being and self-care, the answer was sometimes the most frequent.

Regarding the functional readaptation dimension, the participants only mostly performed the activity that referred to the continuity of the nursing care process. In planning the discharge of clients according to the needs and resources existing in the community, in optimizing the capacities of clients and significant people to manage the therapeutic regime, as well as in the teaching, instruction and training of clients, with a view to individual adaptation, expert nurses reported performing, in most cases, these activities sometimes. It is also pointed out that 13 to 20.0% of the participants rarely performed these three activities.

In the dimension of nursing care organization, when asked whether the records system dominated, the predominant answer was always (63.3%). Approximately 37.0% of the participating nurses reported not mastering the nursing record system in all situations. Regarding their knowledge about hospital policies, the most prevalent answer was sometimes (48.6%).

With regard to the responsibility and rigor dimension, in the evidence of responsibility in the decisions they makes and in the acts they practice and delegate, with a view to preventing complications and, on the other hand, well-being and self-care, the answer has always been most prevalent. In this dimension, when asked about the technical and scientific rigor in the implantation of interventions, in the scope of prevention of complications, as well as in the scope of well-being and self-care, the participants continued to respond, predominantly, always. It should be noted that in the activities related to referencing problems in other professionals, as well as in the supervision of activities integrated in nursing interventions and delegated activities, although the majority response has always been, the percentage values were lower than in the other activities of this dimension.

Finally, it is important to highlight that although in all dimensions presented in Table 1, the answers sometimes and always prevailed, it was the dimensions of health promotion and functional readaptation that obtained the greatest number of nurses who performed the respective activities only a few times. In turn, the most performed activities were those integrated in the dimensions of responsibility and rigor and customer satisfaction.

Table 1 - Distribution of responses related to nursing activities that contribute to quality of care. Portugal, 2016

Dimensions	Never	Few times	Sometimes	Always
	n (%)	n (%)	n (%)	n (%)
Customer Satisfaction				
They act respecting the values, beliefs, capabilities, as well as the wishes of customers	-	2(0.8)	75(28.9)	182(70.3)
They seek empathy in the interactions they establish with customers	-	0(0.0)	75(29.0)	184(71.0)
They involve the significant people in the development of the care process	-	19(7.3)	144(55.6)	96(37.1)
Health Promotion				
They recognize health conditions as well as customer resources	-	22(8.5)	160(61.8)	77(29.7)
They encourage the adoption of healthy lifestyles during hospitalization	-	37(14.3)	134(51.7)	88(34.0)
They transmit information that enhances cognitive learning and the acquisition of new skills by customers	-	24(9.3)	147(56.8)	88(33.9)
Prevention of Complications				
They recognize potential customer problems	-	2(0.8)	107(41.3)	150(57.9)
They prescribe and perform interventions to prevent complications	-	3(1.2)	105(40.5)	151(58.3)
They perform evaluation of interventions in order to avoid problems or reduce undesirable consequences	-	12(4.6)	103(39.8)	144(55.6)
Well-being and Self-Care				
They recognizing customers' problems with well-being and self-care	-	12(4.6)	127(49.1)	120(46.3)
They prescribe and perform interventions that maximize well-being, as well as the performance of life activities by clients	-	10(3.9)	146(56.3)	103(39.8)
They evaluate implanted interventions	-	16(6.2)	146(56.4)	97(37.4)
They refer problematic situations	-	13(5.0)	140(54.1)	106(40.9)
Functional Readaptation				
They operate in the continuity of the nursing care process	1(0.4)	17(6.6)	103(39.8)	138(53.2)
They plan the discharge of clients according to the needs and resources existing in the community	2(0.8)	52(20.1)	123(47.4)	82(31.7)
They optimize the abilities of clients and significant people to manage the therapeutic regime	4(1.5)	36(13.9)	125(48.3)	94(36.3)
They teach, instruct and train clients with a view to individual adaptation	-	39(15.1)	137(52.9)	83(32.0)
Organization of Nursing Care				
They show mastery over the nursing record system	-	13(5.0)	82(31.7)	164(63.3)
They know hospital's policies	2(0.8)	17(6.6)	126(48.6)	114(44.0)
Responsibility and Rigor				
In order to prevent complications, they show responsibility for the decisions they make and the acts they practice and delegate	-	-	18(6.9)	241(93.1)
In relation to well-being and self-care, they evidence responsibility for the decisions they make and the acts they practice and delegate	-	-	28(10.8)	231(89.2)
Within the scope of complications prevention, they implant interventions with technical and scientific rigor	-	-	31(12.0)	228(88.0)
In the scope of well-being and self-care, they implant interventions with technical and scientific rigor	-	1(0.4)	47(18.1)	211(81.5)
They refer problems to other professionals	-	6(2.3)	91(35.1)	162(62.6)
They supervise activities integrated in nursing interventions, as well as delegated activities	-	12(4.6)	79(30.5)	168(64.9)

Discussion

In this study, convenience sampling is assumed as a limitation, which prevents the generalization of results, as well as the resistance of nurses in the hospital context to participate in investigations and, consequently, to respond to another data collection instrument.

However, through the use of the scale of nursing activities that contribute to the quality of care⁽¹⁰⁾, the contribution of expert nurses in the medical-surgical nursing area to the quality of nursing care was identified. It is emphasized that the knowledge about the activities more and less performed by these professionals, will alert the different levels of management to the necessary direction, in favor of the development of the profession, as well as strategies to be adopted, in order to improve the achievement of the goals. quality standards.

The impact of nurses' involvement on quality, safety and care experience has been especially focused in recent years. In this sense, the triple objective of promoting people's health, reducing the cost and improving the care experience of the client and the nurse, can only be achieved with a robust and linked workforce that finds meaning in professional activity⁽¹¹⁾, and permanently strive to improve the quality of nursing care.

In 2005, the Order of Nurses, in order to promote the implantation of systems for the continuous improvement of quality in nursing, held training sessions on quality standards in several places in the country, which justifies the fact that more than half of expert nurses, in the medical-surgical nursing area, claim to have said training. In a study similar to this, carried out with 306 expert nurses in the field of rehabilitation nursing, the percentage of participants who underwent training was identical⁽¹²⁾.

As for the implantation of activities, within the scope of customer satisfaction, the results showed that despite the evidence regarding the involvement of the significant person in the development of the care pro-

cess, in the practice of nurses and expert nurses, this interaction is not always guaranteed, which it has also been confirmed in other studies⁽¹²⁻¹³⁾.

With regard to health promotion, the responses pointed to the specific performance of the three activities included in this descriptive statement, which was in line with that obtained by other authors⁽¹²⁻¹⁴⁾. These findings revealed that although theoretically the importance of professional help from nurses in changing behaviors is defined, through person-centered approaches and their potential^(8,15), practices aimed at health promotion have not yet been conveniently recognized and integrated by nurses⁽¹³⁾ and expert nurses⁽¹²⁾ in hospitals.

Regarding the prevention of complications, the results prove the importance of professional practice focused on the early detection of problems and the prevention of complications. These results, in addition to corroborating other studies that also used the same data collection instrument⁽¹²⁻¹³⁾, are unique, as they translate the central aspects of the specialty area in medical-surgical nursing, as well as the influence, still, notorious of the flexnerian biomedical model and the theoretical framework of Florence Nightingale. In a study carried out in Portugal⁽¹⁶⁾, 60 to 70.0% of nurses considered to be in agreement or totally in agreement with the practice, the conceptions of person, health, environment and nursing by Florence Nightingale, which effectively will have favored care models focused on preventing complications.

Well-being and self-care constitute the dimension in which the results obtained differed from a study carried out with expert nurses in the field of rehabilitation nursing⁽¹²⁾ which, in this case, is the only similar study in which the data can be compared. In fact, while nurses who specialize in medical-surgical nursing sometimes signaled, most of the time, about the four activities of the descriptive statement well-being and self-care, expert nurses in the area of rehabilitation nursing reported always recognizing the problems of clients, as well as prescribing, implanting and evaluating, for the most part, interven-

tions that culminate in maximizing well-being and in carrying out life activities by clients⁽¹²⁾.

Similar results were found in the functional readaptation dimension. In this case, while the expert nurses in the medical-surgical nursing area mentioned punctual performance of activities, the expert rehabilitation nurses mostly referred to always offering continuity to the care process, and at least half declared to always proceed with the activities of planning the discharge of patients, according to their needs and existing resources in the community; optimize the capacities of clients and significant people to manage the therapeutic regime; and to teach, instruct and train clients, with a view to individual adaptation⁽¹²⁾.

Currently, in view of the demand for disciplinary guidance that is intended to become increasingly clear⁽¹⁷⁾, the paradigm in nursing, focuses, essentially, on the capabilities of each person, in promoting the potential of this person to adapt to the various transitions experienced throughout the life cycle, in the possibility of incorporating new knowledge and acquiring new skills^(8,14,16), as well as in the professional help of nurses, in order to promote, to the maximum, the person's autonomy. Thus, the results obtained in well-being and self-care and functional readaptation continue to warn of a possible dichotomy between the theory exposed and that evidenced in the practices⁽¹³⁾, constituting two areas in which it is necessary to invest.

In a study carried out in Portugal, in order to identify the theoretical references that best suit the practice of nurses in the hospital context, the results showed that Virginia Henderson's theory of needs continues to guide the professional practice of Portuguese nurses. Therefore, it is emphasized that, based on this framework, the tendency is to identify the problems and needs of customers and plan interventions focused on replacing the person, often to the detriment of intervention more focused on promoting self-care and functional readaptation⁽¹⁶⁾.

In addition to the aforementioned, taking into

account the relevance of all phases of the nursing process, it is important that in addition to identifying the needs and problems of clients, expert nurses invest in the prescription, implantation and evaluation of interventions aimed at resolution, ensuring continuity of care, optimization of client capacities and better preparation for discharge.

In the dimension of nursing care organization, the fact that nurses do not dominate the record system in all situations, often because they are unaware of the updates made to them, may have implications for the production of quality indicators. Regarding knowledge about hospital policies, the most prevalent response was sometimes, which corroborates results presented by other authors⁽¹²⁻¹³⁾.

With regard to the responsibility and rigor dimension, it is emphasized that, although in previous studies⁽¹²⁻¹³⁾, the participants mostly signaled all activities, the percentage values found in the case of expert nurses in the field of medical nursing surgery were higher, showing a greater perception of responsibility and rigor on the part of these professionals. In line with the results of other authors⁽¹²⁻¹³⁾, still within the scope of responsibility and rigor, referring to problems that are beyond the competences and supervising activities integrated in nursing interventions, as well as delegated activities, were aspects that nurses perceived as less accomplished, therefore, in these areas, there is an opportunity for improvement and greater investments.

Conclusion

The results showed the performance of expert nurses in the medical-surgical nursing area, tending to be congruent with the quality standards. From the analysis performed, the most performed activities related to the dimensions of responsibility and rigor, customer satisfaction and prevention of complications. On the other hand, activities integrated in the dimensions of health promotion, functional readaptation and well-being and self-care were those that

expert nurses perceived as least performed, thus requiring that, at this level, practices be rethought, in order to culminate in coherent action with those dimensions.

Collaborations

Ribeiro OMPL contributed to the conception and design, analysis and interpretation of data and writing of the article. Martins MMFPS collaborated with the conception and project and final approval of the version to be published. Sousa PAF assisted in the relevant critical review of the intellectual content and final approval of the version to be published. Trindade LL, Forte ECN and Silva JMAV contributed with data interpretation and article writing.

References

1. Silva RM, Luz MD, Fernandes JD, Silva LS, Cordeiro AL, Mota LS. Becoming a specialist: Portuguese nurses' expectations after completing the specialization program. *Rev Ref.* 2018; 4(16):147-54. doi: <https://doi.org/10.12707/RIV17076>
2. Gaalan K, Kunaviktikul W, Akkadechanunt T, Wichaikhum OA, Turale S. Factors predicting quality of nursing care among nurses in tertiary care hospitals in Mongolia. *Int Nurs Rev.* 2019; 66(2):176-82. doi: <https://doi.org/10.1111/inr.12502>
3. Nilsson J, Johansson E, Egmar AC, Florin J, Leksell J, Lepp M, et al. Development and validation of a new tool measuring nurses self-reported professional competence - The nurse professional competence (NPC) Scale. *Nurse Educ Today.* 2014; 34(4):574-80. doi: <https://doi.org/10.1016/j.nedt.2013.07.016>
4. Wei H, Sewell KA, Woody G, Rose MA. The state of the science of nurse work environments in the United States: a systematic review. *Int J Nurs Sci.* 2018; 5(3):287-300. doi: <https://doi.org/10.1016/j.ijnss.2018.04.010>
5. Ordem dos Enfermeiros (PT). Padrões de qualidade dos cuidados de enfermagem, enquadrados a conceptual. Enunciados descritivos [Internet]. 2012 [citado 2020 jan 13]. Disponível em: <https://www.ordemenfermeiros.pt/media/8903/divulgar-padroes-de-qualidade-dos-cuidados.pdf>
6. Smeds-Alenius L, Tishelman C, Lindqvist R, Runesdotter S, McHugh M. RN assessments of excellent quality of care and patient safety are associated with significantly lower odds of 30-day inpatient mortality: A national cross-sectional study of acute-care hospitals. *Int J Nurs Stud.* 2016; 61:117-24. doi: <https://doi.org/10.1016/j.ijnurstu.2016.06.005>
7. Ordem dos Enfermeiros (PT). Regulamento nº 429/2018 de 16 de junho. Diário da República nº 135, II Série [Internet]. 2018 [citado 2020 jan 13]. Disponível em: <https://dre.pt/home/-/dre/115698617/details/maximized>
8. Ordem dos Enfermeiros (PT). Padrões de qualidade dos cuidados especializados em enfermagem médico-cirúrgica [Internet]. 2017 [citado 2020 jan 13]. Disponível em: https://www.ordemenfermeiros.pt/media/5681/ponto-2_padroes-qualidade-emc_rev.pdf
9. Coutinho CP. Metodologia de investigação em ciências sociais e humanas: teoria e prática. Coimbra: Almedina; 2014.
10. Martins MM, Gonçalves MN, Ribeiro OM, Tronchin DM. Quality of nursing care: instrument development and validation. *Rev Bras Enferm.* 2016; 69(5):864-70. doi: <http://dx.doi.org/10.1590/0034-7167-2015-0151>
11. Dempsey C, Assi MJ. The impact of nurse engagement on quality, safety, and the experience of care: what nurse leaders should know. *Nurs Adm Q.* 2018; 42(3):278-83. doi: <http://dx.doi.org/10.1097/NAQ.0000000000000305>
12. Martins MM, Ribeiro OM, Silva JM. The contribution of nurses specialists in rehabilitation nursing to quality of care. *Rev Portug Enferm Rehabil* [Internet]. 2018 [cited Jan 18, 2020]; 1(1):22-9. Available from: <https://www.aper.pt/ficheiros/revista/rperv1n1.pdf>
13. Ribeiro OM, Martins MM, Tronchin DM. Nursing care quality: a study carried out in Portuguese hospitals. *Referência.* 2017; 4(14):89-100. doi: <http://dx.doi.org/10.12707/RIV16086>

14. Freire RM, Lumini MJ, Martins MM, Martins T, Peres HHC. Taking a look to promoting health and complications' prevention: differences by context. *Rev Latino-am Enfermagem*. 2016; 24:e2749. doi: <http://dx.doi.org/10.1590/1518-8345.0860.2749>
15. International Council of Nurses. Nurses: a force for change - care effective, cost effective. Geneva: International Council of Nurses; 2015.
16. Ribeiro OM, Martins MM, Tronchin DM, Forte EC. The perspective of Portuguese nurses on nursing metaparadigmatic concepts. *Texto Contexto Enferm*. 2018; 27(2):e3970016. doi: <http://dx.doi.org/10.1590/0104-070720180003970016>
17. Watson J. Clarifying the discipline of nursing as foundational to development of professional nursing [editorial]. *Texto Contexto Enferm*. 2017; 26(4). doi: <http://dx.doi.org/10.1590/0104-07072017002017editorial4>



This is an Open Access article distributed under the terms of the Creative Commons