

INSTRUMENTS FOR ASSESSING THE QUALITY OF THE NURSING PROCESS IN HOSPITALIZED ADULT PATIENTS: A SCOPING REVIEW



<https://doi.org/10.56238/arev7n3-216>

Submitted on: 02/21/2025

Publication date: 03/21/2025

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ABSTRACT

Evaluation in the nursing process is essential to ensure the effectiveness of care practices and improve the clinical results of patients, for this, the use of appropriate evaluation instruments is essential to identify failures, promote adjustments and improve the quality of care provided; Objective: The study aimed to map the available scientific literature on instruments to assess the quality of the nursing process in hospitalized adult patients; Method: This is a scoping review conducted according to the guidelines of the Joanne Briggs Institute (JBI), using the PRISMA methodology for scoping reviews; Results: three relevant studies were identified that addressed instruments for the evaluation of quality in the nursing process. These studies ranged from the evaluation of physical care and computerized records to the creation of quality indicators for clinical documentation; Conclusion: The creation and implementation of instruments to assess the quality of the nursing process are essential to ensure more efficient, safe, and evidence-based care. However, there are still few instruments found in the literature, which limits the practical application of these resources.

Keywords: Adult. Nursing process. Health evaluation. Evaluation instrument.

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INTRODUCTION

Evaluating implies applying a judgment about the effectiveness of an implemented practice or model, which is fundamental for the improvement of the processes used in health care ⁰⁴, for this, it is crucial to use appropriate instruments to evaluate the nursing process and the quality of this practice ¹⁰⁻⁰³.

These instruments must be able to identify failures or results and thus allow for the realignment, improvement, or even modification of actions based on valid and reliable evidence ¹⁰⁻⁰³⁻⁰¹.

The nursing process constitutes the initial basis and structural foundation of the systematization of nursing care (NCS), and is fundamental to ensure the continuity and safety of care ⁰¹.

The steps of this process are recorded in the patient's medical record with multiple objectives, such as ensuring ethical and legal issues, expressing the care provided, monitoring the quality of the work, establishing effective communication among the health team, and ensuring continuous and safe care ⁰¹.

In Brazil, Law No. 7,498 of 1986 and Decree No. 94,406/87 regulate the nursing process, considering it an effective tool, based on science and professional experience, which contributes to improving the quality and continuity of care, prioritizing humanized and ethical care ⁰⁵.

This approach requires nursing professionals to have experience and scientific knowledge, promoting accurate diagnostic and clinical reasoning for efficient and safe decision-making ⁰⁶.

COFEN Resolution No. 736, of January 17, 2024, provides for the implementation of the nursing process in all contexts in which nursing care ⁰² occurs.

The standard clearly defines the stages of the nursing process and the role of the nursing team in its execution, reviewing aspects such as Nursing Evaluation, which highlights the importance of continuous and dynamic evaluation, and Nursing Evolution, with the demarcation of the specific role of nurses and technicians ⁰².

The new resolution also favors research and knowledge construction, ensures the recognition of the value of nursing care, and reinforces its visibility in meeting the needs of patients, families, and communities ⁰².

In practice, the execution of the nursing process faces challenges such as failures in the stages, absence of records in the medical records, lack of interest, devaluation,

inadequate places to carry out the stages, lack of demand from the heads, lack of knowledge and training, and scarcity of educational groups ¹⁹⁻²⁰⁻¹⁸.

Thus, it is essential to evaluate this practice to ensure quality in both the humanized and scientific aspects ¹⁹⁻²⁰⁻¹⁸.

The scarcity of studies that address assessment instruments that cover all stages of the nursing process highlights the need for further development in this area ⁰⁵⁻²⁰⁻¹⁸.

The use of an effective evaluation instrument is essential for the continuous improvement of this practice, allowing the identification of failures, adjustment of actions, and realignment of objectives based on solid evidence ¹⁰⁻⁰³⁻⁰¹.

The implementation of appropriate assessment instruments in the nursing process is necessary and fundamental to ensure the quality and efficiency of the care provided to hospitalized adult patients ¹⁰⁻⁰³⁻⁰¹.

In addition to contributing to the improvement of individualized care, the continuous evaluation of the stages of the nursing process enables the creation of a more efficient work environment for the nursing team ¹⁰⁻⁰³⁻⁰¹.

The recent normative update, such as COFEN Resolution No. 736/2024, which details the stages of the nursing process and reinforces its implementation in any care context, highlights the urgent need for research that explores evaluation instruments capable of ensuring quality, safety, and efficacy in the 02 process.

Such instruments are fundamental to evaluate practices and ensure that nursing care is based on scientific and ethical criteria, promoting the recognition of the profession and the confidence of patients ⁰².

OBJECTIVE

To map the available scientific literature on instruments for assessing the quality of the nursing process in hospitalized adult patients.

METHOD

This study is a scoping review, conducted according to the guidelines of the Joanne Briggs Institute (JBI) ¹¹, whose methodology aims to assign key concepts, clarify definitions, delimit the study theme, summarize existing information, and identify research and clinical gaps ¹³. Scoping review is a methodology that aims to map and explore the literature on a given topic, identifying knowledge gaps and establishing priorities for future

investigations. This approach is of great importance, as it uses broad search criteria and is especially useful when there are no previous reviews on the subject or when it is broad and complex ¹⁴. The study was conducted based on the recently created items for systematic reviews and meta-analyses for Scoping Reviews, a checklist that serves as a guide for the preparation of scoping reviews ¹². To organize the study, the mnemonic PCC (Population, Concept and Context) was used, and the following parameters were defined: Population: patients aged 18 years or older; Concept: studies on the development, usability, feasibility and validation of instruments for evaluation; Context: nursing process. The study followed the stages of the review process, which include: formulation of the research question, definition of inclusion and exclusion criteria, search strategies, selection of studies, data analysis, presentation of the results of the bibliographic research and characterization of the studies, detailed below:

RESEARCH QUESTION

What are the instruments available to assess the quality of the nursing process in practice, specifically for hospitalized adult patients?

INCLUSION AND EXCLUSION CRITERIA

The inclusion criteria were: studies that addressed instruments aimed at assessing the nursing process in the hospital context, focusing on the adult population (18 years or older), articles published in Portuguese, English and Spanish, available in full and without restriction as to the period of publication, original and published in scientific journals. Duplicate studies and those that were not directly related to the central theme of the research, i.e., the evaluation of the quality of the nursing process in hospitalized adult patients, were excluded.

SEARCH STRATEGIES

The searches and selection of studies were carried out in February 2024, in the following databases: Lilacs, PubMed, Scopus, Cuiden, Web of Science, and in the gray literature of Google Scholar. The search strategy used the descriptors of the Health Sciences Descriptors (DeCS) vocabulary in Portuguese, English and Spanish, including the following terms: "Adult", "adult", "Adult (population)", "nursing process", "nursing process", "proceso de enfermería", "health assessment", "health assessment", "evaluación

en salud", "instrumento de assessment", "assessment instrument", and "instrumento de evaluación". In addition, the descriptors of the Medical Subject Headings (MeSH) vocabulary were used only in English, such as: "adult", "nursing process", "health assessment" and "assessment instrument". The combination of the DeCS descriptors was made as follows: "adult AND nursing process AND health assessment AND assessment instrument". For the MeSH descriptors, the combination was: "adult AND nursing process AND health assessment AND assessment instrument". The keyword "Systematization of Nursing Care (NCS)" was also included in the searches, with the objective of expanding the results. The searches were performed using the Boolean operators "AND" and "OR" to integrate the terms. In the end, it was decided to perform the searches with descriptors in English, as this strategy resulted in a greater number of articles found, compared to the searches performed in Portuguese and Spanish. The selection of studies was made by two independent reviewers (researcher and advisor), and in case of controversies, they were resolved through critical discussion among the reviewers. If there was no consensus, a third reviewer (co-advisor) was consulted to help with the decision.

SELECTION OF STUDIES

After conducting the searches, the Rayyan platform was used for the pre-selection of articles, where duplicate studies were excluded and a preliminary analysis was conducted by reading the titles and abstracts. The Rayyan platform is a free web tool developed by the Qatar Computing Research Institute (QCRI), which assists in the execution of systematic reviews quickly, easily and efficiently. In addition, the platform performs essential steps in the development of a search, such as reviewing, uploading citations, deleting duplicates, and adding new articles ¹⁵.

The initial selection process was carried out independently and double-blindly, with consensus reached among the reviewers. Two reviewers performed the selection applying the established inclusion and exclusion criteria. In case of discrepancies, the divergences were reviewed by both reviewers and an external researcher. Subsequently, the pre-selected articles were read in full to verify compliance with the inclusion and exclusion criteria, and those that did not fully meet the established requirements were excluded.

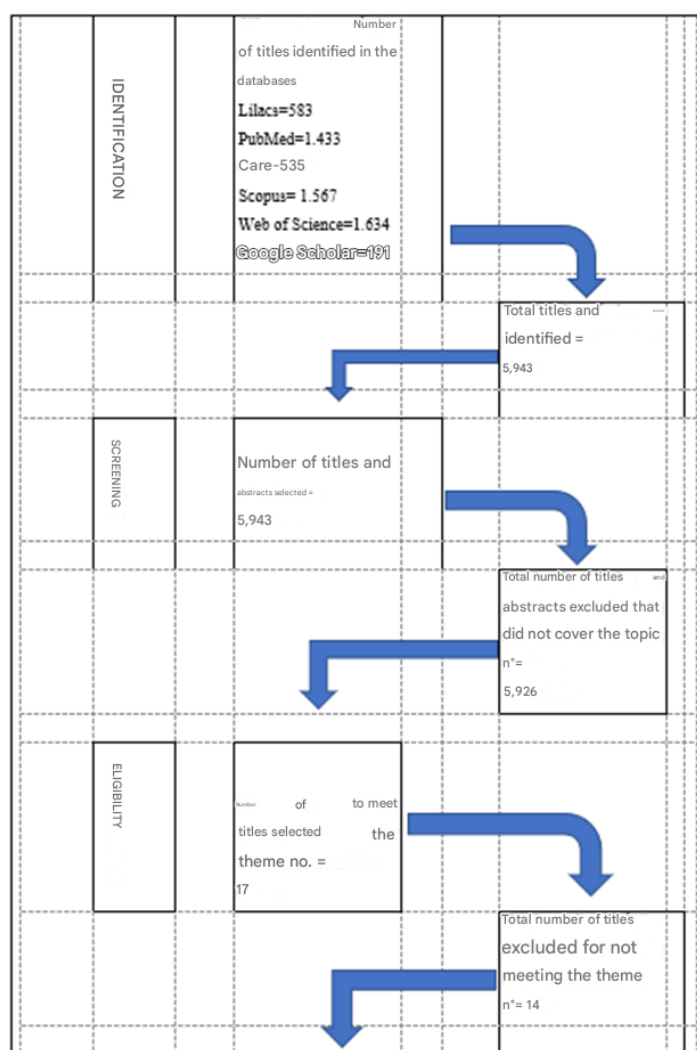
DATA ANALYSIS

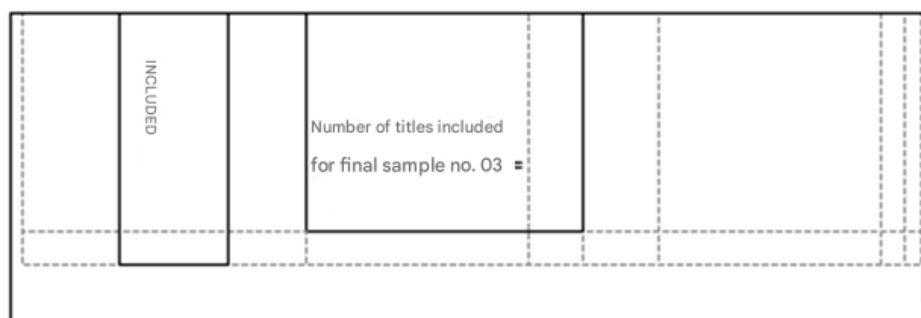
Relevant information was extracted from the primary studies, according to the acronym used, including: the name of the journal, the authors and the theme addressed, which supported the research question and the objective of the review carried out.

RESULT

Chart-01: illustrates the flowchart of the article selection process, presenting the results of the search carried out after crossing the descriptors in the databases. The flowchart includes the stages of identification, screening, eligibility and the number of studies included in the final sample.

Chart 01 - PRISMA Flowchart.





CHARACTERIZATION OF THE STUDIES

Of the three articles that made up the final sample, two were published in lilacs and one in web off Science; The first publication with the theme of the study took place in 1986, in 2010, the second and third were published in 2021. Of these three, two were doctoral theses and one was a graduation conclusion work.

Table 02 - Characterization of the studies

No.	Year	Magazine	Author(s)	Summary
01	1986	Lilacs	Santos, Lindete Amorim	Instrument for assessing the quality of physical nursing care: a proposal based on administration by objectives: it contains 174 multiple-choice questions on a numerical scale and nine open questions, sent to each hospital in a number of four questionnaires. The main variables on the evaluation of physical nursing care were significant, while some indicators of these variables did not reach the success rate, thus failing to be included in the final instrument. The success rate mentioned represents the achievement of the activity measured on a scale of (0.00 to 10.00), remaining in the failure interval (0.00 to 6.00) or in the uncertainty interval (4.00 to 6.00). Once the results of these variables were achieved, an evaluation instrument was elaborated, aimed at visualizing care from patient admission to discharge. In terms of nursing care, this instrument admits two parts, one general and the other specific, applicable to any patient, following specific care.
02	2010	Web of Science	Nomura, Aline Tsuma Gaedke	This is a qualitative methodological study on the quality of nursing records. The objective of this study was to construct an instrument to evaluate the quality of computerized nursing records in a public university hospital, based on an instrument already used when the records were performed manually. The construction of this instrument was carried out through the focus group technique, composed of six clinical nurses who were or are part of the Nursing Process Commission (COPE) of this institution. The instrument was structured in the evaluation of the following nursing records: Anamnesis/Physical Examination, Nursing Diagnosis, Nursing Evolution and Nursing Prescription.

				<p>The criteria for evaluating these documents were elaborated by the participants and are divided into: Performed, Filling, Evaluation of care indicators and on the quality of the document. In addition to these criteria, the Nursing Diagnostic Accuracy Scale (EADE), Version 2, was included in the instrument, developed to estimate the degree to which a diagnostic statement is supported in relation to a set of clinical information about the patient, based on written data. An orientation manual was prepared at the same time as the instrument in order to support its completion. Subjected to testing, the instrument remained unchanged, while the manual underwent some changes in order to make it clearer and more objective. This stage resulted in the final instrument for assessing the quality of the computerized nursing records of the HCPA units, which should be reproduced through a larger sample of medical records and validated in the future.</p>
03	2021	Scielo / Lilacs / BdEnf	Azevedo OA, Cruz DALM	<p>Objectives: to propose quality indicators of clinical nursing documentation. Methods: methodological study in which a literature review guided the composition of an instrument for the evaluation of nursing documentation. Two independent professionals evaluated 204 medical records of adult patients. The analysis of this evaluation generated quality indicators of the clinical nursing documentation. Inter-rater agreement was analyzed by Cohen's Kappa. Results: the literature review, analysis by the experts and pre-test originated 88 evaluation items distributed in seven topics; In 88.5% of the items, there was inter-rater agreement between strong and almost perfect ($k=0.61-1.0$). Analyses of the evaluations generated one global indicator and seven partial indicators of documentation quality. Compliance in the two services ranged from 62.3% to 93.4%. The global indicator showed a difference of 2.1% between services. Conclusions: seven indicators of the quality of clinical nursing documentation and their method of application in hospital records were proposed.</p>

Adaptation: corresponding author

DISCUSSION

This study was carried out with the objective of mapping the available scientific literature on instruments or measures to assess the quality of the nursing process in hospitalized adults.

As observed, after searching the literature, three relevant studies on the theme in question were identified.

The first study, conducted in 1986 as part of a doctoral thesis, presents an instrument for assessing the quality of physical nursing care.

This instrument consisted of 174 multiple-choice questions with a numerical scale and nine open questions, organized in questionnaires. The variables for evaluating physical care were selected based on their significant values, excluding those that did not reach the success rate. With the results achieved, an evaluation instrument was developed that allowed the visualization of the patient's care from admission to discharge.

The instrument was subdivided into two parts: one general and the other specific, being applicable to any patient and respecting the specific care needed.

The creation of instruments to assess the quality of the nursing process is essential to ensure more structured, effective and safe care.

These instruments provide an objective way to measure and monitor the different stages of the nursing process, from the initial assessment of the patient to the evolution of their health status.

By standardizing and systematizing the evaluation process, these instruments help to identify failures or gaps in care, allowing interventions to be adjusted in a precise manner.

In addition, the use of appropriate assessment tools enables nursing professionals to make more informed decisions, based on concrete data, which improves the quality of care and promotes care that is more aligned with the best practices in the area.

In addition, the implementation of these instruments is essential for the continuous improvement of the nursing process, creating a constant evaluation cycle.

Regular evaluation of the quality of the nursing process allows teams to identify areas that need improvement, adjust their practices, and consequently improve patient outcomes. This is especially important in hospital settings, where care needs to be dynamic and adaptable to the specific needs of each patient.

Such instruments also contribute to the strengthening of professional practice, encouraging critical reflection on the work performed and promoting the continuing education of nursing professionals.

Thus, the creation of assessment instruments not only increases the quality of care, but also reinforces the importance of nursing as a profession based on evidence-based practices and in constant evolution.

Therefore, the creation of instruments to assess the quality of the nursing process in hospitalized adults is a crucial step to ensure that the care provided is not only effective, but also safe and patient-centered.

These instruments provide a solid foundation for monitoring nursing staff performance, identifying areas for improvement, and promoting more efficient and humanized care practices.

In addition, by integrating these instruments into the daily lives of nursing professionals, a culture of excellence and continuous learning is fostered, which is essential for adapting practices to the dynamic needs of the hospital environment.

Ultimately, the implementation of these instruments not only raises the quality of care, but also strengthens the role of nursing as a fundamental pillar in promoting the health and well-being of patients.

The second study identified, of a qualitative nature, created an instrument to evaluate the quality of computerized nursing records in a public university hospital, developed from an existing manual record instrument.

The instrument was developed using the focus group technique, with the participation of six nurses who were part of the Nursing Process Commission (COPE).

Structured based on nursing records, such as Anamnesis/Physical Examination, Nursing Diagnosis, Nursing Evolution and Nursing Prescription, the evaluation criteria were subdivided into: Performed, Completion, Evaluation of Care Indicators and Document Quality.

In addition, a Nursing Diagnostic Accuracy Scale (EADE) was created with the objective of measuring the degree of support of a diagnostic statement in relation to a set of clinical information of the patient, based on written data.

Concomitant with the development of the instrument, an orientation manual was developed to assist in its completion.

After initial testing, the instrument remained unchanged, although it needs future validation to be integrated into practice.

The manual, in turn, has undergone some modifications to make it clearer and more objective.

Studies such as the one described, which seek to develop instruments to assess the quality of computerized nursing records, are extremely important, as they offer a practical and objective solution to monitor and improve the quality of documentation in the hospital environment.

Nursing records are critical to ensuring that patient information is recorded accurately and completely, contributing to continuity of care and patient safety.

The creation of a structured instrument based on clear criteria, such as those mentioned in the study (Performed, Completion, Evaluation of Care Indicators and Quality of the Document), enables the nursing team to identify failures and points of improvement in the records, promoting a more efficient practice in line with the required quality standards.

In addition, the development of a Nursing Diagnostic Accuracy Scale (EADE) is a crucial initiative for the evolution of the nursing process.

Measuring the degree of support of diagnostic statements, based on a set of clinical patient data, allows nursing professionals to refine their diagnoses and, consequently, the interventions performed.

This approach contributes to more precise, evidence-based care and favors the improvement of the quality of care provided.

The use of scales such as EADE strengthens clinical practice, ensuring that nursing diagnoses and decisions are well-founded, which, in turn, results in better patient care and greater safety.

The development of the guidance manual for filling out the instrument is another relevant aspect, as it contributes to the standardization and standardization of practices within the nursing team.

Clarity and objectivity in filling out the records are essential to ensure that all professionals follow the same protocol and that the information collected is understandable and accessible.

The revision and continuous improvement of the manual, as described in the study, show the importance of a flexible approach, capable of adapting to the needs and practical challenges of the hospital environment.

This type of study not only aims to improve the quality of documentation but also fosters an environment of learning and continuous improvement for nurse practitioners by encouraging reflection on the practice and proper use of recording tools to ensure high-quality health care.

In summary, studies such as the one mentioned are fundamental to improve nursing practice, especially with regard to the quality of computerized records.

The creation of instruments that evaluate and standardize these records not only ensures greater accuracy in the documentation of patient information, but also contributes to the continuous improvement of the care provided.

The implementation of tools such as the Nursing Diagnostic Accuracy Scale and guidance manuals for filling out records allows nursing professionals to perform their activities in a more efficient and well-founded way, resulting in more accurate diagnoses and safer care.

By strengthening clinical practice with these innovations, it is possible to promote a more organized, transparent, and evidence-based work environment, ensuring better outcomes for patients and the nursing profession as a whole.

The third study aimed to propose quality indicators for clinical nursing documentation.

The developed indicator enables the analysis of the nursing process, evaluating its completeness and the quality of the recorded content.

For its application, it is essential that the evaluator has, at least, the attributes expected of a clinical nurse, such as competence in the holistic evaluation of the patient. This includes specific knowledge, skills and attitudes, with a focus on the bio-psycho-socio-spiritual dimensions of the human being.

It also proposes the creation of quality indicators for clinical nursing documentation, a crucial aspect for the evaluation of the practice and effectiveness of the care provided. These indicators allow analyzing the completeness and quality of the content of nursing records, ensuring that all essential information about the patient is adequately documented.

The accurate assessment of the nursing process, through these indicators, not only improves the quality of documentation, but also facilitates the continuous monitoring of the patient's health, ensuring that all aspects of care, from the initial assessment to the evolution, are properly recorded and monitored.

The proposal of an evaluation indicator for clinical nursing documentation highlights the importance of having a competent evaluator, with solid and specific skills to perform this task.

The study emphasizes that the clinical nurse must have essential attributes for the holistic evaluation of the patient, considering the bio-psycho-socio-spiritual dimensions.

This holistic approach is critical to ensure that care is comprehensive and that documentation fully reflects the patient's condition, including not only physical, but also emotional, social, and spiritual aspects.

This contributes to a broader view of the patient, allowing for more personalized and effective interventions, based on a global analysis of their health status.

In addition, the development of quality indicators for clinical documentation implies a significant advance in the professionalization of nursing.

By ensuring that nurses have the necessary competence to critically and reflexively evaluate clinical documentation, this study reinforces the importance of continuous training of professionals and the need for an attentive and qualified look at each detail of the records.

Thus, the creation of indicators not only ensures the quality of documentation, but also contributes to the strengthening of nursing practice, encouraging professionals to adopt a more complete and detailed approach in their daily activities.

This directly reflects on the improvement of patient care and the organization of health processes.

Therefore, the proposal of quality indicators for clinical nursing documentation, as presented in the study, represents a significant advance in ensuring the quality of care provided to patients.

These indicators not only ensure that relevant information is recorded completely and accurately, but also encourage a holistic approach, considering all dimensions of the human being.

The training of nurses to critically evaluate clinical documentation, with a close look at the various facets of the patient, is essential to promote more personalized and effective care.

The implementation of these quality indicators contributes to the continuous improvement of nursing practice, promoting more integrated, evidence-based care focused on the real needs of patients.

FINAL CONSIDERATIONS

This study highlights the relevance of creating and implementing instruments to assess the quality of the nursing process in hospitalized adults, since these tools are fundamental to ensure the effectiveness and safety of the care provided.

By mapping and analyzing nursing processes in a systematic way, the instruments proposed in the reviewed studies provide a solid basis for identifying failures, adjusting practices, and improving the quality of care.

The use of such tools not only ensures more accurate clinical nursing documentation, but also facilitates the continuous monitoring of patient health, promoting more informed interventions aligned with best practices.

The creation of quality indicators and the evaluation of computerized nursing records are essential to transform nursing practice into a more organized and evidence-based process.

By establishing clear and objective criteria, these tools help professionals identify critical points, correct failures, and promote continuous improvement in care.

In addition, the training of nurses to perform a holistic assessment, considering all dimensions of the human being, is crucial to ensure that the care provided is comprehensive and effective, based on a global analysis of the patient's health.

The implementation of quality instruments and indicators in nursing strengthens professional practice, contributes to the continuous education of nurses, and significantly improves patient outcomes.

The integration of these tools into the daily routine of nursing promotes a culture of excellence and constant learning, essential to adapt practices to the dynamic needs of the hospital environment.

In this way, the use of these tools not only improves the quality of care, but also values the nursing profession as a fundamental pillar in promoting the health and well-being of patients.

Finally, despite advances in the development of instruments to assess the quality of the nursing process, there are still few models found in the literature, which limits the scope and applicability of these tools in clinical practice.

The scarcity of these instruments implies significant challenges for the standardization and continuous improvement of nursing care, making it difficult to identify failures and implement evidence-based practices.

This reinforces the urgent need for more research and innovation in this area, so that the profession can rely on effective and widely applicable tools, ensuring safer, more efficient, and quality care for patients.

REFERENCES

1. Azevedo, O. A., & Cruz, D. A. L. M. (2021). Quality indicators of the nursing process documentation in clinical practice. *Revista Brasileira de Enfermagem*, 74(3), e20201355. <https://doi.org/10.1590/0034-7167-2020-1355>
2. Barros, A. L. B. L., Lucena, A. F., Almeida, M. A., & outros. (2024). O avanço do conhecimento e a nova resolução do Cofen sobre o Processo de Enfermagem. *Revista Gaúcha de Enfermagem*, 45, e20240083. <https://doi.org/10.1590/1983-1447.2024.20240083.pt>
3. Betini, M., & Bozoni, D. F. (2023). Rayyan systematic review. Unesp, Divisão Técnica de Biblioteca e Documentação. <https://www.btu.unesp.br/#!/sobre/biblioteca/servicos/manuais/>
4. Conselho Federal de Enfermagem. (2024, January 17). Resolução COFEN nº 736 de 17 de janeiro de 2024: Dispõe sobre a implementação do Processo de Enfermagem em todo contexto socioambiental onde ocorre o cuidado de Enfermagem. <https://www.cofen.gov.br/resolucao-cofen-no-736-de-17-de-janeirode-2024/>
5. Costa, F. S. A., Serna, C. V. G., Thum, M., & outros. (2022). Topical therapy for pain management in malignant fungating wounds, 2022: A scoping review. *Journal of Clinical Nursing*, 1–15. <https://doi.org/10.1111/jocn.16508>
6. Dias, C. F. C., Lima, S. B. S., & Fernandes, C. A. B. (2018). Produção científica acerca dos instrumentos de avaliação da qualidade do cuidado de enfermagem: Estudo bibliométrico. *Saúde (Santa Maria)*, 44(2), 1–12. <https://doi.org/10.5902/2236583433477>
7. Lima, M. A. D. S., Marques, G. Q., Damaceno, A. S., & outros. (2019). Instrumentos de avaliação de estruturação de redes de cuidados primário: Uma revisão integrativa. *Saúde em Debate*, 43(Especial 5), 299–311. <https://doi.org/10.1590/0103-11042019S524>
8. Macedo, R. S., Santana, L. M., & Bohomol, E. (2017). Utilização dos indicadores de qualidade da assistência de enfermagem: Opinião dos enfermeiros. *Revista de Enfermagem UFPE Online*, 11(Suppl. 9), 3617–3622. <https://doi.org/10.5205/reuol.10620-94529-1-SM.1109sup201715>
9. Marchiori, G. R. S., Alves, V. H., Rodrigues, D. P., & outros. (2018). Saberes sobre processo de enfermagem no banco de leite humano. *Texto & Contexto - Enfermagem*, 27(2), e3900016. <https://doi.org/10.1590/0104-070720180000390016>
10. Melo, L. S., Figueiredo, L. S., Pereira, J. M., & outros. (2019). Effects of an educational program on the quality of Nursing Process recording. *Acta Paulista de Enfermagem*, 32(3), 246–253. <https://doi.org/10.1590/1982-0194201900034>

11. Moher, D., Liberati, A., Tetzlaff, J., & The PRISMA Group. (2009). Preferred reporting items for systematic reviews and meta-analyses: The PRISMA statement. *PLoS Medicine*, 6(7), e1000097. <https://doi.org/10.1371/journal.pmed.1000097>
12. Nomura, A. T. G. (2010). Construção de instrumento para avaliação da qualidade de registros de enfermagem informatizados em hospital universitário sob processo de acreditação hospitalar [Trabalho de conclusão de curso, Universidade Federal do Rio Grande do Sul, Escola de Enfermagem]. <http://hdl.handle.net/10183/238735>
13. Pasquali, L. (2011). *Psicometria: Teoria dos testes na psicologia e na educação*. Vozes. (Originalmente publicado em 2009)
14. Peter, M. D. J., Godfrey, C., McInerney, P., & outros. (2020). Chapter 11: Scoping reviews. In E. Aromataris & Z. Munn (Eds.), *JBIM manual for evidence synthesis*. JBI. <https://doi.org/10.46658/JBIMES-20-12>
15. Ribeiro, O. M. P. L., Vicente, C. M. F. B., Martins, M. M. F. P. S., & outros. (2020). Instrumento para avaliação dos ambientes da prática profissional de enfermagem: Revisão integrativa. *Revista Gaúcha de Enfermagem*, 41, e20190381. <https://doi.org/10.1590/1983-1447.2020.20190381>
16. Rodrigues, A. V. D., Vituri, D. W., Haddad, M. C. L., & outros. (2012). Elaboração de um instrumento para avaliar a responsividade do serviço de enfermagem de um hospital universitário. *Revista da Escola de Enfermagem da USP*, 46(1), 167–174. <https://doi.org/10.1590/S0080-62342012000100023>
17. Salvador, P. T. C. O., Alves, K. Y. A., Costa, T. D., & outros. (2021). Contribuições da scoping review na produção da área da saúde: Reflexões e perspectivas. *Revista de Enfermagem Digital Cuidado e Promoção da Saúde*, 6, 01–08. <https://doi.org/10.5935/2446-5682.20210058>
18. Santos, L. A. (1986). Instrumento de avaliação da qualidade dos cuidados físicos de enfermagem: Proposta fundamentada na administração por objetivos [Tese de doutorado, Universidade de São Paulo, Escola de Enfermagem de Ribeirão Preto]. BIREME. <https://pesquisa.bvsalud.org/portal/resource/pt/bde-7447>
19. Souza, A. C., Alexandre, N. M. C., & Guirardello, E. B. (2017). Propriedades psicométricas na avaliação de instrumentos: Avaliação da confiabilidade e da validade. *Epidemiologia e Serviços de Saúde*, 26(3), 649–659. <http://dx.doi.org/10.5123/s1679-49742017000300022>
20. Amaral, B. V. E., Graneiro, T. S., Miranda, T. L., & outros. (2022). Instrumento de avaliação de competência profissional em enfermagem: Uma revisão integrativa. *Research, Society and Development*, 11(6), e33311629085. <http://dx.doi.org/10.33448/rsd-v11i6.29085>