



SWOT analysis as a tool to increase the operational efficiency of services provided by a hospital in the mid-west region of Santa Catarina: a case study¹

A análise SWOT como ferramenta de aumento da eficiência operacional dos serviços prestados em um hospital do meio oeste catarinense: um estudo de caso

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ABSTRACT

Contemporary hospital management requires strategic approaches capable of addressing structural, organizational, and operational challenges that directly impact the efficiency of healthcare services, particularly in medium-sized public hospitals located outside major urban centers. In this context, this study examined the management processes of a public hospital in the Mid-West region of Santa Catarina, an institution responsible for regional healthcare delivery and embedded in a scenario of increasing demand and managerial constraints. The general objective was to assess institutional management through SWOT analysis, identifying strengths, weaknesses, opportunities, and threats in order to propose strategies that enhance operational efficiency. The research adopted a qualitative, exploratory, and applied approach, conducted as a case study. Data were collected through interviews with experienced managers and subsequently analyzed using content analysis

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techniques. The results revealed that the technical expertise of the staff and the technological infrastructure represent significant strengths, whereas deficiencies in internal communication and bureaucratic procedures constitute institutional weaknesses. The study concludes that SWOT analysis proved effective in supporting strategic decision-making and strengthening the hospital's regional positioning.

Keywords: strategic management, SWOT analysis, operational efficiency, hospital, healthcare

RESUMO

A gestão hospitalar contemporânea exige abordagens estratégicas capazes de enfrentar desafios estruturais, organizacionais e operacionais que influenciam diretamente a eficiência dos serviços de saúde, sobretudo em hospitais públicos de médio porte situados fora dos grandes centros urbanos. Nesse contexto, este estudo analisou os processos de gestão de um hospital público localizado no Meio Oeste catarinense, instituição responsável pelo atendimento regional e inserida em um cenário de crescente demanda assistencial e limitações gerenciais. O objetivo geral foi avaliar a gestão institucional por meio da análise SWOT, identificando forças, fraquezas, oportunidades e ameaças, de modo a propor estratégias que favoreçam o aprimoramento da eficiência operacional. A pesquisa teve abordagem qualitativa, caráter exploratório e natureza aplicada, sendo conduzida como estudo de caso. A coleta de dados ocorreu por meio de entrevistas com gestores experientes, posteriormente analisadas por meio da técnica de análise de conteúdo. Os resultados apontaram que a qualificação técnica da equipe e a infraestrutura tecnológica constituem importantes pontos fortes, enquanto falhas de comunicação interna e a burocratização configuram fragilidades. Conclui-se que a análise SWOT mostrou-se eficaz para subsidiar decisões estratégicas e fortalecer o posicionamento institucional no contexto regional.

Palavras-chave: gestão estratégica, análise SWOT, eficiência operacional, hospital, saúde



1. INTRODUCTION

Hospital management has become central to academic and institutional debates, particularly following the Covid-19 pandemic, which highlighted structural weaknesses and reinforced the need for management models capable of promoting sustainability, quality of care, and operational efficiency (Capellini, 2020).

Although there have been advancements in this field, many mid-sized hospitals located outside major urban centers continue to face difficulties related to the bureaucratization of processes and internal communication failures, compromising organizational flow and operational performance (Rodrigues et al., 2020; Silva et al., 2018). This scenario constitutes the scientific problem guiding this research: how to identify the factors impacting hospital operational efficiency in a regional context and use them strategically to formulate managerial actions?

Literature acknowledges the importance of strategic management as a mechanism for organizational strengthening; however, there is still a gap regarding the application of analytical tools that allow for simultaneously diagnosing institutional reality and guiding decision-making. This gap becomes more evident in mid-sized hospitals, which are responsible for a significant portion of healthcare services in the Brazilian interior but remain under-explored in applied studies, despite their managerial specificities and structural limitations.

In this context, SWOT analysis presents itself as an appropriate tool, as it enables the identification of strengths, weaknesses, opportunities, and threats influencing hospital management, generating structured information that assists in formulating operational and care strategies (Santos & Sodr , 2023). Its utilization allows for understanding how internal and external variables shape institutional performance, contributing to assertive interventions aligned with organizational demands.

Given this problem, the general objective of this study is to analyze the management processes of a mid-sized hospital in the midwest region of Santa Catarina through the application of SWOT Analysis, identifying strengths, weaknesses, opportunities, and threats, to support the proposition of strategies that enhance operational efficiency and qualify the services offered. To achieve the proposed goal, the following specific objectives were

defined: (a) to map the management processes of the analyzed hospital; (b) to apply the SWOT matrix to classify internal and external factors related to operational efficiency; and (c) to propose improvement strategies derived from this analysis.

Considering the scientific problem, theoretical references, and the analyzed context, the following guiding hypotheses are formulated: (H1) excessive bureaucratization and internal communication weaknesses constitute the main internal factors reducing operational efficiency in the analyzed hospital; (H2) the structured use of SWOT Analysis enables the identification of strategic elements capable of guiding managerial interventions that improve workflows and inter-sector coordination; and (H3) the incorporation of management practices aligned with external opportunities, such as service expansion, institutional partnerships, and technology investments, can increase the hospital's competitiveness and quality of care.

Thus, by understanding hospital management as a complex system demanding articulation between resources, processes, and people, this study contributes to strengthening strategic practices in healthcare, as indicated by research highlighting the relevance of integrated management in the sector (Ovando et al., 2023; Farias & Nunes, 2018). The theoretical framework follows below, discussing the main concepts, models, and approaches that underpin the proposed analysis, offering the conceptual framework necessary to understand hospital management and the application of SWOT analysis in the studied context.

2. THEORETICAL FRAMEWORK

Hospital management faces significant challenges in the contemporary landscape, especially in the post-COVID-19 context, where efficiency, safety, and service quality have become central elements for the sustainable continuity of institutions. The pandemic highlighted structural and operational vulnerabilities in both public and private hospital systems, exposing historical bottlenecks such as insufficient human resources, lack of strategic planning, deficient communication, and difficulties in implementing large-scale innovations. By revealing such weaknesses, the pandemic period emphasized the urgency for more robust, transparent, and effective management practices capable of responding



agilely to emerging demands and anticipating future risks (Mukherjee et al., 2023). In this context, it becomes imperative for managers to understand the need to revise traditional models, incorporating approaches that favor operational efficiency, sustainability, and patient focus.

Recent literature reinforces that adopting management models oriented toward innovation and efficiency constitutes an essential requirement for the survival of hospital institutions in environments characterized by greater complexity and regulatory demands (Meksuwan et al., 2025). The expansion of innovative practices is directly related to the capacity for adaptation in the face of technological, social, economic, and epidemiological transformations. A concrete example of this movement is the restructuring of Brazilian university hospitals promoted by the company EBSERH, an organizational milestone that sought to overcome administrative and financial obstacles and promote the modernization of hospital management. Although it demonstrated relevant advancements, this process also triggered criticism and debates about its performance, reinforcing that structural changes are not always consensual or fully understood by the agents involved (Lemm, 1996).

Within this scenario, innovation stands out as one of the central pillars of contemporary hospital management. The incorporation of technologies and managerial tools has expanded institutions' capacity to monitor their processes and perform precise diagnoses regarding operational efficiency. Among these tools, Data Envelopment Analysis (DEA) emerges as a relevant approach, allowing for the measurement of relative performance between hospital units, identification of waste, optimization of resource use, and guidance for strategic decisions (Enwere et al., 2014). Its application contributes to highlighting critical areas needing improvement, supporting both immediate choices and long-term planning.

The literature further indicates that innovation management is indispensable for ensuring hospitals can rapidly keep pace with social and environmental changes, especially in light of new demands from patients and society. In this sense, institutions that articulate innovation systematically tend to consolidate more efficient practices, reduce operational risks, and offer more agile responses to care demands (Hambon, 2025). The conscious implementation of innovative practices also strengthens a culture of adaptability, which is essential for complex, dynamic environments frequently subject to health crises. This



institutional mobilization results in the creation of a continuous learning ecosystem, wherein professionals develop competencies oriented toward the progressive improvement of healthcare (O'Connor, 2025).

In the hospital scope, organizational culture represents another fundamental strategic component. It directly influences service quality, talent retention, patient safety, and the overall efficiency of hospital operations. When a culture of innovation and continuous learning is encouraged, employees feel more motivated to contribute ideas and propose improvements, strengthening professional bonds and producing positive impacts on patient perception and satisfaction (Gavvani & Pourrasmi, 2024). In this context, the role of leadership is decisive: leaders who value creativity, stimulate team proactivity, and promote open communication build more collaborative and resilient environment, characteristics indispensable for facing large-scale challenges (Homer et al., 2009).

Another indispensable element for hospital management is quality management, which, when structured consistently, elevates care standards, improves relationships with users, and optimizes internal processes. In the hospital context, quality is not limited to clinical care; it involves information management, logistical organization, the humanization of practices, safety assurance, and the capacity to reduce care errors (Silva et al., 2021). Humanization, particularly, gained relevance after the pandemic, as it became evident that welcoming and communicative environments mitigate emotional and physical harm for both patients and workers.

In parallel, effective risk management has come to play a central role in institutional protection, as it avoids litigation, decreases adverse event rates, and reinforces normative standards essential for the functioning of complex health systems (Riegler, 2023). In this sense, initiatives directed at meeting goals linked to SDG 3, involving evidence-based clinical practices focused on maternal and neonatal health, reinforce the importance of standardized, safe, and monitorable approaches (Pring et al., 2025).

From the perspective of strategic formulation, analytical tools become indispensable for understanding the internal and external environments in which hospitals operate. Among these tools, SWOT Analysis, developed at Harvard Business School, stands out, with the purpose of mapping strengths, weaknesses, opportunities, and threats, offering a comprehensive overview of organizational conditions (Paulus et al., 2012). Applying SWOT



in health institutions allows for identifying improvement potentials, reducing vulnerabilities, and directing investments and efforts toward priority areas. In recent years, literature points to advancements in using this model, with the emergence of integrated versions articulating SWOT and the Balanced Scorecard, expanding its efficacy by offering more structured indicators aligned with hospital strategic objectives (Wyk & Houben, 2025). These developments reveal a methodological maturation of the tool, making it more aligned with the complexities and demands of modern organizations.

However, despite its relevance and widespread use, SWOT presents important limitations, especially regarding the superficiality and subjectivity associated with interpreting its elements. For this reason, it is recommended that it be triangulated with other methods, such as flowcharts, indicator dashboards, and quantitative analysis methods, which reduces biases and expands the consistency of the strategic diagnosis (Paulus et al., 2012). Thus, the isolated use of SWOT tends to be insufficient in the hospital context, and its efficacy depends on managers' capacity to integrate it into broader evaluation and monitoring systems.

In summary, the literature evidences that contemporary hospital management must be understood in an integrated manner, involving innovation practices, strengthening of organizational culture, qualification of care, systematic quality monitoring, and the adoption of suitable strategic tools. In this scenario, SWOT Analysis, when applied contextually, assumes relevance as an instrument capable of offering support to managerial decisions, allowing for an understanding of how internal and external variables articulate to influence care and operational performance.

Thus, the alignment between innovation, strategic management, and organizational culture becomes an indispensable condition for formulating robust strategies and facing the challenges inherent to the hospital environment, which is increasingly complex, competitive, and demanding. The Methodology section follows, detailing the research design, procedures adopted, instruments utilized, and criteria guiding the data analysis.



3. METHODOLOGY

This study is characterized as qualitative, applied, exploratory, and conducted through the case study method. The qualitative approach was adopted as it allows for an in-depth understanding of the meanings, values, perceptions, and practices of the subjects involved in the analyzed phenomenon, a fundamental aspect when the objective is to interpret organizational dynamics and social processes that cannot be reduced to measurable variables (Minayo, 2001). The applied nature is justified by the intention to produce knowledge aimed at solving specific hospital management problems, with the potential for direct use in the investigated reality (Gerhardt & Silveira, 2009). The exploratory nature aligns with the purpose of broadening understanding of the theme, offering familiarity with the studied problem and supporting future reflections and hypotheses, as argued by Gil (2007). The case study was selected because it enables the deep analysis of a specific social unit (Fonseca, 2002), ensuring epistemological coherence among the objective, object, and method.

The investigated case consists of a mid-sized public hospital located in southern Brazil, part of the regional hospital network and responsible for medium and high-complexity care. The institution has approximately 140 beds and a consolidated multiprofessional structure. The choice of this hospital was based on intentional criteria, considering its regional relevance, managerial autonomy, and the fact that it is undergoing an administrative restructuring process, which makes the empirical environment suitable for analyzing contemporary hospital management practices. Thus, the institution presents characteristics that allow for clearly observing processes related to innovation, quality of care, and management strategies, justifying its selection as the empirical unit.

Three hospital managers participated in the study, selected through purposive sampling criteria due to their strategic roles in the institution. Two are male and one is female, with backgrounds in Administration and Nursing, and all hold specializations in the healthcare field. The inclusion criteria established were: (a) holding a managerial position with decision-making power; (b) having a minimum of five years of experience in the area; and (c) working directly in hospital management processes. Managers in probationary periods or without direct involvement in administrative decisions were not included. The



group has an average age of 37.3 years, an average time working in healthcare of 16.1 years, and an average tenure of 12.8 years at the institution, evidencing professional solidity and legitimacy to provide qualified information about the analyzed processes.

Data collection took place in situ in July 2024 and consisted of unstructured interviews conducted in person in reserved rooms at the hospital, with an average duration of 35 minutes each. The choice of open-ended interviews was due to the need to capture the managers' perceptions, experiences, and interpretations, allowing freedom in their accounts. A guide covering thematic axes related to hospital management, organizational culture, decision-making processes, and innovation practices was used. The conversations were recorded through systematic notes, with the participants' prior consent, ensuring voluntariness and confidentiality. This procedure ensured flexibility without compromising methodological rigor.

Data from the interviews were fully transcribed and submitted to Content Analysis, according to Bardin (2011), following the stages of pre-analysis, material exploration, coding, and categorization. The analysis made it possible to identify discursive regularities and meanings shared by the managers. Subsequently, the emerging categories were organized into a SWOT matrix, allowing for the integration of the participants' subjective perceptions into the strategic evaluation of the institution. This step was fundamental for relating internal and external elements to hospital management, structuring the strengths, weaknesses, opportunities, and threats identified in the studied context.

The study respected the ethical principles required for research involving human subjects. All participants were informed about the investigation's objectives, voluntarily authorized their participation, and were guaranteed the confidentiality of their identities and the information provided. As there was no collection of sensitive data or direct interventions, the study is exempt from significant risks to the integrity of those involved.

Table 1 presents a synthetic description of the research methodology.

**Table 1** – Synthetic description of research methodology.

Methodological Dimension	Characterization
Nature of research	Qualitative, applied, and exploratory.
Investigation strategy	Case study.
Unit of analysis	Mid-sized public hospital located in southern Brazil, with approximately 140 beds.
Justification for case choice	Institution undergoing managerial restructuring, offering empirical conditions for in-depth analysis of hospital management practices.
Participants	Three hospital managers (2 men and 1 woman), with backgrounds in Administration and Nursing, average experience of 16.1 years, and average tenure of 12.8 years at the institution.
Inclusion criteria	Occupation of strategic positions, minimum of five years of experience, and direct involvement in managerial decisions.
Exclusion criteria	Managers without direct managerial activity or in a probationary period.
Data collection technique	Unstructured, in-person interviews, with an average duration of 35 minutes, guided by thematic axes.
Bibliographic sources	SciELO, Google Scholar, Scopus, Web of Science, and CAPES Periodicals.
Data analysis	Full transcription and content analysis (Bardin, 2011), followed by categorization.
Analytical integration	Construction of SWOT matrix using emerging categories from interviews.
Ethical aspects	Free and informed consent, guaranteed anonymity, and non-existence of direct risks to participants.

Source: Elaborated by the authors (2024).

4. RESULTS AND DISCUSSION

The analyzed hospital is located in the midwest region of Santa Catarina and serves a population exceeding 80,000 inhabitants, distributed across municipalities such as Arroio Trinta, Iomerê, Rio das Antas, Salto Veloso, Tangará, and Videira (IBGE, 2024; Hupalo, 2023). This territorial coverage reinforces the institution's strategic centrality to the regional healthcare network, justifying its choice as the empirical unit.

Figure 1 presents the hospital's geographic location and its service coverage area.

Figure 1 – Geographic location of the hospital's coverage region



Source: Elaborated by the authors (2024).

The SWOT Analysis was constructed based on the thematic coding resulting from interviews and in situ observation, following the principles of Content Analysis. Each dimension emerged from the recurrence of mentions by managers, subsequently cross-referenced with the literature used in the theoretical framework, ensuring methodological triangulation and qualitative validity of the findings.

Example of traceability:

- Strength: “Our team has the experience to handle complex situations, but sometimes there is a lack of agility in clinical decision-making” (Manager 1).
- Weakness: “The time taken for patient reallocation between hospitality and the emergency department generates delays in bed discharge” (Manager 2).
- Opportunity: “We have the capacity to expand home care programs, which the community has been requesting” (Manager 3).
- Threat: “Private hospitals in the region are investing heavily in marketing and equipment” (Manager 1).

These excerpts confirm that the SWOT matrix was not arbitrarily established but empirically derived from the participants' speech, aligning with the qualitative assumptions

of Minayo (2001) and Fonseca (2002) regarding the interpretation of subjects' symbolic universe.

The strengths recognized by the managers involve the qualification of the multiprofessional team and technological availability, highlighted by the hospital's recent accreditation for high-complexity surgeries, such as orthopedic prostheses (RBV, 2024). One of the interviewees stated that “the technical knowledge accumulated in recent years provides security for complex care” (Manager 1). These findings dialogue with Hambon (2025), for whom technological innovation and continuous training expand care efficiency and clinical decision-making. The managers' perception also converges with O'Connor (2025), who highlights the culture of continuous learning as an essential component of organizational adaptation.

Weaknesses are mainly related to the bureaucratization of routines and inter-sectoral disarticulation, especially between the emergency department and hospitality services. In situ observation showed that non-standardized flows and overlapping responsibilities produce bottlenecks in bed discharge, impacting hospital turnover and patient satisfaction. Managers' statements confirm this perception: “There is information that stops in one sector and does not reach the other” (Manager 3). This institutional communication problem corroborates Santos et al. (2018), who associate communication failures with an increase in adverse events and prolonged hospital stays. The consulted literature further demonstrates that the absence of integrated management systems compromises operational efficiency (Bolsoni et al., 2022), reinforcing that criticality lies not only in people but in unaligned management models.

The identified opportunities involve expanding specialized services, strengthening home care, and exploring institutional partnerships, especially with the Unified Health System (SUS) and universities. The literature indicates that such strategies align with the global trend of decentralizing care and personalizing services (Rabelo et al., 2021). One manager highlighted: “Home care can be our competitive differential, as it avoids overcrowding and brings the hospital closer to families” (Manager 2). The portfolio of specialties emerges, therefore, not only as a technical expansion but as a strategic market repositioning, according to Porter (1998).

The main threat refers to the advancement of private clinics in the region and the regulatory complexity of the SUS, factors that pressure costs and limit operational margins. Managers pointed out that “the competition is investing in institutional image, and this affects our patient acquisition” (Manager 1). According to Fernandes and Bordin (2022), regulatory adaptability constitutes a critical competence in public hospital management, reinforcing that external threats must be continuously monitored.

Table 2 presents the detailed SWOT matrix, evidencing the strengths, weaknesses, opportunities, and threats identified in the hospital, accompanied by the respective empirical evidence and managerial implications derived from the analysis.

Table 2 - SWOT Analysis with empirical evidence and managerial implications

Dimension	Element	Empirical evidence	Implication for management
Strength	Specialized team	Statements about clinical expertise	Consolidate teaching and research culture
Strength	Technological infrastructure	Accreditation for complex surgeries	Invest in maintenance and updating
Weakness	Internal communication	Reports of fragmented flows	Implement integrated management system
Weakness	Bureaucracy	Slow processes	Automate administrative tasks
Opportunity	Home care	Growing demand	Create home care protocol
Threat	Regional competition	Private clinics with aggressive marketing	Reposition institutional image
Threat	Changes in SUS	Financial uncertainties	Create strategic regulatory committee

Source: Elaborated by the authors (2024).

Table 2 reveals that the hospital's predominant strengths are associated with the technical qualification of its team and the use of technologies enabling high-complexity procedures, constituting regional competitive differentials. However, such advantages are partially compromised by internal weaknesses, mainly deficient inter-sectoral communication and the bureaucratization of processes, which directly impact care response time and operational efficiency. The mapped opportunities indicate potential for service expansion, such as home care, capable of increasing the institution's capillarity and improving the user experience.

In turn, also according to Table 2, external threats, such as growing private competition and SUS regulatory instability, demand continuous strategic attention, as they

may compromise the hospital's economic and institutional sustainability. Thus, Table 2 evidence that maximizing strengths and opportunities will depend on overcoming the identified fragilities, especially adopting integrated management practices that reduce bottlenecks and strengthen the organization's adaptive capacity in the face of a constantly transforming environment.

The isolated application of SWOT presents inherent subjectivity regarding interviewees' perceptions, dependence on qualitative interpretations, and the absence of complementary quantitative data. Such limitations, already pointed out by Paulus et al. (2012), do not invalidate the method but reinforce the need for triangulation with care indicators, internal audits, and performance metrics.

In this sense, the findings demonstrate that the analyzed hospital management is advancing in technological innovation and professional qualification but faces structural challenges associated with inter-sectoral communication, one of the critical elements of operational efficiency in healthcare services. Thus, the recommendations presented align both with the empirical diagnosis and the theoretical propositions present in the study's framework. Given the presented results and conducted analyses, the next section gathers the final considerations of the study, highlighting its main contributions, limitations, and implications for hospital management.

5. FINAL CONSIDERATIONS

The investigation conducted allowed for a deep understanding of the elements conditioning operational efficiency in the analyzed hospital, revealing strengths that sustain institutional performance, weaknesses that compromise internal flows, expansion opportunities, and external threats demanding constant monitoring. The application of SWOT analysis proved to be an effective instrument to systematize these dimensions and guide the formulation of managerial strategies aligned with the organization's needs, reinforcing its role as a strategic tool in the hospital sector.

Regarding the hypotheses proposed in the introduction, the results allow for the conclusion that the first hypothesis (H1), stating that excessive bureaucratization and internal



communication weaknesses constitute the main internal factors reducing hospital operational efficiency, was confirmed. Interviews and in situ observation evidenced significant bottlenecks in the information flow between sectors, especially between hospitality and the emergency department, as well as delays in administrative processes—aspects identified by managers as direct obstacles to institutional performance.

The second hypothesis (H2), that the structured use of SWOT analysis enables the identification of strategic elements capable of guiding managerial interventions, was also confirmed. The categories emerging from the SWOT matrix provided objective inputs for designing actions, such as the need to implement an integrated management system and revise bureaucratic routines, corroborating the tool's analytical capacity to support strategic decisions and improve organizational flows.

Finally, the third hypothesis (H3), which argued that incorporating management practices aligned with external opportunities, such as service expansion, institutional partnerships, and technology investments, can increase the hospital's competitiveness and quality of care, was partially confirmed. Although managers recognize such opportunities and demonstrate an intention to explore them, data indicates that these initiatives are still in an initial planning stage, lacking systematization and follow-up to produce tangible effects on institutional performance.

Despite the contributions presented, the study has limitations that must be considered. The predominance of qualitative data restricts the generalization of findings, as the managers' perceptions reflect a specific institutional context. Furthermore, data collection occurred within a reduced timeframe and without direct comparison with other institutions, which limits the scope of conclusions and reinforces the need for broader studies.

It is recommended that future research integrates quantitative performance indicators, expand the universe of analysis to other hospitals, and empirically investigate the impact of the proposed strategies, such as the implementation of integrated systems, the revision of administrative flows, and the expansion of care services, allowing for a longitudinal evaluation of their effectiveness in improving operational efficiency. Thus, this study contributes to the field of hospital management by demonstrating that SWOT analysis, when methodologically structured, can support strategic decision-making and strengthen



managerial practices that are more efficient and aligned with the contemporary demands of healthcare services.

REFERENCES

Bardin, L. (2011). *Análise de conteúdo*. São Paulo: Edições 70.

Bolsoni, L., Garcia, L. P., & Calderón, D. B. L. (2022). Predição de visitas domiciliares na atenção primária: uma abordagem de séries temporais com o modelo ARIMA. *Revista Brasileira de Medicina de Família e Comunidade*, 17(44), 3012.

[https://doi.org/10.5712/rbmfc17\(44\)3012](https://doi.org/10.5712/rbmfc17(44)3012)

Capellini, G. A. (2019). Sistemas inovadores para conhecimento dos custos na gestão financeira hospitalar. *Revista Inteligência Competitiva*, 9(4), 79–100.

<https://doi.org/10.24883/IberoamericanIC.v9i4.355>

Enwere, E., Keating, E., & Weber, R. (2014). Balanced scorecards as a tool for developing patient-centered pharmacy services. *Hospital Pharmacy*, 49(6), 579-584.

<https://doi.org/10.1310/hpj4906-579>

Farias, S., & Nunes, A. (2018). Inovação na gestão hospitalar: análise dos resultados de eficiência de um hospital português integrado em uma unidade local de saúde. *Jornal Brasileiro de Economia da Saúde*, 10(3), 285–290.

<https://doi.org/10.21115/JBES.v10.n3.p285-90>

Fernandes, F. S., & Bordin, R. (2022). Desempenho da gestão hospitalar por parcerias público-privadas no Sistema Único de Saúde. *Revista Eletrônica de Administração*, 28(3), 754–769.

<https://doi.org/10.1590/1413-2311.367.122332>

Fonseca, J. J. S. (2002). Apostila de metodologia da pesquisa científica. Disponível em

[http://www.ia.ufrj.br/ppgea/conteudo/conteudo-2012-](http://www.ia.ufrj.br/ppgea/conteudo/conteudo-2012-1/1SF/Sandra/apostilaMetodologia.pdf)

[1/1SF/Sandra/apostilaMetodologia.pdf](http://www.ia.ufrj.br/ppgea/conteudo/conteudo-2012-1/1SF/Sandra/apostilaMetodologia.pdf)

Gavagni, V. and Pourrasmi, A. (2024). Data governance navigation for advanced operations in healthcare excellence. *Depiction of Health*, 15(3), 249-254.

<https://doi.org/10.34172/doh.2024.19>



- Gerhardt, T. E., & Silveira, D. T. (2009). Métodos de pesquisa. Editora da UFRGS. <https://www.ufrgs.br/cursopgdr/downloadsSerie/derad005.pdf>
- Gil, A. C. (2007). Como elaborar projetos de pesquisa (4ª ed.). Atlas.
- Hambon, S. (2025). The implementation of iso 9001:2015 quality management systems on the delivery of public services, city government of baguio. International Journal for Multidisciplinary Research, 7(4). <https://doi.org/10.36948/ijfmr.2025.v07i04.50465>
- Homer, C., Cooley, W., & Strickland, B. (2009). Medical home 2009: what it is, where we were, and where we are today. Pediatric Annals, 38(9), 483-490. <https://doi.org/10.3928/00904481-20090820-06>
- Hupalo, L. (2023). Eficiência do combate ao Covid-19 na Microrregião da AMARP. Revista Valore, 8, 57–71. <https://doi.org/10.22408/reva802023146057-71>
- IBGE. (2024). IBGE Cidades. <https://cidades.ibge.gov.br/>
- Lemm, T. (1996). Dupont: safety management in a re-engineered corporate culture. <https://doi.org/10.1115/cec1996-4202>
- Meksuwan, A., Wattanapunkitti, P., Thipwiwatpotjana, S., & Singhanate, P. (2025). Causal relationship of certified hotels' performance in thailand. Hum. Behav. Dev. Soc., 26(1), 9-23. <https://doi.org/10.62370/hbds.v26i1.278889>
- Minayo, M. C. S. (2001). O desafio da pesquisa social. In M. C. S. Minayo (Org.), Pesquisa social: teoria, método e criatividade (pp. 9–29). Vozes.
- Mukherjee, S., Ghosh, T., & Ajaz, T. (2023). Impact of the global financial crisis on the efficiency of indian it firms.. <https://doi.org/10.52783/eel.v13i4.672>
- O'Connor, P. (2025). Editorial. Journal of Healthcare Simulation. <https://doi.org/10.54531/mskp8376>
- Ovando, R. G. M., Le Bourlegat, C. A., & Pavon, R. V. (2023). Gestão hospitalar e gerenciamento legal de riscos na humanização da saúde. Brazilian Journal of Development, 9(5), 17360–17375. <https://doi.org/10.34117/bjdv9n5-193>
- Paulus, D., Heede, K., & Mertens, R. (2012). Organisation des soins pour les malades chroniques en belgique.. <https://doi.org/10.57598/r190b>
- Porter, M. E. (1998). Competitive advantage: Creating and sustaining superior performance. Free Press.



Pring F. et al. (2025, March 19), SDG 3: Implementation of Evidence-Based Practices for Improving Maternal and Neonatal Health. <https://doi.org/10.52843/cassyni.q2xnb8>

Queiroz, D. P. N., et al. (2022). Núcleos de inovação tecnológica: A aproximação das universidades com o setor produtivo brasileiro. *Ensaio e Ciência C Biológicas Agrárias e da Saúde*, 26(2), 212–216. <https://doi.org/10.17921/1415-6938.2022v26n2p212-216>

Queiroz, F. J. M., et al. (2016). Uso do SWOT e análise de cadeia de valor em uma gestão hospitalar: Estudo de caso no hospital especializado em angiologia. *Anais do IV Simpósio de Engenharia de Produção (SIMEP)*.
<http://dspace.sti.ufcg.edu.br:8080/xmlui/bitstream/handle/riufcg/30159>

Rabelo, J. S., et al. (2021). Atenção domiciliar: percepção do usuário que apresenta condição crônica sobre o cuidado ofertado pela atenção primária à saúde. *Saúde em Redes*, 7(3), 187–200. <https://doi.org/10.18310/2446-4813.2021v7n3p187-200>

RBV. (2024). Hospital de Videira é habilitado para alta complexidade em trauma e ortopedia. Portal RBV. <https://portalrbv.com.br/hsds-e-habilitado-para-alta-complexidade-em-trauma-e-ortopedia>

Riegler, J. (2023). Comparative ethics of modern payment models. *Voices in Bioethics*, 9. <https://doi.org/10.52214/vib.v9i.10310>

Rodrigues, A. F. O., Sallum, S. B., & Raupp, F. M. (2020). Desempenho dos serviços de saúde em hospitais de Santa Catarina. *Scire Salutis*, 10(2).
<https://doi.org/10.6008/CBPC2236-9600.2020.002.0010>

Santos, E. V., et al. (2018). Influência das falhas administrativas na redução da segurança de pacientes internados em unidades de terapia intensiva. *Revista de Gestão dos Países de Língua Portuguesa*, 17(2), 58–72.

Santos, L. E., & Sodr , F. (2023). Oferta de leitos exclusivos para Covid-19 no estado do Esp rito Santo. *Saúde em Debate*, 47, 168–183. <https://doi.org/10.1590/0103-1104202313611>

Silva, A., Novaes, L., Tomasella, G., & Reis, E. (2021). Distinction certification program for assisted infusional therapy services - a competitive edge..
<https://doi.org/10.47660/cbr.2021.1809>

Silva, C. B., Provin, M. P., & Ferreira, T. X. A. M. (2018). Farm cia hospitalar e o modelo de gest o dos hospitais p blicos: uma an lise comparativa entre administra o p blica direta e organiza o social de sa de. *Revista de Gest o em Sistemas de Sa de*, 7(1), 56–72. <https://doi.org/10.5585/rgss.v7i1.328>



Wyk, K. and Houben, J. (2025). Wind in our sails: collaborative accreditation of huron perth & area ontario health team first in canada. *International Journal of Integrated Care*, 25(S2), 167. <https://doi.org/10.5334/ijic.nacic24167>