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ORIGINAL ARTICLE

POWER RELATIONS IN HOSPITAL EMERGENCY: THE LOOK OF THE NURSING TEAM

RELAÇÕES DE PODER NA EMERGÊNCIA HOSPITALAR: O OLHAR DA EQUIPE DE ENFERMAGEM

RELACIONES DE PODER EN LA EMERGENCIA HOSPITALARIA: LA MIRADA DEL EQUIPO DE ENFERMERÍA

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ABSTRACT

Objective: analyzing the interpersonal relationships of the nursing staff. **Method:** a descriptive and social study of a qualitative approach, conducted with three nurses and nine nursing technicians who work in the night shift in the emergency department of a regional hospital. Data were produced through non-participant observation and semi-structured interviews, analyzed by the Technique of Categorical Analysis. The research project was approved by the Ethics Committee in Research, CAEE 01460012.5.0000.0057. **Results:** after analysis the following categories emerged: 1. Main difficulties of nursing management; 2. Association of tension between team members with interpersonal relationships; 3. The contributions of the team to making a more enjoyable and stress-free work environment. **Conclusion:** there are no spaces in modernity to an individualistic leadership, this should start from a dynamic process aimed teamwork, with satisfactory implications in assisting and interpersonal relationships. **Descriptors:** Power Relations; Leadership; Emergency; Nursing.

RESUMO

Objetivo: analisar o relacionamento interpessoal da equipe de enfermagem. **Método:** estudo descritivo e social, de abordagem qualitativa, com três enfermeiros e nove técnicos de enfermagem que atuam no plantão noturno do setor da Emergência de um Hospital Regional. Os dados foram produzidos por meio da observação não participante e da entrevista semiestruturada, analisado pela Técnica d Análise Categorical. O projeto de pesquisa foi aprovado pelo Comitê de Ética em Pesquisa, CAEE 01460012.5.0000.0057. **Resultados:** após a análise emergiram as categorias: 1. Principais dificuldades de gerência do enfermeiro; 2. Associação da tensão entre os membros da equipe com o relacionamento interpessoal; 3. As contribuições da equipe para tornar o ambiente laboral mais agradável e livre de tensões. **Conclusão:** na modernidade não há espaços para uma liderança individualista, esta deve partir de um processo dinâmico visando o trabalho em equipe, com implicações satisfatórias na assistência e nas relações interpessoais. **Descritores:** Relações de Poder; Liderança; Emergência; Enfermagem.

RESUMEN

Objetivo: analizar las relaciones interpersonales del personal de enfermería. **Método:** un estudio descriptivo y social, con un enfoque cualitativo, conducido con tres enfermeras y con nueve técnicos de enfermería que trabajan en el turno de la noche en el servicio de emergencias de un hospital regional. Los datos fueron producidos a través de la observación no participante y de entrevistas semiestructuradas, analizados por la Técnica de Análisis Categorical. El proyecto de investigación fue aprobado por el Comité de Ética en Investigación, CAEE 01460012.5.0000.0057. **Resultados:** tras el análisis emergieron las siguientes categorías: 1. Principales dificultades de la gestión de enfermería; 2. Asociación de tensión entre los miembros del equipo con las relaciones interpersonales; 3. Las contribuciones del equipo para que el ambiente de trabajo sea más agradable y libre de estrés. **Conclusión:** no hay espacios en la modernidad a un liderazgo individualista, esta debe partir de un proceso dinámico visando el trabajo en equipo, con implicaciones satisfactorias en la asistencia y las relaciones interpersonales. **Descritores:** Relaciones de poder; Liderazgo; Emergencia; Enfermería.

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INTRODUCTION

In a work environment it is essential that the professional is highly motivated to develop its skills and have a good relationship with those around it, in order to optimizing its service and increasing productivity for the company that works. In the case of nursing staff that perform services in shifts, there is an increasing tension in the staff elapsed from Hospital Emergency, because this is an environment that psychologically overwhelms the team for the development of fast dynamics in patient care, plus there is the tendency for the unsatisfactory interpersonal relationships.

These bouts, including stress, are the result of psychosocial health problems that intensify the Units of Urgency and Emergency of Hospitals in Brazil, especially in night shifts, in which professionals have sleep patterns and rest altered, since this sector is the gateway to health care systems, which are found in a multitude of users and few professionals to assist them, which possibly may be the initial cause of tensions and problems in the nursing team, hurting power relations.

Nurse practitioners provide care in draining sectors, both the workload, as the specifics of the shares, and in this scenario there are the emergency units, given the limited number of employees who make up the nursing staff, the burden of work, agility in the execution of tasks, blurring the role of the professional, the lack of experience on the part of supervisors, the relationship between the staff and family inadequate and the physical environment of the unit as causing tension and work stress.¹

Not only in emergency, but in all areas of the hospital the nursing professional has to provide assistance aimed at therapeutic care, always prioritizing humanization, seeking the support of the code of ethics of the profession and ethical principles for the human being who makes up the work environment. Therefore, this study is justified by the fact that the power relations between the nursing staff potentially compromises the welfare of professionals, causing tensions and harm to the physical and mental health of the staff, since stems from ineffective leadership by nurses, being evidenced in previous studies. Thus, this study aims to:

- Analyze how the interpersonal relationship of the nursing staff is.
- Understand the power relations in the team, attending to how the nurse exercises its leadership.

LITERATURE REVIEW

♦ The working environment

This environment that is being portrayed is the emergency hospital, a sector considered stressful and fraught with psychosocial risks, due to high demand of work that comes as many people come in search for assistance. Historically, the emergency services were structured with the great wars and over the decades have undergone modifications. Contemporaneously with deaths from traffic accidents and urban violence, has focused its service on trauma care and politrauma.²

These emergency services are sought by that operate 24 hours a day, besides having a quick medical evaluation to the patient. Thus, as reported, the population has access to a higher level for its immediate problem of solving therefore the search result, at least in a health assessment, to perform diagnostic tests, even though it represents a stopgap solution for its need.³ Anyway, the emergency unit is permeated by complex conditions, inherent in their own environment and to humans - who care and are cared - it also experiences the complex human relationships between caregivers themselves and the same with those who need care in an organizational hospital system.⁴ In this sense, the work environment should provide workers with minimum requirements for the performance and quality of life of the professional as well as being something pleasurable, avoiding causing harmful stresses between the relationship of staff and care patients.⁵

♦ Power relations as tension enhancers

The nursing staff that works in the hospital environment, specifically in emergency, needs to have dynamism, disposal, high self-esteem, especially rapport and a satisfying relationship with each other so that there is productivity with the number of patients who come to the health service with emergency problems. For both the nurse and other team members need to improve professional practice.

The nurse responsible for this sector of the Hospital cannot develop its management guided only on the needs of the service or just for compliance of regulations, standards and tasks, but think of all and in all, and that includes the welfare of its subordinates.⁶

Power relations point to the need of the nurses to review their stance within the relationship with the team process, since this factor is crucial to a pleasant working environment and free from physical and psychological ailments to workers. Thus, [...] *in a society such as ours, but basically in any*

society, there are multiple power relations that traverse, characterize and constitute the social body, and these relations of power cannot be dissociated [...]^{7:179}.

Compared to the state, that power delimited by Foucault observed in the context of nursing leadership is micro, and also heterogeneous, which articulates a web of subordination and subordinate, played at varying levels and derivatives than is imposed by the state.

When used inappropriately, power imprisons, not in the literal sense, but subjectively, as minds become impaired, in which case all of the followers (subordinates), triggering a series of interpersonal tension in the team. This is the microphysics of power, although not visible and palpable, it is understood as the power relations develop within the context of leadership, which leads to a detailed and thorough control of the worker's body - gestures, attitudes, behaviors, habits, speeches.⁷

The nurse needs to understand that the power coming from an effective and democratic "leadership works and performs on the [...] individuals are always the center of transmission [...]" In other words, power does not apply to individuals, passes through them."⁷ Thus, the power exercised by the leader should not oppress but liberate, leading team members to develop their work activities with satisfaction and efficiency. Thus, the leader of the nursing staff may not be that you print an order, but to delegate functions of human and comprehensively, who understands the strengths and weaknesses of its team, always thinking the best for the group and for the development of care developed by its subordinates, leading them to always excel and develop as professionals and as social beings.

In this web of power relations in which professionals are involved, it is essential that the worker is seen by the leader as a social being who has its mind and emotions often influenced by situations that occur around it.

♦ Leadership in nursing

Nowadays the practice of nurse leadership has turned to the aspects of human subjectivity. With this the modern leader tends to prioritize the satisfaction of its team, making a light working environment, so that the staff provides care of the customers in a satisfactory manner. For this purpose it is necessary promoting and developing the interpersonal relationship with the group; however, the genesis of nursing leadership arises with the model characterized by a governing autocratic and centralized leader,

leadership questioned this since the institutionalization of the profession; this model is known as Model of Nightingale, precursor of current models of Nursing Leadership and that suffered adjustments and changes over the years.⁸

Thus studies on phenomena of leadership, leader and led deserved attention from the Human Relations. In the initial concepts, design leadership had on the personal characteristics of the leader, while the current conceptions leadership is considered as the sum of the leading factors led and situation.^{9:166}

The essence of nursing is in contact with each other not only in caring for the patient as mainly in the management team, which requires him the necessity of conflict resolution, decision making in a fair manner in which the law and ethics of professional practice are always prioritized, making it a leading source of inspiration to the remaining team members, so they follow their paths. You now have a leader and not an authoritarian boss.¹⁰

Following this line, the nurse needs to be flexible, facilitator of the working environment, to listening and supporting the group in what is right, and doing these characteristics facilitates the exercise of an authentic leader. Arise in this context the concepts of leadership assigned by social scientists, the leading researchers in this theme. For much leadership comes with three meanings of great importance: [...] as an attribute of a position, as the characteristic of a person and as a category of conduct. In addition to these leading scientists is a relative concept that involves two terms: the agent influencer and the influenced persons.^{9:166}

In the new paradigm, the nurse who coordinates its service is that person who, through dialogue, motivates people to work enthusiastically in pursuit of the objectives set by the team, and these and interpersonal relationships are considered and also valued by care, when self-esteem and lower stress levels in staff.¹¹

Modern Nursing leads the nurse to manage order changes, ie, innovating, using its creativity; guided by quality care and strategies encouraging staff satisfaction in carrying out their activities. In this view, leadership emerges in a dynamic process resulting from the ability to work together with satisfactory implications in patient care, from the skills and care practices. Thus, the leader's practice achieve success with a good appreciation of the relationship and the potential of others in daily work.¹²

To produce changes and transmit credibility to the team, the leader needs to

know itself and know its strengths and weaknesses before understanding the environment and the people it meets in the implementation of labor to drawing from them the advantages of the team and improving what is negative and causing tensions and problems. This idea is supported by the assertion that the leader needs to be aware of its strengths and weaknesses, taking advantage of the positive conditions to compensate and modify the negative features.⁶ An individual who struggles to express itself as it is, test its own beliefs and discover the intricacies and possibilities to address and adapt to reality. It is this authenticity that makes the leading discoverer of new ways possible to improve the work environment.⁶

Social perspective to manage, from the Human Relations Theory and Behavioral Theory, there is the conception of new dimensions and new values for management and organization. With the intention to democratize and humanize organizations focused on informal networking, participation, motivation and human needs, communication, leadership, social groups and, above all, concerned with job satisfaction, as understood the level of production was dependent on these factors.¹³ At work the individual reaches various forms of satisfying needs. Satisfied the need or part of the individual begins to have a more effective and less conflict human relationship.¹⁴

METHOD

This article is an excerpt from of the Labor Course Conclusion << The contribution of the leadership of nurses for psychosocial risk factors that interfere in the work environment of nursing staff >>.

This is a descriptive, exploratory, social and field study of a qualitative approach¹⁵. There were technics used in the production of data to non-participant observation and interviews; as collection instrument seized a semi-structured script containing a plug to characterize the subjects and five open questions, which followed the line of a field study of a social research, which is research that includes human beings in society, in relations and institutions, their history and symbolic production in the social circumstances concatenated insertion in real.¹⁶

The field study was the scene of the Regional Emergency Hospital of Guanambi, located in the Southwest of Bahia, about 800 km from the capital city Salvador, being the regional center of the micro-region that

supports approximately 43 municipalities.¹⁷ The health service in question was chosen because host a comprehensive population and mainly by having a framework of significant staff compared to other hospitals in the region.

To that interviews be initiated, the phases contained in the rules of the Council Resolution 196 / National Health Service (CNS) 1996, revoked by 466/12, which were taken into account ethical risks and benefits have been observed that permeate human research, recommended by the same resolution.¹⁸

Initially, it requested the permission of the head of field research for the study. Later, there was headed the research project to the Ethics Committee in Research of the University of the State of Bahia (UNEB-CEP) via **Plataforma Brazil**, which was approved and released for research on May 17th, 2012, with N. 23439 and the opinion CAAE: 01460012.5.0000.0057.

The randomly selected population for this study was three nurses and nine technicians who make up the nursing staff who work in night shifts researched at the Emergency Hospital. The interview took place after the non-participant observation (performed in the first 15 days of June 2012).

Respondents signed the Authorization of the Use of Testimonials and the Statement of Consent. There were informed about the study objectives, the non-binding character of participation, non-payment, the risks and damages, compensation and benefits, and that, if they wish, at any time of the survey, has the right to give up ensured without any type of damage or injury.

The interviews were conducted individually in order to avoid influences of peers and potential conflict between respondents and minimize changes in routine industry. Moreover, not all respondents' answers were recorded on audio because some refused to have their voices recorded, who had allowed their responses transcribed in full.

The data analysis and discussion of results occurred immediately after production data, occurring in the first half of July; for this, we used the analysis categories that refer to a concept that covers common aspects or that relate to each other, and refers to the idea that the class ratings are established and organized in the following steps: sorting, classification and final analysis of data.¹⁵

To preserve anonymity, the interviewees had their names omitted and replaced by the letter "E" followed by a number for Nurses, and by under the symbol "T" followed by a

number for Nursing Technicians. Getting established as follows: E.1, E.2 and E.3 for the three nurses; TEC.1, TEC.2, TEC.3, TEC.4, TEC.5, TEC.6, TEC.7, TEC.8 and TEC.9, referring respectively to the nine technicians.

At the stage of data analysis may be reset or not the aspects of the exploratory phase of the research, and this stage to establish the understanding of the data collected, or not confirm the assumptions of the research and understand the knowledge about the topic researched articulating with the studied context and raised categories.¹⁶

RESULTS AND DISCUSSION

Seven of the 12 professionals interviewed ranged in age from 20-30 years old, two from 30-40 and three between 40-50 years old. As for the time exercising professional two had less than 1 year of operation, four in 1-5 years, three between 5-10 years, three between 10-15 years. Regarding the number of shifts performed weekly, five said 2-3, four 3 to 4 and three of them said to be scheduled for five shifts followed rejoicing 10 days during the month. From all twelve respondents, only two are male.

After applying the script of the semi-structured interview, the following categories emerged: 1. Main difficulties of the nursing management; 2. Association of tension between team members with interpersonal relationships; 3.The contributions of the team to making it a more enjoyable and stress-free work environment.

The first category that took prominence during the interviews was the << Main difficulty of nursing management >>, and there were observed two groups of responses: Group I did not realize difficulties of leadership on the part of the nurse and Group II were observed that those who behave reported the difficulty of management.

Group I:

Not. In the sector the vast majority of nurses contributes to the progress of activities, as well as they know how to have, do too. (TEC.03)

About this idea is inferred that good leaders should always be effective in order to meeting the needs of their subordinates and the work environment. The effectiveness of leadership will depend mainly on the attitudes of the head, in which case the nurse in conducting actions in order to please the technicians.¹⁹

Nurses who make up a representation of leaders in the hospital environment need to know direct their administrative policies

within the institution proposals. Nursing constitutes a fundamental part of the organizational structure; need to acquire new skills, new knowledge and mastery in the use of technology, and leadership the main tool that the coordinator must master.

Group II:

In some noticeable is the difficulty, especially in beginners, which are sometimes unsafe and makes the call does not develop more efficiently. (TEC.02)

Yes. Obviously in times of service, when the flow of patients is higher and the nurse has difficulty on delegating roles, and even unsafe. (TEC.06)

There is the difficulty. At the hospital the nurse has a limited autonomy; for the younger's initial unfamiliarity with the flow of the stream of the service, how far does the responsibility of each professional. (E.03)

God (...) there are some really slow, inexperienced and still have the luxury of being arrogant, they are very bossy. (TEC.09)

In health services nurses must seek strategies that enable the reconciliation of organizational objectives with the nursing group's intentions. Effective leaders delegate things well, however do not delegate only what they can perform with excellence, but what really matters.⁶

The view of respondents is evident and understood as the process develops leadership and [...] the situation is characterized by the same factors responsible for the leadership process in civil and military areas, which involves: circumstances, events, environmental conditions, psychological receptivity of the led, leader's credible, moral and state of mind of one and other. Situational conditions influence the responsiveness and efficiency of the followers of the performance of the leader.^{19:253} So the nurse as the team manager must maintain a firm conduct to influence its subordinates so that they see in it an example of professional ethics able to circumvent the conflict and that the incentive motivating to perform their activities, with moral and good influence.

The nurse leader must provide pathways that enable the development, improvement of nursing staff satisfaction in care, who knows delegating and not acting with arrogance.⁶ The nurse should value the worker and its work activities when appropriate; this is also a strategy to improve its image as a leader.⁶

The second category was issued << Association of tension between team members with interpersonal relationships >> and most noticeable was that the tension does not only occur between leader and led, but led among

themselves, ie, between nursing technicians. Only three did not notice any tension among team members.

There is a great rivalry between the technicians; convenience of some, see? (...) that does not meet the division made by the nurse and overloads the rest. (TEC.03)

Mainly in the division of labor, in which there are some who already arrive tired by doing various shifts in a row. (TEC.07)

Yes, mainly among the technicians who are burdened, already has few professionals and there are still those who anchor in other. (TEC.09)

For this situation there to highlight the social interaction within a basis of competition and conflict that will deepen the differences, ideas and feelings. In this case there is a feeling of unpleasantness, which affects the balance of this small social system.¹⁹ Such situations are referred to as role conflict, and occurs when an individual is asked to do an activity that is not in accordance with their values, or when there are several functions to be performed and these are not incompatible, or simply do not want to overload other professionals,²⁰ therefore, the success of group work depends on the individual performance and the interaction of teamwork and effective communication entity all workers. As the classic tension between boss and subordinate, was seer in the words of the interviewees:

It occurs a lot, especially when the older and experienced technicians don't have much patience with the younger nurses. They want the nurses arrive knowing everything. (TEC.05)

The older ones to like leaders, in case the nurses, in the industry. Do not accept nurses to delegate functions. (E.02)

Some technicians with higher education in nursing, which want a say in decisions that is not for them at the moment, since they are technicians on duty and not as nurses; they want to impose on decision-making. (E.03)

It is noticed that there is often a lack of dialogue and many cannot talk and understand, so there are flaws in the communication process to determining the role of the professional in different moments. Besides it is implicit in the speeches, it was clear in moments of non-participant observations. Thus, also part of the interpersonal leadership influences exercised in a situation through the communication process, for maintaining a target.¹⁴ The importance of the led in the context of leadership is perceived when seeking the understanding and practice of leadership in environment current changes have in mind

that the process of leadership is opposed to positional power, manipulation and coercion. Thus, subordinates come to rely more on the leader, give credibility to their ideas and innovations while others listen and follow the leader to articulate the transformations.⁶

It notices that communication between members is of utmost importance for the development of interpersonal relationship for the delegation of functions and consequently to patient care. It means that there is integration between leader and subordinates in development assistance.

In the current view of leadership, theorists believe that nurses should perform a management turned to transformations, ie, innovative, and as one of the guiding principles the search for strategies that enable greater satisfaction for the nursing staff in their day to day work.⁶ Still in designing such authors leadership consists of a key to implement the changes required in the current way of managing the nurse where the bond of leadership only occur productively resource when the actions of the leader are meeting the expectations of subordinate and vice versa.⁶

Regarding the third category << Contributions of the team to make more enjoyable and stress-free the work environment >>, the contributions of the team to make it more enjoyable and stress-free, workplace several proposals emerged, among which highlighted:

Avoid reaching anywhere imposing myself. Follow the stream already exists; humility to understand the functioning; able to speak and dialogue. (E.01)

Avoid bringing personal problems to work. (TEC.02)

It is essential to do your own work and trying to organize to facilitate others'. (TEC.04)

Pretend the conflict does not exist, so you break the tension. Is to play dumb even; don't mind. (TEC. 06)

Besides the professional itself trying to do its part, the institution has to make its own, with support workers must, among other topics services, responding to individual needs, guiding them about the risks they face, offering them social support and psychological, regular meetings with skilled professionals, opportunities for exchange of experiences among peers, develop integration activities with a view to improving conflict.²⁰

Although measures of organization in the environment can produce more effective results in improved tension among staff, interventions focused individually on each

worker can also help to prevent these conflicts and resulting in interpersonal relationships.

CONCLUSION

The interpersonal relationship of workers is a challenge between nurses and nursing technicians and between them, since the stress is in the workplace and at times the nurse may intensify it through their actions in the execution of its leadership and the way how power relations with its subordinates is developed. Therefore, it is essential that nurses make use of sensitivity, so that professionals cooperate with the activities and integrate, aiming to reduce the tension, since interpersonal relationships at certain times can enhance the psychosocial worker wear; is also worth noting that this delegate knows the functions fairly avoiding the hassle of staff who consider its statements when needed and propose innovations will gradually avoiding the clash with the older ones, which are mostly not very favorable to change.

The questions addressed in this study show that the relationships among the nursing staff as well as an autocratic and centralized leadership, especially in night shifts hospital emergency - which besides being agitated, leading many professionals to lose nights of sleep - form a framework of determining the possible conflicts between the nursing staff conditions, not counting the extra workload which is a factor highlighted by professionals.

In postmodernity there is only room for leaders that communicate, understand and motivate people to working with enthusiasm in the pursuit to achieve the goals conditioned by the team. The leader may not think of itself but the best for the collective. Leadership must come from a dynamic process resulting from the ability to work together with satisfactory implications in power relations and in patient care, from skills and care practices.

It is essential emphasizing that issues involving such themes are not exhausted from a unique approach, a single perception. Although this study has considered and advanced in questions contained in their goals, other issues were lit from it, which may require further investigation.

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