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DIFFICULTIES REPORTED BY NURSES FROM THE EYE BANKS ABOUT POLICY OF PERSONNEL MANAGEMENT

DIFICULDADES RELATADAS POR ENFERMEIROS DOS BANCOS DE OLHOS RELACIONADAS À POLÍTICA DE GESTÃO DE PESSOAS

DIFICULTADES REPORTADAS POR ENFERMERAS DE BANCOS DE OJOS CON RESPECTO A LA POLÍTICA DE GESTIÓN DE PERSONAL

Roberta Teixeira Prado¹, Sonia Maria Dias², Edna Aparecida Barbosa de Castro³

ABSTRACT

Objective: understanding the process of inclusion of nurses in the Human Ocular Tissue Banks and the difficulties reported by the nurses of the services for its operations. **Method:** an exploratory and descriptive study with a qualitative approach. Data were generated through semi-structured interviews conducted between April and October 2012, with seven nurses and analyzed with the technique of content analysis. The research project was approved by the Research Ethics Committee, Protocol 010/2012. **Results:** it is understood by analyzing the results obtained, that the conflicts in the exercise of the nurse's work appeared under different manifestations and often involve conflicting reporting relationships. The speeches show that nurses consider themselves members responsible for nursing services and integration team, but feel constrained, given the present political structures. **Descriptors:** Eye Banks; Nursing; Cornea.

RESUMO

Objetivo: compreender como se dá a inserção do enfermeiro nos Bancos de Tecidos Oculares Humanos e identificar as dificuldades relatadas pelos enfermeiros dos serviços para a sua atuação. **Método:** estudo exploratório e descritivo, com abordagem qualitativa. Os dados foram produzidos por meio de entrevista semiestruturada, entre os meses abril e outubro de 2012, com sete enfermeiros e analisados com a Técnica de Análise de Conteúdo. O projeto de pesquisa foi aprovado pelo Comitê de Ética em Pesquisa, Protocolo nº 010/2012. **Resultados:** compreende-se, ao analisar os resultados obtidos, que os conflitos no exercício do trabalho do enfermeiro apareceram sob diferentes manifestações e envolvem muitas vezes relações hierárquicas conflituosas. Os discursos mostram que os enfermeiros se consideram membros responsáveis pelo serviço de enfermagem e pela integração da equipe, mas se sentem tolhidos diante das estruturas políticas presentes. **Descritores:** Bancos de Olhos; Enfermagem; Córnea.

RESUMEN

Objetivo: comprender cómo se da la inserción de las enfermeras en los Bancos de Tejido Ocular Humano e identificar las dificultades reportadas por las enfermeras de los servicios para su funcionamiento. **Método:** estudio descriptivo y exploratorio con un enfoque cualitativo. Los datos fueron producidos a través de entrevistas semi-estructuradas, entre abril y octubre de 2012, con siete enfermeras y analizados con la técnica de análisis de contenido. El proyecto de investigación ha sido aprobado por el Comité de ética en la investigación, Protocolo nº 010/2012. **Resultados:** se comprende, al analizar los resultados obtenidos, que los conflictos en el trabajo de las enfermeras aparecieron bajo diferentes manifestaciones e involucran a menudo relaciones jerárquicas conflictivas. Los discursos muestran que las enfermeras se consideran miembros responsables por el servicio de enfermería y por la integración del equipo, pero sientan restringidas dada las actuales estructuras políticas. **Descriptores:** Bancos de Ojos; Enfermería; Córnea.

¹Nurse, Master of Nursing, FHEMIG Network. Juiz de Fora (MG), Brazil. Email: enfbeta@yahoo.com.br; ²Nurse, Professor of Nursing, Department of Applied Nursing, College of Nursing of the Federal University of Juiz de Fora / UFJF. Juiz de Fora (MG), Brazil. Email: sonia.dias@ufjf.edu.br; ³Nurse, Professor of Public Health, Department of Applied Nursing, Faculty of Nursing of the Federal University of Juiz de Fora / UFJF. Juiz de Fora (MG), Brazil. Email: edna.castro@ufjf.edu.br

INTRODUCTION

The history of transplants is certainly a fascinating success story, by its undeniable advance and benefits brought to individuals who need this treatment modality, despite the obstacles. Progress taking place in Brazil and around the world have resulted in an increased number of therapies.¹

In Brazil transplants of organs and tissues began in 1964 in the city of Rio de Janeiro and in São Paulo, in 1965, with the completion of the first two kidney transplants in the country.² In this initial period until today, the transplants had a considerable evolution in terms of technologies employed, obtained results, variety of transplanted organs and index of procedures performed.

The alarming need for organs and tissues involves aspects that go far beyond the biological, since it carries regulatory issues, quality, and efficiency, ethical and financial challenges for healthcare industry. This, in turn, should lead us to reflect on the responsibilities of professional practice.³ Thus, one realizes that there are great responsibilities involved in the donation of organs and tissues process and that professionals need to have technical skills and human to deal with the issues involved.

It is clear that the world and organizations go through transformations, requiring people to acquiring new knowledge and different postures. It must be noted that progress in the world and in organizations are the result of research and new technologies. As in other areas, the provision of health services has advanced in recent years and, with it, the professions also advanced in relation to their knowledge and practices.

Nursing also passed and undergoes transformations. Increasingly often practice areas for nurses, these areas that need to be cleared and permeated by the practice based on scientific evidence. The role of nurses in transplants is essential and is demanding reflection and assumption of new roles. Disagreements and contradictions are aspects that should be translated in work organization so that nurses can perform their activities in line with their academic training and their values / principles.

Among the various scenarios in the donation of organs and tissues for transplantation process, it was decided to investigate the role of nurses in eye banks, since the corneal transplant is what else happens in the country, nurse performance in this area is recent, with a strong trend of increasing and significant social impact; has

been a great technological advancement, with expansion in Eye Banks, is incipient number of studies that address the role of the nurse in this scenario and it is a field of work conducive to teaching professionals and researchers.

OBJECTIVES

- Understanding how the inclusion of nurses in Human Ocular Tissue Banks works and the difficulties reported by the nurses of services for its operations.

METHOD

This study presents some results of research "Human Ocular Tissue Bank: Performance of Nurses", developed in the Mastership of Nursing, Faculty of Nursing of the Federal University of Juiz de Fora.

The fieldwork was conducted between April and October 2012. It has been based on a methodological approach which employs qualitative techniques of social research, the hermeneutic-dialectic. It is a method of analysis derived from the humanities and social sciences that considers the individual as a historical and considers the conflict and contradiction as part of reality, therefore, an analysis that follows the principles of dialectics seeks to apprehend the social practice in their contradictory movements, a reality that is not ready and set, but provisional and constantly changing.

Sample that had complete selection as an eligibility criterion nurses working in Human Ocular Tissue Banks where the survey was conducted, regardless of gender, skin color and who agreed to participate as unpaid volunteer, expressing his assent by signing the Term Informed (IC) consent. People who refused to participate or sign the Informed Consent: The following exclusion criteria were adopted.

Regarding the techniques of data collection, we conducted semi-structured interviews. The study scenarios were the Eye Bank of Minas Gerais (MG), except for the Eye Bank of Juiz de Fora - where the researcher worked as a nurse part time elapsed in this research and the Eye Bank of Governador Valadares, which was already authorized to work, but have not yet begun its activities. So that nurses working in the Eye Bank of Belo Horizonte, Uberlandia and Alfenas were interviewed.

For the analysis of the interviews it was decided to adopt the Technical Content Analysis⁴, specifically the thematic analysis. From the reading of the material collected

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and based on the literature, we construct a typology of constituent elements of the search field. Thus, this article will deal analytically the topic "Difficulties reported by nurses of Eye Banks related to personnel management policy." To ensure anonymity of the subjects, we chose to use codenames of flowers.

It is emphasized that the study was approved by the Hospital Foundation of Minas Gerais (ADC CEP / / FHEMIG Protocol: 010/2012) Research Ethics Committee and that the respondents received all the information about the research, especially the goal and procedures and had complete freedom to accept or decline the invitation. They all signed an informed consent according to National Council on Ethics in Research.⁵

RESULTS AND DISCUSSION

The speech of one of the interviewees demonstrates the need that the same has about Nursing being more valued and respected, and cites an example when talking to the coordination of nursing service is not performed by a nurse, but for a person with no training in nursing administration. The statements below express the thoughts of the subject:

I think nursing should be a little more respected and valued [...] I think it's a difficult situation, being that [...] our direct coordination is not made by nurses and by an administrator which is sometimes something gets a gap, on the issue of the team, in the administrative process, nursing management. So I think this damages the performance of the team, and the team that should solve their own problems, have their own solutions and not to share with people who have no training for that position! (Dahlia)

It is noticed that the nurses lack autonomy and it highlights the need they have to be valued and recognized for what they do and can do. We note that the respondent subject points out that nurses can effectively contribute to service improvements and should participate in making decisions.

The concept of autonomy is related to the awareness that the person has the power to decide on their actions. The nurse needs to know their work process, be creative, flexible, and resolute action based on respect, knowledge of scientific evidence. Moreover, you need to have social-political commitment. Another example of disrespect to the work potential of nurses can be perceived in speech described by the interviewee:

First I think, when they admit anyone to the Eye Bank, I think this person, this professional, and you should first have a

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time of adaptation, of knowledge. [...] I think it would have to have that time, would have to be interviewed by nurses rather than by administrative managers [without training in nursing and still unaware of the reality of the work] who don't know the reality. [...] I think who has the ability to evaluate the nursing staff is the nurse! (Dahlia)

The lack of autonomy of nurses is also perceived with another example that the selection process for the nursing job in Eye Bank. The fact of the selection to the composition of the nursing staff not be performed by nurses is serious and deserves considerations and transformations. This situation needs to be discussed with the direction of the service because it is up to the nurses, they should know which profile professional wishing to work in the nursing teams and need to claim this autonomy.

Lack of autonomy is directly related to the lack of recovery of workers, which could generate negative feelings about work and self-esteem of the social actors involved. Consequently organizational stress, low productivity, poor quality of work and dissatisfaction of workers can occur with the institution.⁶

The relationship in the health sector needs to transcend the technical-political competence of professionals, being necessary to the development of skills in interpersonal relationships based on respect for the human being as particular social subjects.

The placement of nurses in this scenario demand reflection, critical thinking and acquisition of other skills in order to define their responsibilities and ensure your space in the team working on the Eye Bank. Nurses need to encounter resistance in the face of medical hegemony in health systems, and this is no different when it comes to inclusion in the donation and transplantation policy in the country and the state.⁷⁻⁸ Another issue that deserves attention is the need for better monitoring of processes by leaders. This is explicit in the following statement:

[...] I think the leaders, higher people, directors the same, they should be closer to accompany the processes, the process started even, follow to see where are these gaps to see better that [...] (Camellia)

This nurse mentions that people who drive the service should be closest to the processes, in order to observe the failures and service needs. This approach is very important for the smooth running of any services. When the leaders accompanying work processes closely are better able to intervene in practice and try to circumvent adverse situations, tracing

action plans for improvements in work processes.

Despite technological advances ever achieved there will be a greater need for orientation of people to achieve goals. This is only possible when people with decision making power deeply know the employees and the processes involved in the work. We corroborate with Balsanelli and Cunha (2006) on the claim that human capital remains the greatest asset of a company.⁹

Another point held concerns to the lack of openness to improvements within the service and instituted policies, which causes nuisance in subject interviewed. Therefore, it is "pruned" in the service, as perceived in the stretch highlighted below:

[...] Uncomfortable, in the sense that I could be doing more. I'm getting paid for something being made equal. I think there are many things that could be being made towards expansion, statistics, data show, and indicator analysis, something the nurse could do to show that the work is of quality. Make standardization of care. [...] I think in that sense the nurse can, MG itself, the CNCDO will have a better view. (Camellia)

In this report it can perceive other discomfort nurse before her performance and also with the lack of standardization in service. The professional recognizes that the work is just beginning on the existing potential, coming to be confused with his performance expected for the practical nurse.

Nursing, defined as historically constructed social practice, remains shrouded by numerous assignments that generate often conflicting roles among nurses and nursing assistants.¹⁰ Since in the context of health practices the nurse develops four key activities: care, management, education and research. Note that the management activities are not undertaken by all nursing staff, and yes, by the nurse. Even so, as stated by Backes and others (2008) often, the role of a nurse is confused with the technical and nursing assistants.¹¹

Because the nurse is still closely associated with bureaucratic activities, their sound often confused with the activities of other nursing professionals. Thus, changes are needed in relation to ideas and practices of nurses towards their role does not become mechanical and uncritical and contribute to the recognition of the different roles and the enhancement of professional.¹¹ Such changes, as well as necessary, are feasible, therefore understand nursing as a social practice means understanding it as a dynamic profession, subject to reflections and transformations.¹⁰

Unfortunately the nurse often is not seen as a caregiver to stay, often away from direct patient care, and it remains a challenge to the profession. It is known that the movement of transformation depends not only on the subject of wills, being continually built on a process of interaction between the actors involved.¹¹⁻¹²

The lack of autonomy of nurses was quite prominent in the interviews. It is recognized that suffering is inherent in the work environment and forms of work organization associated with the management methods have a great influence on the way to work and on the health of the worker. When the subject has no worker autonomy and control of their work process, are generated discomfort and displeasure, resulting in damage to physical and mental health.¹³

Given the lack of autonomy and other difficulties in the performance of nurses in eye banks, some changes in service are proposed and it is recognized that management is done daily:

Ah, I would change, for example, giving full autonomy to the nursing coordinator, who is a nurse. I think the direct dialogue, day to day. Is [...] Because management is done on a daily basis, you know? The corrections have to be made every day and not when it becomes more serious, we have to avoid the greater since we have sweeten the smallest. [...] the issue of valuation, the question of supplementing the framework for nursing, human resources, improving conditions, instrumentals, you know? I think it would be a positive point for the walk and work to be a bit lighter. (Dahlia)

The nurse should have autonomy over their work and the working process of the nursing team under his supervision in order to invest in the development and reward of nurse leaders, after all, is a strategy to increase service quality and investment the relationship of the staff.¹⁴

The nurse usually ends up making a connection between the nursing staff and other service professionals, because it is present in the work routine Eye Bank and due to academic background. It is important that professionals occupy position (internal or external to the Eye Bank) management develop spaces for discussions, exchange of experiences and scientific knowledge, as well as the work plan developed in accordance with goals with the team.

Because that did not occur, the nurse, then, is faced with this dialectical relationship between "should be" and "being-in-fact" within the course of his employment and overcoming the limits imposed on nurses generates

conflicting experiences the performance of their work. Therefore, we seek to relate this limitation imposed on nursing in Eye Banks with the apprehension of the social dynamics in health services where contradictions and challenges remain to be overcome.

We must not lose focus within institutions, valuing the existing human capital. Therefore, decision making must be guided by ethics, law and humanism. Objectivity and subjectivity need to be considered when analyzing the health work by interfering and suffer interference in the macro and micro context of the work process.

Leadership by the authority has shown to be more efficient than the lead by the power and the dialogic relationship between workers must prevail at the expense of power relations, hierarchical. Thus, we crave more optimistic results in personal and work relationships.^{9,15,11}

One can agree with Magnago and others (2010) when they say that the organization of work that restricts the creative mental activity behaviors weakens the body and puts the worker at risk. This statement is quite significant because it demonstrates the potential for disaster in the life of the worker, and therefore, the quality of their work when the organization of work limits their thoughts and actions. Autocratic attitudes reduce the ability to work in teams and seek solutions.¹⁶

Measures should be implemented to reduce the psychological stress from work, as well as strategies to increase flexibility at work and the autonomy of these nursing workers-skills of managers, workers and nursing researchers. In view of this, it is suggested the adoption of more modern organizational theoretical models such as participatory management, (re) cognition of risk situations present in the work environment and the development of research in the field of occupational health within the services related to the donation and transplantation of organs and tissues.¹⁶

Some interviewees emphasized the importance of having a nursing team with the number of professionals needed for the smooth running of the service and the need for investment in the condition of materials and equipment available for the job. This lack of professionals was allocated by other nurses when asked about the difficulties encountered in working on eye bank as posted excerpts:

(continuation of the speech about the difficulties encountered) Of staff! The issue of human resources here are scarce and this has been overcharging people and leading to some stresses due to work overload. When a team employee vacation or are sick or lack

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for some reason or another, it puts additional strain on who's on duty. (Dahlia)
The difficulty I think is precisely this: so, I think we're understaffed in the range [...] Had some winning contracts that, unfortunately, they can't be so they had to leave. So we passed and are passing that we still have the X [cites a professional contractor name], which is still under contract and we'd like you to Miss anyone. We wish the team would remain despite the people understand that the contracts, they won't be able to stay. [...] So thus, the greatest difficulty is to deal with this loss of personnel. It's we know that is of much value within the team, we don't want them to leave. (Azalea)

One of the subjects talks about the shortage of professionals in the service, resulting in hourly workload.

Because it is a sector that, although he didn't demand, the responsibility is very big. We have forewarned, have to be available 24 hours on your week and everything that happens you're responsible. [...] the Eye Bank's difficulty I think is the load time. So, you be 24 hours available. It sometimes tired, you have to come. We asked another technician, huh, what you see will come. (Fleur-de-lis)

Given the above it is observed that the nurse has a very big responsibility and needs to be available to the service for a long time due to the shortage of professionals in the service. It relates really tired and need to perform activities longs for the adequacy of the number of professionals in the service.

The difficulty related to the shortage of workers due to the fact there seems to be some eye banks are linked to the Hospital Foundation of Minas Gerais (FHEMIG) and act in accordance with the guidelines set by the SES and others are tied to university hospitals (public universities), ie, the Eye Bank of Minas Gerais are directly linked to the public service, which brings some inconvenience regarding the hiring and appointment of employees.

Some of the problems that can come in the public service as the fact that public procurement does not take into account the experiences and expertise of workers and may lead to quality lower than necessary due to the number of novice and inexperienced people. Another point to be noted is that the lack of professionals occurs as a result of flaws in the organization of work causing, in turn, decline in the quality and quantity of work.¹⁷⁻¹⁸

It is known that increased the number of workers in the Brazilian public service, but keeps the deficit of public workers, what

shows limitations and contradictions and is a serious problem in our country and a challenge to the consolidation of SUS.¹⁹ In this sense it is notoriously lack of governance of nurses, especially in public institutions, regarding replacement / expansion in the number of nursing staff, but we need to find strategies for sizing of staff, particularly for the development of activities and quality so that workers do not be overwhelmed and unmotivated. Therefore, policies and actions to achieve personal and professional development of the employee and encourage suitable working conditions need to be guaranteed.²⁰

It is believed that not only is this that explains the lack of workers in Eye Banks. This thought is reinforced by the speech of a subject of this research, when asked about the attitude of professionals Eye Bank before the lack of nurses directly into service a guy answered:

They [the people who work in the Eye Bank] question. But usually I talk to X [cites a name]. So the X [repeats the name] says: "I had to have more people, it turns out we get overcharged" and everything. But they also never formalized this request. They never sent document saying they have this need. Turns out it's only in the conversation. (Bird-of-Paradise)

The lack of professional attitudes of this service contributes to the inertia in the face of poor cadre of professionals who work in the service. Do not just complain, be specific and formal actions are performed seeking transformation. When asked about the existence of some movement direction department to introduce nurses working in direct Eye Bank, this subject is categorical:

No, not right now. [...] (Bird-of-Paradise)

It is necessary to discussing the process of working to address health and personal design, work conditions, and absenteeism, among other factors. The first method of human resource planning in nursing is called intuitive and awful the seventeenth century, with Florence Nightingale, pioneer of hospital administration and forerunner of modern nursing. This model was based on the subjectivity and the severity of patients considered for defining tasks for nurses.²¹

Modern studies on the human resources for health and nursing date back to the 1960s, but it was only in the decades of 1970 to 1980 that gained strength through multifaceted approaches such as vocational training, social organization of practices / health work. Initiatives as a result of classification of patients according to the degree of

dependence on nursing and the establishment of nursing hours were presented.²¹

Only in the 1990s the official organs of nursing and health care in Brazil presented calculation methodologies in nursing staff. COFEN Resolutions 189/96 and 293/2004 established the first official parameters for the size of the nursing staff in health and similar institutions.²²⁻³ Certainly there have been advances in sizing, however some scenarios of nursing studies and lack of foundation for the realization of the design.

The Resolution No. 293/2004 of COFEN establishes that the sizing and the adequacy of the Quantitative of nurses should be based on the related institution (institutional policies, size, type of service, technology and complexity of services and / or features programs, personnel policy etc.), nursing services (management model, care model, methods of work, working hours, weekly workload, legal foundation of professional practice Law No. 7,498 / 86, the Code of Professional Ethics nursing etc.) and customer (patient classification system, socio-cultural and economic reality). In addition, the amount of established professionals should be increased by an index of technical security (IST) not less than 15% of total to cover planned and unplanned absences.²³⁻⁵

Resolutions do not make clear some aspects of personnel dimensioning scenarios for non-traditional practice, such as the Eye Bank and other services, however, we must consider the size of the nursing staff directly implies the competence of professionals services, causing impairment in quality of service performed and the same has been considered challenging due to the complexity of nursing work, technological advances and different practice settings of nursing.²⁶

Note that there are guidelines that deal primarily of hospital care and that, although the Eye Bank operates within the hospital, the activities are very specific and do not fit the models of known dimensions and recommended the country. Thus continues the scaling of nursing as a challenge in the contemporary world and research need to be developed in order to propose new methodologies for sizing appropriate to the different situations of personal work.

The perception of nurses regarding the difficulties in carrying out their work shows that they lie in the institutional sphere, most of the time. Something interesting is that the propositions found in this research much resemble those found in a study on the experience of nurses in a liver transplant program. In that study, which needs,

contradictions, conflicts and difficulties are experienced / perceived by nurses was perceived before their performance.²⁷

CONCLUSION

In light of the dialectic what should be considered significant are not only the similarities, but mostly differences, the elements of rupture, of discontinuity. It is from the differences that possibilities can be glimpsed and overcome limits.

The work of nurses in Eye Banks is put between multiple conflicts and contradictions within the political-economic context in which it appears and the analysis of the work of nurses in Eye Banks points out challenges to the profession. These challenges must be recognized and overcome through technical and managerial expertise, ethics, desire, and knowledge of political, economic and social reality through researches.

The physical and psychological health of nursing workers interviewed is at risk in view of misfits and contradictions identified in this study as lack of working conditions, terms of materials, scarce human resources, conflicting reporting relationships, among others, and the feeling of dissatisfaction of the worker nursing can be perceived through the speeches about lack of professional development and autonomy of nurses and also when they refer to the power relations established in the employment context.

It is understood by analyzing the results obtained, that conflicts in the exercise of the nurse's work appeared under different manifestations and involve conflicting reporting relationships. The speeches show that nurses consider themselves members responsible for nursing services and integration team, but feel constrained given the present political structures, moving its operations to a certain limit (limit imposed by the managers of the service), which highlights disparities and powers between the various actors in the context of political donation and corneal transplant in the state. This discussion is very relevant from the perspective of historical materialism that seeks to make sense and understand the factors involved in the work process and its impact on the worker.

The findings of this research show that the principle of completeness and humanization of health are still absent in some (if not many) of SUS policies both in micro relations (occurring in health services) as the macro-relations and show that the conditions work and ethics cannot be thought so decontextualized social model post.

Nursing needs to adapt itself to the new organizational, administrative and welfare challenges that arise. To this occur it is fundamental the role of education. It is thought that it is necessary to establish forming pedagogical practices critical subjects. This liberating education contributes to the formation of critical and transformers subject of reality, responding to the changes required by organizations and social subjects.

Given the above, the difficulties faced by nurses of Eye Banks need to be (re) designed in the donation and transplantation of corneas established policy in order to make full and humanization of health as elements that underlie and sustain practices health.

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Corresponding Address

Roberta Teixeira Prado
Rua Coronel Cristóvan de Andrade, 50/302
Bairro Centro
CEP 36062-440 – Juiz de Fora (MG), Brazil