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ORIGINAL ARTICLE

DEMOTIVATION OF THE NURSING TEAM TOWARDS THE LOW TURNOVER IN INTENSIVE CARE UNITS

DESMOTIVAÇÃO DA EQUIPE DE ENFERMAGEM DIANTE DA BAIXA ROTATIVIDADE EM UNIDADES DE TERAPIA INTENSIVA

DESMOTIVACIÓN DEL EQUIPO DE ENFERMERÍA DELANTE DE LA BAJA ROTACIÓN EN UNIDADES DE CUIDADOS INTENSIVOS

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ABSTRACT

Objective: to evaluate the demotivation of the nursing team related to the low patient turnover in intensive care units. **Method:** this is a descriptive exploratory study with a qualitative approach. The study population consisted of 10 employees who worked for more than 3 years at the University Hospital of Santa Maria, in Santa Maria, Rio Grande do Sul, Brazil. The data were collected through questionnaires and analyzed using the Content Analysis technique. This study was approved by the Research Ethics Committee of Centro Universitario Franciscano (Unifra), under the Opinion 075.2007.2. **Results:** there's demotivation both on the part of nurses and the nursing technicians who work in intensive care units. **Conclusion:** one found out that the demotivation of nursing professionals and the team's weariness become evident, however, the activities don't cease being performed, since there's a team commitment to contribute to the well-being of the clientele assisted. **Descriptors:** Demotivation; Nursing Team; Low Turnover; Intensive Care Unit.

RESUMO

Objetivo: avaliar a desmotivação da equipe de enfermagem relacionada à baixa rotatividade de pacientes em unidades de terapia intensiva. **Método:** trata-se de estudo descritivo exploratório com abordagem qualitativa. A população do estudo foi constituída de 10 funcionários que trabalhavam há mais de 3 anos no Hospital Universitário de Santa Maria, em Santa Maria-RS. Os dados foram coletados por meio de questionários e analisados pela técnica de Análise de Conteúdo. Este estudo foi aprovado pelo Comitê de Ética em Pesquisa do Centro Universitário Franciscano (Unifra), sob o Parecer n. 075.2007.2. **Resultados:** há desmotivação tanto por parte dos enfermeiros como dos técnicos de enfermagem que atuam em unidades de terapia intensiva. **Conclusão:** verificou-se que a desmotivação dos profissionais da enfermagem e o desgaste da equipe ficam evidentes, porém, as atividades não deixam de ser executadas, por existir um comprometimento da equipe em contribuir para o bem-estar da clientela assistida. **Descritores:** Desmotivação; Equipe de Enfermagem; Baixa Rotatividade; Unidade de Terapia Intensiva.

RESUMEN

Objetivo: evaluar la motivación del equipo de enfermería con relación a la baja rotación de pacientes en unidades de cuidados intensivos. **Método:** esto es un estudio descriptivo exploratorio con abordaje cualitativo. La población del estudio fue compuesta por 10 empleados que trabajaban durante más de 3 años en el Hospital Universitario de Santa Maria, Santa Maria, Rio Grande do Sul. Los datos fueron recogidos por medio de cuestionarios y analizados por la técnica de Análisis de Contenido. Este estudio fue aprobado por el Comité de Ética en Investigación del Centro Universitario Franciscano (Unifra), bajo la Opinión 075.2007.2. **Resultados:** hay desmotivación tanto por parte de los enfermeros como de los técnicos de enfermería que actúan en unidades de cuidados intensivos. **Conclusión:** se verificó que la desmotivación de los profesionales de enfermería y el desgaste del equipo quedan evidentes, pero las actividades no dejan de ser ejecutadas, pues hay un compromiso por parte del equipo para contribuir al bienestar de la clientela asistida. **Descriptores:** Desmotivación; Equipo De Enfermería; Baja Rotación; Unidad de Cuidados Intensivos.

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INTRODUCTION

The intensive care units (ICUs) are characterized by the severity of patients and the complexity of procedures. Thus, they have equipment for an effective control of patients, besides trained staff to meet their needs.

It's worth stressing that these units were created in order to treat individuals undergoing critical life situations, who require intensive care and ongoing evaluation by the multidisciplinary team. The technology brought and keeps bringing benefits for health care, but it also brought some consequences which have direct impacts on the caring process.¹ Thus, technological advancement puts us face to face with ethical dilemmas in daily life, posing the need for reconsidering these advances not only with regard to the technical aspects, but also the biological ones.

Through the profile observed in patients hospitalized in ICUs, one highlights the reason for developing this study; the nursing team shows demotivation with regard to the low patient turnover in these units, as the individuals stay there for a long period. It's likely that this low turnover is due to the fact that the broad and intensive introduction of equipment and instruments which lengthen life also increased the distance between the professionals who care for and the individuals who are cared for.²

In the course of the patient's stay, the clinical situation which was severe during hospitalization end up becoming chronic, and, in the face of this, the nursing team meets patients who remain in the same clinical condition. In this context, the patient, when referred to an ICU, realizes the possibility of an incurable disease.³ Thus, this feeling is also experienced by the professionals who work there, mainly because the comprehensive technology helps stabilizing the clinical condition presented.

In this sense, one presumes that the results found in this study may be known by the professionals of the nursing team and, this way, knowing these parameters, the team can find feasible solutions to care for the chronic patient, which often end up demotivating the team.

In this construct, the general aim of this study was evaluating the demotivation of the nursing team related to the low patient turnover in ICU. To achieve this aim, one specifically proposed to:

- To detect factors which hinder the care for the patient chronic;
- To know the care procedures which lead to exhaustion of the nursing team;
- To discover among the professionals in the team (nurses and nursing technicians) their perceptions in the face of caring for the chronic patient.

METHODOLOGY

This is a descriptive exploratory study with a qualitative approach. Qualitative research comprises the specificity of a fact, in terms of the reason for being⁴, as a counterpart to the descriptive exploratory research, looks for the facts just as they occur.⁵ The data collection was conducted at the University Hospital of Santa Maria, in Santa Maria, in the central region of the state of Rio Grande do Sul, through a formal request to the Teaching, Research, and Extension Department. Afterwards, it was approved by the Research Ethics Committee of Centro Universitario Franciscano (Unifra). The data were collected at the adult ICU and the study population consisted of a random sample of 10 employees who work for more than 3 years in the institution.

The first part of data collection was designed to investigate the profile of patients admitted to the adult ICU of the hospital, according to the respondent's information. In the second part of data collection, which refers to the demotivation of nursing professionals related to the low patient turnover, one adopted 5 questions with regard to professional class, length of work experience in the institution, length of work experience in the sector, factors interfering with care for the chronic patient, and difficulties for performing the care procedures which meet the patients' needs.

The data collection instrument was handed in to 10 employees, being 5 nursing technicians and 5 nurses who work at the unit for more than 3 years and haven't pre-defined contracts. The employees who authorized the use of their data through the free and informed consent term participated in the study, as it's a requirement of the Resolution n. 196/96, from the Brazilian National Health Council (CNS), since it's a research involving human beings.⁶ In the data analysis, the participants' identity was preserved, codenames of gems were used for identifying the speeches. This study was approved by the Research Ethics Committee of the institution, under the Opinion 075.2007.2.

DISCUSSION

Regarding the information of nurses working at the institution, the most frequent length of work experience was 12 years. Concerning the length of work experience in the ICU, the average of 12 years prevailed. Over the years of work, the professional is strengthened by the experience of facing and solving situations which characterize the workplace. Thus, among the nurse's competences one finds management and leadership, this way, leadership constitutes itself as a process characterized by a set of observable, understandable, and assimilable skills and practices available to all professionals working in the various sectors.⁷ It's worth stressing that, within a long period of professional experiences, the confidence for solving problems and the extensive knowledge acquired are characteristics observed in professionals with many years of experience.

Regarding the question 4, "What are the factors interfering with the care for the chronic patient admitted to this ICU?", a nurse emphasizes:

I see as the main factor the lack of healing of skin, despite all care and treatment provided to him. The constant routine of care that the chronic patient requires also discourages the team, this situation prevents certain procedures to be performed or they're postponed. (Amethyst)

The nursing care provided to patients in the ICU should be done deftly, paying attention to all signs and symptoms which the patient might present as a result of the procedures. For this reason, the nursing work process is focused on the possibility of enabling conditions for treatment and cure of disease, and the means to achieve this goal are knowledge on techniques and complications, workforce, equipment which facilitates the diagnosis and therapeutic intervention, and the hospital.⁸ Having in mind the main focus of the nursing team – the patient –, the professionals' work is guided by routines of the unit. Therefore, as previously reported, since there's no improvement in the patient's condition, there's a team's weariness, which leads to exhaustion, interfering with the performance of daily activities.

The workers feel overworked, exhausted, without any source of relief.^{9:41}

The professionals' effort to lead the patient to have some progress in her/his clinical condition end up being prevented, since she/he is an individual in a chronic

status. Because of this severe clinical condition, nursing team's weariness by providing care is aimed at a single focus, which is the patient's recovery, thus evolving to her/his discharge from the intensive care sector. This statement refers to the idea that:

The pleasure at work of the nursing professional comes from the possibility of providing direct and integral care to the critical patient, bringing feelings of usefulness, since she/he helps, assists, comforts, and performs procedures which often guarantee the expectation of seeing the recovery and discharge of patients.¹⁰

Corroborating this idea, it's worth stressing that the quality of life at work, the pleasure of doing what one loves, and the satisfaction due to the work performed, as well as the observation of the recovery of treated patients becomes of paramount importance for the well-being of the health professional, especially the nursing professional. From the time when no outcome is seen after some work, the practitioner feels no motivation to keep performing her/his function.

In this same question, the different behaviors of professionals call attention:

[...] Lack of conducts on the part of the medical staff, [...] in patient assessment and decision conducts on the part of teams from outside the ICU [...]. (Sapphire)

Since they're patients with a severe medical condition, they're regularly evaluated by multiple professionals working in the intensive care service. In special situations, the medical staff requests that the patient is evaluated by professionals from other specialties who don't work at the ICU. From the time one establishes the diagnosis and therapeutic plan, the personalization process starts, i.e. when the practitioner sees the patient as a human being suffering from a certain illness, she/he adds to work scientific and human aspects.¹¹ Therefore, one observes the need for interaction between the teams, in order to meet the patient's needs and solve her/his problems.

The nurse, as a care manager, should be aware of evaluations and conducts according to information from the physicians, in order to make care more specific, relating it to the need at that moment. At an opportune moment, the nurse looks for the largest number of information along with the multidisciplinary team with regard to the patient she/he is assisting:

[...] In order to be treated with due importance so that, above all, they're able to conquer their recognition [...].^{3:90}

The nurse should take into account the clinical conditions and the severity of patients

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in developing the care plan, sizing of the nursing team, besides evaluating the particularities of the population assisted.¹² This way, the conducts must be explained in front of the nurse, and they must be open to suggestions from professionals who provide care at the bedside. In this context, supervisors should encourage scientific knowledge and create work conditions aiming success at work. Nursing must seek the improvement of care, especially when the patient requires intensive care, as well as perceive the other as a whole and self-care.¹³ To provide care, there's a need for knowing the other.¹⁴ The nursing professional's devotion directly reflects on the process of knowing the weaknesses and needs presented by the patient.

The second question was: "What are the nursing care procedures in which you face some difficulty to meet the clientele's needs admitted to this hospital ICU?". Since the nurses didn't answer this question in a specific way, it wasn't possible to categorize these care procedures.

Regarding the technical information provided by the nursing technicians, one highlights that the most frequent length of time working at institutions was 5 years in average. Concerning the length of time working at the ICU, the average was also 5 years. As the length of time working at a sector increases, the tendency is that the professionals present evolution in their work process and, above all, better performance in the execution of work tasks.

The activities vary depending on the service where the nursing assistants and technicians are included and the sector where they work.^{15:426}

Staying at a certain sector leads professionals to be aware of their activities, performing them successfully.

People become, over time, more committed to changes which are important for them.^{16:45}

In this context, knowledge on the unit's routine facilitates the work of other professionals working in intensive care, aiming to benefit the patient. Job satisfaction and satisfaction for practicing it bring benefits to the group, to professional achievement, and to improvement in quality of life.

The question 4 was: "What are the factors interfering with the care for the chronic patient admitted to this UTI?". This is emphasized in the following speech from a nursing technician:

One factor interfering with patient care is the demotivation of the team, we often

stay for months with the same patients, performing the same care procedures, we strive in order that these patients present a recovery and, in the end, there was no satisfactory result [...]. (Emerald)

The motivation of nursing professionals is related to the satisfaction of realizing some improvement in the general health status of the patient through the procedures constantly performed.

The feeling of hopelessness, helplessness, or abandonment, so present in the professionals, are inevitably experienced in a personal way, although they're manifestations of the professional bond to culture, where meanings produced in the transsubjectivity field are moving.^{17:85}

According to the report, the increased length of hospital stay provides a team's weariness and this, generally, reflects on the effectiveness of work, undermining the contribution that the employee can express so the patient remains properly assisted, leading to well-being within the chronic clinical condition. One stresses that motivation is a wish to strive for achieving a goal or reward which decreases the tension caused by the need.¹⁸ The care provided to this clientele can, above all, lead to the nursing team's exhaustion, as the patients are totally dependent with regard to basic human needs, such as hygiene, alternating decubitus, feeding, transportation, among others.

The question 5 was: "What are the nursing care procedures in which you have some difficulty to meet the needs of the clientele admitted to this ICU?". We have the following speech about it:

Especially those which depend on using strength. (Diamond)

The patients admitted to an intensive care unit have dependence as their main characteristic. The nursing technicians who work in this sector provide all kinds of care procedure to patients because of the clinical condition and the self-care deficit.

It's the kind of relationship which one finds in the emergency rooms, coma conditions and surgeries, where the professional should do something for a patient who remains passive.^{11:24}

Within this context, one needs to alternate decubitus, transport and hygienize the patient. This comprises the care procedures usually performed, numerous researchers found out that back pains among nursing professionals are mainly due to weight lifting and transportation of patients.¹⁹ In turn, one feature of the profile of patients admitted to ICU is obesity, which hinders the performance of care procedures requiring strength,

reflecting on the physical effort of professionals and even causing pain due to excessive manipulation.

To date, studies indicate that the workplace, the corporate structure, and many other interactions between job and employee contribute to the individual's responses to stress and tension.^{9:09}

In turn, this situation leads to susceptibility among professionals to any complication related to it, facilitating the health-disease process and compromising the quality of life.

Through information provided by respondents with regard to the profile of patients, the predominant sex was male, the individuals were ≥ 60 years old, and the most frequent length of hospital stay was 54 days. One observed that the younger patients had a shorter length of hospital stay, i.e. they recovered from illness or died earlier. By correlating the length of stay at the ICU to the hospital mortality rate, one found out that the longer the hospital stay at the unit, the higher the patients' mortality rates.²⁰

In older patients, one observed that the hospital stay is lengthened. Taking this fact into account, one may assume that the costs of intensive care and the number of patients referred to this unit have dramatically and continuously increased.²¹ There's a possibility that, in the future, the access to intensive care will be restricted to elderly people.

Since it involves elderly people and a long hospital stay, one should take into account the level of therapeutic investment in these patients, especially because the data of this study come from a teaching hospital.

FINAL REMARKS

It became clear that the low turnover of hospitalized patients raises questions with regard to the patient profile, team's weariness, therapeutic investment, and quality of life. These data emerge mainly because they involve a teaching hospital, which is a public institution whose purpose is training professionals from multiple specialties.

The features of hospitalized patients reveal the chronic clinical condition, because of advanced age and multiple complications. For this reason, the cases should be evaluated prior to the admission to the sector, as a way to prevent long hospitalization periods and also for allowing the patients who require a higher level of therapeutic investment to gain access to an intensive care service.

The low turnover of hospitalized patients leads to professional weariness which, in turn,

results in demotivation and physical exhaustion. Thus, one measured that this parameter may, above all, generate an occupational stress as a consequence of the characteristics indicated above. Taking into account the data found, one can realize that, even with the difficulties evaluated when performing the care procedures, these aren't prevented from being fulfilled. This interest in continuing the work of a colleague is observed in the professionals, both the nurses working in the management of care and the nursing technicians who perform the procedures.

Therefore, the behaviors for performing tasks contribute to the organizational technique and establish a greater commitment of the team to perform its job effectively and resolutely, despite the difficulties and the clinical features of the clientele assisted.

There's a concern among members of the nursing team to keep providing care and watching over the life of a human being who, at that moment of intense illness, requires assistance.

One suggests that further researches are carried out on the theme addressed here, in order to find plausible solutions for the managerial problematics evaluated in the clinical practice, since it's, above all, through researches that one can solve some of the difficulties addressed with regard to the demotivation in the face of the low turnover of the clientele assisted in ICUs.

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