HEALTH MANAGEMENT: NURSES’ INTRAPERSONAL DIFFICULTIES IN PROFESSIONAL PRACTICE

ABSTRACT
Objective: to identify the nurses’ intrapersonal difficulties in the performance management functions. Method: qualitative, exploratory, descriptive study, with ten nurses interviewed by semi-structured instrument. Interviews were held from October 2012 to February 2013, they were recorded, and each participant underwent a Free and Informed Consent Form. Data were analyzed through Pragmatic Language Analysis method. Results: nurses’ intrapersonal difficulties, concerning management, were grouped into three subcategories: relating to leadership, relating to management performance and to appropriate personal characteristics. Conclusion: nurses’ intrapersonal difficulties with management are related to leadership, management performance and personal characteristics. Descriptors: Health Management; Nurses; Intrapersonal Difficulties.

RESUMO

RESUMEN

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INTRODUCTION

The object of this study refers to the intrapersonal difficulties of nurses in their management functions. Nurse, through the performance of administrative functions, is the professional responsible for the organization and management of nursing care. It can be seen, therefore, that all nurses have managerial functions intrinsic to their professional activity. This context confirms the statement that every nurse is a leader and an administrator.

Despite the management process have been historically attributed to the nurse, there has always been insufficient preparation for the assumption of that role in the training process of these professionals.

The presented issue contributed to the construction of the following research problem: what are the nurses' intrapersonal difficulties in the performance of management functions?

Therefore, this article is to alert nurses, academics, higher education institutions and regulators of higher education in Brazil on the importance of investment in administrative nursing education.

OBJECTIVE

- To identify intrapersonal difficulties of nurses in the performance of management functions.

METHOD

This was a qualitative, exploratory, descriptive study, with ten nurses from various segments of Nursing. To set the field of professional performance of nurses, we based on the law of professional nursing practice, Law No. 7,498 / 86, in Article 11, sections I and II (which features professional performance opportunities for nurses).

With regard to data collection, there were two stages: the first stage of data collection consisted of a literature review of issues related to the study, and the second was to hold an interview with the aforementioned nurses (this last step occurred from October 2012 to February 2013). Interviews were guided by semi-structured instrument developed by the authors and a digital recorder was used.

Regarding the ethical aspects of this study, each respondent was submitted to an Informed Consent Form (ICF). Pilot interview was applied with two nurses of health services in order to test and improve the data collection instrument. However, these interviews pointed to the coherence of the instrument, and therefore, they were included as valid.

Semi-structured interviews allowed the interviewer to exceed the limits of the questions defined in the script, in order to search for new information that emerged during the interviews. Thus, the complexity of the responses surpassed the scope of the data collection instrument. Therefore, data analysis started from the data saturation in the collection and was guided by pragmatic language analysis method.

RESULTS

Intrapersonal difficulties alleged by nurses in management exercise were grouped in three sub-categories, namely: intrapersonal difficulties relating to leadership; intrapersonal difficulties relating to professional performance; and intrapersonal difficulties caused by personal characteristics.

- Intrapersonal difficulties relating to leadership

Within this sub-category, there are the following intrapersonal difficulties reported by nurses: delegation of activities; obtaining adhesion of people to their projects; exercise of the power of command; exercise of democratic leadership; accepting criticism; erring and apologizing; taking responsibility for the actions of others; motivating people to the continuity of work, and getting the empathy of the hierarchical subordinates.

The first difficulty presented here is to delegate activities. In this context, the greatest difficulty pointed out was the desire to control, to ensure that the delegated task will be performed according to the satisfaction of the delegator’s expectations, which is not always possible. Thinking in service management as a whole, a nurse who has difficulties to trust the other can disrupt the flow of work, since this professional tends to assume a checking posture, keeping on examining the work of others, wasting time that could be used to carry out other activities. As a nurse pointed:

[…] As much as I delegate something, I'm always thinking that it was not very well done, right? I keep thinking that it was not done properly, that I could have done better, right? And when it gets a little bit out of what I can control, I do not like as well. This is mine, really mine. I like to have control of everything. And I should not, right? Right? [...] It is harmful because you're worried about it all, right? While you could be using energy on other things. While you could have been relaxed and trusting the others [...] then you want to rule
everything, but you can't. You are not the utmost person. [...] (Respondent 3)

Another difficulty alleged by nurses was the difficulty one has in getting adhesion of others to their projects. The nurse says their ideas without worrying about how others will receive them. For them, only determining, imposing the idea is enough and the others will have to understand it. Not only to understand it, but to adhere to it.

I have the difficulty of the [...] And [...] I usually think that people think like me, that's a flaw I have. Got it? So I, I sometimes think that when I explain the idea I think everyone understood the idea, and got involved by the idea, right? So [...] I, this thing [...] And when I see people who did not understand that, people who did not do it because they did not understand the idea [...] or because they simply do not believe [...] that. I have difficulty in it, right? (Respondent 10)

Exerting power of command was also mentioned by respondents as an intrapersonal difficulty related to management. Nurses have difficulty of issuing warnings in their professional development. But on the other hand, they are aware of the other benefits provided by this kind of attitude. This is so true that in their friendly relations nurses exert command power. Furthermore the nurse associates intimacy to the control power needed to exercise it, as the respondent 5 says:

I can't [...] Give many [...] hum [...] many calls, right? I don't, don't, it is not part of my [...] professional personality; is from my personal personality. I charge everyone () which is my personal intimate. So everyone knows that from my best friend I demand more, I speak, I make it happen. But in the professional field, I do not have that intimacy to demand, to act with that rigor. [...] [1]

Therefore, another difficulty alleged by nurses in their speeches was to exercise democratic leadership. For some respondents, assuming management function involves being attached and confident to defend ideas. The intrapersonal difficulty arises when the nurse perceives being challenged by their subordinates, as the speech of the interviewee 8 shows:

We, we when hum, when we are in management, we try to be very convinced of our ideas, right? [...] So when this is [...] Challenged, when it is challenged [...] it is counter-argued, it is contradictory, at first comes we feel frustration, is not it? [...] So I think that [...] giving up these beliefs is the biggest challenge of the manager. By the time he thinks of a shared management, a democratic leadership, then all this is involves. And this is the model that is currently standing. So the first [...] the most difficult point, the biggest challenge is understanding that [...] The other person is right, what is going to be put in practice is what the group decided and it is not what you would like to do. So that at first is an impact, right? [...] [1]

In addition, respondents had difficulty in accepting criticism. Nurses make voluntary concessions to their management process, for example, dedicating additional time to work, and therefore report difficulties in receiving criticism. It is like excessive dedication to the management work exempts the manager to be evaluated and criticized. Due to the awareness of their dedication to work, the nurse thinks criticism is unfair. However, the nurse knows the importance of being criticized, and tries to convert their emotions (anger, angst, possibly) in attitudes of acceptance and reflection, as stated in the extract from the speech of nurse 8:

[...] I see myself as a person who dedicates too much to the process, many hours, right? Dedicated (which would be different from other people). But I have no problem in taking a lot of work to home, I have no problem in leaving my phone on 24 hours. [...] So I know people that after 6 pm turns off the cellphone, and it's over. Weekend? They do not answer. Then (), when you adopt this open attitude, and make these concessions to your management process, then you see yourself as a person who is more present, right? Dedicated (). So by the time you realize that your things are being challenged, you feel [...] you feel bad about it. So my greatest difficulty is to convert my emotions about it. I think this is the most difficult thing in the management process.

Another intrapersonal difficulty located in this subgroup is to err and apologize. The nurse does not seem to cope well with their own frustrations. They do not accept their mistakes and therefore do not accept the fact of having to apologize when they make a mistake. On the allegation of having always tried to act in the best way, the nurse appears to be encapsulated in a fantasy world in which others may even make mistakes, but they themselves do not do it.

[...] I hate to apologize, right? If I have to apologize, it's because I made a mistake, and I hate making mistakes! Right? (laughs). I try not to make mistakes, so I hate this thing of apologizing! Making mistakes and having to apologize. I hate making mistakes, I hate making mistakes; I always try to act in the best way. (Respondent 3).

Furthermore the nurse has difficulties to be responsible for the attitudes of others. Nurses want to reply only for their own acts or omissions. They feel disturbed and angry to be responsible for another person, in this case, their subordinates. When these subordinates fail, the conflict begins: insomnia, irritability and non-acceptance of others' failure. Although recognizing that accountability for others is part of the design of the nurse's role,
they seek segments of nursing performance in which they can work up only by themselves.

I like to give a result for what I do. When I have to take the blame and respond by another people's failure ( ), I get extremely angry! And there is more: I do not sleep at night. [...] So I try to understand where the other has failed, but I cannot accept this failure. It's something that over time, helped me a lot in my autonomy: I do and I answer for it. And in nursing, no. And, hum, it is [...] Consequence of that: having to be head of others, right? So then, it is up to the professional, right? (Respondent 3).

The nurse also reports difficulties to act as motivating agent for others. In this sense, people are not always motivated to complete work, leaving their tasks to be done later. The nurse then feels to have the obligation to motivate their subordinates to the continuity of work (so that they have the same stimulus the nurse has about it).

So then, hum, hum, hum, this is a great difficult right? Of trying to get people to have as much [...] As much willingness as I have ( ) to do that, because of the simple fact of completing, of doing, right? I need to do this, so I have to do, I have to end it. (Respondent 5).

Nurses are facing difficulties to make their subordinates understand the motivations of their requirements, i.e., nurses represented in this study have difficulty in obtaining empathy of his subordinates. That seems to be a failure of the nurse himself, who does not use communication and argument to present to subordinate all the reasons why some request is being given.

[...] And [...] No one will understand that you want the objective, that someone's demanding you more than you are demanding others [...] [...] No, they think it is simply because you [...] Want that, right? This is very complicated. (Respondent 5).

Intrapersonal difficulties relating to the professional performance

Within this sub-category, there are the following difficulties: Extrapolating the employment relation to the relation of friendship; granting benefits at work; relying on other people's commitment to deadlines; exercising certain management styles due to the nature of the organization involved; keeping updated; time management; absence of administrative skills, and dealing with finances.

Respondents mentioned a conflict between people who think of work as an extension of their homes and their personal relationships, and nurses who can separate well the professional and personal domains. On the one hand, employees seem to hope that their immediate superior will fill in some individual affective gaps. On the other hand, professional managers refuse to adopt maternal attitudes on the work environment, and then the difficulty in the professional practice settles down: it seems that subordinates are motivated by the existing friendship between immediate superior and subordinate, as illustrated by the following excerpt:

The other thing is that [...] hum [...] I have the impression that the [...] individuals, hierarchically subordinates, they like [...] hum [...] they relate very much to personal relationships ( ), friendship ( ). And it makes [...] in the culture of the company, the organizational environment for this culture here, it, it makes the difference. And I cannot hum [...] be like this, have this motherhood in my actions. Because to me this is being maternal, right? So then, hum, hum [...] Extrapolating the employment relationship for the friendship relation to me is very difficult. And people seem to work with this fuel, right? [...] (Respondent 10).

Another difficulty included here is granting benefits at work. Nursing management appears to be a domestic operation. Nurses exhibit a certain discomfort when confronted with subordinates who are motivated by obtaining benefits for themselves. In addition, the nurse recognizes their power of assessment to determine which professionals will enjoy granted benefits, which can be inferred from respondent 10's statements:

Other things are [...] favors right? Management favors. And [...] I [...] I have difficulty in understanding that people are also [...] are driven by this [...] for some benefits. Or if I give to someone I have to give to somebody else [...] To everybody, right? And I do not think I have to give certain things. Right?

The difficulty in relying on other people's commitment to deadlines was also highlighted by respondents. It seems that the subordinates of the nurse manager do not recognize him as such. For they violate deadlines previously established by the nurse. The nurse, in turn, thinks that all his subordinates have the same commitment he has with previously established deadlines. It seems to be a difficulty that the nurse has to recognize the other as else, which is evident from the respondent 10 speech:

And [...] another thing that I feel a great difficulty about is, hum [...] I [...] I have difficulty to demanding. For thus, as I [...] I expect a lot of myself, hum [...] I have difficulty to demand for example your deadline, 2 days in advance. I'll ask after it has passed. "Wow! You did not do, why not? [...] We do not established that on the 25th we would have a meeting like this?", "yes", "and that for this meeting we would need this, this and this? Why didn't you prepare this?". But then I didn't see 2 days earlier if everything was prepared, you

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Health management: nurses' intrapersonal...
work here, then you, as nurse, woman, housewife [...], mother, right? So well, sometimes you want to do something, and you, you can’t because of that. [...] (Respondent 7)

The lack of administrative training is, to respondents, an intrapersonal difficulty. The nurse has no management training. It seems that it is the management practice that gradually teaches nurses how to administer.

At the end of this administration, I think [...] there are limitations I have, in management training that [...] in fact, I have no management training. I do not have a training that I could appeal to [...] I think that after four years of clinical nurse, I could greatly improve, comparing the way I came in and the way I’m leaving now [...] (Respondent 7)

Finally, there is the intrapersonal difficulty of dealing with finances. In this area, the nurse is depends on other professionals to manage these resources. Nurses take their inability to manage their finances, and refer to graduation the possibility of increasing the curriculum with these notions, suggesting working these issues transversely - which is illustrated in the speech of the interviewee 3:

So, now with respect to management (which is where there is a lot of responsibility! And a lot of money! - laughs), you need help of a lawyer, administrator and accountant! [...] And [...] then, comes the salary and how are you going to do with that money? You have to know what the value of your work is, and nursing doesn’t have this; graduation doesn’t give you that [...] [On whether the graduation could fill those gaps] Right? How? I think interlacing all disciplines from the base, and including those, right? Within the menu of the discipline. The need is evident from the beginning of the training, right? Right? (Respondent 3)

Difficulties caused by personal characteristics

This subcategory comprises the following intrapersonal difficulties: Hurry to execute activities and excessive self-demand. The first difficulty presented here is to be in a hurry for the execution of activities. Spontaneous and unscheduled demands arise in the nurses day-to-day. But still they can fix everything in time. The difficulty of nurses represented here is to understand the pace of work of the others, because their own pace is accelerated.

Well, I actually have a difficulty that, sometimes, I get accelerated. I want people to have the same rush that I have. And that, throughout my life, I have improved, but there is still improving to be done. Because it does not help when you to rush to perform certain things because you have already established your deadline, right? You have added your short, your mean, your long-term, your priorities [...] But then, in this time I’m living, when demands arise that have to be resolved very urgently, then
you end up having to introduce it within the your day-to-day, and you end up having to be in a hurry not to compromise what you have already established. So [...] this, my greatest difficulty is to understand that everybody has their time to perform certain tasks, right? So that's the major difficulty. (Respondent 6).

Another difficulty mentioned as intrapersonal due to personal characteristics is the excessive self-demand. Nurses demand themselves excessively in their professional performance. Although the blame for the failure had not been theirs, they bring this guilt for themselves. Possibly, this amount of guilt and self-demand must cause damage to professionals' mental health, and may even trigger occupational diseases.

[...] I have worked in ICU right? Two years in a neo ICU, so if a material lacked at night, which sometimes I had even requested, but it had not been delivered, I blamed myself, you know? I carried a lot of guilty (I). I demand myself too much, and I even demand others, but I'm so benevolent. I demand a lot more to me than the others. (Respondent 3).

**DISCUSSION**

Delegating activities is an important element in nursing education. Since their graduation they hear about this importance, but they recognize that this is not always easy in practice. The confrontation of this finding with the statement that it is the nurse’s responsibility the care with interpersonal relationships in nursing team, and that this care includes the grant to the participation of people in organizational processes, allows to infer that the act of delegating activities should be taught in graduation, with due importance that this act has for the development of workers who are under the aegis of the nurse.

For the act of delegating be successful, it is necessary that the delegator gets adherence of the delegates to the activity to be performed. Otherwise, the delegated activity will not be executed, or it may be, but without the satisfaction of the one who performs it (which certainly will have a negative impact on the quality of execution of the task). For all this, it is important for nurses to get people’s adherence to their projects. That is, it is necessary that people understand and agree with the received task, so that they execute it in an excellent mode. Attributes such as the leader's vision and communication and achievement skills are important to the achievement of organizational goals.

It is inferred that the difficulty of nurses in obtaining adherence of others to their ideas due to the inefficiency of their leading position. But, what is the problem with the ineffective exercise of leadership by the nurse? Personal characteristics of leadership are missing, or the commitment of their training with the development of those characteristics is lacking?

In addition to the difficulties arising from the ineffectiveness of the exercise of leadership by nurses, there is the difficulty of this professional in making their subordinates understand the motivations of their demands. This seems to be a failure of the nurse himself, who does not use communication and argument to present to subordinate all the reasons why a given request is being made. For some authors, inability to teamwork, communication difficulties and lack of knowledge are barriers to nursing management exercise.

This communicative difficulty of nurses also hinders their ability to motivate others to continue the work. The nurse reports difficulties to act as motivating agent of others. Authors point out that employee motivation in the workplace makes up the administrative scope of action of the nurse, to the extent that motivated and satisfied employees at work can produce better services to the served population.

If the nurse is not himself/herself, motivated with his/her profession, how will he/she motivate others to work? It is addressed here a criticism to undergraduate courses in nursing - which, by the interviewed nurses’ speeches - have not issued professionals' self-esteem effectively nor have driven the nurse to the recognition of their potentialities.

One of them is leadership. But this lack of assumption of a leadership posture by the nurse is related to the difficulty of this professional to assert their power of command. Nurses interviewed in this study, despite having difficulties in exercising power of command, recognize the importance of this for the development of the others. But, although there are no differences regarding the "importance of skills such as decision-making power, leadership and creativity, these are generally scored as weak in the curricula".

Since nurses receive inadequate training on leadership and decision-making power, it seems to be easier for them to assume a bossy posture (that orders, screams louder, rules) than the posture of leader with democratic style. This choice may happen by personal insecurity in risking the acceptance of criticism from the other. And these were
difficulties reported by respondents: exercising democratic leadership and accepting others' criticism.

These difficulties related to the leadership compete to another difficulty: the assumption of responsibility for hierarchical subordinates. But if the nurse has difficulty in recognize themselves as a leader, they do not accept the fact of having to take responsibility for other people. However, Article 15 of the Law for Professional Practice of Nursing sets that the nurse is responsible for the direction and supervision of the activities provided by nursing assistants and technicians, to the point that those professionals - being in public and private institutions and participating in health programs - cannot exercise nursing legally if there is not a nurse in that environment. Thus, responsibility for others is part of the nursing profession's core.

On the difficulties of nurses in extrapolating the employment relationship to the relation of friendship, and in granting favors to their subordinates, scholars have argued that the gap between the highest hierarchical levels and the operational ones, causing the non-participation of the second group in decision-making, is considered obsolete feature of nursing administration, but this does not necessarily involve a disorder in the personal and professional life roles; and it is the nurse's responsibility to keep this separation, in order to avoid relational difficulties.

There are also difficulties that refer to the nurse's frustration in trusting a subordinate with respect to the commitment to deadlines. It seems that subordinates of the nurse manager do not recognize him/her as such, since they violate (without many worries, as it seems) deadlines previously established by the nurse.

With regard to nursing, the need for management of collective work receives greater significance inasmuch the members of this professional class are hierarchized. Thus, it can be concluded that the importance of the exposed difficulty aforementioned is overcome, so that the nurse carries out fully their superior authority before their subordinates.

Respondents mentioned in this study that the management style assumed by them is often limited or impaired by the nature of the service. The nurse realizes the need for more autocratic interventions on specific situations, but often feels hampered of their managerial freedom by the fact that the public organization does not make room for more autocratic interventions.

Attitudes centralized in decision making are common due to the fear that managers have to lose space and devalue the established power. However, there are situations in everyday management in which these autocratic attitudes are necessary. This is the case, for example, of a recurring situation of actions taken by the employee, which are at odds with the established institutional policy.

In order to know the range of possible managerial situations to be found in professional practice, nurses need to keep updated. But this was a difficulty pointed out by the respondents in this study. According to the Code of Ethics of Nursing Professionals, in Article 2, the improvement of knowledge that gives support to nursing professional practice is a right of nursing professionals.

It should lie with the organizations that hire nurses the costs of participation of these professionals in scientific events. But for the nurse to be absent from their service for a few days to attend training or improving courses, their work activities should have been completed as much as possible. For this, nurses should manage their time. And the present study identified this difficulty of nurses: time management.

Nurses in their professional development - whether in care, whether in nursing management - should know how to plan the available time so that they can perform all priority activities, because management supports care. In this sense, time management contributes to the effectiveness at work as it enables assistance to priority demands. Administrative training could contribute to the learning of the importance of time management and for the elements to be considered when establishing priorities, but the lack of administrative training was reported by respondents in this study as an intrapersonal difficulty for management of activities. For nurses to appropriate the managerial competencies expected of them, they must have knowledge, skills and attitudes that, when mobilized, will help them to play well their administrative functions.

Evidence of the negative repercussion of the lack of administrative knowledge on the nurse's performance is the difficulty, mentioned in this study, in dealing with finances. Nurses take their inability to manage their finances and their service, and refer to graduation the possibility of increasing the curriculum with these notions. Such claims are supported by academic studies that assume that despite the responsibility of nursing with
cost control, training has neglected, historically, economic and financial aspects.¹⁴

Another intrapersonal difficulty pointed out by nurses in relation to management, is excessive self-demand. Nurses demand themselves excessively in their professional performance. In this context, knowledge assumes sine qua non importance, by nurses, on attitudes that are their responsibility as managers of nursing services. These attitudes compose the scope of managerial skills that nurses should present.

It is challenging the task of establishing responsibilities for the nursing management. Studies on this topic have revealed the need for discussion in order to answer the managerial demands that exist in practice.¹⁵ From these discussions, it is expected that nurses (under the prism of their managerial performance) demand of themselves the skills expected for their actions, avoiding unnecessary wear and emotional overload, secondary to excessive self-demand.

CONCLUSION

This study aimed to contribute to the academic and professional fields, reflecting socially and economically. Social contribution was given to the extent that nurses and their employers know the managerial difficulties and seek to overcome them. Thus, the economic impact occurred in the sense that it is expected that nurses who know their intrapersonal barriers in the management field may cause less financial damage to services they manage, enabling the organization to reallocate the resources that would be used to cover economic damage.

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Health management: nurses' intrapersonal...