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HOSPITAL MANAGEMENT AS A CARE TOOL

GESTÃO HOSPITALAR COMO FERRAMENTA DO CUIDADO

GESTIÓN HOSPITALAR COMO HERRAMIENTA DEL CUIDADO

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ABSTRACT

Objective: to analyze humanization in the management of human resources, according to the perception of the Nursing team. ***Method:*** an exploratory-descriptive study, with a qualitative approach, with interviews with 29 members of the Nursing team of a public maternity hospital. The discourses were separated by similarity and structured into categories. Then they were analyzed and discussed. ***Results:*** from the analysis of the discourses, three thematic axes emerged: Humanization Policy of the Unified Health System; managerial competencies of the nurse; assistance and processes promoting humanization. ***Conclusion:*** Nursing teaching and practice, after the implementation of the Prenatal, Childbirth and Birth Humanization Policy, has been broken with the biomedical model. So, in the assistance, practices developed in the prenatal, delivery program and puerperium. ***Descriptors***: Health Management; Obstetric Nursing; Health Services Administration.

RESUMO

Objetivo: analisar a humanização no gerenciamento dos recursos humanos, segundo a percepção da equipe de Enfermagem. ***Método***: estudo exploratório-descritivo, de abordagem qualitativa, com entrevistas de 29 membros da equipe de Enfermagem de uma maternidade pública. Os discursos foram separados por semelhança e estruturados em categorias. Em seguida, analisados e discutidos. ***Resultados:*** a partir da análise dos discursos, emergiram três eixos temáticos: Política de Humanização do Sistema Único de Saúde; Competências gerenciais do enfermeiro; Assistência e processos promotores de humanização. ***Conclusão:*** o ensino e a prática da Enfermagem, após a Implantação da Política de Humanização do Pré-natal, Parto e Nascimento, rompeu-se com o modelo biomédico. Assim, na assistência, desenvolvem-se práticas preconizadas no programa de pré-natal, parto e puerpério. ***Descritores*****:** Gestão em Saúde; Enfermagem Obstétrica; Administração de Serviços de Saúde.

RESUMEN

Objetivo: analizar la humanización en la gerencia de recursos humanos, según la percepción del personal de Enfermería. ***Método:*** estudio descriptivo exploratorio de enfoque cualitativo, con entrevistas de 29 miembros del personal de Enfermería de una maternidad pública. Los discursos fueron separados por similitud y estructurados en categorías, analizados y discutidos. ***Resultados:*** a partir del análisis de los discursos surgieron tres puntos temáticos: política de humanización del Sistema Único de Salud; Competencias gerenciales del enfermero; Asistencia y promotores de procesos de humanización. ***Conclusión:*** la enseñanza y práctica de la Enfermería, después de la implementación de la Política de Humanización de Prenatal, Parto y Nacimiento, y rompió con el modelo biomédico, en práctica desarrolla asistencia prevista en el programa de prenatal, el parto y el puerperio. ***Descriptores***: Gestión en Salud; Enfermería Obstétrica**;** Administración de los Servicios de Salud.

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INTRODUCTION

Humanization is the process of transformation in the institutional model of management. It aims to recognize and value subjective, historical and socio-cultural aspects. It values the global context of the social environment and the conditions of the workers by reflecting on actions that add the technical skills and value of the subjective dimension of the team members that directly reflects on the quality of service to the users.[1]

In Brazil, the National Humanization Policy advocates a management model focused on teamwork. Specifically, in the Unified Health System -UHS, in the humanized care of the Nursing team, because it constitutes a large contingent of human resources, represents a high demand service in basic and hospital units.[2]

In the modern hospital context, shared management is a quality tool in the management and operationalization of human resources in hospital institutions and, it constitutes a relevant direction that requires managers and health workers with professional improvement, especially, in the assistance to women in the pregnancy-puerperal period.[3]

The role of the nurse in health is configured to adhere to the possibility of responding to the social demands that go through four fundamental axes: health conception; work process management and education; training of health professionals; participation and social control. The conjugation of these axes directs the praxis in health.[3]

The adoption of humanized policies aims to guarantee a standard of excellence in assisting UHS users. Thus, the training of nurses implies advancing knowledge through training courses in specific areas, considering that there are several service scenarios that require a new profile of the nurse. Besides the competences of technical skills, requires individuals capable of assuming leadership roles in the team, developing reflexive and critical decision-making actions that respond to the needs of interventions.[4]

In Nursing care for women, the team's competence and abilities are required, however, the implementation of humanized management in health institutions reveals gaps in human resources processes. Thus, this theme was the starting point for this study.

OBJECTIVE

- To analyze the processes that promote humanization in the management of human resources, according to the perception of the Nursing team.

METHOD

A descriptive study, with a qualitative approach, carried out in six fixed pre-hospital emergency services in Goiânia, Goiás, Brazil. 29 nurses who work directly in the care were interviewed. The interviews were conducted from November 2014 to March 2015, during working hours, in a private place in the institutions.

The interviews were recorded and, later, transcribed by the researcher. Each interview lasted, on average, thirty minutes. The selection of the sample was made for convenience, that is, the subjects who became available to participate in the study were included by signing the Free and Informed Consent Term, and professionals who were on leave, vacation or work leave were excluded.

After the full transcription, the discourses were separated by similarity and structured into categories and, then, analyzed and discussed in the light of existing studies within the theme. To preserve the integrity of study participants, real names were replaced by alphanumeric identification, using the letter N(nurse) from 1 to 23.

This study had the research project approved by the Research Ethics Committee, Opinion n.206.915, on February 28, 2012, and meets the guidelines and regulatory norms 466/12 of the National Health Council.[5]

RESULTS

Humanized management is understood as a strategic policy and instrument of institutional mobilization in the management of human resources. Based on the analysis of the discourses, three thematic axes emerged: UHS Humanization Policy, Nursing managerial competencies, Assistance and processes that promote humanization.

¤ UHS humanization policy

In this category, the participants highlighted the assistance policy and processes that promote humanization in the UHS in the hospital context, as follows:

> *Humanization is to treat the patient as a whole, to take good care in all the senses, to have a good relationship with the administration, to have capacity, to be friendly and to have leadership (N1).*

Ability to see the human part of the person, the skills he has to work to better serve his neighbor and the whole team so that everyone can work in harmony, not only the material part but the human and spiritual part (N23).

Articulated network for health care at the primary, secondary and tertiary level (N2).

Meet within the principles of SUS, the integrality of universality and integrality (N13).

The data reported by Nursing professionals about the implementation of institutional actions in compliance with the policy of humanization of management and customer service, revealed that the relationship should not be focused only on competence and technology. But also in human and subjective aspects that are intrinsically linked to quality care. It is clear that, during the care, the professionals apply the concepts of care humanization, although they have not clarified conceptual data of the UHS.

¤ Nursing managerial competencies

Some participants highlighted the nurse's managerial competencies and the team's interaction with management. The strata illustrate the participants' speeches about the theme:

At a minimum, be trained, have training in obstetrics and neonatology for quality care; Bring comfort and working conditions so that the server can provide quality care, provide patient safety (N5).

It is made up of people from various areas, who work together for a unique good, good patient care during the period of hospital stay (N4).

Group of people who contribute to the good progress and development of the service of the users of the health service (N9).

It was identified that the assistance to the user should be in a warm, respectful way, with attentive listening, by the health professionals, as a solution to the expectations and the quality of the assistance provided to the women. The discourses revealed the notion of team in the work relations. Experiences reported in this study, demonstrate attitudes of conscience and commitment of the people. It also showed that the participants of the study have a partial and relational view. However, the critical understanding regarding the organization of services, the importance of training in human resources, or even institutional culture and structure was not identified. In this sense, humanization is circumscribed by good conduct and not necessarily articulated with the actual conditions of institutional functioning.

The participants made an inter-professional evaluation with the work of the colleague of the same profession and of other professions. Thus they expressed:

Good, but, when there are many newborns in the nursery, there is work overload and the whole team is disjointed and tense. So, there are lots of discussions (N18).

My relationship with Nursing professionals I realize that is improving every day, I understand better the difficulties of professionals, respect for them, you will receive back, understanding the other better (N12).

The participants described the needs of the users. There was a lack of attention to puerperal mothers regarding emotional stability, requiring, caregivers, to have a more effective presence during the care of the newborn, as a way to minimize the mothers' anxieties and anxieties. In this sense, the Nursing team, because it is present full-time in the performance of care, should be instrumented to provide the first support to the user and / or family, and then, lead them to receive specific care from each multi-professional area.

¤ Assistance and processes that promote humanization

There were reports that illustrated the influence of the nurse in the decision making of the health manager in actions developed within the maternity ward:

In all the actions developed influence because I am part of the team, which I see as a body full of members, each with its function. In the absence of one of these limbs, the body ceases to function properly (N22).

I think that a team that works in harmony, each one functioning properly, the result is a quality assistance (N21).

Quality of care is only possible with a team that speaks the same language and is committed to the unit (N3).

The discourses revealed that, in the researched unit, the collective experience of the servants, who for several years worked in the maternity ward, contributed to the performance of teamwork. And, they considered that Nursing care is characterized by continuous and constant follow-up to the user, constituting itself as a practice exercised by a group of people, where there is demand for coordinated and supervised actions. Thus, the management, represented by nurses, becomes relevant in collective work.

It was identified that, in the institution, the nurse's management model allows the listening of opinions, contribution in the

quality of the care, as well as discuss the performance of the team regarding the care provided. Thus, the competence of the delegated tasks and the qualification of the nurses - nurses - were cited as integrating and facilitating elements in each functional category.

DISCUSSION

Regarding the knowledge of the Humanization Policy of UHS, it was observed that the Nursing team presents distinct conceptions about humanization in the hospital context. The data revealed that Nursing has different conceptions regarding humanization, human resource management and assistance to users, that must be addressed in their particularities and completeness. This data is in accordance with the principles of UHS, Ministry of Health.[6]

Humanization in the hospital context presents design with multidimensional characteristics of the clientele served in its particularities. This concept is supported by prerogatives of the Ministry of Health and the user should not be an object of fragmentation in the service.[7]

The humanization policies of the UHS consider the management of Nursing services and the care provided to women essential. However, the participants did not mention logical and legal frameworks of the humanization policy in health.[6]

In a historical perspective, technological advances stemming from scientific studies have revolutionized the current hospital care framework, requiring the hospital to no longer be a place where the poor and sick are taken to treat their illnesses and even to die. There have been changes in the scenario of hospital institutions for environments of integral attention to the health of users of the health system and human development.[8]

The hospital becomes an ideal environment for the health care of those who seek the institution, yet the reality of health care in the country is set in a framework far below that recommended in ministerial programs. In this sense, the data corroborate with other thinkers who point out the need to reflect hospitalization as a constitutional right, considering the humanization approach, respecting the dignity of users and families, as well as health professionals.[8]

It is understood that, despite the previous history of several reformulations and organized movements of popular participation in search of better ways that lead to the planning and improvement of the public health system, it is still necessary to advance knowledge, praxis and policies related to the programs of the UHS. This fact is related both to users, who are not aware of their own rights and to health professionals in the performance of their duties. Understanding the client in a minimized way and without autonomy is unethical, being necessary that the professional possesses theoretical and technical contents related to the assistance.[9]

This study reveals that there is a fertile field for the development of training actions in service as a way to contribute to the consolidation of UHS principles, in particular, the humanization of the hospital. The sensitization of the Nursing professional to identify a psychosocial demand of the patient and / or family goes through the development of abilities to put themselves in the place of the other. This look is possible when the Nursing management is turned in order to facilitate and stimulate the humanization of the team, which would compete for the satisfaction of the team, as well as to minimize the existing deficiencies in the work environment. It is indispensable the involvement of the Nursing team in the care. This is a measure of closer ties between the caregiver and the person with care focused on therapeutic actions.[9]

With regard to managerial competencies, the new trends require nurses to adopt reflexive positions in order to innovate and obtain effective results in the correct execution of their work and meet the expectations of their employees, data that corroborate with another study.[10]

In the last two decades, the health managers, to act in the new organizational structures, must present abilities in teamwork appropriate to the hospital environment. Such reference theoretical and practical contents concerning advances in the area of health management were not recorded in the speeches of the participants. In general, the reports were restricted to the institutional reality itself. The discourses pointed out basic skills and competences in terms of mastery and technical training, interactional skills, ability to identify needs or to problematize the work environment, use resources to improve conditions And to use devices that increase the perception of the safety of Nursing staff at work.[10]

The data regarding the interaction of the management with the Nursing team showed that there is conceptual science about the importance of teamwork. This fact resembles another study[11], which besides the relevance of teamwork, points another aspect is the

double dimension of the nurses' work process, which emphasizes teamwork, such as rationalization of health services, while contemplating care actions and management.[10]

In this study, the awareness and commitment of the team in the performance of activities is evident. Other authors[11] affirm the importance that each one feels, when perceiving himself as a living and proactive part, as a member of a team, where the function of each element of the group serves as a link in integrality and quality of care.

Another aspect that demarcates the team relations is the representations constructed between the different workers, being or not of the same professional category. Usually, interprofessional representations refer to the category if it is judged by another. In this case, it is also worth thinking of two divisions within the same category, such as nurses and Nursing technicians. Such representations can be based on attitudes of greater or lesser collaboration between people, or on the basis of greater or lesser perception of belonging among individuals.[11]

The perception of the Nursing team regarding the relationship between work teams revealed that there is collaboration and a sense of cooperation, however, related to the distribution of tasks in daily scales. There are still some discomfort situations within the team that are quickly overcome. Unlike other studies that claim to be frequent problems in Nursing services, tensions arising from day-to-day work can also generate a climate of relational dissatisfaction.[12]

When analyzing teamwork, from the perspective of integral health care, it is identified that the group surveyed stands out in the quality of care. According to the interviewees, the user is answered in its entirety and, based on previous statements, the work process carried out in the unit, through the multi-professional team, competes for conducts that lead to an effective service to the user.[12]

The multi-professional health team is a functional model, marked by great demand for coverage of services, and it is important that professionals recognize the connections between the various activities to be performed. These data are similar to other studies that affirm the inter-professional representations the professional valorization appeared associated with the respect to the other colleagues of service. When it comes to the management of people model, the valuation of the professional is an organizational and human principle that serves as a parameter for the evaluation of a successful institution, in which the indicators of internal feelings or feelings show a positive or negative situation derived from employee satisfaction .[13]

In the administrative scenario, the manager, in the decision-making process, requires accurate technical skills to change a situation. To know how to work in a team, responsibility in the performance of activities and professional potential contribute to the nurse's prominence as a key management part, as well as his attitudes of Commitment to interpersonal relationships and user safety.[13]

When analyzing a collective situation, decision-making should be based on technical management procedures, as a way to avoid several configurations in the group's relational dynamics. However, to understand that the Nursing team member could commit to the decisions or, in part, there would be a purposive distancing of skills that could develop competently, depending on the characteristics of the manager.[9]

The deponents still stressed the importance of teamwork to act daily in serious situations and emergencies and emergencies in high-risk maternity. The team must possess the technical knowledge that allows it to provide assistance. And, the nurse manager must adopt the special humanized management relationship with the Nursing team, transform intentions into concrete actions, be aware that, in the context of Nursing work, these peculiarities are important and have positive repercussions inside and outside the environment of work.[11]

According to the participants' speeches, the concept of quality and the strategies to obtain it, are shared by all members involved in the work. These data are supported by other studies[14] which show the consonance with this assertion and add to this question the human dimension in the environment, the yearnings and people's satisfaction in achieving the goals for the achievement of institutional goals.

It is observed that in the approach to the principles of quality, in most cases, organizations ignore the importance of the role of the executors and the processes that lead to quality. Therefore, the manager's choice must follow multifaceted standards of technical and relational competence.

The management of human resources should aim at the development of workers and invest in continuing education as a tool that contributes to the breakdown of paradigms at work, both in care actions, as well as in the training and qualification of the Nursing team,

Sometimes they are not prepared to perform activities in humanized quality care.[14]

The new challenges in the formation of human resources for the health area become demanding and must evolve beyond banking education - paradigm based on the linear transmission of knowledge, to a form of inter-sectorial action - paradigm of the network transmission. In this sense, the Nursing training for the hospital context, specifically in the maternity center, has as its goal the humanization of care, also, through the articulation with other actors who can regularly problematize the relationships in the context of health.[15]

CONCLUSION

This study allowed to identify the perception of the Nursing team about the performance of the Nursing team in the studied maternity. In this specific case, the reports were more directed the conceptions of the humanized care the users, however, there were reports pondering the function of the nurse manager turned to the humanization of Resources in the Nursing category.

The study revealed the need to perform periodic improvement actions to improve care and, in management, to apply methodology that responds to the difficulties presented in the work dynamics; to have the ability and empathy to interact with people, including in the face of conflicts and situations that require attitudes assertive and mature behavior.

The reduced number of staff causes the Nursing team to become overloaded by meeting the repressed demand. Inadequate physical structure, that impedes the presence of the partner, and lack of materials and supplies. However, the category is able to add its positive emotions to the commitment to provide care based on principles of humanization, thus, showing respect and concern for the user. As a consequence of this, providing a quality service.

It was also observed that most professionals understand the concept of humanization in care and consider more as a feeling of compassion, that is: putting oneself in the other's shoes. Certainly, this way of thinking helps to act humanly. In the hospital environment, it is also necessary to improve interpersonal relationships, to put the client first, to favor the self-esteem and the valorization of the professionals, through better working conditions, as well as their qualification and qualification, using the devices and tools of continuing education.

Personnel management was recorded by deponents as a complicated and difficult task, especially if it is a hospital institution. In this context, it should be considered that the work process occurs only through standard routines, norms and protocols when performing care , But to pay careful attention to the respect and dignity of the human being. However, reality demands to reflect the importance of caring for the caregiver, establishing and promoting humanized management and, above all, valuing the performance of each professional, strengthening their personal development And thus ensuring the quality of customer care that the health unit seeks. It was also noticed that the greater humanization focus in the hospital context was based on supervision in the supervision of the team in assisting UHS users.

It should be emphasized that the management performed by the nurse allows a clear understanding of the day-to-day relationships of health and staff work, however, there was a marked dichotomy between the teaching and practice of the administration of Nursing services, Which demands a critical and reflexive participation of Nursing training schools and the continuing education services of hospital institutions.

In this perspective, one should take a look at the disciplines, update the concepts in relation to management models, encourage graduates to be reflexive, dynamic and, above all, apt to learn to learn. Another focus of attention should be permanent education, with multi-professional residency programs in school hospitals. Certainly this is the appropriate way to approach theory to practice and development of knowledge and skills.

The nurse manager is responsible for the care result, whether qualitative or quantitative. This is linked to environmental conditions that include a humanized management model, in an organizational climate favorable to the performance of the functions of each server. Thus, the nurse should strive to expand competences that are listed in the knowledge to act, communicate, learn, assume responsibilities and have a strategic vision regarding health actions that will enable humanization to be implemented. This process is essential in the relationships of everyday Nursing practice.

Thus, it was identified the need to reaffirm the National Humanization Policy, beginning with the awareness of the workers regarding the development of actions that advocate SUS principles: Integrality, Universality and Equity, as a way to prevent, promote and

rehabilitate health both individually and collectively. Therefore, the humanization of the Nursing service is done by increasing the nurse's managerial skills and abilities as a manager that aims to guarantee the constitutional rights of citizens.

The organization of services, based on the work of the Nursing team, determines the quality of care. The use of Nursing staff generally represents the majority of the staff of health institutions should be maximized effectiveness in an attempt to solve the problem of Shortage of staff.

The importance of the role of nurse manager in the Nursing services is to recognize values of the individual performance of the workers. For both, consider the individual competencies and responsibility elements often identified by their peers with deference to the professional colleague.

This study provided elements to implement management tools in human resources that can result in great gains in interpersonal relations between managers and servers and, in particular, contributes to impact the quality and satisfaction of users of the UHS network, without the need to raise financial resources in the Provision of health services.

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