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ORIGINAL ARTICLE

MAPPING OF THE MANAGERIAL ROLES OF NURSES OF INTENSIVE THERAPY UNITS

MAPEAMENTO DOS PAPÉIS GERENCIAIS DE ENFERMEIROS DE UNIDADES DE TERAPIA INTENSIVA

CARTOGRAFÍA DE ROLES GERENCIALES DE LAS ENFERMERAS DE UNIDADES DE TERAPIA INTENSIVA

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ABSTRACT

Objective: to map the managerial roles of ICU nurses. ***Method:*** descriptive and exploratory study developed with 13 nurses, seven caregivers and six coordinators, in six Adult Intensive Care Units of five private network hospitals. ***Results:*** the managerial roles developed by the care nurses, transit in the producer, director, coordinator and monitor, while the coordinating nurses assume the roles of director, coordinator, monitor and negotiator. The data indicates that both care nurses and coordinators share many actions, but with different views. ***Conclusion:*** the results reveal a profile of nursing assistants and coordinators with managerial perspectives sustained in the industrial models of the early twentieth century. ***Descriptors:*** Nursing; Intensive Care Unit; Professional Competence; Nursing Administration Research.

RESUMO

Objetivo: mapear os papéis gerenciais dos enfermeiros de UTI. ***Método:*** estudo descritivo e exploratório desenvolvido com 13 enfermeiros, sete assistenciais e seis coordenadores, em seis Unidades de Terapia Intensiva Adulto de cinco hospitais da rede privada. ***Resultados:*** os papéis gerenciais desenvolvidos pelos enfermeiros assistenciais transitam no produtor, diretor, coordenador e monitor, enquanto os enfermeiros coordenadores assumem papéis de diretor, coordenador, monitor e negociador. Os dados apontam que tanto os enfermeiros assistenciais, quanto os coordenadores partilham de muitas ações, porém, com visões distintas. ***Conclusão:*** os resultados revelam um perfil de enfermeiros assistenciais e coordenadores com perspectivas gerenciais sustentadas nos modelos industriais do início do século XX. ***Descritores:*** Enfermagem; Unidade de Terapia Intensiva; Competência Profissional; Pesquisa de Administração Em Enfermagem.

RESUMEN

Objetivo: cartografiar los roles gerenciales de las enfermeras de la UTI. ***Método:*** estudio descriptivo y exploratorio desarrollado con 13 enfermeros, siete asistenciales y seis coordinadores, en seis Unidades de Terapia Intensiva Adulto de cinco hospitales de la red privada. ***Resultados:*** los roles gerenciales desarrollaron por los enfermeros asistenciales transitan en el productor, director, coordinador y monitor, mientras que los enfermeros coordinadores toman los roles de director, coordinador, monitor y negociador. Los datos indican que tanto los enfermeros cuanto los coordinadores comparten muchas de las acciones, pero, con visiones distintas. ***Conclusión:*** los resultados muestran un perfil de los enfermeros asistenciales, y coordinadores con perspectivas gerenciales apoyadas en diseños industriales de principios del siglo XX. ***Descriptores:*** Enfermeria; Unidad de Terapia Intensiva; Competencia Profesional; Investigación em Administración de Enfermeria.

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INTRODUCTION

Intensive Care services are the result of scientific and technological advances in the care of critically ill patients that have made the recovery and survival of these patients possible.[1] These are spaces equipped with high complexity technology where, in addition to providing material specification contributions and more demanding technical support, require different technical and administrative responsibilities of the professionals regarding the competences to act in this environment.[2]

The insertion of the nurse in such a scenario arouses interest by involving specificities and articulations, indispensable to the management of care for patients with complex needs. Therefore, they require scientific improvement, technological management and humanization, extended to family members, as well as demands related to unit management and interdisciplinary practice, characteristics of ICU work.[3-4]

The managerial roles instrumentalize care, as they organize and direct the nurses' work process as a whole, enabling global and quality care.[5-6] In their professional practice, nurses play certain roles that mobilize their competencies. Briefly, competency is the ability to plan, articulate, and perform the tasks that compete effectively.

The research considers that the roles to be performed by the nurses are contemplated in the mapping of managerial competences,[8] theoretical reference of this study. It is considered that these managerial roles lead to behaviors expected by the nurses themselves, their team, the multidisciplinary team and even patients.

For the accomplishment of this research, the mapping of managerial competences was adopted,[8] for emphasizing certain competences in the roles of director, producer, monitor, coordinator, facilitator, mentor, innovator and negotiator. By defining 24 competences, conceptualizing and classifying them in managerial roles, presents a wide range of competences, while maintaining coherence in the definition of management roles and management models.

A series of studies were carried out during the 1980s and 1990s on managerial skills and managerial and business profile.[8] It was concluded that there is no specific managerial model, but that there is a framework that four management models (Human Relations Model, Open Systems Model, Internal Processes Model, Rational Goals Model) are in force to achieve managerial effectiveness.[9]

This major framework, called the competitive value framework, is related in two axes: the vertical axis, which goes from the top - from the flexibility downwards - to the control, and the horizontal axis that goes from the left - from the internal organizational focus to the right - to the external organizational focus. Each model inserts into one of the four quadrants (FIGURE 1). The model of human relations has participation, openness, commitment and morality as criteria. Criteria focused on the open systems model involve innovation, adaptation, growth and the acquisition of resources. The rational goals model has a focus on direction, clarity of objectives, productivity and achievement. The criteria related to documentation, information management, stability and control are highlighted in the internal process model.[9]

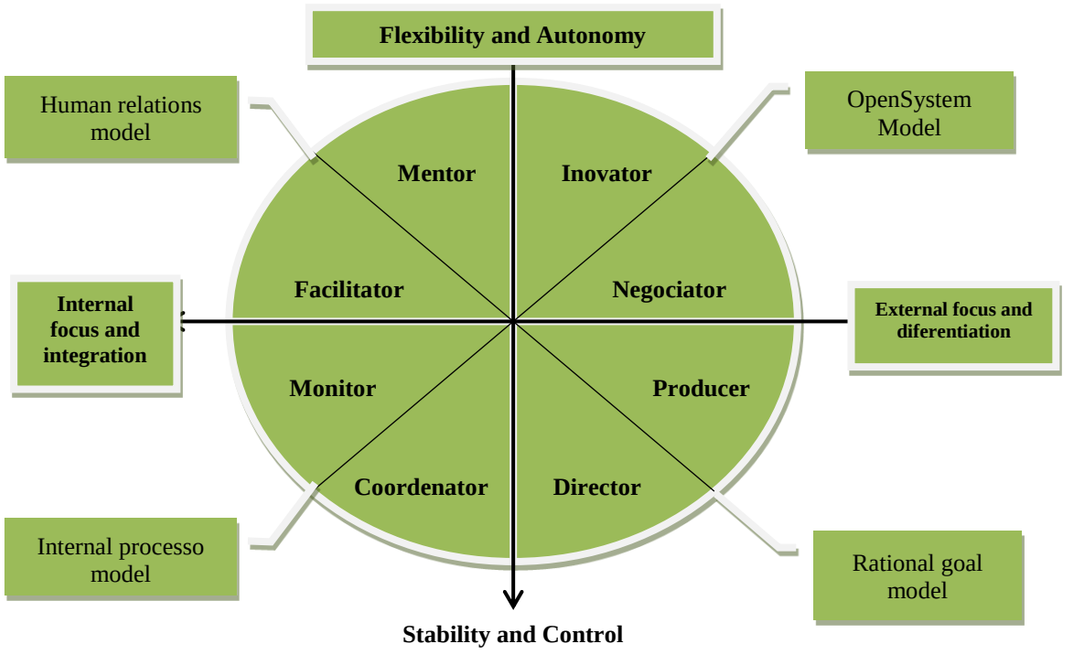

Figure 1. Management models and managerial roles, according to Quinn et al., Rio de Janeiro (RJ), Brazil, 2003.8 Rio de Janeiro (RJ), 2003.

To carry out this mapping, three steps must be taken: to consider the advantages and disadvantages of each model, to acquire and use the competences of each model and to articulate the competences of each model, according to the managerial situation encountered. To do so, roles that can be experienced by a manager in each of the models are specified.[8]

The competency mapping analysis is supported by the Management Models and Management Roles presented by the authors and based on the General Theory of Administration, composed of the **Rational Goal models**, which highlight the roles of director and producer; of **Internal Processes**, represented by the roles of monitor and coordinator; of **Human Relations**, where the managerial roles are facilitator and mentor, and **Open Systems**, focusing on the roles of innovator and negotiator.[9]

Each role comprises three basic managerial competences that, at the same time, complement those with which they border and contrast with those that oppose them. Eight managerial roles, with their respective competencies, are described as follows: Innovative - convivial with change, creative thinking, change management; Negotiator - constitution and maintenance of a power base, negotiation of agreements and commitments, presentation of ideas; Producer - work productivity, fostering a productive work environment, time and stress management; Director - development and communication of a vision, setting goals and objectives, planning and organization; Coordinator - project management, work planning, multidisciplinary management; Monitor - monitoring individual performance, managing performance and collective processes, analyzing information with critical thinking; Facilitator - team building, use of participatory decision making, conflict management; Mentor - understanding yourself and others, effective communication and employee development.[8-9]

Knowledge, skills and attitudes are needed to perform the eight managerial roles, including the ability to articulate and balance these different roles, according to the work context. To reach the level of effective managers, we consider the competing values of the various roles, the use of skills associated with the four models, and the integration of the various competences that confront action.[9]

In this logic, one must understand that there is always the possibility of learning and thus developing new knowledge, skills and attitudes (KSA). As the organizational hierarchy is advanced, competences are acquired and delivered, others are unlearned and recognized, from new challenges and responsibilities.[9]

OBJECTIVE

- Mapping the managerial roles of care nurses and ICU coordinating nurses.

METHOD

A descriptive and exploratory study of a qualitative approach developed in Adult Intensive Care Units (ICUs) of five private hospitals in a municipality in the South of Brazil. The data collection period occurred between November 2012 and March 2013. 13

nurses participated in the study, of whom seven were caregivers and six were coordinators.

For the selection of the participants, a search was first made on the website of the Ministry of Health, subsection DATASUS, in the National Registry of Health Establishments, which pointed out 27 private hospitals with adult ICUs in the research municipality. Invitation letters were sent electronically to all private establishments and a certain deadline of 20 days for the acceptance to participate in the study. In this period, five acceptances were accepted, agreeing to the terms of the survey.

From the five authorizations, the participants were invited through telephone contact, and the scheduling of the interviews was at a time of their preference in the workplace. As a selection criterion, it was established: to be a nurse in the staff of an adult ICU.

The interviews were semi-structured and audio-taped, after the signing of the Informed Consent Term (TCLE). Initially, data related to the socioprofessional characterization of the participants were collected and, subsequently, in-depth responses were sought to the following key question: What are your daily work activities?

In this study, we worked with pre-established categories, according to Quinn's Management Model and Managerial Papers.8 Thus, we opted for thematic analysis and then used simple statistics operations (absolute and relative frequency) , For the presentation of the results, in order to condense and highlight the information provided by the analysis and to promote the interpretation of the data.[10:131]

For that, an interpretive framework was elaborated with the units of signification and the numbering of the categories corresponding to the nurses 'and nurse coordinators' statements. Through this framework, a mapping was possible, bringing together approximations and, after groupings in the same conductive line, an axis of analysis was created that made the identification of managerial roles from the competences performed by the research participants in their context of performance possible, according to the theoretical framework presented.

It should be noted that the project was submitted to an Ethics Committee in Research and approved under the number of Certificate of Presentation for Ethical Appreciation: 08023412.4.0000.0102.

RESULTS

The care nurses, in relation to the variable age, ranged from 23 to 34 years, with a mean age of 29.5 years. As for the gender variable, the majority, 86%, is female. Regarding the training time, it ranged from seven to 2.5 years, with an average of 4.1 years. The average time spent in the ICU was 3.2 years, with a minimum of half a year and a maximum of seven years. Only one nurse did not have a postgraduate degree. The others had or were doing undergraduate studies. None of these nurses were at some point in professional practice as a coordinator.

With respect to the ICU coordinating nurses, in relation to age, it ranged from a minimum age of 25 years to a maximum age of 38, with an average of 30 years. Regarding gender, the female (67%) also prevailed. Regarding training time, it ranged from one to eight years, with an average of 5.7 years. The average time of ICU performance was 6.1 years, with a minimum of three years and a maximum of 15 years. Concerning the time in the function of coordinator, we observed an average of 1.9 years, with a minimum of half a year and a maximum of 5.5 years. All the coordinating nurses had or were doing undergraduate studies. None of them worked in other institutions.

The managerial roles were related to the nurses 'and coordinators' speeches, according to the competencies exercised, presented in table 1.

Table 1. Managerial roles of care nurses and ICU coordinators, Curitiba (PR), Brazil, 2013.

Manegerial role	Competences	Assistencial Nurse		Coordinator Nurse	
		FA* n=281	FR** %	FA* n=384	FR** %
Inovator	1. Conviviality with change	0	0%	0	0%
	2. Creative Thinking	0	0%	0	0%
	3. Change Management	0	0%	0	0%
Negociator	4. Constitution and maintenance of a power base	7	2,5%	19	5%
	5. Negotiation of agreements and commitments	0	0%	31	8%
	6. Presentation of ideas	0	0%	12	3%
Producer	7. Productivity of work	44	15,7%	13	3%
	8. Promoting a productive work environment	38	13,5%	17	5%
	9. Time and stress management	3	1,1%	0	0%
Director	10. Development and communication of a vision	9	3,2%	14	3%
	11. Establishment of goals and objectives	23	8,2%	21	6%
	12. Planning and organization	34	12%	32	8%
Coordinator	13. Project Management	1	0,35%	14	3%
	14. Work planning	35	12,5%	37	10%
	15. Multidisciplinary management	25	8,9%	27	7%
Monitor	16. Monitoring individual performance	9	3,2%	20	5%
	17. Performance Management and Collective Processes	26	9,25%	47	12%
	18. Analysis of information with critical thinking	24	8,5%	35	10%
Facilitator	19. Establishment of teams	0	0%	6	2%
	20. Use of participatory decision-making	0	0%	0	0%
	21. Conflict management	0	0%	22	5%
Mentor	22. Understanding yourself and others	0	0%	10	3%
	23. Effective Communication	0	0%	0	0%
	24. Employee Development	3	1,1%	7	1%

Caption: *AF - Absolute frequency; **RF - Relative frequency

Subsequently, the relative frequencies of the three competencies performed by the assistential and managerial nurses with each of the eight managerial roles were related, according to graph 1. In the context of the assistance nurses' role, the roles of coordinator, director, monitor, producer are predominant. At a lower frequency, negotiator and absence of the roles of innovator, mentor and facilitator. On the other hand, the coordinating nurses present the roles of monitor as average, coordinator, negotiator and director followed, less frequently, by the facilitator and mentor and absence of the innovative role.

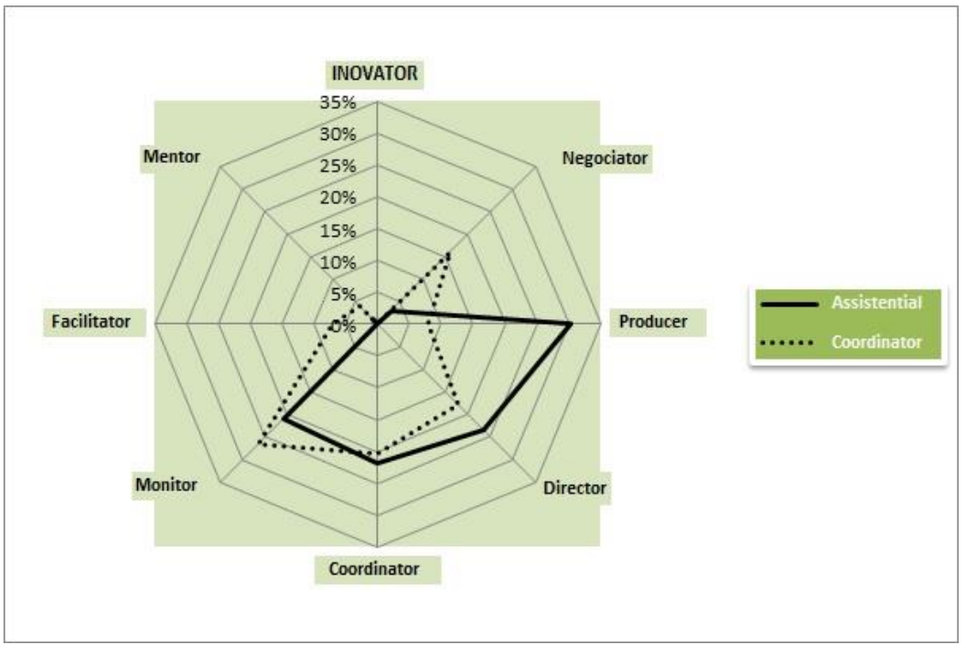

Figure 2. Relation of the relative frequencies for each role performed by care nurses and ICU coordinators. Curitiba (PR), Brazil, 2013.

DISCUSSION

It was observed that the participants of the research are mostly female and young. Being a woman and a young woman is a reality that presents similar results in another study, whose theme was the profile of the nurse in intensive care, where 80% were female and 81%, young people were under 40 years old.[2] This data corroborates the results described by the Federal Nursing Council (COFEn), which in 2010 counted 287,119 nurses, of which 88% were women. Regarding age, the COFEn survey points to the prevalence of the age group between 26 and 35 years, which corresponds to 44% and, secondly, to 22% from 36 to 45 years of age.[12]

Regarding the professional qualification, in the Brazilian scenario, there is an increase in the number of specialist nurses. A study carried out with 263 nurses working in the ICU pointed out that 74% of them had at least one postgraduate course, a characteristic perceived among nurses in this research. Nursing care and management in the ICU requires the ability to handle complex situations quickly and accurately, since current demand requires competence to integrate information, structure judgments, and establish priorities.[13-14]

Regarding the managerial roles assumed by the care nurses, of producer, director, coordinator and monitor, these reflect a professional performance based on the managerial models of internal processes and rational goals, both models of the early twentieth century.

The rational goal model is represented by a dollar sign, since its effectiveness criteria are productivity and profit. The business climate is the economic-rational, where all decisions are made in order to maximize profits. The manager's role, in this case, of the care nurse, is to be a decisive director and a pragmatic producer.[8]

For the same author, the internal process model, also from the beginning of the 20th century, is highly complementary to the rational goals model. Based on the studies of Max Weber and Henri Fayol, its symbol is a pyramid and its criteria of effectiveness are stability and continuity. The organizational climate is hierarchical, where decisions are made based on institutional rules and traditions. In this model, the routine promotes stability. Thus, there is an emphasis on processes such as definition of responsibilities, measurement, documentation and record keeping, and the manager's role is to be a technically competent monitor and a trusted coordinator.[8]

It can be seen that the managerial competencies mobilized by nursing assistants aim at internal and external control, to the detriment of the flexibilizations proposed by the other more modern management models.[5] This situation was identified in the research by the absence of the managerial, facilitator, mentor and innovator roles in the results.

As for the managerial roles assumed by the coordinating nurses, these are more diversified, and only the role of innovator was not evidenced. For the coordinating nurses, the most exercised roles were those of director, coordinator, monitor and negotiator.

The roles of coordinator, director and monitor reveal a professional focused on controlling their human and material resources

to achieve institutional goals and profit. In this scenario, the coordinating nurse appears as a bureaucrat who is constantly measuring, verifying and correcting, from the institutional rules, in search of stability and effectiveness, where the nurse plays the role of controller of the work performed by the other members of the Nursing team.[5]

However, the role of the negotiator arises, which is also among the roles that nurses mobilize most frequently and are linked to the open systems model. This model had studies begun in the mid-1960s, in a vision of professionals focused on the social and institutional system. The manager was no longer seen as a machine and studies revealed that he/she was in unpredictable environments where he was forced to make quick decisions constantly, leaving little time for planning or dealing with unexpected situations.[8]

To act in such scenarios, managers must be endowed with innovation and creativity - managerial role of the innovator and negotiating capacity and political influence - role of negotiator. These two managerial roles represent and bring together managerial competencies from the Open Systems model.[9] Although the role of negotiator appears in research as one of the most frequent, the managerial role of the innovator is the only missing role in the participants' speeches. This fact occurs because negotiation is an instrument highly used by the coordinators to keep the industry in operation and not as a complement to innovation.

Negotiation can be understood in several ways: from small arrangements and agreements made with the Nursing team, individually or collectively, even in the negotiation of goals and budget with the Board of Directors of the institution. Thus, within the scenario described in this study, the role of the negotiator serves more to the purposes of stability and continuity of the Internal Processes model than to the purposes of adaptability and external support coming from the Open Systems model.[8]

Coordinating nurses take on more roles and more evenly than care workers. This is due to the organizational context in which these professionals are inserted, since the coordinator is the leader of the Nursing team and the link between this and the rest of the institution is the multiprofessional team or the superior management, besides managing the equipment, materials and the administrative-bureaucratic sector.[2,15] Thus, this professional is established in a complex scenario, where rational goal models and internal processes are not enough to answer emerging questions in the development of their activities.[9]

The data shows that both nurse assistants and coordinators share many actions, but with different perspectives. For example, in the routine of receiving / going on duty, the two groups reported that they observe or participate in this activity, but with different views. The duty shift consists of a routine where the assisting staff of a shift transmits, in a systematized form, relevant information and pending issues related to the management of the cases under their responsibility to the next shift.[16-17]

For the care nurse, the shift of duty marks the beginning of her daily shift. From this information, he/she plans and organizes his/her work process and that of the Nursing team. The coordinator will use the same information to work on issues that are pertinent to the management of the unit as a whole, such as whether sufficient materials/equipments are available for care, if an employee is missing, and so on. This situation is repeated in several activities described by nursing assistants and coordinators, which allows to distinguish the two groups by the managerial roles they assume.

It is perceived, in this context, that the nurse who manages the service values this practice, since it understands that this action will subsidize care. However, many nurses, who perform care, believe that management only has bureaucratic functions. It is noted the difficulty in relating care to nursing management, which may compromise the quality of care provided to the user.

CONCLUSION

This research identified the managerial roles of nurses working in ICUs in a municipality in southern Brazil. The results of this study showed that the managerial roles developed by the assistant nurses - producer, director, coordinator and monitor, and by the coordinating nurses - director, coordinator, monitor and negotiator reveal professional profiles with managerial perspectives based on the industrial models of the early twentieth century.

The theoretical model used supported the mapping of the managerial roles present and absent, based on the competences performed or not by the participants of this research. This mapping is understood as a diagnosis to support the institutional planning in the logic of the management by competence, providing subsidies for the recruitment, selection,

evaluation of performance and actions of permanent education.

It should be emphasized that the research contributes to the production of knowledge related to the topic presented, since few studies that deal with this subject are supported by the theoretical framework adopted. The interpretation of data allows us to reflect on the professional practice of ICU nurses, since, regardless of the context of priority, care or management, they need to mobilize managerial skills for a satisfactory performance.

The limitation of the study is due to the number of participants. The need to expand to other hospitals in order to provide comparisons and generalizations that provide subsidies to improve the context of academic training and skills development of nurses in their practice is perceived, with a view to broadening the range of policies and management models of people in order to add meaning and strengthen Nursing as a profession.

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