



CARING AND MANAGING: DIALECTIC OR DICHOTOMOUS PRACTICES IN THE HOSPITAL SCOPE OF NURSE MANAGERS

CUIDAR E GERENCIAR: PRÁTICAS DIALÉTICAS OU DICOTÔMICAS NO ÂMBITO HOSPITALAR DAS ENFERMEIRAS GERENTES

CUIDAR Y GERENCIAR: PRÁCTICAS DIALÉCTICAS O DICOTÓMICAS EN EL ÁMBITO HOSPITALARIO DE LAS ENFERMERAS GERENTES

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ABSTRACT

Objective: to analyze the relationship between caring and managing in the hospital context of nurse managers. **Method:** descriptive study with qualitative approach performed in a reference hospital in the state of Ceará/CE. Data were produced in the period of October to November 2012 through semi-structured interviews. The analysis was done from the Analysis Technique in thematic modality. **Results:** two categories emerged from the analysis of data: 1. **Managerial practices of nurse managers**, and 2. **Care practices of nurse managers**. Prioritization of management actions in detriment of care practices carried out by nurses in the daily assistance routine is observed. **Conclusion:** there is a need for studies that may implement interventions in the reality observed, aiming at raising awareness of nurses about the importance of coordination between care and management. **Descriptors:** Nursing; Nursing Care; Management; Tertiary Health Care.

RESUMO

Objetivo: analisar a relação entre o cuidar e o gerenciar no contexto hospitalar de enfermeiras gerentes. **Método:** estudo descritivo, com abordagem qualitativa, realizado em um hospital de referência do estado do Ceará/CE. A produção dos dados foi realizada no período de outubro a novembro de 2012, a partir de entrevistas semiestruturadas. A análise foi a partir da Técnica de Análise na modalidade temática. **Resultados:** duas categorias emergiram após a análise dos dados: 1. **Práticas gerenciais das enfermeiras gerentes** e 2. **Práticas de cuidado das enfermeiras gerentes**. Percebe-se a valorização das ações de gerência em detrimento às práticas de cuidado realizadas pelas enfermeiras no cotidiano assistencial. **Conclusão:** existe a necessidade de estudos que possam realizar intervenções na realidade encontrada visando à sensibilização dos enfermeiros sobre a importância da articulação entre o cuidado e a gerência. **Descritores:** Enfermagem; Cuidados de Enfermagem; Gerência; Atenção Terciária à Saúde.

RESUMEN

Objetivo: analizar la relación entre el cuidar y el administrar en el contexto hospitalario de enfermeras gerentes. **Método:** estudio descriptivo, con enfoque cualitativo, realizado en un hospital de referencia del estado de Ceará/CE. La producción de los datos fue realizada en el período de octubre a noviembre de 2012, a partir de entrevistas semi-estructuradas. El análisis se realizó a partir de la técnica de análisis en la modalidad temática. **Resultados:** dos categorías surgieron después del análisis de los datos: 1. **Prácticas gerenciales de las enfermeras gerentes** y 2. **Prácticas de cuidado de las enfermeras gerentes**. Se observa la valorización de las acciones de gerencia pro las prácticas de cuidado realizadas por las enfermeras en su cotidiano asistencial. **Conclusión:** existe la necesidad de estudios que puedan realizar intervenciones en la realidad encontrada visando la sensibilidad de los enfermeros sobre la importancia de la articulación entre el cuidado y la gerencia. **Descriptor:** Enfermería; Cuidados de Enfermería; Gerencia; Atención Terciaria a la Salud.

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INTRODUCTION

Management and care are dimensions of the work process that constitute the essential core of the daily assistance routine of Nursing. Such dimensions are influenced by historical factors, such as the scientific and classical principles of management, as well as the institutionalization process of nursing education created by Florence Nightingale.

It is noteworthy that the abovementioned influences have the split between the actions of caring and managing as a common point, since the classical theories of management (Taylor, Fayol, Ford and bureaucratic approach of Max Weber) and the formation of the first school of nursing of Florence (*ladies nurses and nurses*) had the dichotomy of caring with managing, a practice still present in the assistance context of nursing, as interface.

Corroborating this discussion, scientific literature indicate that these classical theories had the maximum productivity and the division of labor as principles. Characteristics that have led to negative effects on organizations such as fragmentation of work and responsibilities, as well as discouragement and alienation of workers, have promoted the separation of the actions of caring and managing present in the assistance model of nursing.¹

New paradigms for the practice of nursing professionals, who seek a better quality of care as well as a definition of their actual roles, have been pursued in this scenario. The management of nursing care, which is understood as the dialectical relationship between the work process of managing and caring, stands out among these paradigms. This represents the network and relationship between the caring (direct care) and managing (indirect care), which together aim to provide an integrated and qualified nursing care to patients.²

However, it is noticeable that there are factors that hinder the realization of the management of care, particularly those resulting from the precariousness of the labor process and the emphasis on traditional assistance model. These preclude the completeness and complementarity of direct care with indirect care.³

In this regard, the following guiding question was raised for the present study: are there dialectical or dichotomous practices between caring and managing in the daily assistance of nurse managers in the hospital context?

Thus, it is important to expand the discussion on the dimensions of managing and caring with emphasis on management of care aiming at overcoming traditional practices and launching possibilities for reorientation of the nursing work process.

This study has as objective to analyze the relationship between caring and managing in the hospital context of nurse managers.

METHODOLOGY

Descriptive study with qualitative approach carried out with unit nurse managers from different sectors of hospitalization of a referral hospital of Ceará state. The institution had 15 managers of hospitalization units, but after refusals and after the application of inclusion and exclusion criteria, only eight nurse managers participated in the study.

Data were produced in the period of October to November 2012. We used semi-structured interviews as data collection technique. Inclusion criteria were: be nurse managers of units, be graduated for over 24 months and work at the clinic for at least 12 months. Exclusion criteria were: be on vacation and be on leave for medical treatment.

Data analysis was done using thematic analysis, which is a set of techniques that visualize verbal communication seeking indicators to know the conditions of production/reception of these messages through systematic procedures and description of the objectives of the content of messages. The thematic analysis consists of three stages: pre-analysis; material exploration and interpretation of data. The pre-analysis was made by the transcription of material collected during interviews and a fluctuating reading of the interviews where the main ideas of the speeches are learnt.⁴

Shortly after pre-analysis, exploration of material was performed. The essence of messages of participants was selected, thus identifying messages with equivalent meaning. That's when the material is arranged to be further analyzed. This arrangement is made by an encoding process. Units of meaning were extracted based on this encoding process. These units are text fragments that can be words, sentences or paragraphs that denote any significance. The last step of the analysis was made from the interpretation of the data. This is when the researcher attaches significance to the interviewees' text characteristics.⁴

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Data collection was carried out after approval by the Ethics Committee of the health institution where the study was conducted, aproved under the Opinion nº 100.374. CAAE nº 06068512.5.0000.5039. Ethical and legal aspects are present at all stages of this study, in accordance with Resolution 466/12 of the National Health Council.

Interviews were transcribed in the order they were done. It was decided, therefore, to number them with the abbreviation of "Nurse" (Nur.) followed by the number of the chronological order in which they were made, thus varying from Nur.1 to Nur.8.

RESULTS

Aimed at better understanding the data in this study, two categories were built according to testimonies of the nurses, which will be presented as follows:

♦ Managerial practices of nurse managers

Nurses pointed to the development of schedules as an important management tool:

From the third day on, that's when I start to do the schedule, because exactly at the tenth day, on the 10th of the month I have to deliver the schedule completed, then you have to make the schedule, as suggested by the head [...] the schedule of extra working hours, of services provided and the schedule of employees, it is all divided to organize the sector. (Nur. 2)

[...] I usually don't do the schedule here, I do it at home, because I don't have focus here, to do a schedule and also I do not have adequate time, I don't do the schedule of the personal of technical level, I do the personal of higher level and, as for the the personal of technical level, I have another nurse who helps me here to do it, because I cannot do it anymore, I used to do it all by myself, but not nowadays, there's too much to do, the unit has increased too much. This management activity is very time-consuming [...]. (Nur. 3)

Another activity very present in the context of the interviews was the role of the nurse manager in promoting the availability of materials inside the units:

[...] I arrange materials, I check which materials are missing in the unit [...], material to dressings, to other procedures, drugs, even having a secretary, the nurse manager is who is mostly concerned about providing material to the unit. (Nur.1)

[...] I order clothes, what would not necessarily be the responsibility of the manager, but as I have the view, if I do the report there I know what is the procedure

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that will be held tomorrow, that clothing will be needed early, so I promptly ask. Patients who have dressing, which will have the procedure, which will have surgery, so I already ask because the clothes are ready early in the morning, then it facilitates the work of the whole team ... another thing is the conference of psychotropic drugs, the urgency car, I do all replacements [...]. (Nur. 4)

♦ The assessment of staff performance is present in the actions of the nurse managers:

[...] I do the evaluation of how the nursing team professionals are acting [...] I receive employees who will join the sector, I also remove employees from the staff when they do not reach expectations, you receive, you both receive as sometimes the employee is not able and we have to ask their dismissal [...]. (Nur. 7)

[...] I try to look at how each professional is performing, try to also locate the person in an activity that he/she is more skilled and when I realize deficiency, I also seeks to solve it, even with continued education here [...]. (Nur. 5)

♦ Care practices of nurse managers

When asked about care activities, all respondents said they did not constantly held practices related to direct patient care, and only performed such actions when the clinical nurse was unable to do it. Such facts are evidenced in the speeches that follow:

[...] I do the dressings when it is necessary [...] I check the decubitus change, apply a probe, all the things that hospital nurses do, but as a manager, I only do them far less frequently than the clinical nurse, as she is responsible for doing only that [...]. (Nur. 1)

[...] Sometimes I see the difficulty of a colleague to insert a probe in the patient [...], mainly nasogastric, sometimes colleague has trouble to do it, then she comes here and calls me, then I'll go. Sometimes one person in the sector is missing, while another is on the way, I stay there to help, but the care of a patient, there in the bed, I do this very rarely. (Nur. 8)

[...] Direct patient care, I'll tell you when, just when there is a cardiac arrest... when an arrest happens then we go there, because, if needed, of course I'll go there ... I've already made dressings here, because the other nurse was not here, was already gone, I change a dressing, no problem at all [...]. (Nur. 4)

DISCUSSION

The speeches of respondents showed that the main management activities developed by them apparently are: development of schedules; management of material resources and evaluation of performance.

The first activity presented as managerial action developed by the participants of this study was the construction of schedules. This action is a competence of the nurse manager, who must coordinate and integrate the process of sizing and distribution of nursing staff.⁵

The creation of the schedule consist of a range of integrated activities with the recognition of the sector's workforce, survey of fundamental information for characterization of the clinic, comparison of data with literature and formation of a proposal of action that enables the service organization and, consequently, a more efficient and effective nursing care.⁵

The speeches of interviewees denote that the construction of schedules of the everyday life of the nursing staff is limited to an institutional timetable. This causes a work overload to nurse managers, who even reported the need for complete this action in their household, since there is not enough time for completion in the health service. In turn, this may foster the distance between such professionals and the direct care actions to patients.

Management of material resources was also recurrent in the speech of nurses. This action aims at quantitative and qualitative maintenance of the equipment necessary for organization of service, as well as continuity of activities, without detriment for the care offered to patients.

The participation of nursing in the management of material resources represents a fundamental achievement in decision making, especially in the technical and administrative dimension inherent to the processes of caring and managing, not only in the conception of a bureaucratic activity that does not add value to the profession and care.⁶

It is understood that nursing assumed responsibility for the entire material flow used in the assistance since its professionals know the reality and the dynamics of the service better than other health professionals, particular because they remain continuously in the activity of providing care.

This activity in the organization, coordination and evaluation of materials is

essential to ensure quality, continuity and comprehensive care as well as to ensure efficiency of nursing managerial work process from the perspective of caring for the specific needs of patients.⁷

Other management action mentioned by nurses was the evaluation of performance, an important tool to detect improvement and suitability for the production of care in health services.⁸

Performance evaluation may also represent an instrument that incentives the health professional, the manager and the service itself to seek adjustments according to the needs and demands of the work. Performance assessment also motivates changes in the functional scope of health care establishments, detects deficiencies and provide actions for professional development.⁸

Nurse managers carry out this evaluation with the goal of qualify the team work, develop skills and capabilities, as well as foster personal and professional development of every member of the nursing staff. All this is attainable from the leadership exercised by nurse managers as noted in the above lines.

When questioned about care actions, a strong split between care and management was perceived in the speeches of managers. This distance is encouraged partly by the institutional philosophy whichs name and determine a nurse manager for each sector, responsible for indirect care, and clinical nurses, responsible for direct care.

This strategy aimed to define the responsibilities of nurses, as well as decrease the work overload. However, reality shows a dichotomy between care and management, culminating in retrogression to cartesian and classical school of management, with emphasis on bureaucracy required by the organization, in addition to managing developed only with logic and mechanical control of activities.⁹

It is understood that care is the brand and the core know-how of nursing. Thus, the managerial actions of nurses should be directed towards the quality of nursing care. However, the division demonstrated in this study between the dimensions of care and management, ultimately compromises that quality and generate conflicts in the work of nurses, whether in the professional's own practice, or in her interaction with the nursing staff and other members of the health team.¹⁰

It is noticeable that when care actions are performed, these emphasize only technical aspects, the healing and the individualism, trivializing, therefore, the human aspect of

professional care.¹¹ Thus, the practice of a warm care that values both the professional and the patient is fundamental.¹²

FINAL REMARKS

Data analysis showed that the care management is not a predominant action in the activities of unit managers, as the fulfillment of managerial activities are prioritized in detriment of care. This highlights a dichotomy and not a dialectic relation between caring and managing.

Another fact that emerged in this investigation was that care actions are carried out sporadically by nurse managers. Besides, a devaluation of this practice is noticeable, and the transfer of responsibility of this action for clinical nurses.

Still on the care actions, it was observed, according to the testimonies of the interlocutors of this research, a subordination of this activity to the traditional model of health care, ie, fragmented care, aimed at biological, prescriptive and technicalities process. As for the managerial activities, these were mostly linked to scientific and classic principles of administration, among which prevailed the supervision, control and fragmentation of activities.

It is understood that there is a need for studies that may implement interventions in the reality observed, aiming at raising the awareness of nurses about the importance of coordination between care and management, that is, the management of care in their daily assistance routine. This would add quality, efficiency and effectiveness to nursing actions in the hospital.

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