



ROUTE ASSISTANCE OF USERS SERVED IN A TEACHING HOSPITAL UNDER NURSING MANAGERS PERSPECTIVE

PERCURSO ASSISTENCIAL DOS USUÁRIOS ATENDIDOS EM UM HOSPITAL DE ENSINO SOB A PERSPECTIVA DE ENFERMEIROS GERENTES

RUTA DE ASISTENCIA DE LOS USUARIOS ATENDIDOS EN UN HOSPITAL UNIVERSITARIO BAJO ENFERMERAS GERENTES PERSPECTIVA

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ABSTRACT

Objective: to describe the care pathway of assisted users in a functional unit of a teaching hospital from the perspective of nurses responsible for managing. **Method:** exploratory, qualitative study carried out at a teaching hospital. Nursing managers entered were included in a functional unit, totaling six participants and excluded nurses with any clearance. Data were collected through semi-structured interviews from February to May 2014, and for the analysis, we used the content analysis technique, the Thematic mode. **Results:** three thematic categories related to facilities and difficulties of the care pathway were constituted; and further elaborated a flowchart descriptor for visualization and description of route assistance. **Conclusion:** teamwork and nursing management facilitate the assistance route, however, the flow can be obstructed when the user leaves the hospital, due to difficulties in communication between professionals or lack of the care pathway, showing weakness as the guideline of completeness. **Descriptors:** Integrality in Health; Hospitals, Teaching; Management; Nursing.

RESUMO

Objetivo: descrever o percurso assistencial dos usuários atendidos em uma unidade funcional de um hospital de ensino sob a perspectiva de enfermeiros responsáveis pelo gerenciamento. **Método:** estudo exploratório, qualitativo, desenvolvido em hospital de ensino. Foram incluídos enfermeiros gerentes inseridos em uma unidade funcional, totalizando seis participantes e excluídos enfermeiros com qualquer afastamento. Os dados foram coletados por meio de entrevista semiestruturada, entre fevereiro a maio de 2014, e para a análise, foi empregada a Técnica de Análise de conteúdo, na modalidade Temática. **Resultados:** constituíram-se três categorias temáticas relacionadas a facilidades e dificuldades do percurso assistencial; e, além disso elaborou-se um fluxograma descritor para visualização e descrição do percurso assistencial. **Conclusão:** trabalho em equipe e o gerenciamento de enfermagem facilitam o percurso assistencial, entretanto, o fluxo pode ser obstruído quando o usuário sai do hospital, devido dificuldades na comunicação entre profissionais ou desconhecimento do percurso assistencial, demonstrando fragilidade quanto à diretriz da integralidade. **Descritores:** Integralidade em Saúde; Hospitais de Ensino; Gerência; Enfermagem.

RESUMEN

Objetivo: describir la vía de atención de los usuarios atendidos en una unidad funcional de un hospital universitario desde la perspectiva de las enfermeras responsables de la gestión. **Método:** estudio exploratorio, cualitativo realizado en un hospital universitario. las enfermeras gestoras introducidos fueron incluidos en una unidad funcional, por un total de seis participantes y enfermeras excluidos con cualquier espacio libre. Los datos fueron recolectados a través de entrevistas semi-estructuradas, de febrero a mayo de 2014, y para el análisis, se utilizó la técnica de análisis de contenido, el modo temático. **Resultados:** se constituyeron tres categorías temáticas relacionadas con las instalaciones y las dificultades de la vía de atención; y elaborado además un descriptor de diagrama de flujo para la visualización y la descripción de la asistencia ruta. **Conclusión:** el trabajo en equipo y la gestión de enfermería facilitan la ruta de atención, sin embargo, el flujo puede ser obstruido cuando el usuario abandona el hospital, debido a las dificultades en la comunicación entre los profesionales o la falta de la vía de atención, que muestran debilidad como la directriz de la exhaustividad. **Descriptores:** Salud Integral; La Enseñanza de los Hospitales; Gestión; Enfermería. **Descriptores:** Integralidad en Salud; Hospitales Escuela; Gerencia; Enfermería.

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INTRODUCTION

The Unified Health System (SUS, in Portuguese) is organized by the guidelines: decentralization, community participation and comprehensive care.¹ Decentralization comprises a single management in each sphere of government; community participation expresses the democratization of services and health-related decisions; and finally, the comprehensiveness, which involves preventive and curative, individual and collective actions, in order to offer adequate solutions to the health needs.¹

SUS is composed of actions and health services, organized into a configured network of regionalized and hierarchical manner, and allows the comprehensive care can be guaranteed without fragmentation of actions,¹ there is articulation at all levels of complexity, so all services, technologies or professionals are accessible to the individual.² These services, through established relationships of intersectionality, are triggered or referenced in accordance with established flows, in which the user must be the center of actions that are planned accountability, resoluteness, receptiveness and bond.³

Thus, the managerial work process of the nurse is important for the construction of a health care way focused on health needs, through the organization of the nursing work process in order to care quality.⁴ The Nurse managerial activities should be aimed at the achievement of quality care, the main trace of their work process. Therefore, as the nursing management is linked to the practice of care, both facing meet the health needs can contribute to the promotion of comprehensive care and comprehensive care.⁵

Regarding to hospitals, an important component of the health care system is characterized by the provision of services traditionally focused individual attention.⁶ Historically, they are formal and hierarchical organizations in a hospital-centered model of health care organization, and thus function as the center of the health system, which implies an inadequate demand and burden on services.⁷ Coupled to this, in practice, there is no agreement between its parts, with flows not always formal and, sometimes, unequal access.⁸

The hospital care has been over the decades one of the main issues discussed

with regard to assistance in SUS; and its importance in the health network organization is indisputable, given their inclusion in it.⁷ The World Health Organization calls attention to the fact that increasingly their ties are narrowed with other parts of the health sector, as well as the whole community, in order to optimize the resources dedicated to individual and collective health.⁶ In this sense, break with a service logic established from this model based on complaints/conduct and fragmented interventions, and rethink the practices in health from a broader understanding of the reality of life of individuals are challenges to the achievement of comprehensive.⁹

The redefinitions necessary for solving in hospital care require improvement throughout the system and conceptual changes in the focus of care that prioritizes care to the disease at the expense of the user's health needs.⁷ From this perspective, health interventions must respect the uniqueness of individuals, opposing a vertical assistance, individual and curative,⁹ rescuing comprehensive care to the individual, and allowing for a re-articulation of the fragmented work process.⁷

Thus, restoring the health practices in the hospital means looking beyond concrete aspects such as signs and symptoms and act with the knowledge that the assistance has continued over the network, contrary to the thinking that prevention is given the basic units health and healing in hospitals.⁹

The hospital's role, from the perspective of SUS, is the challenge of providing spaces for discussion of practices and a shift in thinking and make health, particularly emphasizing this dichotomy in curative and preventive care, which is in line with the operationalization of comprehensiveness.⁹

In 2004, the teaching hospitals underwent a restructuring process due to its incorporation into the SUS, through the Ministerial Ordinance N° 1006/MEC/MS of 27 May 2004. Therefore, to suit the proposed care model SUS, and so operationalize it, some hospitals have adopted models focused on the reduction of hierarchical levels, changing organizational charts and improve communication between the various professionals. Some of these experiments are described in the literature, including the Hospital of Volta Redonda RJ,¹⁰ the Emergency Unit of the Hospital of

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Ribeirão Preto Medical School Clinics, University of São Paulo (HCFMRPUSP)¹¹ and the experience of the Clinical Hospital of the Federal University of Paraná/UFPR,¹² which adopted a management model based on care lines, organized into functional units.

For this study, it was chosen a teaching hospital that organizes services in functional units (FU) and, for that, we opted for one of those FU, due to the fact that all have the same organizational structure. FU correspond to form of organization of the management model of the teaching hospital in question. They are composed of related services, meeting in a logic based on "Care Line", in which the attention is focused on the health needs related to specific areas. In the case of FU chosen for the study, the user service is performed based on needs related to cardiovascular medicine and pulmonology. Thus, the care lines indicate a direction for the service, which is implemented by the various services of the FU; are defined as an expression of safe care flows provided to users, in order to meet the health needs,¹³ socially determined, regarding the multiple dimensions of reality and the maintenance of life or actions necessary for its improvement.¹⁴

The transition from one user through a care line assumes that there is a service capable network to carry out the necessary actions and assistance this route does not take place divorced from feelings and impressions.¹⁵

With the assumption that the nursing management is one of the tools to promote comprehensive care, and that the full amounts to this scenario, in which there must be continuity across the network; this study has as a guiding principle the idea that the individual belongs to a health system, and comprehensive care needs mainstreaming this whole system, and therefore can only be achieved in network;⁸ and yet, each professional is responsible for the care of a user's route network.⁹

In this context, this study has the main question << What is the assistance route of users served in a functional unit of a teaching hospital, under perspective of nurses responsible for management? >> For this, we designed the goal:

- Describe the assistance route of users served in a functional unit of a teaching

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hospital from the perspective of nurses responsible for managing.

METHOD

Descriptive study of qualitative approach, developed in a FU of a teaching hospital with six nurses; this unit was chosen randomly, because all units have the same organizational structure and are contained in the collegial management model adopted by the teaching hospital study, consisting of administrative and managerial units, the latter being composed of similar areas regarding the specialty¹⁶ and has on its staff nurses, doctors and other professionals.

Inclusion criteria were all nurses with the position of manager or nursing supervisor, inserted at FU in question. Exclusion criteria were nurses who were on vacation, leave, or any type of clearance during the data collection period. For the selection of participants, a list of all nurses was obtained by the supervisory nursing. Then they were asked by the researcher to participate in the study. Data collection occurred during the months of February to May 2014 through semi-structured interview.

All data were analyzed according to content analysis technique in the Thematic mode, in order to understand the object of study.¹⁷ The results are shown in a flow chart descriptor (Figure 1) as a strategy for understanding and description of the care pathway users at UF, with steps represented by symbols agreed: the ellipse is always the input or process output; the diamond indicates the times when there are important decisions for the continuity of care; Finally rectangle relates to the time of an action/intervention.¹⁸ Thus, it is possible to understand how does the production of services and transit user, in the view of nurses.

For presentation of the results, the data were coded, and the participants identified with the prefix "Nurse" followed by a number at random (Nurse 1, Nurse 4..., Nurse 6). The research project was approved by the Ethics Committee in Research with Human Beings of the Federal University of Paraná/CEP/UFPR under number CAAE 21730013.0.0000.0102.

RESULTS

The analytical categories are displayed representing as it does the assistance route

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of users treated at FU, the perception of nurses responsible for the nursing management. Next is highlighted flowchart depicting the FU care line, summing up through a path the care regimen.

• **Assistance route between services in the functional unit facilitated the work process of the multidisciplinary team various professionals**

It was observed that the assistance user route in the functional unit services is facilitated by the work of the multidisciplinary team through a number of specific work processes of each professional, which interrelate to ensure comprehensive care, as is highlighted in the examples as follows:

We depend on a lot of other units [services] [...] then, our patients go there and come back here [...] then we have done meeting with other professionals to so that we can have more flow appropriate in these patients, a faster flow [...] (Nurse 6)

I think the interaction I say so is professional. (Nurse 2)

The patient is not only mine, the patient is a team, then everyone has to be involved, to care that this does not become fragmented. (Nurse 1)

[...] That the team has a more comprehensive look at the person, also including the need that this person has the care of other professionals (Nurse 6)

[...] And as a very experienced team we have a facility to talk and give information for this work to be done in a proper manner. (Nurse 5)

Thus, the route is implemented as the various professionals relate and communicate, thus, ensuring the necessary continuity for the individual transit through the hospital.

• **Difficulties in the integration of hospital services with the network obstruct the flow driven by users**

In this study was observed that the assistance route of users has difficulty often inherent flaws in communication between professionals working in the different services, and the lack of knowledge. The following examples come to meet this context:

[...] Some actions that have been taken to have more connection with

the network [...] contact with a basic unit for a patient who is about to be discharged [...] is nothing filed, it's not effective they are isolated actions that are carried out by a professional or other professional, but it's not yet effective. (Nurse 6)

[...] The issue that when patient comes here to the question later when he leaves here, if you think he should return to primary care, but it returns to whom? It does not have a reference to it. (Nurse 1)

[...] The trajectory that often this patient has, it is not the best way, but it is a reality not only of the institution as a whole; every system has seen it, but here [...] by the way our institution is today, it has become a bit more critical. (Nurse 6)

[...] When they leave here referred to post, the doctor makes the letter and forwards, only to give forward we no longer know how it is their reception there [...] (Nurse 4)

As part of the clinic, from the time they are discharged, then I no longer know if this has been something easy [...] (Nurse 6)

• **Assistance route favored by the nursing management**

The nursing management was recognized as a strategy for the realization of a continuous and comprehensive care:

The nurse must be present at all times, inside the room, outside the room [...]. he has to have a monitoring of what is happening, because while [...] is running fine [...], the patient may fibrillar, the patient may stop, and you have to be ready to provide this attendance. And this is a guarantee of a comprehensive care. (Nurse 1)

The management [nursing] is a strategy that you will use [...] to ensure comprehensive care [...] (Nurse 1)

[...] The patient needed a care from a specific [...] we seek some guidance from another professional, another nurse who had this specific [...] (Nurse 6)

He [nurse responsible for the management] have to make the most complex part of the whole situation,

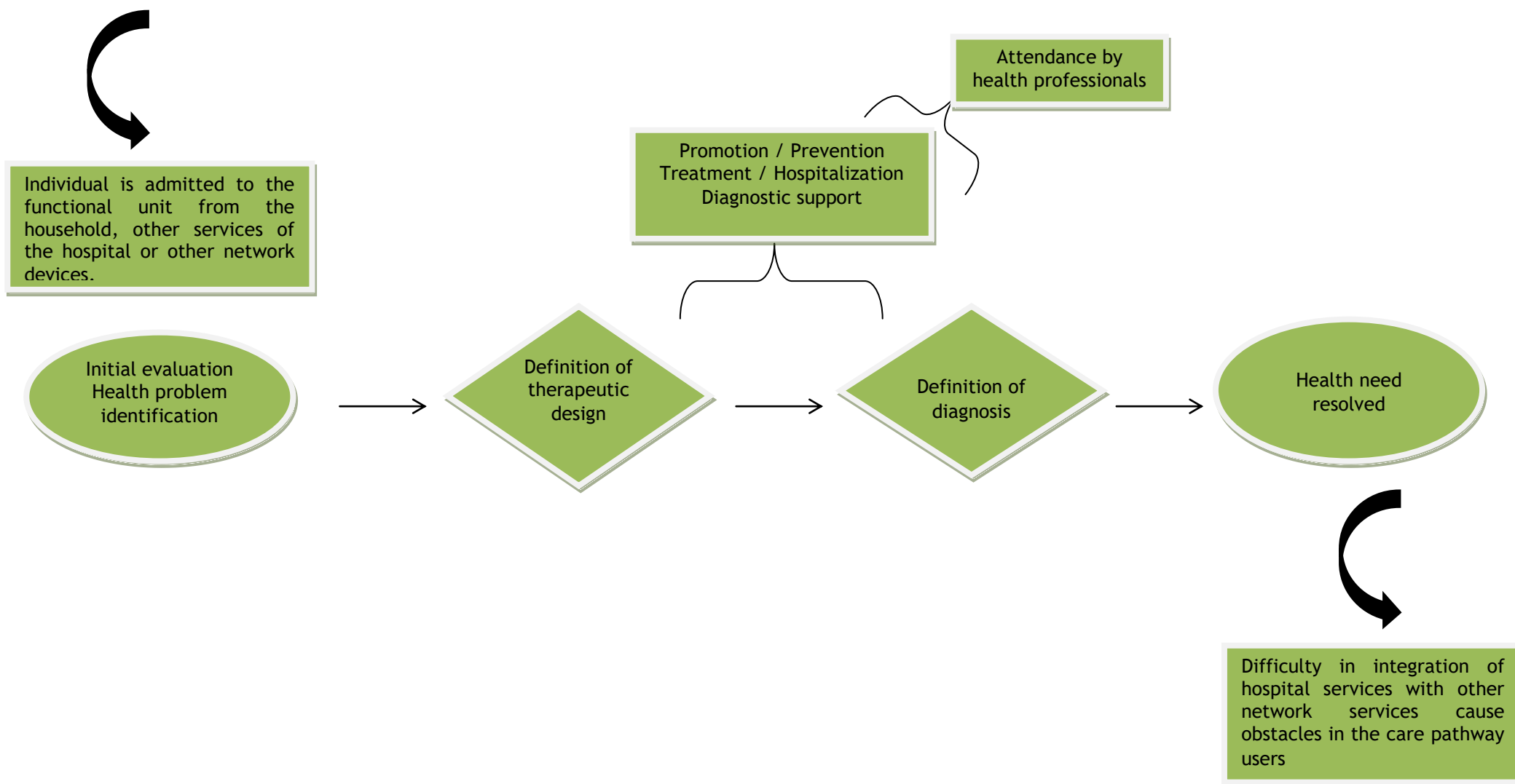
have to be present at all times, have to be with the eye here in that box, you have to be with my eye on 4 box. (Nurse 3)

Furthermore, it is possible to recognize the management as an essential tool in functional unit under study, since it makes possible the continuity of care through professional interaction and coordination of care.

• **Assistance route of users served in the functional unit**

Figure 1 describes the assistance route of users served in the functional unit of the study in question from the perspective of nurses responsible for managing. The individual is admitted to the functional unit from the household, other hospital services or other network devices and hospital care after the user is referred to other hospital services or other network devices. All the way was described using agreed symbols.¹⁸

During hospitalization, the individual is subject to all necessary procedures for the resolution of their health needs. However, difficulties in integration, this dynamic does not always happen easily, among the difficulties we highlight gaps in communication between professionals or lack of the care path.



DISCUSSION

From the study it apprehends that health professionals can both play the health needs and the ways in which services are organized to meet them, how to seek spaces to change in order to engender new needs and respectively new ways of organizing health services, in view of completeness and interprofessional practice.¹⁹

Comprehensiveness must be rethought in health team practices, as occurs simultaneously in multiple locations where the various technologies needed to assist are willing; Moreover, improving the living conditions should be a joint effort.²⁰

Thus, the care line image presupposes a guided process accountability in the bond and care, which implies a continuous flow, controlled by the actors responsible for the care, the very context in which the relationship between health and user worker are triggered producing care.⁸

Such care is achieved when all professionals aim at standardizing the team in action, thus preventing diverse behaviors interfere with assistance.²¹ Thus, the restructuring of the health sector poses new challenges for professionals who need to organize in order to respond to the various problems emerging as individual work, before responding to a demand, it is currently not resolute.²²

Among the ways to build and strengthen comprehensive health care is the establishment of links between users and professionals.²³ To be able to make the full care, coordination is required with the entire multidisciplinary team, taking into account the context in which it appears the individual.²⁴

The integration between the services and between the entire system shows a network perspective of care as part of comprehensive care. However, there is still the need to articulate different knowledge and practices,²⁵ because the lack of interaction and communication between the services to the network hinders the consolidation of completeness.

The reference and counter-reference are seen as essential tools for coordination of care, reflecting the form of communication among professionals, whether in oral, written or digital, to obtain a care line.²¹ Therefore, these tools can provide comprehensive care, which shows the

importance of integration between professionals and services to provide care.²¹

This is not direct the user to another impersonal service, but the perception that each employee is responsible for the user's route network, starting from the assumption that everyone knows the regional reality, which enables the orientation of services available in the best way.⁹

Overcome the weaknesses found in this whole scenario requires the development of strategies, among them stand out care models to reorganize work in order to identify needs and ensure comprehensive care.²⁶ In a broader aspect, strategies to integrate the network and to continue in health care meets the so-called proposal "link nurse" and can overcome the mismatch between the levels of primary and hospital care,²⁷ therefore, the reorganization of health care requires that professionals rethink ways that can impact on the integration of all contexts.

From a related approach to hospital care, comprehensiveness is defined as the full attention given to a user with certain health needs that require specific hospital care, an effort that this attention happens holistically.⁸ The purpose of a FU is to provide comprehensive care quality, assuming promotion, prevention, diagnosis, treatment and rehabilitation. The nurse is therefore central part in the whole process of assistance to users, and the FU study nursing management constitutes an important tool for the user route occurs in the most linear as possible.

The Nurse managerial activities should prioritize quality care, since it is a vital aspect of the nursing work process. Thus, the articulated nursing management to the practice of care and geared to meet the health needs, contributes to the integral care and the scope of comprehensive care,⁵ therefore, management is a careful process tool and can still be considered as a specific work process.⁴

It is essential for the achievement of comprehensive care that the nursing management is considered a possibility for this purpose. In this context, awareness of nursing team and multidisciplinary teams as the required nursing management performance is favorable since, concurrently with this, the nurse understands its role in the service and the institution in which it operates.

It is important to emphasize that the nursing management, although specific to a profession, does not preclude the scope of comprehensive health care for all, on the contrary, it allows the articulation needed to obtain comprehensive care.²⁸

CONCLUSION

Based on the above, the assistance route in the FU study is facilitated by the teamwork and the nursing management. Thus, the FU and in the hospital, albeit with some difficulties, the assistance route follows a standardized, mediated flow by several professional interactions, however, when the user leaves the hospital this flow is sometimes blocked because of the difficulty in communication among professionals or the assistance route by which the user must travel it is often not known by the nurses, demonstrating weakness in relation to the guideline of completeness.

The continuity of health care is guaranteed by the service network, so the link between the various devices, as well as between health professionals, provides comprehensive care, and in this context, nursing care is strengthened through the management carried out by nurse, which translates into one of the tools necessary to achieve quality care, continuous and integral.

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