NURSING WORK PROCESS: THINKING FROM THE FRAGMENTATION OF CONTEXTUALIZATION IN THE OPERATING ROOM

ABSTRACT

Objective: to think about the possibilities and obstacles faced by nurses in the nursing work process in the Surgical Center. Method: this is a descriptive study, in which use articles of the Scientific Electronic Library Online - SCIELO from 2002 to 2011. Results: after analysis of the production can observe a fragmentation in the nursing work process, as well as to the existence of the need for greater integration between the components of that process in the search for better user assistance and also the work of nursing. Conclusion: understanding the profession as a social practice is conduct it, out of neutrality and allegiance to other professions within the collective work in health, to act as co-responsible for this process in a dynamic and reflective way, the opposite changes in society in which it operates. Descriptors: Work; Nursing; Hospital Operating Room.

RESUMO

Objetivo: refletir acerca das potencialidades e obstáculos enfrentados pelos enfermeiros no processo de trabalho da enfermagem no Centro Cirúrgico. Método: trata-se de um estudo descritivo, na perspectiva de refletir sobre a fragmentação do processo de trabalho da enfermagem e na qual se fez uso de artigos da Scientific Eletronic Library Online - SCIELO, entre 2002-2011. Resultados: após análise da produção pode-se constatar uma fragmentação no processo de trabalho da enfermagem, assim como, para a existência de uma maior integração entre os constituintes do referido processo na busca por uma melhor assistência ao usuário e também no trabalho da enfermagem Conclusão: entender a referida profissão como prática social é conduzi-la, a sair da neutralidade e submissão a outras profissões dentro do trabalho coletivo em saúde, para agir como co-responsável nesse processo de forma dinâmica e reflexiva, frente as transformações da sociedade na qual está inserida. Descriptores: Trabalho; Enfermagem; Centro Cirúrgico Hospitalar.

RESUMEN

Objetivo: reflexionar sobre las posibilidades y los obstáculos que enfrentan las enfermeras en el proceso de trabajo de enfermería en el Centro Quirúrgico. Método: se trata de un estudio descriptivo, en la que se hizo uso de los artículos de la Scientific Electronic Library Online - SCIELO, entre 2002-2011. Resultados: después de análisis de la producción se puede observar una fragmentación en el proceso de trabajo de enfermería, así como a la existencia de la necesidad de una mayor integración entre los componentes de ese proceso en la búsqueda de una ayuda al usuario mejor y también el trabajo de Enfermería Conclusión: la comprensión de la profesión como práctica social es para llevarla a cabo, de la neutralidad y la lealtad a otras profesiones dentro de la obra colectiva en materia de salud, para actuar como co-responsables de este proceso de manera dinámica y reflexiva, los cambios opuestos en la sociedad en el que opera. Descriptores: Trabajo; Enfermería; Quirófano de un Hospital.
INTRODUCTION

In the capitalist mode of production, work is perceived as a form of exploitation of man by man, namely as a mere instrument in the unbridled quest for profit. To this, workers are often hampered the capacity for creativity and basic rights for the exercise professional.1

Health work is not immune to this process. It is from the capitalism that health care begins to receive direct interference of the modern state, in order to guarantee the reproduction of capital.

Corroborating these ideals, the health sector functions as a means of strengthening the economic power (consuming goods, equipment, drugs), and as a tool for maintenance and reproduction of force work.2

The activities in the health sector are not directly involved in industrial production, but have had a gradual rise since the industrial revolution, can be defined as the service sector, and also the work in this sector is considered essential to human life. Nevertheless, it is inserted in the sphere of production is not material, namely, the product becomes dissociated from the process produces. It is the very realization of work.3

In that sense, the nursing’s work as part of health work, it was contingency to perform tasks, compared to the prevailing division of labor and the fragmentation of care. This model, in our times does not meet the expectations of the profession, which quest to overcome the classical paradigm of administration, positivist and flexineriana.4

With regard specifically to the surgical center, a differential commonly found in practice is the fact that the managerial work of the nurse be the basis for the activities in this sector.

In that sense, it is configured this way, a leadership representation in a traditional and classic perspective where prevails the dominance-subordination relationship. In counterpart, in that same space, the nursing knowledge is subdued by the medical and administrative power, historically instituted in the services as sovereign.5

The nursing interacts with other professionals, generating in several times a dispute of power, which together with the lack of autonomy in order to corroborate the nurse to live search for authority in the execution of management tasks.6

Based on historical facts above mentioned, the study intends to reflect on the potentialities and obstacles faced by nurses in the process of nursing work in the Surgical Center.

METHOD

It is a descriptive study based on literature review which is aimed at deepening certain phenomenon, in which search to gather and synthesize information obtained, making the reflections for the achievements of studies posteriori.7

For preparation of this study we used the descriptors: work, health and nursing. For this, use was the Scientific Electronic Library Online - SCIELO, an electronic library covering a selected collection of Brazilian journals, as well as the cooperative network of Virtual Health Library - VHL.

We opted for this database because of that it was an electronic library supported by the Latin American and Caribbean Center on Health Sciences Information (BIREME) and cover a vast collection of complete and Brazilian journals online.

The inclusion criterion were the publication of articles in the last decade (2002-2011) they shared with the objectives and purpose of the survey, and complete texts written in Portuguese. And the exclusion are those that do not meet the above criterion.

Data were collected by using a structured form, covering issues consistent with the research proposal as research methods adopted, language, period of publication, country of origin, the fragmentation of the work process of nursing.

The data analysis was done by analyzing textual interpretation that is obtained in the various meanings of the text and the output argument of the author to produce a knowledge.8

RESULTS

We found 25 articles that shared with the goal of research emphasizing the steps of the nursing work process in highly complex, especially in the Surgical Center.

Of these, 15 were taken from that shared with the objective of the research allowed the formation of two categories: factors that prevent the development of all stages of the nursing work and some suggestions to take effect for such compliance. Guiding the production of knowledge about the nursing work process.

These publications were distributed in the journals: Science and education (Article 1), Text context Nursing (4 items), Rev. Electron nursing - REUOL (2 articles), Cogitare (1 article), Cad Public health (1 item) Rev. Esc
Enferm USP (1 item), Rev. Gaucha Enferm. (Article 1) and Rev. Latino-American nursing (Article 1).

In analysis of data, despite the methodological convergences between authors note that there is a difficulty in this process with regard to an approach with a holistic approach that considers the individual within their social context. However with the solutions presented for a possible change in this scenario.

**DISCUSSION**

Faced with a health context of our country, it is possible to detect difficulties in Nursing Work Process (PET) as: low pay, lack of materials, few opportunities for professional growth, among others, what makes this profession is subject to a process of routine work, fragmented and even alienating, which can directly affect the care.9

Before the XVIII century, the hospital proposed to serve the poor and terminally ill with chronic diseases, however, after this century there was a discipline of the hospital, which is an efficient instrument of political and ideological apparatus facing a promising market for the exploitation of health and strength of nursing work as pawns. "The system of hospitals in the XVIII century said that the nurse should be ready at the door of the infirmary with a notebook in hand to accompany the doctor, when he entered" 10:288

This scenario created a relationship of power and domination between the components of the health sector that filled the time. Even today the work in the hospital brings together various groups of professionals with different backgrounds and identities, forming a heterogeneous group of class structure and the power relations extremely delineate.11

So, the Surgical Center, is characterized in the hospital setting as a sector closed, dynamic, where they make highly complex procedures. In this context, involves a large number of professionals from different specialties, who is mostly hardliner technology.11

Thus, “the practice nurse in the operating room is more focused on aspects of management, ie, for the provision, maintenance and handling of materials and equipment in operating rooms”.12:22

Noting the peculiarities that involve this sector, the work of nurses in the operating room becomes a necessity, which seeks the proper functioning of the surgery by the surgical team, organizing the venue, preparation of material and equipment necessary to perform it.

The user, the main focus of the nurses’s work in the operating room stays into the background toward the technical work done by nurses, however, this role becomes even more complex, considering that in addition to dealing with administrative matters, human and material resources, this has to watch the user as a member of the multidisciplinary team, this professional works with different interests: the user, their relatives and institution.13

The dynamics of the surgical center, along with the relationship between professionals working in the unit, should happen in the context of collective work in health. To this end, it requires an integrated work with professionals, in view of the complexity of procedures.

It is a closed unit, risk, full of rules and routines, in this sense, the role of the nurse requires, in addition to scientific knowledge, responsibility, technical ability, emotional stability, combined with knowledge of human relations, promoting conflict management, which are frequent, in particular, the diversity of professionals that work there.14

Emphasize that the conflicts come, usually, when the doctor devalues the work of nurses, reducing it to mere execution of orders and still realize that the differences are not only technical-professional, but also has strong socioeconomic reasons and status.15

The work of nurses from the surgical center is more geared to respond to the doctor than the actual management of the sector, which is one of their tools, as it is lacking in the care of user.12 These authors took these findings, an analysis of statements from nurses in a surgical center of Ribeirao Preto, about the nursing work in that sector.

The care refers only to technical and scientific principles, aimed at cleansing the procedure. We found that, in daily practice, the nurse says “do not have time to give care to the user […] Another aspect is also considered that” the doctor does not expect the nurse to talk to you surgery, that “the bureaucratic activities are many ", that" no time for assistance "and" number of nurses working in operating rooms is minimal.12:28

It is necessary to emphasize that the technological and scientific advances in the surgical center are constant, which encourages nurses to do different skills, not always by choice, usually this happens because of a requirement of the job market. On the other hand it is interesting to note that the hard technology may create a blockage in
the nurse-user relationship. The use of machinery and equipment, administration and control of drugs may become secondary to the position of customers.11

When it talks about technology, It is not only referring to machines, tools and equipment, but also the knowledge acquired, including in human relations. Thus, when thinks of production technologies, both can produce is talking about materials "things", as symbolic products that fulfill the needs of particular work.16

So, it has three dimensions about technology: hard technology, understood as those constituted by rules, routines, equipment, instruments, soft-hard technology understood as structured knowledge such as anatomy, psychology and many other knowledge, which act in the process work and light technology, which are linked to the production of relationships between subjects, in the relational field worker-user, materializing in such acts as host, production meetings and subjectivity.16

The hard technology creates the need for partial or full exposure of the user, causing it misses a few moments to autonomy over its body. It recognize the importance of hard technology, but the nursing staff often forgets the ethical and professional concerns through verbal and non-verbal harassment or a comment to the user, who can not react.15

Towards this, the nurse should, as manager of the nursing team and against the "coolness" created by the overvaluation of the technology in the operating room, making reflections about the importance of listening, touching the user and be present in its surgical treatment because safety and ease favor the its recovery ,that is to appreciate the light technology too.19

In the management of the operating room, the nurse should provide continuously in that unit of physical condition, technical and human resources to assist multidisciplinary teams seeking a common good, excellence in customer service. For this complex organization, this professional should have its extensive training so that it can demonstrate its leadership, remember that leadership in nursing is more than managing people, budgets and time, it is also know to understand them, treat them with respect, always point the way to an objective and clear, explaining why their decisions.17

Nurses need a systematization of their actions to achieve a good care. Thus, the Systematization of Nursing Care (SAE) is a methodological tool that enables the technical-scientific action in identifying the needs of professional intervention, and thus can be characterized as a nursing process.18

A more direct assistance to the user in the perioperative period is with the advent of the Systematization of Nursing Care Perioperative (SAEP), which aims not only to satisfy users, but the application of quality care. By using the SNCP, nurse can provide, monitor and evaluate the care dedicated to the user as a security for itself and for the surgical procedure.

The professional must, standardized for each institution, a kind of SAEP that best fits its reality, and the perioperative nursing care synonymous with quality care through a legitimized and documented scientific performance.18

Teaching/learning are part of the permanent education process, thus, the nurse of the surgical center must envision that strategy for a better functional development of the sector.

Compose a scenario for continuing education involves understanding the meaning of participatory education, which means: to go with the team involved, arouse curiosity and commitment to do better, clarifying the goals.

Users must be collaborators and the process should be reciprocity among all staff, including the merits and honors on the results. It emphasizes also that this participatory practice is troublesome and time consuming, but more assertive, because lead looks to new horizons is to realize talents, it is to overcome challenges together, it is also making another walk alone, leading it to independence and professional growth in partnership with the team, with obvious goals.20

PTE, analogously to the work process is fragmented. The result of this working process - user assistance - it is shattered when each professional performs a specific task. That process is still hampered by problems related to working conditions that led to improvisation due to lack of materials, reduced staff, and others that directly affect the user’s.11

Taking care of someone's health is more than building an object or an intervention look about somebody, but this work can not be summed up in piecemeal activity and health practices, rather it should encompass intersubjectivity, the organization of knowledge and nursing practices.21

CONCLUSION

Nursing has, in its way of managing, a strong brand management theory classical, so
the control is still a prominent feature and the workers are treated as working tools to be managed by nurses in a vertical perspective.

However, a new context of the administration points to the creation of collective spaces, democratic and horizontal position. In this context, the nurse manager and its team must be prepared to develop in its work activities, the strengthening of a multi-professional work.

Understand the profession as a social practice is to conduct it, out of neutrality and allegiance to other professions within the collective work in health, to act as co-responsible for this process in a dynamic and reflective of the changes facing society in which inserted.

Thus, the development of the work process of nursing has emerged as an important component strategy of the work around the individual and collective health, from the point of view of a critical and reflexive expansion, narrowing the gap between academy and services, extending the horizons of research and enabling a comprehensive health care.

REFERENCES

e perspectivas no ambiente cirúrgico. São Paulo: Martinari; 2009.


