NOTE PREVIEW ARTICLE

NURSING BEFORE THE CARE MANAGEMENT IN THE SURGICAL CENTER

A ENFERMAGEM FRENTE AO GERENCIAMENTO DO CUIDADO NO CENTRO CIRÚRGICO

LA ENFERMERÍA FRENTE AL GERENCIAMIENTO DEL CUIDADO EN EL CENTRO QUIRÚRGICO

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ABSTRACT

Objectives: to show the profile of nurses working in the Surgical Center; to describe the factors that interfere in the management of the nursing professional in the Surgical Center; to characterize the difficulties encountered by nurses to manage the Surgical Center and discuss strategies in the light of the professional operation of nurses before the issues that involve the difficulties. Method: it is a qualitative research, with descriptive and exploratory nature, held with nurses who work or have worked in the Surgical Center of hospital units. The data will be elaborated in the first half of 2013, through interviews with semi-structured scripts and a field journal. After transcribing the interviews, the data will be submitted to the categorization process. The project was approved by the Research Ethics Committee, under CAAE nº 12473413.4.0000.5243.

Expected Results: it is expected to know what are the factors that interfere in the management of the nursing professional, they might be related to unpreparedness, lack of management issues, human resources (professional leadership) and materials, ethical and legal aspects, technologies and qualifications.

Descriptors: Management; Surgical Centers; Nursing Care.

RESUMO

Objetivos: apresentar o perfil dos enfermeiros que atuam no centro cirúrgico; descrever quais os fatores que interferem no gerenciamento do enfermeiro do Centro Cirúrgico; caracterizar as dificuldades encontradas pelos enfermeiros para gerenciar o Centro Cirúrgico e discutir estratégias em face de atuação profissional do enfermeiro frente às questões que envolvem dificuldades. Método: pesquisa qualitativa, de natureza descritivo-exploratória, com enfermeiros que atuam ou já atuaram em Centro Cirúrgico de unidades hospitalares. Os dados serão construídos no primeiro semestre de 2013, por meio de entrevista com roteiro semiestruturado e diário de campo. Após a transcrição das entrevistas, os dados serão submetidos ao processo de categorização. O projeto foi aprovado pelo Comitê de Ética em Pesquisa, CAAE nº 12473413.4.0000.5243.

Resultados Esperados: espera-se conhecer quais os fatores interferem no gerenciamento do enfermeiro, estes poderão estar relacionados ao despreparo, desconhecimento das questões relacionadas à administração, recursos humanos (liderança profissional) e materiais, aspectos ético-legais, tecnologias e capacitações.

Descritores: Gerência; Centros de Cirurgia; Cuidados de Enfermagem.

RESUMEN

Objetivos: presentar el perfil de los enfermeros que actúan en el Centro Quirúrgico; describir cuales son los factores que interfieren en el gerenciamiento del enfermero del Centro Quirúrgico; caracterizar las dificultades encontradas por los enfermeros para dirigir el centro quirúrgico y discutir estrategias en etapa de actuación profesional del enfermero frente a las cuestiones que envuelven dificultades. Método: investigación cualitativa, descriptiva-exploratoria, con enfermeros que actúan o ya actuaron en centro quirúrgico de unidades hospitalarias. Los datos serán construidos en el primer semestre de 2013 por medio de entrevista con guía semiestructurado y diario de campo. Después de la transcripción de las entrevistas, los datos serán sometidos al proceso de categorización. El proyecto fue aprobado por el Comité de Ética en Investigación, CAAE nº 12473413.4.0000.5243. Resultados Esperados: se espera conocer cuales son los factores que interfieren en el gerenciamiento del enfermero, estos podrán estar relacionados a la falta de preparación, desconocimiento de las cuestiones relacionadas a la administración, recursos humanos (liderazgo profesional) y materiales, aspectos éticos y legales, tecnologías y capacitaciones. Descritores: Gerencia; Centros de Cirugía; Cuidados de Enfermería.

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INTRODUCTION

The management of nursing care to patients must involve leadership and communication. To this end, it becomes necessary that the nurses are always improving their skills, in order to conduct a better professional practice.

The nursing process is related to the direct care nurse/customer, and it must be humanized and systematized. The application of the Nursing Care Systematization (NCS) in the Surgical Center becomes an assistential methodology. Surgical patients are surrounded by fears and anxieties, precisely because they are not able to know the complexity of the surgical procedures. The nursing process will enable the development of actions directly related to the reduction of risks of the surgical act. For this purpose, it becomes necessary providing the development of tools that enable nurses to identify the needs of patients and, hence, plan the health care actions.¹

The Perioperative Nursing Care Systematization (PNCS), which involves pre-operative, trans-operative and post-operative, is identified as:

[…] A working tool that is essential for nursing care and one recommends that it must be guided by a theoretical benchmark chosen by the nursing staff. According to the philosophy of this tool encompass stages interconnected with each other, in order to meet the human being in the perioperative period in an individualized way.²³

Moreover, it should be mentioned that its implementation improves surgical planning and provides legal support, due to possessing records of any assistance offered to patients, also enabling the continuity and evaluation of such assistance. Because it is a sector of indirect assistance to patients, the application of the nursing process requires some modifications/adaptations, but results in scientifcity of the nursing actions.

It is a task of the nurse working in the Surgical Center to offer to its institution a PNCS appropriate to its reality, so that the sector can provide quality care to patients.³

The care management is carried out by nurses when:

[…] they plan, when delegate or hold it, when predicts and provides resources, empowers their staffs, educate the users, interacts with other professionals and when occupy spaces with the purpose of enabling the achievement of improvements in care, and it is essential that these professionals are provided with management tools to transform the care process.⁴⁵

The Nursing Care Systematization (NCS) is a managerial tool used by nurses in direct and indirect care actions. The processes of caring and managing are a bit distant, and this distance hampers assistance and management. The nursing professional needs to be aware of the managerial processes to modify the care actions. Thus, it should be concluded that “NCS is a tool that helps the manager to guide and evaluate the care provided by its team, and is considered a managerial tool”.⁶⁷

Perioperative leaders need constant updating, especially with regard to technological innovations. Educational opportunities emerge to cover their needs and also to encourage them to update their teams, sharing knowledge and promoting the use of additional resources.⁸

An example of a sector where there must be communication and good relationship among professionals is the Surgical Center. Accordingly, effective communication among professionals from health services is crucial for a safe provision of quality care to patients. Thus, all professionals must be trained and integrated, in order to promote quality care to patients, whether in preoperative period, intra-operative period or post-operative period. That is why the activities of nurses in surgical centers involve complexity and dedication.⁹

The Surgical Center is defined as:

[…] One of the more complex units of the hospital, not only for its specificity, but also for being a closed area that imposes stressful situations on the health care team, such as dealing with several aspects pertaining to technical expertise, relationship and material resources, besides the need for interaction with patients and their family members.⁷¹⁰

The Surgical Center is formed by the Post-Anesthetic Recovery Room (PARR), where the assistance is conducted from the patient’s departure from the Operating Room (OR) until the stabilization of its consciousness and vital signs, and by the Sterilization and Material Center (SMC), forming a set of high complexity, both technical and managerial, thus requiring theoretical and practical skills.⁸

The process of nursing management is more fostered by the needs for organization. The nurse professional must seek knowledge and necessary functions, with sights to achieve goals in an efficient and effective way. “The health care must be conducted with quality, free of risks and failures, coupled with the commitment to the efficiency of provided services and to the customer’s safety, thus
promoting health without causing damages.”

The Surgical Center is portrayed as a “sacred space”, which is also restricted, where only those who participate in the surgical procedure can have access. It is a space where the body is invaded and attacked with the aim at rescuing the patients’ health. This sector must work without risks and with great responsibility. 10 “Therefore, it is the responsibility of the nursing professional working in the operating room to provide physical structure, human and material resources for that the surgical-anesthetic act takes place under ideal conditions, aiming to providing comprehensive care, teaching and research”.

Despite these expressed ideas, it is believed that such responsibility is incumbent on all professionals of the health care team.

The skills of the nursing professional who work in the Surgical Center are composed of three spheres of knowledge:

[...] scientific (language comprehension, technical and procedural familiarity with the surgical and anesthetic procedures, adherence to infection control guidelines, hospital policies and protocols); practical (ability to anticipate the needs of patients and of the health staff with basis on acquired clinical experience and familiarity, plays a range of situations and informs the nursing actions to be performed); ethical (nursing skills that make the caregiver goes beyond technical functions, i.e., a role that involves greater empathy with patients in a psychosocial level; thus, the nursing professional is placed in the position of “patient’s lawyer”).

The surgical patient requires a major attention and concern on the part of the nursing staff, since it is a type of patient who has a high emotional burden, in addition to greater expectations that the surgery might take place as expected, that is to say without complications. This is a concern for the patient, for its relatives and also for the health care staff.

Regarding the surgical patient:

The concern for patient safety is a topic of growing importance across the world. Literature data show that one in every six hospitalized patients is victim of some type of error or event, which in most circumstances are mistakes amenable to preventive measures.

The nursing professional must have skills and knowledge about the emotional reactions of patients who will be submitted to surgical procedures, since such processes bring anxieties and doubts, making the planning of nursing care a very important tool. 14

This is an previous note of a research paper that is linked to the Graduation Nursing Course from the Fluminense Federal University, included in the line of research “Management in Nursing and Health Services”, attached to the Group of Studies and Researches in Education, Management and Ethics in Nursing (GEPEGENF) from the Fluminense Federal University (UFF), which had as its study object the factors involved in the management of nurses in surgical units.

The choice of this study subject is justified because of the shortage of literary stuff found in databases of physical and digital libraries, through a systematic literature review, conducted by Pereira and Dantas (2012). It was found that the Surgical Center demands dedication and harmony among the team’s members, besides knowledge, qualification, and interest by all stakeholders for that the activities are conducted to provide the welfare of patients and professionals, as, to properly work, the environment has to be conducive for it. A leader who knows how to manage/administer is essential for the proper operation of the sector at stake. He/she needs for constant updating and good interaction among the teams’ components. Given the results of this research, it can be stated that there are not many relevant studies found and that it is necessary to expand this corpus of knowledge.

It should be emphasized that, regarding the shortage of scientific publications of interest in the area of Nursing in Surgical Center, observed in databases of the Journal of the Brazilian Society of Nurses of Surgical Center, Anesthetic Recovery, Sterilization and Material Center (SOBECC), this is indicated as one more justification of this research.

Another justification relies on critical observations against the scenario of care in relation to surgical patients. In our academic and hospital practice, it is possible to verify the importance of the nursing professional in the Surgical Center, particularly with regard to prediction and provision of materials. Although the inclusion of the nursing professional is in a greater instance in indirect care/administration of this sector, this professional has peculiar insertion in the face of the completion, in a private nature, of the nursing process to the surgical customer. Moreover, it is noteworthy that, in the scenario of academic and hospital practice, it was not observed the conduction of the nursing process by nurses, which hinders the completion of the Nursing Care...
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Systematization, as recommended by the rules of the Brazilian Federal Nursing Council (COFEN, 2009) and by the Law of the Professional Practice in Nursing (COFEN, 1986).

Accordingly, some concerns have emerged and have been generating the following guiding questions:

What are the main difficulties encountered by nurses before the management that they have performed in the Surgical Center? What is the impact of this management performed by the nursing professional in the Surgical Center environment before the team work and the patient care?

### OBJECTIVES

- To show the profile of nurses working in the Surgical Center;
- To describe the factors and difficulties encountered by nurses that interfere in the management of the Surgical Center;
- To discuss strategies in the light of the professional performance of nurses before the issues involving difficulties.

### METHOD

**Characterization of the Study**

We have elected the qualitative research as type of study, and it has a descriptive and exploratory nature. Qualitative research involves understanding and comprehending phenomena, much more than just describe them. It is rich in human meanings, actions and relationships, is something non-apparent and suitable to scientific works.\(^{15}\)

An exploratory research aims:

(...inquiring about a particular subject or find a topic for study. Through exploratory research, we can also define a theme, establish objectives and formulate hypotheses for holding a certain research. It is considered by some authors as an initial study to conduct other types of researches.\(^{16,48}\)

**Scenario**

The scenarios chosen for this research will be the hospital units of the Baixada Litorânea II, which have the Surgical Center within their premises, with direct performance of nurses in this scenario. The central unit of the research will be the Municipal Hospital of Rio das Ostras, since it is a hospital that receives academic students for the accomplishment of the Theoretical-Practical Teaching in its premises, and this unit is in constant improvement. It is a small hospital that has maternity and several surgical specialties, with high-tech equipment, such as computerized tomography and echocardiography. It has an Intensive Care Unit (ICU) with last generation equipment and one equipped Surgical and Obstetric Center, and it is located close to sectors such as Sterilization and Material Center (SMC), ICU, Surgical and Obstetric Clinic, Nursery and Roaming. The Municipal Hospital of Rio das Ostras has a total of 106 beds in its premises.\(^{17}\)

**Subjects**

The participants of the survey will be nurses working in the Surgical Center. The limit of the sample will be based on the point of theoretical saturation. This is the point that, in the perspective of the evaluator, one must suspend the inclusion of new participants in the research, when collected data denote repetition and add no new data to collection; therefore, the sample must be closed.\(^{18}\) It should be highlighted that the criteria for selection of subjects of this study will be:

- Acceptance to participate in the research;
- Working as nurse;
- Being allocated in Surgical Center and/or having worked in a Surgical Center;
- Having experience for, at least, six months in Surgical Center.

**Procedures for Data Collection:**

The approach of subjects will be conducted as follows: journey of the researcher to the collection scenario, presentation of the project to the administration of the institution and the nurse head of the institution, followed by a request that this person indicates names of nurses who work or who have already worked on the scenario of data collection (Surgical Center). At the next moment, we will begin the data collection. Besides the names indicated by the headship, there will be a request that the subjects already interviewed indicate other names of nurses working in the institution and that have already worked in a Surgical Center; these subjects will receive a Free and Informed Consent Form in two copies, through which they might get in touch with the researcher in view to obtain clarifications or make requests in relation to their participation. This process is called the “zero point”, where “one respondent who knows the history of the group or one person with whom one wants to hold the main interview”.\(^{19}\)

**Tool for Data Collection:**

Regarding the technique for data collection, we will make use of digital records in digital system by means of Moving Picture Experts Group (MPEG). If this technique
causes some embarrassment to the research subject, then we will allow the handwriting of the interviewed itself with regard to the presented issues. Nonetheless, the writings containing little information will be discarded.

The data will be gathered through interviews with semi-structured scripts, recorded in digital system and, subsequently, there will be the elaboration of a field journal. The methods with little structured self-reports make the researcher has greater flexibility during the interviews. That is why we will make use of some previously formulated questions, in other words, one researcher introduces the dialog with some question and, next, the interviewed responds in a natural manner, thus giving the idea of a conversation.20

The field journal is seen as notes of important occasions and of impressions that the researcher observes throughout the period of data collection. This is a record of daily activities in which the happenings are detailed.21

◆ Data Analysis

It is noteworthy to elucidate that, after interviews collection, they will be promptly transcribed and the transcription will be returned to the subjects, with the purpose that they read and validate them, according to their initials in each page. Only after this procedure, we will begin a depth analysis of the collected information from this technique.

After the transcription, the text will be submitted to a proofreading process, through which the Portuguese errors, scores and repetitions will be corrected, without changing the meaning of the text.

After transcribing the interviews, the data will be submitted to successive readings, simple statistical analyses and categorization process. Categorization refers to ideas and objects that are recognized, differentiated and classified, i.e., the organization of objects into categories. They are common elements that relate to each other.22

The data will be presented in the form of graphics, in order to facilitate the understanding.

◆ Ethical Aspects

It should be emphasized that, given the ethical and legal aspects, which are recommended by the National Health Council, this research needed to be approved through the CAAE nº 12473413.4.0000.5243. Therefore, its accomplishment is authorized by the Ethics Committee from the Antonio Pedro University Hospital, which is linked to the Fluminense Federal University (HUAP/UFF), thus meeting the guidelines of Resolution nº 196/96, which aims to ensure the rights and duties of the scientific community, of research subjects and of the State itself, with basis on the four basic principles of bioethics, namely: autonomy, non-maleficence, beneficence and justice and, finally, equity. The Free and Informed Consent Form will be offered to all research subjects, which will assure the legitimacy of subjects from their signatures.

EXPECTED RESULTS

It is expected that through the results of this research, which is related to the profile of subjects, we can find nurses working or that already have worked in the Surgical Center, who are younger, with experience of, at least, six months, so that, in fact, they might contribute to the outcomes of the survey, without expertise in the area and that know little about their proper role in the sector at stake. It should be highlighted that the nurse professional working in this sector must have specialization in its area for that its performed activities have a good quality.

With respect to the factors that possibly facilitate or hinder the management of nursing professionals in the Surgical Center, we can mention the lack of knowledge and unpreparedness of these professionals in relation to administrative issues, ethical and legal aspects, human resources (professional leadership), staff training concerning new technologies and other activities held in the sector at stake, material resources and, Lastly, patient care.

REFERENCES


