Objective: to reflect on the managerial and clinical work process in nurse’s practice within the hospital, having nursing care systematization as the guiding instrument. Method: this is a reflective study with three theoretical axes for discussion: 1) Nursing work process; 2) Care model in nursing; and 3) Nursing care systematization: care management. Results: nursing work process is seen as a result of human needs related to reproduction and survival of the biological body. Conclusion: to obtain a proper and individualized nursing care, there is a need for applying a judicious methodology, i.e. nursing care systematization. Thus, we observe in researches on Nursing that the nurse’s managerial and clinical work process which is instrumentalized by nursing care systematization seeks to increase the quality of nursing actions and strategies, aimed at an individualized and humanized relationship between team and patient.

Descriptors: Nursing Process; Organizational Model; Nursing; Patient Care.

RESUMO
Objetivo: reflexionar acerca do processo de trabalho gerencial e assistencial na prática do enfermeiro em âmbito hospitalar, tendo como instrumento norteador a sistematização da assistência de enfermagem. Método: trata-se de estudo reflexivo com três eixos teóricos de discussão: 1) Processo de trabalho da enfermagem; 2) Modelo assistencial na enfermagem; e 3) Sistematização da assistência de enfermagem: gerenciamento da assistência. Resultados: o processo de trabalho da enfermagem é visto como resultado das necessidades do ser humano relacionadas à reprodução e à sobrevivência do corpo biológico. Conclusão: para obter um cuidado de enfermagem adequado e individualizado, é necessária a aplicação de uma metodologia criteriosa, isto é, a sistematização da assistência de enfermagem. Assim, observa-se nas pesquisas de Enfermagem que o processo de trabalho gerencial e assistencial do enfermeiro que é instrumentalizado pela sistematização da assistência de enfermagem busca aumentar a qualidade das ações e estratégias de enfermagem, voltadas a um relacionamento individualizado e humanizado entre equipe e paciente.

Descritores: Processo de Enfermagem; Modelo Organizacional; Enfermagem; Assistência ao Paciente.

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INTRODUCTION

The motivation to carry out this reflection arose from contact with the joint managerial and clinical work processes in nurse’s professional practice at the hospital.

In these spaces, living with studies on the nursing work process, we faced the contradictions of nurse’s knowing/doing, evidenced by a care which, at the same time that seeks to deploy the changes of the nursing care model, it does not use a care instrument exclusive for the profession.

From this perspective, there emerged the idea of thinking through knowledge on nursing care management and this research is proposed to make closer the theoretical frameworks of the nursing work process and the care model to the construction of knowledge on care management grounded on the nursing care systematization (NCS).

Understanding work as a process with regard to nursing is a relatively recent construct. Work is seen as derived from human needs, which are related to the reproduction and survival of the biological body; this individual, by constituting a social being, must meet a number of needs for her/his survival.

Thus, work methods are organized actions aimed at a purpose, they are executed by agents in relation to work objects by employing selected instruments, in order to produce the good or service desired. This is not just the execution of standardized movements in a sequence pre-defined by other people, but rather an intelligent action, planned and controlled, aimed at a specific object that must produce a result previously imagined by the agent.

In this context, the philosophical principles of the Brazilian Unified Health System (SUS) generate changes in the settings of practice when, to comply with them, the institutions seek new paradigms to manage and provide health care. The new health care model influences on the team’s work process and this results in a new conception of care for the population, proposing not only positive issues, but also resistance against the introduction of new technologies and new work strategies.

NCS offers the logical structure for nurse’s work that starts from the organizational control of work, decision-making processes, the skills needed for the latter, aiming to reach care in a holistic, individualized, and contextualized way, aimed at possible and desirable results. Thus, it is worth emphasizing that NCS is not nursing care itself, but rather an assistance tool that aims to offer a dialectic structure for the nurse’s work process.

This reflection is justified by the need to understand more deeply the practices inherent to the multiple agents of nursing and the connections between themselves, which promote the connections between the work process and, as a consequence, these practices improve the quality of the care provided.

Given the above, the objective is:

- Reflect on the managerial and clinical work process in nurse’s professional practice within the hospital, focusing on the care model, having nursing care systematization as its instrument.

METHODOLOGY

This is a reflective study. For preparing this reflection, we sought to think about the issues referring to three theoretical axes for discussion: Nursing work process; Care model in nursing; and NCS: care management.

DEVELOPMENT

Nursing work process

The work process is a social practice consisting of basic elements, such as agents, objects, instruments, activity, and purpose. Agents are responsible for performing work – health professionals; object is what we want to transform – client’s health care needs; instruments are the means assisting work – material and intellectual instruments; activity is the execution of techniques; and purpose is the intended goal – client’s health promotion, prevention, or recovery.

In the health care work process, work plays the role of mediator between man and nature, since although man belongs to nature, he differs from it due to his free action, intentionality, and the purpose he imprint on work. Therefore, work may be defined as a process of change resulting from human needs that must be met. In this case, health care needs.

Health care and nursing work does not produce goods to be stored and traded, but services that are consumed during the action which produces them, i.e. at the time of care, being individual, group, or collective. However, this work differs from other services as far as they deal with a human object, i.e. users and society, bringing health care services, needs related to the health-illness process.
Thus, nursing work started being observed in the mid-19th century, with the profession organization carried out by its precursor, Florence Nightingale. This work was divided into clinical, with direct care to patients, and managerial, i.e. nursing administrative activities. Care providers were named nurses and they came from a lower social level, while administrators were named lady nurses, belonging to a privileged social class.

For developing the nursing work process, its purpose is defined, the process object, and the intervention instruments to generate health care products, which must adapt to the dynamics of health care needs. For this purpose, the agents use technologies to organize the health care products.

Thus, the nursing work process consisted of two complementary dimensions: clinical and managerial. These dimensions are practiced by the nursing team, which is still technically and socially divided. While nurses are responsible for teaching, designing, and managing work, assistants and technicians take the execution of client care. This diversity of agents deploys the division between client’s direct and indirect care.

In the clinical dimension, nursing care may be addressed and practiced in two different ways: comprehensive care and extended care. Comprehensive care focuses on clinical reasoning and procedures, being predominant in nursing practices. On the other hand, extended care promotes integration between procedures and soft technologies, providing a contextualized care.

In turn, the managerial dimension carries the paradigm of a bureaucratic part, restricted to work division, hierarchy, legal authority, routines, and impersonality in interpersonal relationships. Generally, management consists of an activity that has as its central axis connection and integration of actions which allow changes in the work process. In face of everyday situations, the managerial dimension may be modified and improved in its four dimensions: technical, political, communicative, and development of citizenship.

♦ Care model in nursing

Care model is a historic, political, and social construction instituted in a dynamic context to meet the interests of social groups. It is an organization way of the State and civil society, health care institutions, workers, and companies that operate in the sector to determine health care services.

Care models in nursing may be defined as a way of combining material and non-material technologies, used in health care services, aiming at coping with individual and collective problems, in a certain territory for certain populations.

In the light of theoretical frameworks, in the 1920s, Carlos Chagas took command of the National Department of Health, creating some programs that introduced health education to the population as a prevention way. At this time, public health was born, whose intervention model was named health care campaign model. Thus, this model involved a collective and environmental approach to disease, referring to the close relationship between health policy and the current economic model, being characterized by its centralizing and authoritarian nature.

Nowadays, in the Brazilian health care context, the current care models are presented as hegemonic and alternative. The first is essentially represented by the exclusive medical care and the second by alternative proposals addressing the principles of the Unified Health System (SUS), which are universality, comprehensiveness, equity, hierarchy, regionalization, and social participation and control, principles guaranteed by the Laws 8,080 and 8,142, enacted in 1990.

Among the hegemonic models, there is the exclusive medical care, focusing on disease and procedures, which is based on the organization of services in accordance with spontaneous demand, where the user searches for care according to her/his suffering and/or knowledge on the health-illness process. The sanitation care model is a complementary way to the previous one, where public institutions meet population’s health care needs, through public health campaigns and public health programs. Both sanitation care campaigns and the health programs are developed by means of a single and vertical administration.

In the Brazilian health care context, especially with regard to its guiding policies, we observe a proposal for a paradigm shift related to care models, with the advent of the Health Reform, which proposed new concepts that were consolidated by the 1988 Constitution, through SUS, with its principles of comprehensiveness, universality, and equity.

Thus, collective health interventions must focus on the relationships of individuals in their daily life, going beyond the view of collectivity as a collection of homogeneous individuals, where the action object ceases to be the biological body to become the social body in the issues health/illness.
Nursing care systematization: care management

For many years, nursing professional practice was guided only at the expense of other knowledge areas, based on rules, principles, and traditions. Thus, nursing evolved through the culture of “doing” without, however, reflecting on new possibilities of being and acting in the clinical and managerial practice.

The development of nursing care methodology was contextualized in the pathways taken to nursing professionalization in Brazil, which was created under the interests of government, labor market, and nursing education. These interests are reflected on the health care policies, which, in the 1960s and 1970s, favored the curative, individual, and specialized practice and social security care, leading to the reasoning of expansion in the hospital area, driving labor market and nursing education. It was in this hospital expansion period, with an emphasis on curative practices and demand for professional appreciation, that care planning was introduced, seeking a scientific framework in nurse’s work process.

In the last three decades, there has been recognition of the importance and need to develop a work process to effectuate the proposal of promoting, maintaining, or resuming the client’s health status. Given this premise, NCS is legitimized as a theoretical milestone of nursing. It is noticed that the health care field constantly expands, and, amid so many scientific and technological developments, the main focus of nursing lies on the ability to provide the client with care. For this, a comprehensive idea of this care attributes to NCS a distinction par excellence, because it is the very evolution of care.

Through this reflection, systematize means organizing standardized information, in order to construct operating systems to achieve a goal and these systems need to be associated and dynamically active. Thus, in care management, which corresponds to the direct actions undertaken for the client, NCS presents itself as a systematic and organized methodology that aims to provide an individualized care based on individuals’ responses to health problems.

NCS has a holistic approach, it provides grants to ensure that nursing interventions are designed for the individual and not only for the disease, hastens diagnosis and treatment of potential and current health problems, reducing the incidence and length of hospital stay. Thus, it promotes the flexibility of independent thinking, improves communication and prevents errors, omissions, and unnecessary repetitions.

Regarding the relevance of this issue, for NCS, several legal mechanisms were promulgated, seeking to make nursing care an action based on scientific method. On June 25, 1986, the Law 7,498 was published, providing for the nursing practice regulation, which describes as an exclusive nurse’s activity planning, organizing, coordinating, executing, and evaluating nursing care services, as well as prescribing nursing care.

The Federal Board of Nursing (COFEN), by using its assignments and by means of Resolution 272, created in 2002 and repealed by Resolution 358, in 2009, considering that NCS organizes professional work with regard to the method, staff, and equipment, recommended that nursing care must be systematized in a deliberate and systematic way, in all environments, public or private, where professional nursing care takes place.

However, in face of the current Brazilian health care context, it is possible to see that these laws and resolutions by themselves still do not provide resources enough for using NCS in various health care institutions.

Thus, it is known that since the introduction of NCS as a care model and, despite the large number of theories developed and the other academic researches addressing the issue, its use has not become universal, even in all the hospitals and institutions directly connected to universities.

Deploying NCS by means of changes in the current care model requires managerial and clinical skills that must be gradually implemented, since this methodology ends up representing a revolution in the way of providing health care services. It is noteworthy that its implementation involves behavioral changes and that, for this,
strategies favoring the incorporation of this methodology into practice need to be considered and discussed.  

Given this premise, nurse’s importance in the organization of activities taken by the nursing team is undisputed, providing opportunities for and intensive continued education that aims to contribute to care instrumentalized by NCS and demonstrates its true role among knowledge kinds.  

**FINAL REMARKS**

Although most of nurses perceive the need of a work process instrumentalized by NCS, in practice, its use is still very shy and even in those units where there is a care methodology, it does not take place in a definitive way, having in mind the numerous difficulties faced for its operationalization.

Nursing teams seem to be accommodated with regard to the type of assistance based on routines offered to clients, as they do not pursue professional improvement. It becomes necessary that the nurse rethink her/his professional behavior and starts playing his role as patient care coordinator, putting into practice the knowledge acquired.

In face of management, there is a need that nurses seek to break with bureaucratic practices and impersonality in relationships still based on the Taylorist model. To achieve a care model of excellence in services, it is essential that the management team adopts a participatory approach, still little known, promoting closeness between clinical and managerial professionals, as well as between clients and professionals.

Thus, the nurse will be able to identify the weaknesses and strengths of her/his service, allowing better organization of it, the systematization of nursing activities and a more effective practice in patient care.

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