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INVISIBILITIES AND IMPLICATIONS FOR CARE MANAGEMENT IN NURSES VISION: EXPERIENCE REPORT

INVISIBILIDADES E IMPLICAÇÕES PARA A GERÊNCIA DO CUIDAR NA VISÃO DE ENFERMEIROS: RELATO DE EXPERIÊNCIA

INVISIBILIDADES E IMPLICACIONES PARA LA GERENCIA DEL CUIDAR EN LA VISIÓN DE ENFERMEROS: RELATO DE EXPERIENCIA

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ABSTRACT
Objective: to report the opinion of nurses about invisibility in the health everyday and its implications for care management. *Method*: a descriptive study type, experience report developed during the course SUBJECT ON Care Management for doctoral students in nursing, from June 29 to July 01, 2015. Data were collected using the comic technique. *Results*: it is stood out as invisibilities- devaluation of nursing professional by society and the manager; weaknesses in teamwork; the omission of professionals in the failures in health care; user-access barriers to health services; disarticulation of the Health Care Network, among others. *Conclusion*: invisibilities that pervade the health routine can be envisioned as issues that need to be worked by managers and health professionals. Therefore, they directly affect the management of care and quality of health care. *Descriptors*: Nursing; Health Management; Health Care.

RESUMO
Objetivo: relatar a opinião de enfermeiros acerca das invisibilidades no cotidiano da saúde e suas implicações para a gerência do cuidado. *Método*: estudo descritivo, do tipo relato de experiência, desenvolvido durante a disciplina Gerência do cuidar, por discentes de doutorado em enfermagem, no período de 29 de junho a 01 de julho de 2015. Os dados foram coletados utilizando-se a técnica do gibi. *Resultados*: destacaram-se como invisibilidades a desvalorização do profissional da enfermagem pela sociedade e pelo gestor; fragilidades no trabalho em equipe; a omissão dos profissionais diante das falhas na assistência à saúde; barreiras de acesso encontradas pelos usuários aos serviços de saúde; desarticulação da Rede de Atenção à Saúde, entre outras. *Conclusão*: as invisibilidades que perpassam o cotidiano da saúde podem ser vislumbradas como problemáticas que precisam ser trabalhadas por gestores e profissionais de saúde, pois implicam diretamente na gerência do cuidado e qualidade da atenção em saúde. *Descritores*: Enfermagem; Gestão em Saúde; Assistência à Saúde.

RESUMEN
Objetivo: relatar la opinión de enfermeros acerca de las invisibilidades en el cotidiano de la salud y sus implicaciones para la gerencia del cuidado. *Método*: estudio descriptivo, del tipo relato de experiencia desarrollado durante la disciplina Gerencia del cuidar, por discentes de doctorado en enfermería, en el período de 29 de junio a 01 de julio de 2015. Los datos fueron recogidos utilizándose la técnica de las revistas cómicas. *Resultados*: se destacaron como invisibilidades- la desvalorización del profesional de enfermería por la sociedad y por el gestor; fragilidades en el trabajo en equipo; la omisión de los profesionales, frente a las fallas en la asistencia a la salud; barreras de acceso por el usuario a los servicios de salud; desarticulación de la Red de Atención a la Salud, entre otras. *Conclusión*: las invisibilidades que acontecen en el cotidiano de la salud pueden ser vislumbradas como problemáticas que precisan ser trabajadas por gestores y profesionales de salud, pues, implican directamente en la gerencia del cuidado y calidad de la atención en salud. *Descriptores*: Enfermería; Gestión en Salud; Asistencia a la Salud.

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INTRODUCTION

In the field of health sciences, the work process requires skills, abilities, and knowledge aimed at the transformation of an object - the human being. Thus, health care is being pervaded by inter-subjective relationships and social roles by the various actors - Health Professionals, Users, and Managers.[1]

For the production of health care, there are situations, circumstances, groups or individuals, among others, that permeate the field of social invisibility. The invisibility of the phenomenon in Western society tends to mean "the non-existent or insignificant." In this sense, social contempt and non-recognition give rise to the feeling of invisibility. It should be noted that multiple feelings are linked to the fact of feeling invisible to the eyes of others, like shame, paranoia, the sense of personal and professional failure, insufficiency and isolation social.[2]

It is important to note that studies that focus on this phenomenon are still scarce and nowadays are developed more often in the social and human sciences.[3] In this perspective, the "not see" emerges as a practice of the community being permeated by inter-subjectivities. Invisibility can be ordinary and every day in society and the context of labor organizations, including in the field of health.[2]

In the health area, it is important to point out that invisibilities may incur directly or indirectly in the quality of healthcare, and thus close relationships with the care management. In this context, managers and employees should exercise the ability to analyze the circumstances or situations that sometimes "do not seem to be seen" and that involve the quality of provision of health care.

Therefore, it is justified the need to conduct reflections and discussions that refer the invisibilities in the health area every day, seeing the adoption of strategies/actions that allow a closer look at this problem, common in various sectors and social organizations. It is expected that the invisibilities portrayed in this article, allow reflections by the different actors of health, for the implementation of actions to prevent the risk of illness or moral suffering in health workers, as this issue may reflect negatively not only in the provision of care but health workers who provide assistance.

In this context, the need to perform this experience report emerges, showing the view of nurses, about invisibility in the health every day. In this perspective, the following questions were used: What are the invisibilities in health work every day? How can invisibilities interfere in care management?

Based on the preceding, the objective of this study is:

● To report the opinion of nurses about invisibility in the health every day and its implications for the management of health care.

METHOD

Descriptive study of type experience report developed by nurses, students of the Inter-institutional Doctorate course in Nursing of the Federal University of Minas Gerais (UFMG) in partnership with the Federal University of Campina Grande (UFCG) in the city of Campina Grande, Paraíba, during the care management subject, from 29 June to 1 July 2015.

This course is linked to the Graduate Program in Nursing of UFMG, being an elective course of the curriculum, with a workload of 30 hours corresponding to 02 credits. It addresses the management and production of care, caring for others and self-care, and organizational care in nursing systems, technological knowledge in work management and health care as well as care, rationalization, and subjectivity.

The actions taken by the discipline involved reflective activities related to subjectivity in care management emphasizing leadership, ethics/bioethics, teamwork, integrity, and humanization, whose population involved 16 participants. In its developing, the teacher tried to adopt a constructive approach to promoting investigative learning capable of providing conceptual, methodological and behavioral changes, based on the experiences and questions presented by the students, using dialogue, exchange of knowledge and experiences.[4]

The final evaluation of the subject generated this experience report, which had the following guiding questions: What are the invisibilities in the health every day and how the invisibilities interfere in care management?

To collect data, a technique that has emerged as a methodological possibility in qualitative research was used, entitled: comic technique. This technique consists of a playful strategy, in which subjects have the possibility to express themselves through analogies between comic figures and a real situation or problem they experience in their

everyday.[5] An edition of Monica´s magazine was handed to perform the comic technique, chosen at random and previously by the teacher, and asked the students to represent, through one or more revised figures, aspects of the research question.

After selecting the figures, students were asked to discourse about the same. Thus, the content analysis technique was used to analyze the merged data with analogies figures, which refer to a research technique that allows making replicable and valid deductions on data from a given context through specialized and scientific procedures.

In this analysis, the theme mode was used, which is to find the core of the senses that make up a communication whose presence or frequency means something for the analytical purpose chosen.[6] Then, through the chosen figures and invisibilities represented by them, the following categories were defined:

Category I: invisibilities related to the practices of health professionals (Devaluation and lack of recognition of professional nursing, interpersonal relationships and teamwork in the work process in health and nursing; Omitting the professional in the failures in health care);

Category II: invisibilities related to users as consumers of health services (user access barriers to health care and the implications for the regulation of the system);

Category III: invisibilities related to the link between the equipment of the Health Care Network (RAS);

Category IV: invisibilities related to the work process managers (Amplitude knowledge of managers, daily challenge of staff within the labor manager). Data were prepared and discussed based on the relevant literature.

RESULTS AND DISCUSSION

The application of Comics Technic provided an opportunity to unveil the invisibilities related to the practices of health professionals, the user as a consumer of health services, the work process of managers and those related to the articulation of health equipment that makes up the health care network (RAS).

♦ **Category I - invisibilities related to the practices of health professionals. Subcategory 1: Devaluation and lack of recognition of professional nursing.**

The figure selected illustrates "Cebolinha is looking in the mirror, showing the worried and saddened face and Magali appears behind him with a sarcastic smile, looking at Cebolinha." The character "Cebolinha" is the "professional nurse" and worries about the numerous difficulties that permeate their work process, such as the high workload, low pay, lack of professional development in the society and by managers.

When they are self-evaluated, some nurses present fatigue countenance, overload and lack of professional identity, while they feel unmotivated, by the working conditions imposed on them. The character "Magali" is the "manager", practicing decisions that are inconsistent with the labor needs of these professionals, "Magali smile in the picture," expressing the invisibility of this problem by managers and showing indifference in the decisions of these actors, which they see the profit and mercantilist interests at the expense of appreciation and recognition of the professional.

Therefore, it is noted that the professional devaluation generates demotivation, which directly affects the management and quality of health care. Thus, the literature points out that the nursing professional may have their work process, and their commitment recovery may be related to the numerous tasks that involve the daily tasks because the professional is recognized as a multi-purpose given the lack of limitation of their operations field. Furthermore, insufficient compensation, excessive collection and the lack of incentives for training, are also invisibilities that make nursing professionals unmotivated and unappreciated, which affects the production and provision of health care.[7]

Some strategies need to be based given this problem, the example of public policies that support and legitimize indeed the profession, salary and working hours compatible with the workload and remuneration of such professionals.

♦ **Subcategory 2: Interpersonal and teamwork relationships in the work process in health and nursing**

The chosen figure shows "Magali and Mônica pulling the chair of Cebolinha and Cascão". This illustration, by analogy, demonstrates interpersonal relationships in the health field, in which often the competition, the ranking of professional classes and the struggle for power, can influence in health care. However, this problem is often invisible to managers, although the literature indicates the importance of management action to promote inter-professional practice.[8]

The tendency of different categories of professionals to work in isolation and independently also reflects their fragmented

training and outside of their area of expertise. To resolve such problems, the literature points out that inter-professional education strategy can contribute to the formation of better-prepared health professionals for integrated operations team, in which collaboration and recognition of the interdependence of areas prevail against the competition and fragmentation of actions.[9]

♦ **Subcategory 3: Omitting the professional in health care failures.**

The figure shows "the character Mônica, watching a newscast." The students inferred that this news was a case of health with great repercussion in the media, and "Mônica character gets emotional when the reporter transmitted the news of an impressive case of failures in the health care and had a negative outcome on patient´s health." "Mônica" is the "health professional" who sometimes experiences the same failures/problems in her daily work, but only moves when it is reported on television news. The work overload may cause invisibilities related to the incorrect execution of technical procedures, among others, which affects the health of patients, but often the team omits these failures/problems in health care, making it difficult to change habits in their health care.

Scholars urge that nurses and staff seek to use their voice, calling attention to the fact that the nurses have contributed to their invisibility before the media for not taking a position, because even when they have something relevant to be communicated, they remain silent. Thus, it emphasizes the need for nurses and staff to position and contributes positively to the professional visibility, as well as the nurses´ position before the media and managers.[10]

Quantitative study of social-historical nature reveals that the lack of specific knowledge of nurses was one of the issues most highlighted by participants, which meets what is inferred in the literature, which shows the nurse as a victim of social prejudices, mentioning that to be recognized professionally, to be technically competent and use scientific knowledge specific to their area to avoid incompetence, imprudence and negligence in their practice.[11]

Demystifying the image of nursing as a professional is a challenge that needs to be undertaken by nurses in an attempt to overcome the invisibility.[12]

♦ **Category II - invisibilities related to users as consumers of services in health.**

♦ **Subcategory 1: user access barriers to health care and the implications for system regulation**

The figure chosen is the "character Cascão terrified, screaming on an island, "No! Do not go back! I Saved me! I want to get out of here! And nearby marine (ships) and air vehicles (rockets)". In the context of invisibility, it can be seen in the picture described that the user is often invisible to the health system, screaming, crying for help, seeing the distance care levels (primary, secondary and tertiary) and all technological density , represented by sea and air vehicles, but with insurmountable entry barriers.

It can be inferred that the user will not conform to these access barriers, somehow he will improvise a way to have his needs met, and this negatively implies the organization of care management, as flows between levels of complexity will not be met. Having a form of regulation and access the health system, called as lay, governed by the need to be met in their ills, and the greater or lesser success of this regulation depends on meeting with other existing regulatory regimes in the area.[13]

The lay act drives users to produce a knowledge advisor and transformative in ways of thinking and organizing care, working effectively for the health system changes, so that it becomes better, more accessible and decisive.

The gap between the system of supply, demand and consumer choice imposes rationalization needs of health care that the free market, it is unfortunately not yet able to ensure. This balance of disability among the adequate supply to demand is historical heritage of the problems in funding the public sector still in the 80s, causing the damage of the public hospitals, which allied to government incentives and tax breaks saw benefits added to the worker's salary, cooperated to increase the beneficiary clientele of private health plans, which eventually diminish the participants of social control bodies and consequently their health policy regulation capacity in SUS.[14]

Thus, it is clear that a good system of regulation needs to be transparent supported the real needs of the community, with greater investment in user empowerment about their rights, and with good supervisory boards of social control. Thus, citizens can leave the scope of invisibility and meet the protagonist.

♦ **Category III - invisibilities related to the link between the equipment of the Health Care Network (RAS)**

The figure selected for this category illustrates "three houses represented by the houses of Magali, Cascão, and Cebolinha, distributed in the same territory isolated by walls, with weeping figures – Buááá." We can relate this image to joint weakness among health equipment that makes up the Health Care Network (RAS) at different levels of complexity, where nearly nonexistent reference and counter reference, and there is even a knowledge deficit on the role of other in the provision of comprehensive care, interfering in care management. Crying symbolized in the figure is the difficulties faced in the complex RAS and how the lack of coordination causes problems that are common to all, a lack of communication between health facilities, and not solved.

The Health Care Networks are understood as polyarchic organizations sets of health services, which can be linked together to a particular mission, common goals, cooperative and interdependent action, which allow a continuous, integral and humanized care, offered by time, place, cost, and right quality, and health and economic responsibilities to the population of primary health.[15] By now, it is only just when we behave in this way, we can effectively call the word "network" for this to organization in health care.

The network organization allows better communication between the different health care levels and care tends to be more resolute and less expensive, since the effectiveness of RAS reduces hospitalization rates, improving clinical quality, health outcomes and satisfaction of the subjects. Associated with this, it is possible to guide the work process and to instigate the use of key technologies necessary to effect care[16]

♦ **Category IV - invisibilities related to the work process managers Subcategory 1: Amplitude knowledge of managers**

The figure chosen in the magazine "reveals an ocean covered by boats, ships and whales, representing a wide path that can be followed by all." When directed to health managers, it si possible to compare with the need for managers to have a vast and wide field of vision and action, which allowed them greater knowledge and experience, making it possible to strengthen the Health Care Network from a carefully articulated with all health care levels.

Thus, the inter-sectorial coordination becomes essential for the promotion of health, and thus, effective care is central to its achievement recognition of partnerships and joint, in addition to share of meanings, knowledge, commitment, values, feelings, responsibilities and actions, such as assignments of all health professionals to enhance health promotion, making it possible to improve and maintain the quality of life.[17]

Therefore, it is evident that the amplitude of the managers knowledge is essential to the professional skills and can be coordinated, and the information is discussed and designed with the multidisciplinary team, consolidating a link of knowledge centered on the needs and peculiarities of each human being. In this sense, there is a need for improvements in the formation of health professionals, especially nurses, as concern the professional competencies and skills related to leadership and management of care, bearing in mind that the essence of nursing is in the care, either with each other or with the manager who takes care of the other, the nursing staff. Thus, the exercise of leadership for care is essential and should be worked in the formation as the ability of the nurse.[18]

♦ **Subcategory 2: Daily challenge of staff: within the labor manager.**

The elected figure outlined the image of "Magali cornered by a tiger on top of a tree, and Mônica behind them frightened by the situation." We think this scene as an illustration of the relationship between the manager and health professionals network, in which the manager would be the Tiger to be visible, impose his power, authoritarianism, and intolerance of failures, contrary to the model shared management, which also negatively affects the proper care management. The manager uses these tools when facing daily problems to manage their personal and working life, reflecting on the actions of professionals who are under his command, not assuming, sometimes a leading position.

The emotional leader capacity, as well as their ability to manage conflicts, is determined by their individual skills and ability to influence the members of their work team and not "send" or "coerce" they should know well what is done being motivated, so the health care management will not compromised.[19,20]

CONCLUSION

The invisibilities are understood as real daily situations and who are treated with dark and often discredited by the various social actors. Thus, the application of Comic Technics allowed the exercise of reflection on the main invisibilities that pervade the health

every day, and from that, it can be glimpsed them as issues that need to be worked by managers and health professionals. Therefore, it is known that these realities despite being "little observed or not observed," directly affect the management of care and quality of health care.

Faced with the above, it is suggested to conduct field studies on this theme, aiming to meet the reality of work and the problems that pervade the health professionals daily and are often invisible in the eyes of various subjects so that from the scientific knowledge of these realities, strategies can be traced to minimize these problems to improve the quality of health care.

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